

Optum Rx Medicare Prescription Drug Plan Your 2025 Comprehensive Formulary (or “Drug List”)

Administered for the Michigan Public School Employees’ Retirement System by Optum Rx[®]
Effective February 1, 2025



Please read: this document contains information about covered drugs. This comprehensive formulary (“Drug List”) was updated on January 2, 2025, and is a complete Drug List covered by your plan. For more recent information or if you have questions, please contact Optum Rx.

Optum Rx Member Services

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

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

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

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

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

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

Last Update Date: January 2025
Formulary 25315
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What is the Comprehensive Formulary (“Drug List”)?

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

Changes that can affect you this year: In the below cases, 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. 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 versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar 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 for you and continue to cover the drug you have been taking. For more information, see the section below titled “How do I request an exception to Optum Rx’s 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 if the Food and Drug Administration determines the drug is to be withdrawn due to 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 Optum Rx’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug in the beginning of the 2025 year, it will not be discontinued or reduced in coverage except as

described above. This means these drugs will remain available at the same cost sharing and with no new restrictions 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, 2026, such changes would affect you. It is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of February 1, 2025. To get updated information about the drugs covered by Optum Rx Medicare Prescription Drug Plan please contact us. Our contact information appears on the front and back cover pages.

To get updated information about covered drugs, please visit **optumrx.com** where you will find the most up-to-date information by using the “Drug Information” tool (found under the “Member Tools” tab). You may also call Optum Rx Member Services. Our contact information is shown on the front and back cover pages.

How do I use the Drug List?

There are 2 ways to find your drug:

- **Medical Condition**

Beginning on page 8, the drugs are grouped into categories depending on the type of medical condition(s) they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 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 94. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

How does cost-sharing work?

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

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs, as well as some preferred specialty drugs.
Tier 3	Drugs listed under Tier 3 include non-preferred brand name drugs that generally have higher copayments than preferred brand-name drugs.
Tier 4	Drugs listed in Tier 4 include preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply, and generally have a lower copayment than drugs in non-preferred tier below.
Tier 5	Drugs listed in Tier 5 include non-preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply, and generally have a higher copayment than drugs in the preferred tier above.

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

What are generic drugs?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. 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?

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 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any additional coverage requirements?

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

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

Quantity Limits (QL) For certain drugs, there is a limit on the amount of the drug you can get each time you fill your prescription. This may be in addition to a standard one-month or three-month supply.

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

To find out if your drug has any additional requirements or limits, look in the Drug List that begins on page 8. You can also get information about requirements applied to specific covered drugs by visiting our website or by calling Optum Rx. Our contact information, along with the date we last updated the Drug List, is shown on the front and back cover pages. You can ask Optum Rx to make an exception to these requirements or limits, or for a list of other similar drugs that may treat your health condition. See the section "How do I request an exception to the formulary?" on page 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. Optum Rx pays for certain OTC drugs. The cost to Optum Rx of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Drug List?

If your drug is not included in this Drug List, you should first contact Optum Rx and ask if your drug is covered. Our contact information, along with the date we last updated the Drug List, is shown on the front and back cover pages.

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

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

How do I request an exception?

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

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

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

You must submit a statement from your prescriber supporting your request for an exception. When you request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we will 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 will give you a decision no later than 24 hours after we get a supporting statement from your prescriber.

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

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

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

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

For more information

For more detailed information about your prescription drug coverage, please review your *Evidence of Coverage*. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

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

Drug List (Formulary)

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

Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

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

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	4	NDS
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	4	PA; NDS
<i>diflunisal tablet 500mg</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac er</i>	1	
<i>etodolac capsule, tablet</i>	1	
<i>fenoprofen calcium capsule 400mg</i>	1	
<i>fenoprofen calcium tablet</i>	1	
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>indomethacin suspension</i>	1	
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	1	
<i>ketoprofen capsule 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	4	NDS
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	1	
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
<i>meclofenamate sodium capsule</i>	1	
<i>mefenamic acid capsule</i>	1	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er</i>	1	
<i>naproxen sodium tablet extended release 24 hour 750mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	4	QL(60 EA per 30 days); PA; NDS
<i>naproxen suspension</i>	4	PA; NDS
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	1	
<i>piroxicam capsule</i>	1	
<i>sulindac tablet</i>	1	
<i>tolmetin sodium capsule</i>	1	
<i>tolmetin sodium tablet 600mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	1	NDS
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	4	NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
LEVORPHANOL TARTRATE TABLET 3MG	4	NDS
<i>levorphanol tartrate tablet 2mg</i>	4	NDS
<i>methadone hcl oral solution, tablet</i>	1	NDS
<i>methadone hcl injection</i>	4	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>methadose sugar-free</i>	1	NDS
<i>methadose concentrate 10mg/ml</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	1	NDS
<i>morphine sulfate er tablet extended release</i>	1	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40MG	2	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	2	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	1	NDS
<i>ascomp/codeine</i>	1	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS
<i>duramorph</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 200MCG	3	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA; NDS
<i>fentanyl citrate tablet</i>	5	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, 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 hydrochloride</i>	1	NDS
NUCYNTA TABLET 50MG, 75MG	3	NDS
NUCYNTA TABLET 100MG	5	NDS
<i>oxycodone hydrochloride capsule, solution, tablet</i>	1	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride tablet 100mg, 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection 0.5%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride external solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine hydrochloride injection 1%, 2%</i>	1	
<i>lidocaine/prilocaine cream</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
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	4	NDS
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl injection, tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>lofexidine hydrochloride</i>	4	QL(224 EA per 14 days); NDS
LUCEMYRA	5	QL(224 EA per 14 days); NDS
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	1	
OPVEE	3	
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	3	QL(360 ML per 365 days)
TYRVAYA	3	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
Antibacterials		

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Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	5	PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
HUMATIN	5	NDS
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
STREPTOMYCIN SULFATE INJECTION 1GM	5	NDS
<i>tobramycin sulfate injection</i>	1	
Antibacterials, Other		
ALTABAX	3	
<i>aztreonam injection 1gm</i>	1	
<i>aztreonam injection 2gm</i>	4	NDS
<i>bacitracin injection 50000unit</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN SUPPOSITORY	3	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml, 9gm/60ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	4	NDS
DALVANCE	5	NDS
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	4	NDS
<i>daptomycin injection 500mg</i>	4	NDS
<i>fosfomycin tromethamine</i>	1	
IMPAVIDO	5	NDS
KIMYRSA	5	NDS
<i>lincomycin hydrochloride</i>	1	
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	4	QL(1800 ML per 28 days); NDS
<i>linezolid injection 600mg/300ml</i>	1	
<i>methenamine hippurate</i>	3	

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<i>metronidazole vaginal</i>	1	
<i>metronidazole capsule 375mg</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	4	
<i>nitrofurantoin suspension 25mg/5ml</i>	4	NDS
ORBACTIV	5	NDS
<i>polymyxin b sulfate injection</i>	1	
SIVEXTRO	5	QL(6 EA per 30 days); NDS
TIGECYCLINE	4	NDS
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
<i>vancomycin hcl injection 0.9%; 1gm/200ml, 100gm, 10gm</i>	1	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	1	
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	1	
VIBATIV INJECTION 750MG	4	NDS
XENLETA	5	NDS
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	5	NDS
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 2gm, 300gm, 500mg</i>	1	
<i>cefazolin injection 2gm/100ml; 4%, 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	

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<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium injection</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin</i>	1	
FETROJA	5	NDS
TAZICEF INJECTION 1GM/50ML; 4.4%	3	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	5	NDS
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	5	NDS
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	4	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
ZOSYN INJECTION 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	
<i>Carbapenems</i>		
<i>ertapenem</i>	1	

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<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride injection 500mg; 0.9%</i>	1	
<i>meropenem/sodium chloride injection 1gm/50ml; 0.9%</i>	4	NDS
VABOMERE	5	NDS
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
DIFICID	5	NDS
<i>e.e.s. 400 tablet</i>	1	
<i>erythrocin stearate tablet 250mg</i>	1	
<i>erythromycin base tablet</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate tablet</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	4	NDS
<i>erythromycin lactobionate</i>	4	NDS
Quinolones		
BAXDELA	5	NDS
<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 injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
NOROXIN	3	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		

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<i>avidoxy</i>	1	
<i>coremino</i>	1	
<i>demeclocycline hcl tablet</i>	1	
<i>demeclocycline hydrochloride tablet 300mg</i>	1	
DORYX MPC TABLET DELAYED RELEASE 120MG	3	
<i>doxy 100</i>	1	
<i>doxycycline</i>	1	
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg, 150mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate capsule, tablet</i>	1	
MINOCIN INJECTION	5	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hcl tablet</i>	1	
<i>minocycline hydrochloride er</i>	1	
<i>minocycline hydrochloride capsule</i>	1	
<i>mondoxyne nl capsule 100mg</i>	1	
NUZYRA	5	NDS
TETRACYCLINE HYDROCHLORIDE CAPSULE	2	
VIBRAMYCIN SYRUP	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	5	PA; NDS
ELEPSIA XR	5	NDS
EPIDIOLEX	5	PA; NDS
EPRONTIA	3	
<i>felbamate</i>	1	
FINTEPLA	5	PA; NDS
FYCOMPA SUSPENSION	5	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	4	NDS
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam/sodium chloride</i>	1	
<i>levetiracetam injection, oral solution, tablet</i>	1	

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NAYZILAM	3	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	4	NDS
<i>subvenite starter kit/orange</i>	1	
<i>topiramate er capsule extended release 24 hour 100mg, 25mg, 50mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	4	NDS
<i>topiramate capsule sprinkle, tablet</i>	1	
<i>valproate sodium injection 100mg/ml</i>	1	
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>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	
SYMPAZAN	5	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); NDS

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VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	4	PA; NDS
<i>vigadrone</i>	4	PA; NDS
VIGAFYDE	5	PA; NDS
<i>vigpoder</i>	4	PA; NDS
ZTALMY	4	PA; NDS
<i>Sodium Channel Agents</i>		
APTIOM	5	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	2	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>lacosamide oral solution, tablet</i>	1	
<i>lacosamide injection</i>	4	NDS
<i>oxcarbazepine</i>	1	
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium injection</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	4	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	4	NDS
XCOPRI TABLET	5	PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; NDS
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	3	
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
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	

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<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride solution, tablet</i>	1	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	5	QL(30 EA per 30 days); ST; NDS
AUVELITY	5	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)
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
FORFIVO XL	3	QL(30 EA per 30 days)
<i>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)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA; NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide solution, tablet</i>	1	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	2	QL(30 EA per 30 days); ST

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<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine dr</i>	1	QL(4 EA per 28 days)
<i>fluoxetine hydrochloride capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PEXEVA TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
PEXEVA TABLET 30MG	3	QL(60 EA per 30 days)
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPSULE	3	ST
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	

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<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	1	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	2	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride injection, oral solution</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ANZEMET TABLET 50MG	2	QL(5 EA per 30 days); B/D
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
CINVANTI	3	
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND SUSPENSION RECONSTITUTED	2	QL(6 EA per 30 days); B/D
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl injection 1mg/ml</i>	1	
<i>granisetron hydrochloride injection</i>	1	
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride injection</i>	1	
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/2ml, 0.25mg/5ml</i>	1	
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	4	NDS
SANCUSO	5	QL(2 EA per 30 days); NDS
SUSTOL	5	QL(1.2 ML per 30 days); NDS
SYNDROS	5	QL(120 ML per 30 days); PA; NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
<i>amphotericin b liposome</i>	4	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
<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	5	NDS
CRESEMBA CAPSULE	5	PA; NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	4	NDS
EXELDERM	3	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole/sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	4	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>gynazole-1</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	4	PA; NDS
<i>ketoconazole shampoo, tablet</i>	1	
<i>ketoconazole cream</i>	1	QL(90 GM per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>micafungin</i>	1	
<i>miconazole 3 suppository</i>	1	
<i>naftifine hcl</i>	1	
<i>naftifine hydrochloride gel 2%</i>	1	
<i>naftifine hydrochloride cream</i>	1	
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	

