



County of Orange Medicare Prescription Drug Plan

Your 2025 Comprehensive Formulary (List of Covered drugs or “Drug List”)

Administered by Optum Rx®

Effective January 1, 2025



Please read: this document contains information about the drugs we cover in this plan.

This comprehensive formulary was updated on 08/26/2024 and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-800-908-9097

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” or “our plan,” it means County of Orange.

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

What is the Comprehensive Formulary?

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

Can the formulary (drug list) change?

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

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 replace 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 and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the County of Orange'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 the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the

change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by County of Orange please contact us. Our contact information appears on the front and back cover pages. . To get updated information about covered drugs, please contact Optum Rx. You may also visit our website at optumrx.com where you will find the most up-to-date information about our list of covered drugs (formulary) by using the “Drug Information” tool (found under the “Member Tools” tab). Our contact information is shown on the front and back cover pages.

How do I use the formulary?

There are 2 ways to find your drug within the formulary:

- **Medical Condition**

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

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 109. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

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

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.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs <and may include some specialty or high-cost drugs*>.
Tier 4	Specialty or high-cost drugs listed under Tier 4 cost \$950 or more for up to a 30-day maximum supply.

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

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. 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 restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. 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.

Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover. This may be in addition to a standard one-month or three-month supply.
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Step Therapy (ST)	In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
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To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 8. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

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

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx and ask if your drug is covered. This document includes only a partial list of covered drugs, so we may cover your drug. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If your drug is not covered, you have 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 and cover your drug. See below for information about how to request an exception.

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our drug list (formulary).

How do I request an exception to the formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if the drug is not in the high-cost drug tier. If approved, this would lower the amount you must pay for your drug.

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

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

You or your prescriber should contact Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your prescriber.

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

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

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

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

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

For more information

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

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.

Formulary

The formulary below provides coverage 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 109.

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 special requirements for coverage of your drug.

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
CAMBIA	3	
CELEBREX	3	QL(60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
COXANTO	4	PA
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium packet</i>	1	
<i>diclofenac potassium capsule</i>	4	
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	4	
<i>diclofenac sodium dr</i>	3	
<i>diclofenac sodium er</i>	3	
<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
DICLONA	4	
<i>diflunisal tablet 500mg</i>	1	
DUEXIS	4	QL(90 EA per 30 days); PA
<i>ec-naproxen tablet delayed release 500mg</i>	1	
ELYXYB	3	PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	4	
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	3	
INDOCIN SUPPOSITORY	4	
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75MG/SPRAY	4	QL(5 EA per 30 days)
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
LICART	3	QL(30 EA per 30 days); PA
LODINE TABLET 400MG	3	
LOFENA	4	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	