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<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT LOTION	3	
<i>posaconazole dr</i>	4	PA; NDS
<i>posaconazole suspension</i>	4	PA; NDS
SULCONAZOLE NITRATE CREAM	3	
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole</i>	1	
TOLSURA	5	PA; NDS
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	4	NDS
<i>voriconazole injection</i>	4	PA; NDS
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat</i>	1	
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	2	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
NURTEC	5	QL(18 EA per 30 days); PA; NDS
UBRELVY	5	QL(16 EA per 30 days); PA; NDS
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate injection</i>	4	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	4	QL(8 ML per 30 days); PA; NDS
ERGOMAR	5	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
<i>migergot</i>	4	QL(20 EA per 28 days); NDS
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA

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<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
SUMATRIPTAN/NAPROXEN SODIUM	1	QL(9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
ZOLMITRIPTAN SOLUTION 2.5MG	3	QL(18 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG SOLUTION 2.5MG	3	QL(18 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide solution, tablet</i>	1	
REGONOL INJECTION 10MG/2ML	2	
VYVGART HYTRULO	5	PA; NDS
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
<i>cycloserine</i>	4	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection, syrup, tablet</i>	1	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
<i>rifampin capsule, injection</i>	1	
SIRTURO	5	NDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	4	NDS
<i>bendamustine hydrochloride injection 100mg/4ml</i>	5	NDS
BENDEKA	5	NDS
BICNU	4	NDS
<i>busulfan</i>	4	NDS
BUSULFEX	4	NDS
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine injection 100mg</i>	4	NDS

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CISPLATIN INJECTION 50MG	5	NDS
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	5	NDS
<i>cyclophosphamide capsule</i>	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 500MG/2.5ML	4	NDS
<i>cyclophosphamide injection 1gm, 2gm, 500mg/ml, 500mg</i>	4	NDS
<i>cyclophosphamide injection 2gm/10ml</i>	5	NDS
<i>dacarbazine injection 100mg, 200mg</i>	1	
EVOMELA	5	NDS
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	5	NDS
<i>ifosfamide</i>	1	
KEMOPLAT	3	
LEUKERAN	4	NDS
MATULANE	4	NDS
<i>melphalan hydrochloride</i>	1	
<i>oxaliplatin injection 50mg/10ml</i>	1	
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	4	NDS
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	
TEMODAR INJECTION	5	NDS
<i>thiotepa injection 100mg, 15mg</i>	4	NDS
TREANDA INJECTION 100MG, 25MG	4	NDS
VALCHLOR	5	PA; NDS
YONDELIS	5	NDS
ZANOSAR	5	NDS
ZEPZELCA	4	PA; NDS
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	4	PA; NDS
<i>bicalutamide</i>	1	
ERLEADA	5	PA; NDS
<i>flutamide</i>	1	
<i>nilutamide</i>	4	NDS
NUBEQA	5	PA; NDS
XTANDI	4	PA; NDS
YONSA	5	PA; NDS
Antiangiogenic Agents		
<i>lenalidomide</i>	4	PA; NDS
POMALYST	5	PA; NDS
THALOMID	5	PA; NDS
Antiestrogens/Modifiers		
EMCYT	5	NDS
FASLODEX INJECTION 250MG/5ML	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant</i>	4	NDS
ORSERDU	5	PA; NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	4	NDS
<i>Antimetabolites</i>		
ALIMTA	4	NDS
ARRANON	5	NDS
<i>cladribine</i>	4	B/D; NDS
<i>clofarabine</i>	4	NDS
CLOLAR	4	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	2	
FLOXURIDINE INJECTION	4	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	5	PA; NDS
<i>gemcitabine hcl</i>	1	
GEMCITABINE HYDROCHLORIDE INJECTION 200MG/2ML, 2GM/20ML	4	NDS
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/26.3ml, 1gm, 200mg/5.26ml, 200mg, 2gm/52.6ml</i>	1	
<i>gemcitabine hydrochloride injection 1gm/10ml</i>	4	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	5	NDS
<i>mercaptopurine tablet</i>	1	
<i>nelarabine</i>	4	NDS
NIPENT	5	NDS
<i>pemetrexed disodium</i>	4	NDS
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	4	NDS
PRALATREXATE	5	PA; NDS
PURIXAN	5	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	5	PA; NDS
TABLOID	4	NDS
VYXEOS	5	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	5	NDS
<i>adriamycin injection 50mg</i>	1	B/D
AKEEGA	5	PA; NDS
ARSENIC TRIOXIDE INJECTION 10MG/10ML	5	NDS
<i>arsenic trioxide injection 12mg/6ml</i>	4	NDS
<i>azacitidine</i>	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	4	PA; NDS
COLUMVI	5	PA; NDS
<i>dactinomycin</i>	4	NDS
<i>daunorubicin hydrochloride</i>	1	
<i>decitabine</i>	4	NDS
DOCETAXEL INJECTION 160MG/16ML, 80MG/8ML	1	
DOCETAXEL INJECTION 20MG/2ML	4	NDS
<i>docetaxel injection 160mg/8ml, 20mg/ml, 80mg/4ml</i>	1	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	4	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELZONRIS	4	PA; NDS
EPKINLY	5	PA; NDS
<i>eribulin mesylate</i>	4	PA; NDS
HALAVEN	4	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA; NDS
<i>idarubicin hcl</i>	4	NDS
<i>idarubicin hydrochloride</i>	4	NDS
INREBIC	5	PA; NDS
ISTODAX	4	PA; NDS
ITOVEBI TABLET 9MG	5	PA; NDS
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA; NDS
IWILFIN	5	PA; NDS
IXEMPRA KIT	4	NDS
JEVTANA	4	PA; NDS
KIMMTRAK	4	PA; NDS
KISQALI FEMARA 200 DOSE	5	PA; NDS
KISQALI FEMARA 400 DOSE	5	PA; NDS
KISQALI FEMARA 600 DOSE	5	PA; NDS
LAZCLUZE TABLET 240MG	5	PA; NDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA; NDS
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	1	
LEVOLEUCOVORIN CALCIUM INJECTION 175MG/17.5ML	1	
<i>levoleucovorin calcium injection 175mg/17.5ml, 250mg/25ml</i>	1	
<i>levoleucovorin injection 50mg</i>	4	NDS
LONSURF	5	PA; NDS
LUMAKRAS TABLET 240MG	4	PA; NDS
LYSODREN	4	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	4	NDS
<i>mutamycin</i>	4	NDS

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OGSIVEO	5	PA; NDS
OJEMDA	5	PA; NDS
ONCASPAR	4	NDS
ONUREG	4	PA; NDS
PACLITAXEL PROTEIN-BOUND PARTICLES	5	NDS
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
PHESGO	4	PA; NDS
<i>proleukin</i>	4	NDS
<i>romidepsin injection 10mg</i>	4	PA; NDS
RYLAZE	5	NDS
SYNRIBO	4	NDS
TICE BCG	3	
TRUSELTIQ	5	PA; NDS
<i>valrubicin</i>	4	NDS
VALSTAR	4	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
VONJO	5	PA; NDS
ZALTRAP	4	PA; NDS
ZOLINZA	4	PA; NDS
Antineoplastics		
OPDUALAG	5	PA; NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	5	NDS
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>irinotecan hydrochloride</i>	1	
<i>irinotecan injection 500mg/25ml</i>	1	
KYPROLIS	5	PA; NDS
ONIVYDE	5	NDS
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl injection 4mg/4ml</i>	1	
<i>topotecan hcl injection 4mg</i>	4	NDS
<i>topotecan hydrochloride</i>	1	
Molecular Target Inhibitors		
ALECENSA	5	PA; NDS
ALIQOPA	5	PA; NDS
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA; NDS

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ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA; NDS
AUGTYRO	5	PA; NDS
AYVAKIT	5	QL(30 EA per 30 days); PA; NDS
BALVERSA	4	PA; NDS
BELEODAQ	5	PA; NDS
BOSULIF	4	PA; NDS
BRAFTOVI CAPSULE 75MG	5	PA; NDS
BRUKINSA	5	PA; NDS
CABOMETYX TABLET 40MG, 60MG	5	PA; NDS
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA; NDS
CALQUENCE	5	PA; NDS
CAPRELSA TABLET 300MG	5	PA; NDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA; NDS
COMETRIQ	4	PA; NDS
COPIKTRA	5	PA; NDS
COTELLIC	5	PA; NDS
<i>dasatinib</i>	4	PA; NDS
DAURISMO	4	PA; NDS
ERIVEDGE	5	PA; NDS
<i>erlotinib hydrochloride tablet</i>	4	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	4	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA; NDS
EXKIVITY	4	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	4	NDS
FOTIVDA	4	PA; NDS
FRUZAQLA	5	PA; NDS
FYARRO	4	PA; NDS
GAVRETO	5	PA; NDS
<i>gefitinib</i>	4	PA; NDS
GILOTRIF	4	QL(30 EA per 30 days); PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA; NDS
ICLUSIG TABLET 30MG, 45MG	4	PA; NDS
ICLUSIG TABLET 10MG, 15MG	4	QL(30 EA per 30 days); PA; NDS
IDHIFA	5	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	4	PA; NDS
INLYTA	5	PA; NDS
INQOVI	5	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA; NDS
JAKAFI TABLET 10MG	4	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	5	PA; NDS
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA; NDS
KISQALI	5	PA; NDS