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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
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	4	
NAPROSYN SUSPENSION	4	PA
<i>naproxen dr tablet delayed release 375mg</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	4	QL(60 EA per 30 days); PA
<i>naproxen suspension</i>	4	PA
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	4	
OXAPROZIN CAPSULE	4	PA
<i>oxaprozin tablet</i>	1	
PENNSAID SOLUTION	4	PA
<i>piroxicam capsule</i>	1	
RELAFEN DS	4	
SPRIX	4	QL(5 EA per 30 days)
<i>sulindac tablet</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin sodium capsule</i>	1	
<i>tolmetin sodium tablet 600mg</i>	1	
VIMOVO	4	QL(60 EA per 30 days); PA
ZIPSOR	4	
<i>Opioid Analgesics, Long-acting</i>		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL(60 EA per 30 days); NDS
BELBUCA FILM 750MCG, 900MCG	4	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
BUTRANS	3	QL(4 EA per 28 days); NDS
CONZIP	3	PA; NDS
<i>fentanyl 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>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20mg, 30mg, 40mg, 60mg, 80mg</i>	3	ST; NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100mg, 120mg</i>	4	ST; NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20MG, 30MG, 40MG, 60MG	3	ST; NDS
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 120MG, 80MG	4	ST; NDS
INFUMORPH 200	3	B/D; NDS
INFUMORPH 500	3	B/D; NDS
<i>levorphanol tartrate tablet</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
MS CONTIN TABLET EXTENDED RELEASE 15MG, 30MG	3	NDS
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG, 60MG	4	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	4	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40MG	3	ST; NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST; NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	3	ST; NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST; NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA; NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/codeine</i>	1	NDS
ACTIQ	4	PA; NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
BENZHYDROCODONE/ACETAMINOPHEN	3	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
<i>duramorph</i>	1	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA; NDS
FENTANYL CITRATE TABLET	4	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA; NDS
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	3	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hcl tablet 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, suppository, tablet</i>	1	NDS
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	NDS
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	NDS
NALOCET	4	NDS
NUCYNTA TABLET 50MG, 75MG	3	NDS
NUCYNTA TABLET 100MG	4	NDS
OXAYDO	4	NDS
OXYCODONE AND ACETAMINOPHEN	4	NDS
<i>oxycodone hcl capsule</i>	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	4	NDS
<i>oxycodone hydrochloride/acetaminophen solution 325mg/5ml; 5mg/5ml</i>	1	NDS
<i>oxycodone hydrochloride capsule, concentrate, solution, tablet</i>	1	NDS
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	4	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
PERCOCET TABLET 325MG; 2.5MG	3	NDS
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	NDS
PROLATE	4	NDS
QDOLO	4	NDS
ROXICODONE TABLET 15MG	3	NDS
ROXICODONE TABLET 30MG	4	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride tablet</i>	1	NDS
<i>tramadol hydrochloride solution</i>	3	NDS
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL(300 EA per 30 days); NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN	3	PA
LIDODERM	3	PA
LIDOTRAL GEL, SOLUTION	3	PA
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	4	QL(4 EA per 90 days); PA
SYNERA	3	
TRIDACAINE	3	PA
TRIDACAINE II	3	PA
TRIDACAINE III	3	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	
<i>Opioid Dependence</i>		
BRIXADI	4	
BUPRENEX INJECTION 0.3MG/ML	4	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>lofexidine hydrochloride</i>	4	QL(224 EA per 14 days)
LUCEMYRA	4	QL(224 EA per 14 days)
SUBLOCADE	4	
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL(180 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL(30 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL(360 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL(60 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days)

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Opioid Reversal Agents		
KLOXXADO	3	ST
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	
ZIMHI	3	ST
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	2	QL(360 ML per 365 days)
TYRVAYA	3	QL(8.4 ML per 30 days)
<i>varenicline starting month box</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	4	PA
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
HUMATIN	4	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	4	
<i>tobramycin sulfate injection</i>	1	
ZEMDRI	4	
Antibacterials, Other		
AEMCOLO	3	PA
<i>aztreonam injection 1gm</i>	1	
<i>aztreonam injection 2gm</i>	4	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	4	
COLY-MYCIN M	4	
CUBICIN RF	4	

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Drug Name	Drug Tier	Requirements/Limits
DALVANCE	4	
<i>daptomycin</i>	4	
DAPTOMYCIN/SODIUM CHLORIDE	3	
IMPAVIDO	4	
KIMYRSA	4	
LIKMEZ	3	PA
<i>lincomycin hcl injection</i>	1	
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	4	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	4	
<i>nitrofurantoin suspension 25mg/5ml</i>	4	
ORBACTIV	4	
SIVEXTRO	4	QL(6 EA per 30 days)
<i>tigecycline</i>	4	
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	4	
VANCOCIN CAPSULE 125MG	4	QL(120 EA per 30 days)
VANCOCIN CAPSULE 250MG	4	QL(240 EA per 30 days)
<i>vancomycin hcl injection 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 750mg</i>	1	
VIBATIV INJECTION 750MG	4	
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	4	
XENLETA	4	
ZYVOX SUSPENSION RECONSTITUTED	4	QL(1800 ML per 28 days)
ZYVOX TABLET	4	QL(56 EA per 28 days)
ZYVOX INJECTION 200MG/100ML	4	
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
FETROJA	4	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	
ZERBAXA	4	
<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 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	4	
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
MEROPENEM/SODIUM CHLORIDE	3	
RECARBRIO	4	
VABOMERE	3	
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	4	
ERYPED 400	4	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	4	
Quinolones		
BAXDELA	4	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		

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Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tablet</i>	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	4	
DORYX TABLET DELAYED RELEASE 200MG	4	
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	4	
MINOCIN INJECTION	4	
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxyne nl capsule 100mg</i>	1	
NUZYRA INJECTION	4	
NUZYRA TABLET	4	QL(30 EA per 14 days)
SEYSARA	4	
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	4	PA
ELEPSIA XR	4	
EPIDIOLEX	4	PA
EPRONTIA	3	
<i>felbamate</i>	1	
FELBATOL	4	
FINTEPLA	4	PA
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750MG	4	
KEPPRA INJECTION, ORAL SOLUTION	4	
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	4	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	4	
LAMICTAL ODT TABLET DISINTEGRATING	3	

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LAMICTAL ODT KIT	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	4	
LAMICTAL TABLET	4	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	4	
<i>roweepra tablet 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	4	
<i>topiramate er capsule extended release 24 hour 100mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	4	
<i>topiramate er capsule er 24 hour sprinkle</i>	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
<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)

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<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	4	PA
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium capsule delayed release sprinkle</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
GABITRIL TABLET 12MG, 16MG, 2MG	3	
GABITRIL TABLET 4MG	4	
KLONOPIN TABLET 2MG	3	QL(300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
LYRICA SOLUTION	3	QL(900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL(60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL(90 EA per 30 days)
MYSOLINE TABLET	4	
NEURONTIN SOLUTION	3	QL(2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL(270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL(360 EA per 30 days)
NEURONTIN TABLET 800MG	4	QL(150 EA per 30 days)
NEURONTIN TABLET 600MG	4	QL(180 EA per 30 days)
ONFI SUSPENSION	4	
ONFI TABLET 10MG, 20MG	4	
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin capsule 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin solution</i>	1	QL(900 ML per 30 days)
<i>primidone tablet</i>	1	
SABRIL	4	PA
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days)

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VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days)
<i>vigabatrin</i>	4	PA
<i>vigadrone</i>	4	PA
VIGAFYDE	4	PA
<i>vigpoder</i>	4	PA
ZTALMY	4	PA
<i>Sodium Channel Agents</i>		
APTIOM	4	
BANZEL	4	
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	1	
<i>lacosamide tablet</i>	1	
<i>lacosamide oral solution</i>	3	
<i>lacosamide injection</i>	4	
<i>oxcarbazepine</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	4	
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	4	
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	4	
TRILEPTAL SUSPENSION	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	4	
VIMPAT INJECTION, ORAL SOLUTION	4	
VIMPAT TABLET 100MG, 150MG, 200MG	4	
XCOPRI TABLET	4	PA
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	4	PA
ZONEGRAN CAPSULE 100MG, 25MG	4	
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	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