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KOSELUGO	4	PA; NDS
KRAZATI	5	PA; NDS
<i>lapatinib ditosylate</i>	4	PA; NDS
LENVIMA 10 MG DAILY DOSE	5	PA; NDS
LENVIMA 12MG DAILY DOSE	5	PA; NDS
LENVIMA 14 MG DAILY DOSE	5	PA; NDS
LENVIMA 18 MG DAILY DOSE	5	PA; NDS
LENVIMA 20 MG DAILY DOSE	5	PA; NDS
LENVIMA 24 MG DAILY DOSE	5	PA; NDS
LENVIMA 4 MG DAILY DOSE	5	PA; NDS
LENVIMA 8 MG DAILY DOSE	5	PA; NDS
LORBRENA	5	PA; NDS
LUMAKRAS TABLET 120MG, 320MG	4	PA; NDS
LYNPARZA TABLET	5	PA; NDS
LYTGOBI	5	PA; NDS
MEKINIST	4	PA; NDS
MEKTOVI	5	PA; NDS
NERLYNX	5	QL(180 EA per 30 days); PA; NDS
NINLARO	5	PA; NDS
ODOMZO	5	PA; NDS
OJJAARA	5	PA; NDS
<i>pazopanib hydrochloride</i>	4	PA; NDS
PEMAZYRE	4	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE	4	PA; NDS
PIQRAY 250MG DAILY DOSE	4	PA; NDS
PIQRAY 300MG DAILY DOSE	4	PA; NDS
QINLOCK	4	PA; NDS
RETEVMO CAPSULE	4	PA; NDS
RETEVMO TABLET 120MG, 160MG	4	PA; NDS
RETEVMO TABLET 80MG	4	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	4	QL(90 EA per 30 days); PA; NDS
REZLIDHIA	5	PA; NDS
ROZLYTREK	4	PA; NDS
RUBRACA	5	PA; NDS
RYDAPT	5	PA; NDS
SCEMBLIX TABLET 40MG	5	PA; NDS
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>sorafenib</i>	4	PA; NDS
<i>sorafenib tosylate</i>	4	PA; NDS
SPRYCEL	5	PA; NDS
STIVARGA	4	PA; NDS
<i>sunitinib malate</i>	4	PA; NDS
TABRECTA	4	QL(120 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR	5	PA; NDS
TAGRISSO TABLET 80MG	5	PA; NDS
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA; NDS
TALZENNA	5	PA; NDS
TASIGNA	4	PA; NDS
TAZVERIK	5	PA; NDS
<i>temsirolimus</i>	4	NDS
TEPMETKO	5	PA; NDS
TIBSOVO	5	PA; NDS
TORISEL	4	NDS
<i>torpenz</i>	4	QL(30 EA per 30 days); PA; NDS
TRUQAP	5	PA; NDS
TUKYSA	4	PA; NDS
TURALIO	4	PA; NDS
VANFLYTA	5	PA; NDS
VENCLEXTA STARTING PACK	5	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA; NDS
VERZENIO	5	PA; NDS
VIJOICE PACKET	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	4	QL(56 EA per 28 days); PA; NDS
VITRAKVI	4	PA; NDS
VIZIMPRO	5	PA; NDS
XALKORI	4	PA; NDS
XOSPATA	4	PA; NDS
XPOVIO	4	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	4	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	4	PA; NDS
ZEJULA CAPSULE	5	PA; NDS
ZEJULA TABLET 200MG, 300MG	5	PA; NDS
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA; NDS
ZELBORAF	4	PA; NDS
ZYDELIG	5	PA; NDS
ZYKADIA TABLET	5	PA; NDS
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	5	PA; NDS
ARZERRA	5	PA; NDS
AVASTIN	5	PA; NDS
BAVENCIO	5	PA; NDS
BESPOUSA	5	PA; NDS
BLINCYTO	5	PA; NDS
CYRAMZA	5	PA; NDS
DANYELZA	5	PA; NDS

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DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
EMPLICITI	5	PA; NDS
ENHERTU	5	PA; NDS
ERBITUX	5	PA; NDS
GAZYVA	5	PA; NDS
<i>herceptin injection 150mg</i>	4	PA; NDS
HERZUMA	4	PA; NDS
IMFINZI	5	PA; NDS
JEMPERLI	5	PA; NDS
KADCYLA	4	PA; NDS
KANJINTI	4	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	5	PA; NDS
LIBTAYO	5	PA; NDS
LOQTORZI	5	PA; NDS
LUMOXITI	4	PA; NDS
MARGENZA	4	PA; NDS
MONJUVI	4	PA; NDS
MVASI	4	PA; NDS
MYLOTARG	5	PA; NDS
OGIVRI	4	PA; NDS
ONTRUZANT	4	PA; NDS
OPDIVO	5	PA; NDS
PADCEV	5	PA; NDS
PERJETA	4	PA; NDS
POLIVY	4	PA; NDS
PORTRAZZA	5	PA; NDS
POTELIGEO	5	PA; NDS
RIABNI	4	PA; NDS
RITUXAN	4	PA; NDS
RITUXAN HYCELA	5	PA; NDS
RUXIENCE	4	PA; NDS
RYBREVANT	4	PA; NDS
SARCLISA	5	PA; NDS
TECENTRIQ	5	PA; NDS
TEVIMBRA	5	PA; NDS
TIVDAK	4	PA; NDS
TRAZIMERA	4	PA; NDS
TRODELVY	4	PA; NDS
TRUXIMA	4	PA; NDS
UNITUXIN	5	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	5	NDS
YERVOY	5	PA; NDS
ZEVALIN Y-90	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
ZIRABEV	4	PA; NDS
ZYNLONTA	5	PA; NDS
Retinoids		
<i>bexarotene</i>	4	PA; NDS
PANRETIN	4	NDS
<i>tretinoin capsule 10mg</i>	4	NDS
Treatment Adjuncts		
<i>dexrazoxane</i>	4	NDS
ELITEK	5	NDS
KHAPZORY	5	NDS
<i>mesna</i>	1	
MESNEX TABLET	4	NDS
VORANIGO TABLET 40MG	5	PA; NDS
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA; NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	NDS
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	5	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>mefloquine hydrochloride</i>	1	
<i>nitazoxanide</i>	4	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
PRIMAQUINE PHOSPHATE TABLET	2	
PYRIMETHAMINE TABLET	4	PA; NDS
<i>quinine sulfate capsule 324mg</i>	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate injection, tablet</i>	1	
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
GOCOVRI	5	PA; NDS
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	3	PA

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OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	PA
<i>tolcapone</i>	4	QL(180 EA per 30 days); NDS
<i>Dopamine Agonists</i>		
<i>apomorphine hydrochloride injection</i>	4	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	3	
KYNMOBI	5	QL(150 EA per 30 days); NDS
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); NDS
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
INBRIJA	5	PA; NDS
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
<i>selegiline hydrochloride tablet</i>	1	
ZELAPAR	5	NDS
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl injection, tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	1	
<i>chlorpromazine hydrochloride injection 25mg/ml</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate</i>	1	
<i>fluphenazine hcl tablet 1mg</i>	1	
<i>fluphenazine hydrochloride elixir, injection</i>	1	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 10mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>pimozide</i>	1	

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<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	4	NDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	5	ST; NDS
<i>aripiprazole odt tablet disintegrating 15mg</i>	1	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(60 EA per 30 days); NDS
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	5	NDS
ARISTADA INITIO	5	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA; NDS
FANAPT	5	QL(60 EA per 30 days); ST; NDS
FANAPT TITRATION PACK	3	QL(16 EA per 365 days); ST
INVEGA HAFYERA	5	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	2	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA	5	NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	5	PA; NDS
NUPLAZID TABLET 10MG	5	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL(60 EA per 30 days)
PERSERIS	5	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone er injection 12.5mg, 25mg</i>	1	
<i>risperidone er injection 37.5mg, 50mg</i>	4	NDS
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	NDS
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 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)
VERSACLOZ	5	QL(540 ML per 30 days); NDS
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	4	B/D; NDS
<i>baclofen tablet 10mg, 20mg, 5mg</i>	1	
BOTOX	3	PA
<i>dantrolene sodium capsule</i>	1	
GABLOFEN INJECTION 10000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	5	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML	5	B/D; NDS
<i>tizanidine hcl capsule 4mg</i>	1	
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	4	NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	5	NDS
PREVYMIS	5	NDS
<i>valganciclovir</i>	1	

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<i>valganciclovir hydrochloride</i>	4	NDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE SOLUTION	2	QL(600 ML per 30 days)
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	2	
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	5	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	4	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	4	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	5	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	5	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	4	QL(168 EA per 365 days); PA; NDS
<i>ledipasvir/sofosbuvir</i>	4	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	5	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	5	QL(560 EA per 365 days); PA; NDS
<i>ribavirin capsule</i>	1	
<i>ribavirin tablet 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR	4	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	5	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	5	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	5	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	5	QL(672 EA per 365 days); NDS
VOSEVI	5	QL(84 EA per 365 days); PA; NDS
ZEPATIER	5	QL(112 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days); NDS
CABENUVA	5	NDS
DOVATO	5	QL(30 EA per 30 days); NDS
GENVOYA	5	QL(30 EA per 30 days); NDS
ISENTRESS HD	4	QL(60 EA per 30 days); NDS
ISENTRESS PACKET, TABLET	4	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days); NDS
JULUCA	5	QL(30 EA per 30 days); NDS
STRIBILD	4	QL(30 EA per 30 days); NDS
TIVICAY PD	4	QL(180 EA per 30 days); NDS
TIVICAY TABLET 10MG	2	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	4	QL(30 EA per 30 days); NDS
TIVICAY TABLET 50MG	4	QL(60 EA per 30 days); NDS
VOCABRIA	5	NDS

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Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	4	QL(30 EA per 30 days); NDS
DELSTRIGO	5	QL(30 EA per 30 days); NDS
EDURANT	4	QL(30 EA per 30 days); NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days); NDS
<i>efavirenz tablet</i>	1	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	1	QL(90 EA per 30 days)
<i>etravirine</i>	4	QL(60 EA per 30 days); NDS
INTELENCE TABLET 25MG	2	QL(120 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	5	QL(30 EA per 30 days); NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<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	5	QL(30 EA per 30 days); NDS
DESCOVY	5	QL(30 EA per 30 days); NDS
<i>emtricitabine</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	4	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	4	QL(30 EA per 30 days); NDS
EMTRIVA SOLUTION	2	QL(850 ML 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	4	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	1	
<i>tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
TRIUMEQ	4	QL(30 EA per 30 days); NDS
TRIUMEQ PD	2	QL(180 EA per 30 days)
TRIZIVIR	4	QL(60 EA per 30 days); NDS
VIREAD POWDER	4	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days); NDS
<i>zidovudine capsule</i>	1	QL(180 EA per 30 days)

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<i>zidovudine syrup</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	1	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	4	NDS
<i>maraviroc tablet 300mg</i>	4	QL(120 EA per 30 days); NDS
<i>maraviroc tablet 150mg</i>	4	QL(60 EA per 30 days); NDS
RUKOBIA	5	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION	4	NDS
SELZENTRY TABLET 25MG	2	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	4	QL(60 EA per 30 days); NDS
SUNLENCA INJECTION	5	NDS
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); NDS
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); NDS
TROGARZO	5	NDS
TYBOST	2	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	4	QL(120 EA per 30 days); NDS
<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>	4	QL(30 EA per 30 days); NDS
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days); NDS
EVOTAZ	5	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium</i>	4	QL(120 EA per 30 days); NDS
LEXIVA SUSPENSION	3	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET	3	QL(360 EA per 30 days)
NORVIR SOLUTION	3	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION	4	QL(400 ML per 30 days); NDS
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days); NDS
REYATAZ PACKET	4	QL(180 EA per 30 days); NDS
<i>ritonavir</i>	1	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	4	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	4	QL(300 EA per 30 days); NDS
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RELENZA DISKHALER	2	QL(240 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
Antiviral, Coronavirus Agents		
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)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate, oral solution</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)

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<i>oxazepam</i>	1	QL(120 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI	3	PA
<i>Mood Stabilizers</i>		
EQUETRO	3	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ALOGLIPTIN	3	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
BYDUREON BCISE	2	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 tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
INVOKAMET	2	
INVOKAMET XR	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
KAZANO	3	ST
LIRAGLUTIDE	3	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er</i>	1	
<i>metformin hydrochloride solution</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	4	QL(2 ML per 28 days); PA; NDS
<i>nateglinide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	1	QL(30 EA per 30 days)
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SOLIQUA 100/33	3	
SYMLINPEN 120	5	PA; NDS
SYMLINPEN 60	5	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	QL(30 EA per 30 days)
TRULICITY	2	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	4	NDS
GLUCAGEN HYPOKIT	3	ST
<i>glucagon emergency kit</i>	1	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
<i>potassium chloride/dextrose injection 5%; 10meq/l</i>	1	
ZEGALOGUE	3	ST
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST