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Drug Name	Drug Tier	Requirements/Limits
Cholinesterase Inhibitors		
ADLARITY	3	ST
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	
NAMENDA XR	3	QL(30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN	4	QL(30 EA per 30 days); ST
AUVELITY	4	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
<i>quetiapine fumarate tablet 150mg</i>	1	QL(90 EA per 30 days)
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL(90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL(60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	4	QL(30 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	4	QL(90 EA per 30 days)
ZURZUVAE CAPSULE 30MG	4	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	4	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	4	QL(30 EA per 30 days); ST
MARPLAN	3	
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
CITALOPRAM HYDROBROMIDE CAPSULE	3	ST
<i>citalopram hydrobromide solution, tablet</i>	1	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL(60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL(90 EA per 30 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL(30 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine dr</i>	1	QL(4 EA per 28 days)
<i>fluoxetine hydrochloride capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
PEXEVA TABLET 30MG	3	QL(60 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	4	
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPSULE	3	ST
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
VIIBRYD TABLET	3	QL(30 EA per 30 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	4	
<i>clomipramine hcl capsule</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>imipramine pamoate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NORPRAMIN TABLET 10MG, 25MG	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	4	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
<i>Antiemetics, Other</i>		
ANTIVERT TABLET CHEWABLE	3	
ANTIVERT TABLET 50MG	3	
BARHEMSYS	3	B/D
BONJESTA	3	QL(60 EA per 30 days)
<i>compro</i>	1	
DICLEGIS	3	QL(120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 25mg, 50mg</i>	1	
PHENERGAN FORTIS	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP	3	
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
APONVIE	3	
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND TRIPACK	3	QL(6 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED	3	QL(6 EA per 30 days); B/D
EMEND CAPSULE 80MG	3	QL(8 EA per 30 days); B/D
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
MARINOL CAPSULE 2.5MG	3	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPSULE 10MG, 5MG	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	4	QL(2 EA per 30 days)
SUSTOL	4	QL(1.2 ML per 30 days)
SYNDROS	4	QL(120 ML per 30 days); PA
VARUBI TABLET THERAPY PACK	3	QL(4 EA per 28 days); B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	4	B/D
<i>amphotericin b liposome</i>	4	B/D
<i>amphotericin b injection</i>	1	B/D
ANCOBON	4	
CANCIDAS	4	
<i>casposfungin acetate injection 70mg</i>	1	
<i>casposfungin acetate injection 50mg</i>	3	
<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	4	
CRESEMBA CAPSULE	4	PA
DIFLUCAN TABLET 200MG	4	
<i>econazole nitrate cream</i>	1	
ERAXIS	4	
ERTACZO	4	
EXTINA	4	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	4	PA
JUBLIA	4	
KERYDIN	3	PA
<i>ketconazole shampoo, tablet</i>	1	
<i>ketconazole cream</i>	1	QL(90 GM per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>micafungin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MICAFUNGIN/SODIUM CHLORIDE	3	
MYCAMINE INJECTION 50MG	3	
MYCAMINE INJECTION 100MG	4	
NOXAFIL INJECTION	4	
NOXAFIL PACKET, SUSPENSION, TABLET DELAYED RELEASE	4	PA
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
ORAVIG	4	
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT CREAM	3	QL(90 GM per 30 days)
<i>posaconazole dr</i>	4	PA
<i>posaconazole injection</i>	4	
<i>posaconazole suspension</i>	4	PA
REZZAYO	4	
SPORANOX CAPSULE, SOLUTION	4	PA
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole cream</i>	1	
TOLSURA	4	PA
VFEND IV	4	PA
VFEND SUSPENSION RECONSTITUTED	4	
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	4	
<i>voriconazole injection</i>	4	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
COLCHICINE CAPSULE	2	
COLCHICINE TABLET 0.6MG	2	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	4	PA
<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
AJOVY	3	QL(4.5 ML per 84 days); PA

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA
QULIPTA	4	QL(30 EA per 30 days); PA
UBRELVY	4	QL(16 EA per 30 days); PA
Ergot Alkaloids		
CAFERGOT TABLET	3	QL(24 EA per 28 days)
<i>dihydroergotamine mesylate injection</i>	4	QL(24 ML per 28 days); PA
<i>dihydroergotamine mesylate nasal solution</i>	4	QL(8 ML per 30 days); PA
ERGOMAR	4	
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	4	QL(20 EA per 28 days)
MIGRANAL	4	QL(8 ML per 30 days); PA
TRUDHESA	3	QL(12 ML per 28 days); PA
Prophylactic		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
VYEPTI	3	QL(3 ML per 84 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
FROVA	3	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
IMITREX STATDOSE REFILL	4	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	4	QL(5 ML per 30 days)
IMITREX SOLUTION	3	QL(12 EA per 30 days)
IMITREX TABLET	3	QL(9 EA per 30 days)
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL(18 EA per 30 days)
MAXALT TABLET 10MG	3	QL(18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)
RELPAX	3	QL(12 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL(9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	4	QL(9 EA per 30 days)
ZEMBRACE SYMTOUCH	4	QL(8 ML per 30 days)

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<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG TABLET	4	QL(12 EA per 30 days)
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
MESTINON TIMESPAN	4	
MESTINON SOLUTION, TABLET	4	
<i>pyridostigmine bromide solution</i>	3	
<i>pyridostigmine bromide tablet 60mg</i>	1	
VYVGART HYTRULO	4	PA
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
MYCOBUTIN	3	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
<i>cycloserine</i>	4	
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrup, tablet</i>	1	
<i>isoniazid injection</i>	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	4	
<i>rifampin capsule, injection</i>	1	
SIRTURO	4	
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO	4	
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	4	
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	4	
BENDEKA	4	
BICNU	4	
<i>busulfan</i>	4	
BUSULFEX	4	
<i>carmustine</i>	4	
CISPLATIN INJECTION 50MG	4	
<i>cisplatin injection 100mg/100ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	4	
<i>cyclophosphamide capsule, tablet</i>	1	B/D

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CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 2GM/10ML, 500MG/2.5ML, 500MG/ML	4	
<i>cyclophosphamide injection 1000mg/10ml, 1gm/2ml, 1gm, 2000mg/20ml, 2gm/4ml, 2gm, 500mg/5ml, 500mg</i>	4	
EVOMELA	4	
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	4	
<i>ifosfamide injection 3gm</i>	1	
LEUKERAN	4	
MATULANE	4	
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	4	
TEMODAR INJECTION	4	
TEPADINA	4	
<i>thiotepa injection 100mg, 15mg</i>	4	
TREANDA INJECTION 100MG, 25MG	4	
VALCHLOR	4	PA
VIVIMUSTA	4	
YONDELIS	4	
ZANOSAR	4	
ZEPZELCA	4	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	4	PA
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA	4	PA
EULEXIN	4	
<i>flutamide</i>	1	
NILANDRON TABLET 150MG	4	
<i>nilutamide</i>	4	
NUBEQA	4	PA
XTANDI	4	PA
YONSA	4	PA
ZYTIGA	4	PA
Antiangiogenic Agents		
<i>lenalidomide</i>	4	PA
POMALYST	4	PA
REVLIMID	4	PA
THALOMID	4	PA
Antiestrogens/Modifiers		
EMCYT	4	
FARESTON	4	
FASLODEX INJECTION 250MG/5ML	4	
<i>fulvestrant</i>	4	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide</i>	4	
ASPARLAS	4	
<i>azacitidine</i>	4	
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	4	PA
<i>bortezomib injection 1mg, 2.5mg</i>	1	PA
<i>bortezomib injection 3.5mg/1.4ml</i>	3	PA
<i>bortezomib injection 3.5mg</i>	4	PA
COLUMVI	4	PA
COSMEGEN	4	
<i>dactinomycin</i>	4	
<i>decitabine</i>	4	
<i>docetaxel injection 160mg/8ml, 20mg/2ml, 80mg/8ml</i>	4	
DOXIL	4	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	4	
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENCEN INJECTION 50MG/25ML	3	
ELREXFIO	4	PA
ELZONRIS	4	PA
EPKINLY	4	PA
<i>eribulin mesylate</i>	4	PA
ETHYOL	4	
HALAVEN	4	PA
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	4	
<i>idarubicin hcl</i>	4	
IMDELLTRA	4	PA
INREBIC	4	PA
ISTODAX	4	PA
IWILFIN	4	PA
IXEMPRA KIT	4	
JEVTANA	4	PA
KIMMTRAK	4	PA
KISQALI FEMARA 200 DOSE	4	PA
KISQALI FEMARA 400 DOSE	4	PA
KISQALI FEMARA 600 DOSE	4	PA
LAZCLUZE TABLET 240MG	4	PA
LAZCLUZE TABLET 80MG	4	QL(60 EA per 30 days); PA
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	4	
LONSURF	4	PA