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HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG TEMPO PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	4	NDS
HUMULIN R U-500 KWIKPEN	4	NDS
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	2	
INSULIN GLARGINE	3	PA
INSULIN GLARGINE MAX SOLOSTAR	3	PA
INSULIN GLARGINE SOLOSTAR	3	PA
INSULIN GLARGINE-YFGN	3	ST
INSULIN LISPRO	2	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
SEMGLEE	3	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	1	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	2	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	NDS
<i>heparin sodium/d5w injection 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	1	
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	4	PA; NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	2	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	4	PA; NDS
FULPHILA	5	PA; NDS
FYLNETRA	5	PA; NDS
GRANIX INJECTION 300MCG/ML, 480MCG/1.6ML	5	ST; NDS
LEUKINE INJECTION 250MCG	4	PA; NDS
MIRCERA INJECTION 100MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	PA
MOZOBIL	5	NDS
MULPLETA	5	PA; NDS
NEULASTA	4	PA; NDS
NEULASTA ONPRO KIT	4	PA; NDS
NEUPOGEN	5	ST; NDS
NIVESTYM	5	ST; NDS
NPLATE	5	PA; NDS
NYVEPRIA	4	PA; NDS
PLERIXAFOR	4	NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; NDS
PROMACTA	4	PA; NDS
REBLOZYL	4	PA; NDS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RELEUKO INJECTION 300MCG/ML, 480MCG/1.6ML	5	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA

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RETACRIT INJECTION 40000UNIT/ML	4	PA; NDS
ROLVEDON	5	PA; NDS
UDENYCA	4	PA; NDS
UDENYCA ONBODY	4	PA; NDS
XOLREMDI	5	QL(120 EA per 30 days); PA; NDS
ZARXIO	4	NDS
ZIEXTENZO	4	PA; NDS
Hemostasis Agents		
<i>tranexamic acid injection, tablet</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	3	
CABLIVI	4	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole tablet</i>	1	
<i>prasugrel hydrochloride</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	4	PA; NDS
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	
<i>phenoxybenzamine hydrochloride</i>	4	NDS
<i>prazosin hydrochloride capsule</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
<i>fosinopril sodium</i>	1	

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<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>adenosine injection 12mg/4ml, 6mg/2ml</i>	1	
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tablet</i>	1	
<i>amiodarone hydrochloride injection 50mg/ml, 900mg/18ml</i>	1	
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin injection 0.25mg/ml</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	
<i>procainamide hcl injection 100mg/ml</i>	1	
<i>procainamide hydrochloride</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>propafenone hydrochloride tablet 300mg</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate tablet</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hcl af</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>esmolol hydrochloride in sodium chloride</i>	1	
<i>esmolol hydrochloride in sodium chloride double strength</i>	1	
<i>esmolol hydrochloride/sodium chloride injection</i> 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml	1	
INDERAL XL	5	NDS
INNOPRAN XL	5	NDS
<i>labetalol hydrochloride injection 5mg/ml</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>metoprolol tartrate injection 5mg/5ml</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>nebivolol tablet 5mg</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl injection, oral solution</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	1	
<i>nifediac cc tablet extended release 24 hour 30mg</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
<i>nisoldipine er</i>	1	
NYMALIZE SOLUTION 6MG/ML	5	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl injection 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride injection 25mg/5ml</i>	1	

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<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>diltzac capsule extended release 24 hour 300mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride injection</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	4	NDS
ADRENALIN INJECTION 30MG/30ML	3	
<i>adrenalin injection 1mg/ml</i>	1	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hcl capsule 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	4	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
EDARBYCLOR	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/10ml, 1mg/ml, 30mg/30ml</i>	1	
EVKEEZA	5	PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>ivabradine hydrochloride</i>	1	QL(60 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	

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<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	PA; NDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURNA HCT TABLET 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	3	
<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	4	NDS
VYNDAMAX	4	QL(30 EA per 30 days); PA; NDS
<i>Diuretics, Loop</i>		
<i>bumetanide injection, tablet</i>	1	
<i>ethacrynate sodium</i>	4	NDS
<i>ethacrynic acid tablet</i>	1	
<i>furosemide injection, oral solution, tablet</i>	1	
<i>toremide tablet</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	1	
<i>Diuretics, Thiazide</i>		
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
DIURIL SUSPENSION	3	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
THALITONE TABLET 15MG	3	
<i>Dyslipidemics, Fibrin Acid Derivatives</i>		
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate capsule 130mg, 150mg, 200mg, 43mg, 50mg, 67mg</i>	1	
<i>fenofibrate tablet</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid dr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
FIBRICOR	3	
<i>gemfibrozil tablet</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	5	ST; NDS
<i>atorvastatin calcium</i>	1	
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>cholestyramine packet, powder</i>	1	
<i>colesevelam hydrochloride</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	5	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
<i>niacin er</i>	1	
<i>niacin tablet 500mg</i>	1	
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
INVOKANA	2	QL(30 EA per 30 days)
JARDIANCE	2	QL(30 EA per 30 days)
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	NDS
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin injection 5mg/ml</i>	1	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
NITROMIST	3	
VERQUVO	2	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
MINOXIDIL TABLET	3	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate solution</i>	1	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
<i>lisdexamfetamine dimesylate capsule</i>	1	QL(30 EA per 30 days); PA
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
<i>zenzedi tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride capsule 25mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	1	
<i>clonidine hydrochloride tablet extended release 12 hour 0.1mg</i>	1	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)

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<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
<i>methylphenidate</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg, 50mg</i>	1	QL(30 EA per 30 days)
<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, 27mg, 54mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
QUILLIVANT XR	3	QL(360 ML per 30 days)
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA; NDS
<i>butalbital/acetaminophen/caffeine capsule</i>	1	
<i>butalbital/acetaminophen capsule</i>	1	
COBENFY	5	QL(60 EA per 30 days); PA; NDS
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA; NDS
<i>edaravone injection 30mg/100ml</i>	4	PA; NDS
EXSERVAN	5	PA; NDS
FIRDAPSE	4	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA; NDS
NUEDEXTA	4	PA; NDS
RADICAVA	5	PA; NDS
RADICAVA ORS	5	PA; NDS
RADICAVA ORS STARTER KIT	5	PA; NDS
RELYVRIO	5	QL(60 EA per 30 days); PA; NDS
<i>riluzole</i>	1	
TEGLUTIK	5	PA; NDS
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	4	PA; NDS
TIGLUTIK	5	PA; NDS
VEOZAH	3	QL(30 EA per 30 days); PA
<i>Fibromyalgia Agents</i>		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	4	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	4	QL(4 EA per 28 days); PA; NDS
BAFIERTAM	4	QL(120 EA per 30 days); PA; NDS
BETASERON	4	QL(15 EA per 30 days); PA; NDS
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA; NDS
EXTAVIA	4	QL(15 EA per 30 days); PA; NDS
<i>fingolimod hydrochloride</i>	4	QL(30 EA per 30 days); PA; NDS
GILENYA CAPSULE 0.25MG	5	QL(60 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
<i>glatopa injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatopa injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
KESIMPTA	4	QL(0.4 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD	5	PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA; NDS
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA; NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	5	PA; NDS
OCREVUS ZUNOVO	5	QL(23 ML per 168 days); PA; NDS
PLEGRIDY	4	QL(1 ML per 28 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(4 ML per 365 days); PA; NDS
REBIF	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
REBIF TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
<i>teriflunomide</i>	4	QL(30 EA per 30 days); PA; NDS
TYSABRI	4	PA; NDS
VUMERITY	5	QL(120 EA per 30 days); PA; NDS
ZEPOSIA	5	QL(30 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; NDS; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE	5	NDS
<i>kourzeq</i>	1	
<i>lidocaine hcl mouth/throat solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	1	
<i>acitretin</i>	1	

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<i>adapalene pump</i>	1	
<i>adapalene/benzoyl peroxide gel</i>	1	
<i>adapalene cream, gel</i>	1	
<i>amnestem</i>	1	
<i>azelaic acid</i>	1	QL(100 GM per 30 days)
AZELEX	2	QL(100 GM per 30 days)
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%</i>	1	
<i>clindamycin phosphate/tretinoin</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
DIFFERIN LOTION	3	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA FOAM	2	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<i>isotretinoin capsule 25mg, 35mg</i>	4	NDS
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
<i>rosadan</i>	1	
<i>sodium sulfacetamide shampoo 9.8%</i>	1	
<i>tazarotene gel</i>	1	QL(100 GM per 30 days)
<i>tazarotene cream</i>	1	QL(60 GM per 30 days)
TAZORAC CREAM 0.05%	2	QL(60 GM per 30 days)
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	4	QL(6 ML per 28 days); PA; NDS
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion, ointment</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
<i>apexicon e</i>	4	NDS
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	QL(100 GM per 30 days)
CAPEX	2	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	

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<i>clobetasol propionate emollient foam</i>	1	
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	
CORDRAN TAPE	3	
<i>desonide cream, gel, lotion</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone gel, liquid, ointment</i>	1	
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desrx</i>	1	
<i>diflorasone diacetate cream</i>	1	
<i>diflorasone diacetate ointment</i>	1	QL(60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	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>flurandrenolide cream</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halcinonide</i>	1	
HALOBETASOL PROPIONATE FOAM	3	
<i>halobetasol propionate cream, ointment</i>	1	
HALOG OINTMENT, SOLUTION	3	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone valerate ointment</i>	1	
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
KORSUVA	4	PA; NDS
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
OPZELURA	5	QL(240 GM per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PANDEL	5	NDS
<i>pimecrolimus</i>	1	
<i>prednicarbate ointment</i>	1	
<i>selenium sulfide</i>	1	
SPEVIGO INJECTION 150MG/ML	4	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
<i>tovet</i>	1	
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.05%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
<i>calcitriol ointment 3mcg/gm</i>	1	
CARAC	4	NDS
<i>clotrimazole/betamethasone dipropionate 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	5	PA; NDS
FLUOROURACIL CREAM 0.5%	4	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>imiquimod pump</i>	1	QL(56 GM per 30 days)
<i>imiquimod cream 5%</i>	1	QL(48 EA per 30 days)
KLISYRI	5	ST; NDS
<i>methoxsalen capsule</i>	4	NDS
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 20MG, 30MG	4	QL(60 EA per 30 days); PA; NDS
PODOCON-25	3	
<i>podofilox</i>	1	
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SORILUX	5	NDS
SOTYKTU	5	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
TOLAK	3	
VEREGEN	5	NDS
ZYCLARA PUMP CREAM 2.5%	5	QL(15 GM per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	1	
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
<i>spinosad</i>	1	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	QL(60 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	
<i>clindacin</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 5%, 7.5%</i>	1	
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin cream</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
<i>penciclovir cream</i>	1	
SULFAMYLON CREAM	3	
XEPI	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	2	B/D
<i>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</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	2	B/D
<i>carglumic acid</i>	4	NDS
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 6/5	2	B/D
CLINIMIX 8/10	2	B/D
CLINIMIX 8/14	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 8/10	2	B/D
CLINIMIX E 8/14	2	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 25% injection 250mg/ml</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>dextrose injection 20%</i>	1	
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	
<i>fluoritab solution 0.125mg/drop</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
<i>freamine iii injection 72meq/l; 600mg/100ml; 810mg/100ml; 3meq/l; 14mg/100ml; 1190mg/100ml; 240mg/100ml; 590mg/100ml; 770mg/100ml; 620mg/100ml; 450mg/100ml; 480mg/100ml; 10mmole/l; 115mg/100ml; 950mg/100ml; 500mg/100ml; 10meq/l; 340mg/100ml; 130mg/100ml; 560mg/100ml</i>	1	B/D
<i>glucose (dextrose) 50%</i>	1	
<i>glucose (dextrose) 70%</i>	1	
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
KABIVEN	2	B/D
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l, 3meq/l; 109meq/l; 4meq/l; 130meq/l; 28meq/l</i>	1	
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate/dextrose injection 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate injection 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
<i>nafrinse</i>	1	
<i>nafrinse drops</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>normosol -r</i>	1	
<i>normosol-m/d5w</i>	3	
<i>normosol-r</i>	1	
<i>normosol-r/5% dextrose</i>	1	
PERIKABIVEN	4	B/D; NDS
<i>plenamine</i>	1	B/D
<i>potassium chloride 0.3%/d5w/viaflex</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride packet, oral solution</i>	1	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium phosphates injection 45mmole/15ml; 71meq/15ml; 0; 0</i>	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D
PROSOL	2	B/D
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
<i>sodium fluoride solution 0.5mg/ml</i>	1	
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	
<i>tpn electrolytes</i>	1	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D