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LYSODREN	4	
<i>mitomycin injection 20mg, 40mg, 5mg</i>	4	
<i>mutamycin</i>	4	
OGSIVEO	4	PA
OJEMDA	4	PA
ONCASPAR	4	
ONUREG	4	PA
PACLITAXEL PROTEIN-BOUND PARTICLES	4	
PEMETREXED INJECTION 100MG/4ML	4	
PHEGO	4	PA
PHOTOFRIN	4	
PROLEUKIN	4	
<i>romidepsin injection 10mg</i>	4	PA
RYLAZE	4	
RYTELO	4	PA
SYNRIBO	4	
TALVEY	4	PA
TECVAYLI	4	PA
TICE BCG	3	
TRISENOX INJECTION 12MG/6ML	4	
TRUSELTIQ	4	PA
<i>valrubicin</i>	4	
VALSTAR	4	
VELCADE	4	PA
VIDAZA	4	
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
VONJO	4	PA
ZALTRAP	4	PA
ZOLINZA	4	PA
Antineoplastics		
OPDUALAG	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
ARIMIDEX	3	
AROMASIN	4	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
CAMPTOSAR	4	
ETOPOPHOS	4	
HYCAMTIN INJECTION	4	
<i>irinotecan hydrochloride</i>	4	

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<i>irinotecan injection 500mg/25ml</i>	4	
KYPROLIS	4	PA
ONIVYDE	4	
<i>topotecan hcl injection 4mg</i>	4	
Molecular Target Inhibitors		
AFINITOR	4	QL(30 EA per 30 days); PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	PA
ALIQOPA	4	PA
ALUNBRIG TABLET THERAPY PACK	4	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	4	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	4	QL(30 EA per 30 days); PA
AUGTYRO	4	PA
AYVAKIT	4	QL(30 EA per 30 days); PA
BALVERSA	4	PA
BELEODAQ	4	PA
BOSULIF	4	PA
BRAFTOVI CAPSULE 75MG	4	PA
BRUKINSA	4	PA
CABOMETYX TABLET 40MG, 60MG	4	PA
CABOMETYX TABLET 20MG	4	QL(30 EA per 30 days); PA
CALQUENCE	4	PA
CAPRELSA TABLET 300MG	4	PA
CAPRELSA TABLET 100MG	4	QL(60 EA per 30 days); PA
COMETRIQ	4	PA
COPIKTRA	4	PA
COTELLIC	4	PA
DAURISMO	4	PA
ERIVEDGE	4	PA
<i>erlotinib hydrochloride tablet</i>	4	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	4	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA
EXKIVITY	4	
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	4	
FOTIVDA	4	PA
FRUZAQLA	4	PA
FYARRO	4	PA
GAVRETO	4	PA
<i>gefitinib</i>	4	PA
GILOTRIF	4	QL(30 EA per 30 days); PA
GLEEVEC TABLET	4	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA
ICLUSIG TABLET 30MG, 45MG	4	PA
ICLUSIG TABLET 10MG, 15MG	4	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA	4	QL(30 EA per 30 days); PA
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	4	PA
INLYTA	4	PA
INQOVI	4	PA
IRESSA	4	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA
JAKAFI TABLET 10MG	4	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	4	PA
JAYPIRCA TABLET 50MG	4	QL(30 EA per 30 days); PA
KISQALI	4	PA
KOSELUGO	4	PA
KRAZATI	4	PA
<i>lapatinib ditosylate</i>	4	PA
LENVIMA 10 MG DAILY DOSE	4	PA
LENVIMA 12MG DAILY DOSE	4	PA
LENVIMA 14 MG DAILY DOSE	4	PA
LENVIMA 18 MG DAILY DOSE	4	PA
LENVIMA 20 MG DAILY DOSE	4	PA
LENVIMA 24 MG DAILY DOSE	4	PA
LENVIMA 4 MG DAILY DOSE	4	PA
LENVIMA 8 MG DAILY DOSE	4	PA
LORBRENA	4	PA
LUMAKRAS	4	PA
LYNPARZA TABLET	4	PA
LYTGOBI	4	PA
MEKINIST	4	PA
MEKTOVI	4	PA
NERLYNX	4	QL(180 EA per 30 days); PA
NEXAVAR	4	PA
NINLARO	4	PA
ODOMZO	4	PA
OJJAARA	4	PA
<i>pazopanib hydrochloride</i>	4	PA
PEMAZYRE	4	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	4	PA
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
QINLOCK	4	PA
RETEVMO CAPSULE	4	PA
RETEVMO TABLET 120MG, 160MG	4	PA
RETEVMO TABLET 80MG	4	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	4	QL(90 EA per 30 days); PA
REZLIDHIA	4	PA