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TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	NDS
<i>deferasirox tablet</i>	1	PA
<i>deferasirox packet</i>	4	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; NDS
<i>deferiprone</i>	4	PA; NDS
FERRIPROX TWICE-A-DAY	5	PA; NDS
FERRIPROX SOLUTION	5	PA; NDS
FERRIPROX TABLET 1000MG	5	PA; NDS
JYNARQUE TABLET	5	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	5	QL(56 EA per 28 days); PA; NDS
<i>penicillamine tablet</i>	4	NDS
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	4	PA; NDS
<i>trientine hydrochloride capsule 250mg</i>	4	PA; NDS
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
FOSRENOL PACKET	5	NDS
<i>lanthanum carbonate</i>	4	NDS
<i>sevelamer carbonate</i>	1	
<i>sevelamer hydrochloride</i>	1	
<i>Potassium Binders</i>		
KIONEX SUSPENSION	3	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i>	1	
VELTASSA	3	
<i>Vitamins</i>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
KRISTALOSE PACKET 20GM	3	
<i>lactulose packet, solution</i>	1	
LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	2	QL(60 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST; NDS
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA; NDS
<i>loperamide hcl capsule</i>	1	
MOTOFEN	3	
VIBERZI	5	QL(60 EA per 30 days); PA; NDS
XERMELO	5	QL(90 EA per 30 days); PA; NDS
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, injection, tablet</i>	1	
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	PA
<i>Gastrointestinal Agents, Other</i>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride</i>	1	
CHENODAL	5	PA; NDS
CLENPIQ	3	
GATTEX	5	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/fluoride pack</i>	1	
GIMOTI	5	ST; NDS
<i>lansoprazole/amoxicillin/clarithromycin therapy pack</i>	1	
LIVMARLI SOLUTION 19MG/ML	4	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	4	QL(90 ML per 30 days); PA; NDS
<i>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	5	PA; NDS
<i>nitroglycerin ointment 0.4%</i>	1	
OCALIVA	5	QL(30 EA per 30 days); PA; NDS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	

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<i>peg-prep</i>	1	
RECTIV	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
<i>ursodiol capsule 300mg</i>	1	
<i>ursodiol tablet</i>	1	
VOWST	5	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	5	PA; NDS
ZORBTIVE	4	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine hcl solution</i>	1	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	
<i>cimetidine tablet</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	1	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
<i>Proton Pump Inhibitors</i>		
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
<i>esomeprazole sodium injection 40mg</i>	1	
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg, 40mg</i>	1	QL(60 EA per 30 days)
OMEPRAZOLE/SODIUM BICARBONATE CAPSULE 40MG; 1100MG	3	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule 20mg; 1100mg</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole/sodium bicarbonate packet</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	4	PA; NDS
AMONDYS 45	5	PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	5	PA; NDS
<i>betaine anhydrous</i>	4	NDS
CERDELGA	4	PA; NDS
CEREZYME	4	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	5	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	4	NDS
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CYSTAGON	2	
<i>dichlorphenamide</i>	4	QL(120 EA per 30 days); PA; NDS
DOJOLVI	5	PA; NDS
ELAPRASE	4	PA; NDS
EVRYSDI	5	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	5	PA; NDS
FABRAZYME	4	PA; NDS
GALAFOLD	5	QL(14 EA per 28 days); PA; NDS
GLASSIA	5	PA; NDS
KANUMA	5	PA; NDS
L-GLUTAMINE	4	PA; NDS
LUMIZYME	4	PA; NDS
<i>miglustat</i>	4	PA; NDS
NAGLAZYME	4	PA; NDS
<i>nitisinone</i>	4	NDS
NITYR	5	NDS
NULIBRY	4	PA; NDS
ONPATTRO	5	PA; NDS
ORFADIN SUSPENSION	4	NDS
OXBRYTA TABLET SOLUBLE	5	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	5	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	5	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	5	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	5	QL(8 ML per 28 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	5	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT	3	ST

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Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT, 90750UNIT; 24000UNIT; 86250UNIT	5	ST; NDS
PROCYSBI	5	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	4	PA; NDS
PROLASTIN-C INJECTION 1000MG	5	PA; NDS
PYRUKYND TAPER PACK	4	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	4	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	4	QL(60 EA per 30 days); PA; NDS
RAVICTI	4	PA; NDS
REVCOVI	5	PA; NDS
<i>sapropterin dihydrochloride</i>	4	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	4	NDS
SPINRAZA	5	PA; NDS
STRENSIQ	5	PA; NDS
SUCRAID	5	NDS
TEGSEDI	5	PA; NDS
VILTEPSO	5	PA; NDS
VIMIZIM	4	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	5	ST; NDS
VOXZOGO	4	QL(30 EA per 30 days); PA; NDS
VPRIV	4	PA; NDS
VYNDAQEL	4	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	5	PA; NDS
WELIREG	4	PA; NDS
XIAFLEX	5	PA; NDS
XURIDEN	5	QL(120 EA per 30 days); PA; NDS
<i>yargesa</i>	4	PA; NDS
ZEMAIRA	5	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA	3	

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<i>mirabegron er</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution</i>	1	
<i>oxybutynin chloride tablet 5mg</i>	1	
OXYTROL	3	QL(8 EA per 28 days)
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	
<i>doxazosin mesylate</i>	1	
<i>doxazosin tablet 2mg</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet</i>	1	
ELMIRON	5	NDS
<i>tiopronin dr</i>	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	5	PA; NDS
ACTHAR GEL	5	PA; NDS
CORTROPHIN	5	PA; NDS
<i>deflazacort</i>	4	PA; NDS
DEPO-MEDROL INJECTION 20MG/ML	3	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate +rfid</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elixir, solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone sodium succinate injection 100mg</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
KENALOG-10	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	1	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>millipred tablet</i>	1	
<i>prednisolone sodium phosphate odt</i>	1	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution, tablet</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	4	PA; NDS
SOLU-CORTEF	3	
SOLU-MEDROL INJECTION 2GM	3	
<i>triamcinolone acetonide injection 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	PA
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	4	NDS
<i>desmopressin acetate nasal solution 0.01%</i>	1	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	4	NDS
EGRIFTA SV	5	QL(30 EA per 30 days); PA; NDS
GENOTROPIN	4	PA; NDS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA; NDS
INCRELEX	4	PA; NDS
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA; NDS
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH)	4	QL(1 EA per 168 days); PA; NDS
NORDITROPIN FLEXPRO	5	PA; NDS
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10	4	PA; NDS

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NUTROPIN AQ NUSPIN 20	4	PA; NDS
NUTROPIN AQ NUSPIN 5	4	PA; NDS
OMNITROPE	5	PA; NDS
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	5	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	5	PA; NDS
SEROSTIM	5	PA; NDS
SKYTROFA	5	PA; NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	PA
<i>danazol capsule</i>	1	
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	5	PA; NDS
METHITEST	5	PA; NDS
<i>methyltestosterone capsule</i>	4	PA; NDS
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
<i>testosterone pump</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANGELIQ	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra eq</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg</i>	1	
ELESTRIN	3	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol valerate injection</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	2	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
EVAMIST	3	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>isibloom</i>	1	
<i>jaimiess</i>	1	QL(91 EA per 91 days)
<i>jasmiel</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lojaimiess</i>	1	QL(91 EA per 91 days)
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	3	
MENOSTAR	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	

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<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule, tablet chewable</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg</i>	1	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN CREAM, INJECTION	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	
PREMPHASE	2	
PREMPRO	2	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	

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<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zeosa</i>	1	
<i>zovia 1/35</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	2	QL(0.65 ML per 90 days)
<i>errin</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	4	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	2	
<i>lyleg</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)

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<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>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA	2	
ARMOUR THYROID	2	
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM CAPSULE	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	4	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	4	NDS
NIVA THYROID	2	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>thyroid tablet 120mg, 15mg, 30mg, 60mg, 90mg</i>	1	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	2	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	2	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	2	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	2	QL(1 EA per 84 days); PA

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON INJECTION 80MG	2	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	4	QL(4 EA per 365 days); PA; NDS
<i>lanreotide acetate</i>	4	PA; NDS
LEUPROLIDE ACETATE INJECTION 22.5MG	2	QL(1 EA per 84 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	2	PA
LUPRON DEPOT (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	4	QL(1 EA per 112 days); PA; NDS
<i>lupron depot (6-month)</i>	4	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	4	QL(120 EA per 30 days); PA; NDS
MYCAPSSA	5	PA; NDS
MYFEMBREE	5	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	4	PA; NDS
ORGOVYX	5	PA; NDS
ORIAHNN	5	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	5	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	5	QL(60 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	4	PA; NDS
SIGNIFOR	4	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	5	PA; NDS
SOMAVERT	4	PA; NDS
SUPPRELIN LA	5	QL(1 EA per 365 days); PA; NDS
SYNAREL	4	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	2	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	2	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	2	QL(1 EA per 84 days); PA
TRIPTODUR	5	QL(1 EA per 168 days); PA; NDS
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>octreotide acetate injection 20mg, 30mg</i>	4	PA; NDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CINRYZE	5	PA; NDS
HAEGARDA	5	PA; NDS
<i>icatibant acetate</i>	4	PA; NDS
ORLADEYO	5	QL(30 EA per 30 days); PA; NDS
<i>sajazir</i>	4	PA; NDS
TAKHZYRO	5	PA; NDS
<i>Immunoglobulins</i>		
ASCENIV	5	PA; NDS
ATGAM	5	NDS
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA; NDS
CUTAQUIG	5	PA; NDS
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA; NDS
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	4	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMUNEX-C	4	PA; NDS
HIZENTRA	5	PA; NDS
HYPERHEP B	5	B/D; NDS
HYQVIA	5	PA; NDS
NABI-HB INJECTION 312UNIT/ML	5	B/D; NDS
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
PANZYGA	5	PA; NDS
PRIVIGEN	4	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	NDS
THYMOGLOBULIN	5	NDS
VARIZIG INJECTION 125UNIT/1.2ML	4	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	PA; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NDS
ARCALYST	4	PA; NDS
BENLYSTA INJECTION 200MG/ML	5	PA; NDS
CIBINQO	5	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN	4	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	4	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	4	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	4	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	4	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
EMPAVELI	5	PA; NDS
ENJAYMO	4	PA; NDS
ENTYVIO	5	PA; NDS
GAMIFANT	4	PA; NDS
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA; NDS
ILUMYA	5	QL(1 ML per 28 days); PA; NDS
KEVZARA	5	QL(2.28 ML per 28 days); PA; NDS
KINERET	5	PA; NDS
LEMTRADA	5	PA; NDS
OLUMIANT	5	QL(30 EA per 30 days); PA; NDS
ORENCIA CLICKJECT	4	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	4	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	4	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	4	QL(110 EA per 365 days); PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	5	PA; NDS
PALFORZIA LEVEL 1	5	PA; NDS
PALFORZIA LEVEL 10	5	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	5	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	5	PA; NDS
PALFORZIA LEVEL 2	5	PA; NDS
PALFORZIA LEVEL 3	5	PA; NDS
PALFORZIA LEVEL 4	5	PA; NDS
PALFORZIA LEVEL 5	5	PA; NDS
PALFORZIA LEVEL 6	5	PA; NDS
PALFORZIA LEVEL 7	5	PA; NDS
PALFORZIA LEVEL 8	5	PA; NDS
PALFORZIA LEVEL 9	5	PA; NDS
RINVOQ	4	QL(30 EA per 30 days); PA; NDS
RINVOQ LQ	4	QL(360 ML per 30 days); PA; NDS
RYSTIGGO INJECTION 280MG/2ML	5	PA; NDS
RYSTIGGO INJECTION 420MG/3ML	5	QL(12 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 560MG/4ML	5	QL(16 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 840MG/6ML	5	QL(24 ML per 28 days); PA; NDS
SAPHNELO	5	PA; NDS
SILIQ	5	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	4	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	4	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	4	QL(3 ML per 365 days); PA; NDS
SOLIRIS	5	PA; NDS
STELARA INJECTION 130MG/26ML	4	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
SYLVANT	4	PA; NDS
TALTZ INJECTION 20MG/0.25ML	5	QL(0.5 ML per 28 days); PA; NDS
TALTZ INJECTION 40MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
TALTZ INJECTION 80MG/ML	5	QL(4 ML per 28 days); PA; NDS
TAVNEOS	4	QL(180 EA per 30 days); PA; NDS
TEPEZZA	4	PA; NDS
TREMFYA INJECTION 200MG/2ML	5	QL(2 ML per 28 days); PA; NDS
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA; NDS
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	5	PA; NDS
VYVGART	5	PA; NDS
XELJANZ XR	4	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLUTION	4	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET	4	QL(60 EA per 30 days); PA; NDS
XOLAIR	4	PA; NDS
<i>Immunostimulants</i>		
ACTIMMUNE	4	PA; NDS
BESREMI	4	PA; NDS
PEGASYS INJECTION 180MCG/ML	4	PA; NDS
<i>Immunosuppressants</i>		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	4	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT	4	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL(1 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL(3 EA per 28 days); PA; NDS
<i>adalimumab-adbm crohns/uc/hs starter</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm psoriasis/uveitis starter</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only

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<i>adalimumab-adbm starter package for crohns disease/uc/hs</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm starter package for psoriasis/uveitis</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 10mg/0.2ml, 20mg/0.4ml</i>	4	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 40mg/0.4ml, 40mg/0.8ml</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ASTAGRAF XL	3	B/D
AVSOLA	4	PA; NDS
<i>azathioprine tablet</i>	1	B/D
<i>azathioprine injection</i>	4	B/D; NDS
BENLYSTA INJECTION 120MG, 400MG	5	PA; NDS
CIMZIA STARTER KIT	5	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	5	QL(1 EA per 28 days); PA; NDS
CIMZIA INJECTION 200MG/ML	5	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	4	NDS
ENBREL MINI	4	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	4	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	4	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	4	QL(8 ML per 28 days); PA; NDS
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D; NDS
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D; NDS
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
<i>gengraf solution</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	4	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA	4	PA; NDS
INFLIXIMAB	5	PA; NDS
JYLAMVO	5	PA; NDS
<i>leflunomide</i>	1	
LUPKYNIS	5	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, injection, tablet</i>	1	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	4	B/D; NDS
<i>mycophenolic acid dr</i>	1	B/D
NULOJIX	4	NDS
ORENCIA INJECTION 250MG	4	PA; NDS
PEGASYS INJECTION 180MCG/0.5ML	4	PA; NDS
PROGRAF INJECTION	2	
PROGRAF PACKET	3	B/D
REMICADE	5	PA; NDS
RENFLEXIS	4	PA; NDS
REZUROCK	5	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLUTION	2	B/D
SIMPONI ARIA	5	PA; NDS
SIMPONI INJECTION 50MG/0.5ML	5	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
<i>sirolimus tablet</i>	1	B/D
<i>sirolimus solution</i>	4	B/D; NDS
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
TREXALL	2	
XATMEP	3	PA
Vaccines		
ABRYSVO	2	QL(1 EA per 252 days)

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Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJECTION 0	2	
ADACEL	2	
AREXVY	2	QL(1 EA per 999 days)
BCG VACCINE INJECTION 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXCHIQ	2	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
MRESVIA	2	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	
STAMARIL	2	

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Drug Name	Drug Tier	Requirements/Limits
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXCHORA	2	
VAXELIS	2	
YF-VAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
DIPENTUM	5	NDS
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
PENTASA CAPSULE EXTENDED RELEASE 250MG	2	
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
<i>budesonide foam 2mg</i>	1	
CORTIFOAM FOAM	3	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	5	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	5	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon nasal solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitonin salmon injection</i>	4	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol injection 1mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral solution 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol</i>	1	
EVENITY	5	QL(2.34 ML per 28 days); PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days); ST
<i>ibandronate sodium injection</i>	1	
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	5	NDS
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	
<i>paricalcitol</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	5	NDS
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	4	PA; NDS
<i>teriparatide injection 600mcg/2.4ml</i>	4	PA; NDS
TYMLOS	5	PA; NDS
XGEVA	4	PA; NDS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	
<i>zoledronic acid injection 4mg/100ml</i>	4	NDS
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	
<i>argyle sterile water 100ml</i>	1	
<i>atropine sulfate injection 0.25mg/5ml, 0.5mg/5ml, 1mg/10ml, 8mg/20ml</i>	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CEQR SIMPLICITY 2U	2	
COSELA	4	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	4	B/D; NDS
DROPLET MICRON 34G X 9/64"	2	QL(200 EA per 30 days)
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	3	
<i>fomepizole injection 1.5gm/1.5ml</i>	4	NDS
GIVLAARI	5	PA; NDS
INSUPEN 33GX4MM	2	QL(200 EA per 30 days)
<i>intralipid injection 20gm/100ml, 30gm/100ml</i>	1	B/D
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>levocarnitine solution, tablet</i>	1	
<i>methergine tablet</i>	4	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	4	QL(56 EA per 365 days); NDS
<i>nutrilipid</i>	1	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days); PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	2	QL(30 EA per 30 days); PA
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days); PA
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days); PA
OMNIPOD 5 LIBRE2 PLUS G6	2	QL(1 EA per 365 days); PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL(30 EA per 30 days); PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days); PA
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days); PA
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days); PA
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days); PA
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days); PA
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days); PA
OXLUMO	4	PA; NDS
<i>ringers irrigation solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
SKYCLARYS	4	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9%</i>	1	
SODIUM PHENYLACETATE/SODIUM BENZOATE	4	NDS
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
V-GO 20	2	QL(30 EA per 30 days); PA
V-GO 30	2	QL(30 EA per 30 days); PA
V-GO 40	2	QL(30 EA per 30 days); PA
VISTOGARD	5	NDS
ZOKINVY	4	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BLEPHAMIDE S.O.P.	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	
BYOOVIZ	4	PA; NDS
<i>cyclosporine emulsion 0.05%</i>	1	
CYSTADROPS	4	QL(20 ML per 28 days); NDS
CYSTARAN	4	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	
ENSPRYNG	4	PA; NDS
EYLEA	5	PA; NDS
<i>isopto atropine solution 1%</i>	1	
LACRISERT	3	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	
OXERVATE	4	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PRED-G S.O.P.	3	
<i>proparacaine hcl</i>	1	
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	3	
TOBRADEX OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VABYSMO	5	PA; NDS
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIAL	2	
ALOMIDE	2	
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium solution 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	1	
BESIVANCE	3	
CILOXAN OINTMENT	2	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%, 1.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	
NATACYN	2	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
TOBREX OINTMENT	3	
<i>trifluridine</i>	1	
XDEMVI	5	QL(10 ML per 42 days); NDS
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
ACUVAIL	3	ST
<i>bromfenac</i>	1	
<i>bromfenac sodium solution 0.075%, 0.09%</i>	1	
<i>bromfenac sodium solution 0.07%</i>	1	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	QL(4 ML per 30 days)
INVELTYS	3	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)
<i>loteprednol etabonate suspension</i>	1	
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
MAXIDEX SUSPENSION	3	
NEVANAC	2	QL(4 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	
PROLENSA	2	QL(12 ML per 365 days)
TRIESENCE	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	1	
BETIMOL	2	
BETOPTIC-S	2	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol hemihydrate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
IOPIDINE SOLUTION 1%	3	
<i>methazolamide tablet</i>	1	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	2	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	5	NDS
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
<i>tafluprost</i>	1	QL(30 EA per 30 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
CIPRO HC	2	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
CORTISPORIN-TC	3	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ALVESCO	3	QL(12.2 GM per 30 days)
ARNUITY ELLIPTA	3	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)
BECONASE AQ SUSPENSION	3	QL(50 GM per 25 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
PULMICORT FLEXHALER	2	QL(2 EA per 30 days)
QNASL	3	QL(10.6 GM per 30 days)
QNASL CHILDRENS	3	QL(6.8 GM per 30 days)
ZETONNA	3	QL(6.1 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL(23 GM per 30 days)
<i>carbinoxamine maleate solution</i>	1	
<i>carbinoxamine maleate tablet 4mg</i>	1	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>desloratadine odt</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride injection</i>	1	
<i>hydroxyzine hcl injection 25mg/ml</i>	1	
<i>hydroxyzine hcl tablet 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hydrochloride</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>levocetirizine dihydrochloride solution, tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	4	ST; NDS
ZYFLO	5	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	1	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	5	QL(90 ML per 30 days); B/D; NDS
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate 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
<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 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	2	QL(2 EA per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
Cystic Fibrosis Agents		
CAYSTON	4	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACKET	4	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET	4	QL(60 EA per 30 days); PA; NDS
KITABIS PAK	4	B/D; NDS
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	5	QL(56 EA per 28 days); PA; NDS
PULMOZYME	4	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER	4	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	4	B/D; NDS
TRIKAFTA THERAPY PACK	4	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	4	QL(84 EA per 28 days); PA; NDS
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>aminophylline injection</i>	1	
<i>elixophyllin</i>	1	
<i>roflumilast</i>	1	PA
<i>theophylline</i>	1	
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	4	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	4	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	4	QL(60 EA per 30 days); PA; NDS
OPSUMIT	4	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	4	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	4	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	4	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	2	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA; NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA
<i>sildenafil citrate tablet</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil injection</i>	4	PA; NDS
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	QL(112 EA per 28 days); PA; NDS
<i>treprostinil</i>	4	PA; NDS
TYVASO	4	QL(87 ML per 30 days); PA; NDS
TYVASO REFILL KIT	4	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT	4	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	5	PA; NDS

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UPTRAVI TABLET	5	QL(60 EA per 30 days); PA; NDS
VENTAVIS	4	QL(270 ML per 30 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV	4	PA; NDS
<i>pirfenidone</i>	4	PA; NDS
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine solution</i>	1	B/D
ADVAIR HFA	2	QL(24 GM per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
<i>breyna</i>	1	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA; NDS
CINQAIR	5	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	4	PA; NDS
FASENRA INJECTION 10MG/0.5ML	2	PA
FASENRA INJECTION 30MG/ML	4	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
STIOLTO RESPIMAT	2	QL(24 GM per 30 days)
TEZSPIRE	5	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	4	NDS
<i>cyclobenzaprine hydrochloride tablet</i>	1	PA
<i>metaxalone</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate injection</i>	1	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		

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BELSOMRA	2	QL(30 EA per 30 days)
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
EDLUAR	3	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HETLIOZ LQ	5	QL(158 ML per 30 days); PA; NDS
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	4	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>triazolam</i>	1	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet sublingual, tablet</i>	1	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	1	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
SODIUM OXYBATE	4	QL(540 ML per 30 days); PA; NDS
WAKIX	5	QL(60 EA per 30 days); PA; NDS
XYREM	4	QL(540 ML per 30 days); PA; NDS
XYWAV	5	QL(540 ML per 30 days); PA; NDS

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

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<i>cyproheptadine hydrochloride</i>	89	<i>desipramine hydrochloride</i>	20
CYRAMZA	31	<i>desloratadine odt</i>	89
<i>cyred eq</i>	71	<i>desmopressin acetate</i>	69
CYSTADROPS	86	<i>desogestrel/ethinyl estradiol</i>	71
CYSTAGON	66	<i>desonide</i>	57
CYSTARAN	86	<i>desoximetasone</i>	57
<i>cytarabine</i>	26	<i>desrx</i>	57
<i>cytarabine aqueous</i>	26	DESVENLAFAXINE ER	19
<i>dabigatran etexilate</i>	44	<i>dexamethasone</i>	68
<i>dacarbazine</i>	25	<i>dexamethasone 10-day dose pack</i>	68
<i>dactinomycin</i>	27	<i>dexamethasone 13-day dose pack</i>	68
<i>dalfampridine er</i>	54	<i>dexamethasone 6-day dose pack</i>	68
DALVANCE	12	<i>dexamethasone intensol</i>	68
<i>danazol</i>	70	<i>dexamethasone sodium phosphate</i>	68
<i>dantrolene sodium</i>	36	<i>dexamethasone sodium phosphate</i>	87
DANYELZA	31	<i>dexamethasone sodium phosphate +rfid</i>	68
<i>dapsone</i>	24	<i>dexmethylphenidate hcl</i>	52
<i>dapsone</i>	59	<i>dexmethylphenidate hcl er</i>	52
DAPTACEL	82	<i>dexmethylphenidate hydrochloride</i>	53
DAPTOMYCIN	12	<i>dexmethylphenidate hydrochloride er</i>	53
DAPTOMYCIN/SODIUM CHLORIDE	12	<i>dexrazoxane</i>	33
<i>darifenacin hydrobromide er</i>	67	<i>dextroamphetamine sulfate</i>	52
<i>darunavir</i>	39	<i>dextroamphetamine sulfate er</i>	52
DARZALEX	32	<i>dextrose</i>	60
DARZALEX FASPRO	32	<i>dextrose 10%</i>	60
<i>dasatinib</i>	29	<i>dextrose 10%/sodium chloride 0.2%</i>	60

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<i>dextrose 10%/sodium chloride 0.45%</i>	60	<i>diphenhydramine hcl</i>	89
<i>dextrose 2.5%/sodium chloride 0.45%</i>	60	<i>diphenhydramine hydrochloride</i>	89
<i>dextrose 25%</i>	60	DIPHTHERIA/TETANUS TOXOIDS	82
<i>dextrose 5%</i>	60	ADSORBED PEDIATRIC	
<i>dextrose 5%/lactated ringers</i>	60	<i>dipyridamole</i>	46
<i>dextrose 5%/sodium chloride 0.2%</i>	60	<i>disopyramide phosphate</i>	47
<i>dextrose 5%/sodium chloride 0.3%</i>	60	<i>disulfiram</i>	11
<i>dextrose 5%/sodium chloride 0.33%</i>	60	DIURIL	50
<i>dextrose 5%/sodium chloride 0.45%</i>	60	<i>divalproex sodium dr</i>	17
<i>dextrose 5%/sodium chloride 0.9%</i>	60	<i>divalproex sodium er</i>	17
<i>dextrose 50%</i>	60	DOCETAXEL	27
<i>dextrose 70%</i>	60	<i>dofetilide</i>	47
<i>dextrose/sodium chloride</i>	60	DOJOLVI	66
DIACOMIT	17	<i>dolishale</i>	71
<i>diazepam</i>	40	<i>donepezil hcl</i>	18
<i>diazepam intensol</i>	40	<i>donepezil hydrochloride</i>	18
<i>diazepam rectal gel</i>	17	<i>donepezil hydrochloride odt</i>	18
<i>diazoxide</i>	42	DORYX MPC	16
<i>dichlorphenamide</i>	66	<i>dorzolamide hcl/timolol maleate</i>	86
<i>diclofenac potassium</i>	8	<i>dorzolamide hydrochloride</i>	88
<i>diclofenac sodium</i>	8	<i>dorzolamide hydrochloride/timolol maleate</i>	86
<i>diclofenac sodium</i>	58	<i>pf</i>	
<i>diclofenac sodium</i>	87	<i>dotti</i>	71
<i>dicloxacillin sodium</i>	14	DOVATO	37
<i>dicyclomine hcl</i>	64	<i>doxazosin</i>	68
<i>dicyclomine hydrochloride</i>	64	<i>doxazosin mesylate</i>	68
DIFFERIN	56	<i>doxepin hcl</i>	21
DIFICID	15	<i>doxepin hydrochloride</i>	21
<i>diflorasone diacetate</i>	57	<i>doxepin hydrochloride</i>	57
<i>diflunisal</i>	8	<i>doxepin hydrochloride</i>	93
<i>difluprednate</i>	87	<i>doxercalciferol</i>	84
<i>digitek</i>	47	<i>doxorubicin hcl</i>	27
<i>digox</i>	47	<i>doxorubicin hydrochloride</i>	27
<i>digoxin</i>	47	<i>doxorubicin hydrochloride liposomal</i>	27
<i>dihydroergotamine mesylate</i>	23	<i>doxy 100</i>	16
DILANTIN	18	<i>doxycycline</i>	16
<i>diltiazem hcl</i>	48	<i>doxycycline hyclate</i>	16
<i>diltiazem hcl cd</i>	48	<i>doxycycline hyclate</i>	55
<i>diltiazem hcl er</i>	48	<i>doxycycline hyclate dr</i>	16
<i>diltiazem hydrochloride</i>	48	<i>doxycycline monohydrate</i>	16
<i>diltiazem hydrochloride er</i>	48	<i>doxylamine succinate/pyridoxine</i>	21
<i>dilt-xr</i>	48	<i>hydrochloride</i>	
<i>diltzac</i>	49	DRIZALMA SPRINKLE	20
<i>dimethyl fumarate</i>	54	<i>dronabinol</i>	21
<i>dimethyl fumarate starterpack</i>	54	DROPLET MICRON 34G X 9/64"	84
DIPENTUM	83	<i>drospirenone/ethinyl estradiol</i>	71

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<i>drospirenone/ethinyl estradiol/levomefolate</i>	71	EMGALITY	23
<i>calcium</i>		EMPAVELI	78
DROXIA	26	EMPLICITI	32
<i>droxidopa</i>	46	EMSAM	19
DULERA	92	<i>emtricitabine</i>	38
<i>duloxetine hcl</i>	20	<i>emtricitabine/tenofovir disoproxil</i>	38
<i>duloxetine hydrochloride</i>	20	<i>emtricitabine/tenofovir disoproxil fumarate</i>	38
DUOBRII	58	EMTRIVA	38
DUPIXENT	78	<i>enalapril maleate</i>	46
<i>duramorph</i>	9	<i>enalapril maleate/hydrochlorothiazide</i>	49
DURYSTA	88	ENBREL	80
<i>dutasteride</i>	68	ENBREL MINI	80
<i>dutasteride/tamsulosin hydrochloride</i>	68	ENBREL SURECLICK	80
<i>e.e.s. 400</i>	15	<i>endocet</i>	10
EASY COMFORT INSULIN	84	ENGERIX-B	82
SYRINGE/0.3ML/31G X 1/2"		ENHERTU	32
EASY TOUCH SAFETY PEN	85	<i>enilloring</i>	71
NEEDLES/30G X 1/4"		ENJAYMO	78
<i>ec-naproxen</i>	8	<i>enoxaparin sodium</i>	44
<i>econazole nitrate</i>	22	<i>enpresse-28</i>	71
<i>edaravone</i>	54	<i>enskyce</i>	71
EDARBYCLOR	49	ENSPRYNG	86
EDLUAR	93	<i>entacapone</i>	33
EDURANT	38	<i>entecavir</i>	37
<i>efavirenz</i>	38	ENTRESTO	49
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	38	ENTYVIO	78
<i>fumarate</i>		<i>enulose</i>	63
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	38	ENVARBUS XR	80
<i>fumarate</i>		EPCLUSA	37
EGRIFTA SV	69	EPIDIOLEX	16
ELAPRASE	66	<i>epinastine hcl</i>	87
ELEPSIA XR	16	<i>epinephrine</i>	49
ELESTRIN	71	<i>epinephrine</i>	90
<i>eletriptan hydrobromide</i>	23	<i>epitol</i>	18
ELIGARD	75	EPIVIR HBV	37
<i>elinest</i>	71	EPKINLY	27
ELIQUIS	44	<i>eplerenone</i>	51
ELIQUIS STARTER PACK	44	EPRONTIA	16
ELITEK	33	EQUETRO	41
<i>elixophyllin</i>	91	ERAXIS	22
ELLA	85	ERBITUX	32
ELMIRON	68	ERGOLOID MESYLATES	18
<i>eluryng</i>	71	ERGOMAR	23
ELZONRIS	27	<i>ergotamine tartrate/caffeine</i>	23
EMCYT	25	<i>eribulin mesylate</i>	27
EMEND	21	ERIVEDGE	29

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ERLEADA	25	EVOTAZ	39
<i>erlotinib hydrochloride</i>	29	EVRYSDI	66
<i>errin</i>	74	EXELDERM	22
<i>ertapenem</i>	14	<i>exemestane</i>	28
<i>ertapenem sodium</i>	15	EXKIVITY	29
<i>ery</i>	59	EXONDYS 51	66
<i>erythrocin stearate</i>	15	EXSERVAN	54
<i>erythromycin</i>	59	EXTAVIA	54
<i>erythromycin</i>	87	EYLEA	86
<i>erythromycin base</i>	15	<i>ezetimibe</i>	51
<i>erythromycin dr</i>	15	<i>ezetimibe/simvastatin</i>	51
<i>erythromycin ethylsuccinate</i>	15	FABRAZYME	66
<i>erythromycin lactobionate</i>	15	<i>falmina</i>	71
<i>erythromycin/benzoyl peroxide</i>	56	<i>famciclovir</i>	40
<i>escitalopram oxalate</i>	20	<i>famotidine</i>	65
<i>esmolol hydrochloride in sodium chloride</i>	48	<i>famotidine premixed</i>	65
<i>esmolol hydrochloride in sodium chloride</i>	48	FANAPT	35
<i>double strength</i>		FANAPT TITRATION PACK	35
<i>esmolol hydrochloride/sodium chloride</i>	48	FASENRA	92
<i>esomeprazole magnesium</i>	65	FASENRA PEN	92
<i>esomeprazole sodium</i>	65	FASLODEX	25
<i>estarylla</i>	71	<i>fayosim</i>	71
<i>estazolam</i>	93	<i>febuxostat</i>	23
<i>estradiol</i>	71	<i>felbamate</i>	16
<i>estradiol valerate</i>	71	<i>felodipine er</i>	48
<i>estradiol/norethindrone acetate</i>	71	FEMRING	71
ESTRING	71	<i>femynor</i>	71
<i>eszopiclone</i>	93	<i>fenofibrate</i>	50
<i>ethacrynate sodium</i>	50	FENOFIBRATE MICRONIZED	50
<i>ethacrynic acid</i>	50	<i>fenofibric acid</i>	50
<i>ethambutol hydrochloride</i>	24	<i>fenofibric acid dr</i>	50
<i>ethosuximide</i>	17	<i>fenopropfen calcium</i>	8
<i>ethynodiol diacetate/ethinyl estradiol</i>	71	<i>fentanyl</i>	9
<i>etodolac</i>	8	<i>fentanyl citrate</i>	10
<i>etodolac er</i>	8	FENTANYL CITRATE ORAL	10
<i>etonogestrel/ethinyl estradiol</i>	71	TRANSMUCOSAL	
ETOPOPHOS	28	FERRIPROX	63
<i>etoposide</i>	28	FERRIPROX TWICE-A-DAY	63
<i>etravirine</i>	38	<i>fesoterodine fumarate er</i>	67
<i>euthyrox</i>	75	FETROJA	14
EVAMIST	71	FETZIMA	20
EVENITY	84	FETZIMA TITRATION PACK	20
<i>everolimus</i>	29	FIASP	42
<i>everolimus</i>	80	FIASP FLEXTOUCH	42
EVKEEZA	49	FIASP PENFILL	42
EVOMELA	25	FIBRICOR	51

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FINACEA	56	<i>fluticasone propionate/salmeterol</i>	92
<i>finasteride</i>	68	<i>fluticasone propionate/salmeterol diskus</i>	92
<i>fingolimod hydrochloride</i>	54	<i>fluvastatin</i>	51
FINTEPLA	16	<i>fluvastatin sodium er</i>	51
FIRDAPSE	54	<i>fluvoxamine maleate</i>	20
FIRMAGON	76	<i>fluvoxamine maleate er</i>	20
<i>flac</i>	88	FML	87
FLAREX	87	FML FORTE	87
<i>flavoxate hcl</i>	67	FOLOTYN	26
FLEBOGAMMA DIF	77	<i>fomepizole</i>	85
<i>flecainide acetate</i>	47	<i>fondaparinux sodium</i>	44
FLOLIPID	51	FORFIVO XL	19
FLOVENT DISKUS	89	<i>formoterol fumarate</i>	90
FLOVENT HFA	89	FOSAMAX PLUS D	84
FLOXURIDINE	26	<i>fosamprenavir calcium</i>	39
<i>fluconazole</i>	22	<i>fosaprepitant dimeglumine</i>	21
<i>fluconazole in sodium chloride</i>	22	<i>fosfomycin tromethamine</i>	12
<i>fluconazole/sodium chloride</i>	22	<i>fosinopril sodium</i>	46
<i>flucytosine</i>	22	<i>fosinopril sodium/hydrochlorothiazide</i>	49
<i>fludarabine phosphate</i>	29	<i>fosphenytoin sodium</i>	18
<i>fludrocortisone acetate</i>	69	FOSRENOL	63
<i>flunisolide</i>	89	FOTIVDA	29
<i>fluocinolone acetonide</i>	57	FRAGMIN	44
<i>fluocinolone acetonide</i>	88	FREAMINE III	61
<i>fluocinolone acetonide body</i>	57	<i>frovatriptan succinate</i>	23
<i>fluocinolone acetonide ear drops</i>	88	FRUZAQLA	29
<i>fluocinolone acetonide scalp</i>	57	FULPHILA	45
<i>fluocinolone acetonide topical</i>	57	<i>fulvestrant</i>	26
<i>fluocinonide</i>	57	<i>furosemide</i>	50
<i>fluocinonide emulsified base</i>	57	FUZEON	39
<i>fluoride</i>	60	FYARRO	29
<i>fluoritab</i>	60	<i>fyavolv</i>	71
<i>fluorometholone</i>	87	FYCOMPA	16
<i>fluorouracil</i>	26	FYLNETRA	45
FLUOROURACIL	58	<i>gabapentin</i>	17
<i>fluoxetine dr</i>	20	GABLOFEN	36
<i>fluoxetine hydrochloride</i>	20	GALAFOLD	66
<i>fluphenazine decanoate</i>	34	<i>galantamine hydrobromide</i>	18
<i>fluphenazine hcl</i>	34	<i>galantamine hydrobromide er</i>	18
<i>fluphenazine hydrochloride</i>	34	<i>gallifrey</i>	74
<i>flurandrenolide</i>	57	GAMASTAN	77
<i>flurbiprofen</i>	8	GAMIFANT	78
<i>flurbiprofen sodium</i>	87	GAMMAGARD LIQUID	77
<i>flutamide</i>	25	GAMMAGARD S/D IGA LESS THAN	77
<i>fluticasone propionate</i>	57	1MCG/ML	
<i>fluticasone propionate</i>	89	GAMMAKED	77

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GAMMAPLEX	77	<i>glyburide micronized</i>	41
GAMUNEX-C	77	<i>glyburide/metformin hydrochloride</i>	41
<i>ganciclovir</i>	36	<i>glycopyrrolate</i>	64
GARDASIL 9	82	<i>glydo</i>	10
<i>gatifloxacin</i>	87	GOCOVRI	33
GATTEX	64	<i>granisetron hcl</i>	21
<i>gavilyte-c</i>	64	<i>granisetron hydrochloride</i>	21
<i>gavilyte-g</i>	64	GRANIX	45
<i>gavilyte-n/ flavor pack</i>	64	<i>griseofulvin microsize</i>	22
GAVRETO	29	<i>griseofulvin ultramicrosize</i>	22
GAZYVA	32	<i>guanfacine hydrochloride</i>	46
<i>gefitinib</i>	29	<i>guanfacine hydrochloride er</i>	53
GELNIQUE	67	GVOKE HYPOPEN 1-PACK	42
<i>gemcitabine hcl</i>	26	GVOKE HYPOPEN 2-PACK	42
GEMCITABINE HYDROCHLORIDE	26	GVOKE KIT	42
<i>gemfibrozil</i>	51	<i>gynazole-1</i>	22
GEMTESA	67	HAEGARDA	77
<i>generlac</i>	63	<i>hailey 24 fe</i>	71
<i>engraf</i>	80	HALAVEN	27
GENOTROPIN	69	<i>halcinonide</i>	57
GENOTROPIN MINIQUICK	69	HALOBETASOL PROPIONATE	57
<i>gentak</i>	87	<i>haloette</i>	71
<i>gentamicin sulfate</i>	12	HALOG	57
<i>gentamicin sulfate</i>	87	<i>haloperidol</i>	34
<i>gentamicin sulfate pediatric</i>	12	<i>haloperidol decanoate</i>	34
<i>gentamicin sulfate/0.9% sodium chloride</i>	12	<i>haloperidol lactate</i>	34
GENVOYA	37	HARVONI	37
GILENYA	54	HAVRIX	82
GILOTRIF	29	<i>heather</i>	74
GIMOTI	64	<i>heparin sodium</i>	45
GIVLAARI	85	<i>heparin sodium/d5w</i>	44
GLASSIA	66	<i>heparin sodium/dextrose</i>	44
<i>glatiramer acetate</i>	54	<i>heparin sodium/nacl 0.45%</i>	44
<i>glatopa</i>	54	<i>heparin sodium/sodium chloride</i>	45
GLEOSTINE	25	<i>heparin sodium/sodium chloride 0.9%</i>	44
<i>glimepiride</i>	41	<i>heparin sodium/sodium chloride 0.9%</i>	44
<i>glipizide</i>	41	<i>premix</i>	
<i>glipizide er</i>	41	HEPLISAV-B	82
<i>glipizide xl</i>	41	<i>herceptin</i>	32
<i>glipizide/metformin hydrochloride</i>	41	HERZUMA	32
GLUCAGEN HYPOKIT	42	HETLIOZ LQ	93
<i>glucagon emergency kit</i>	42	HIBERIX	82
<i>glucagon emergency kit for low blood sugar</i>	42	HIZENTRA	77
<i>glucose (dextrose) 50%</i>	61	HUMALOG	43
<i>glucose (dextrose) 70%</i>	61	HUMALOG JUNIOR KWIKPEN	43
<i>glyburide</i>	41	HUMALOG KWIKPEN	43

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HUMALOG MIX 75/25	43	HYQVIA	77
HUMALOG MIX 75/25 KWIKPEN	43	<i>ibandronate sodium</i>	84
HUMALOG TEMPO PEN	43	IBRANCE	27
HUMATIN	12	IBRANCE	29
HUMATROPE	69	<i>ibu</i>	8
HUMIRA	81	<i>ibuprofen</i>	8
HUMIRA PEDIATRIC CROHNS	80	<i>ibutilide fumarate</i>	47
DISEASE STARTER PACK		<i>icatibant acetate</i>	77
HUMIRA PEN	81	<i>iclevia</i>	71
HUMIRA PEN-CD/UC/HS STARTER	80	ICLUSIG	29
HUMIRA PEN-PEDIATRIC UC	80	<i>icosapent ethyl</i>	51
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HUMIRA PEN-PS/UV STARTER	81	<i>idarubicin hydrochloride</i>	27
HUMULIN 70/30	43	IDHIFA	29
HUMULIN 70/30 KWIKPEN	43	<i>ifosfamide</i>	25
HUMULIN N	43	IGALMI	41
HUMULIN N KWIKPEN	43	ILARIS	78
HUMULIN R	43	ILEVRO	87
HUMULIN R U-500 (CONCENTRATED)	43	ILUMYA	78
HUMULIN R U-500 KWIKPEN	43	<i>imatinib mesylate</i>	29
<i>hydralazine hcl</i>	52	IMBRUVICA	29
<i>hydralazine hydrochloride</i>	52	IMFINZI	32
<i>hydrochlorothiazide</i>	50	<i>imipenem/cilastatin</i>	15
<i>hydrocodone bitartrate/acetaminophen</i>	10	<i>imipramine hcl</i>	21
<i>hydrocodone/acetaminophen</i>	10	<i>imipramine hydrochloride</i>	21
<i>hydrocodone/ibuprofen</i>	10	<i>imipramine pamoate</i>	21
<i>hydrocortisone</i>	57	<i>imiquimod</i>	58
<i>hydrocortisone</i>	69	<i>imiquimod pump</i>	58
<i>hydrocortisone</i>	83	IMOVAX RABIES (H.D.C.V.)	82
<i>hydrocortisone butyrate</i>	57	IMPAVIDO	12
<i>hydrocortisone butyrate (lipid)</i>	57	IMVEXXY MAINTENANCE PACK	72
<i>hydrocortisone butyrate (lipophilic)</i>	57	IMVEXXY STARTER PACK	72
<i>hydrocortisone sodium succinate</i>	69	INBRIJA	34
<i>hydrocortisone valerate</i>	57	<i>incassia</i>	74
<i>hydrocortisone/acetic acid</i>	89	INCRELEX	69
<i>hydromorphone hcl</i>	10	INCRUSE ELLIPTA	90
<i>hydromorphone hcl er</i>	9	<i>indapamide</i>	50
<i>hydromorphone hydrochloride</i>	10	INDERAL XL	48
<i>hydromorphone hydrochloride er</i>	9	<i>indomethacin</i>	8
<i>hydroxychloroquine sulfate</i>	33	<i>indomethacin er</i>	8
<i>hydroxyprogesterone caproate</i>	74	INFANRIX	82
<i>hydroxyurea</i>	26	INFLECTRA	81
<i>hydroxyzine hcl</i>	89	INFLIXIMAB	81
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INQOVI	29	<i>isoniazid</i>	24
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INSULIN ASPART	43	<i>isosorbide dinitrate</i>	51
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<i>tramadol hydrochloride</i>	10	<i>trimipramine maleate</i>	21
<i>tramadol hydrochloride er</i>	9	TRINTELLIX	20
<i>tramadol hydrochloride/acetaminophen</i>	10	<i>tri-nymyo</i>	74
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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 1-855-577-6517. Someone who speaks English/Language can help you. This is a free service.

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

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

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

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-577-6517. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng 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 1-855-577-6517. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-577-6517 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 1-855-577-6517. 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 1-855-577-6517 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 1-855-577-6517 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 1-855-577-6517. 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 1-855-577-6517. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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

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

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、1-855-577-6517 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 January 2, 2025, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

Optum Rx Member Services

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

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