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ROZLYTREK	4	PA
RUBRACA	4	PA
RYDAPT	4	PA
SCEMBLIX TABLET 40MG	4	PA
SCEMBLIX TABLET 100MG	4	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 20MG	4	QL(60 EA per 30 days); PA
<i>sorafenib</i>	4	PA
<i>sorafenib tosylate</i>	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
<i>sunitinib malate</i>	4	PA
SUTENT	4	PA
TABRECTA	4	QL(120 EA per 30 days); PA
TAFINLAR	4	PA
TAGRISSE TABLET 80MG	4	PA
TAGRISSE TABLET 40MG	4	QL(30 EA per 30 days); PA
TALZENNA	4	PA
TARCEVA	4	PA
TASIGNA	4	PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	
TEPMETKO	4	PA
TIBSOVO	4	PA
TORISEL	4	
TORPENZ	4	QL(30 EA per 30 days); PA
TRUQAP	4	PA
TUKYSA	4	PA
TURALIO	4	PA
TYKERB	4	PA
VANFLYTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	4	PA
VERZENIO	4	PA
VIJOICE PACKET	4	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	4	QL(56 EA per 28 days); PA
VITRAKVI	4	PA
VIZIMPRO	4	PA
VOTRIENT	4	PA
XALKORI	4	PA
XOSPATA	4	PA
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY	4	PA
ZEJULA CAPSULE	4	PA
ZEJULA TABLET 200MG, 300MG	4	PA
ZEJULA TABLET 100MG	4	QL(30 EA per 30 days); PA
ZELBORAF	4	PA
ZYDELIG	4	PA
ZYKADIA TABLET	4	PA
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	4	PA
ALYMSYS	4	PA
ARZERRA	4	PA
AVASTIN	4	PA
BAVENCIO	4	PA
BESPOUSA	4	PA
BLINCYTO	4	PA
CYRAMZA	4	PA
DANYELZA	4	PA
DARZALEX	4	PA
DARZALEX FASPRO	4	PA
ELAHERE	4	PA
EMPLICITI	4	PA
ENHERTU	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN HYLECTA	4	PA
HERCEPTIN INJECTION 150MG	4	PA
HERZUMA	4	PA
IMFINZI	4	PA
IMJUDO	4	PA
JEMPERLI	4	PA
KADCYLA	4	PA
KANJINTI	4	PA
KEYTRUDA INJECTION 100MG/4ML	4	PA
LIBTAYO	4	PA
LOQTORZI	4	PA
LUMOXITI	4	PA
LUNSUMIO	4	PA
MARGENZA	4	PA
MONJUVI	4	PA
MVASI	4	PA
MYLOTARG	4	PA
OGIVRI	4	PA
ONTRUZANT	4	PA
OPDIVO	4	PA

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PADCEV	4	PA
PERJETA	4	PA
POLIVY	4	PA
PORTRAZZA	4	PA
POTELIGEO	4	PA
RIABNI	4	PA
RITUXAN	4	PA
RITUXAN HYCELA	4	PA
RUXIENCE	4	PA
RYBREVANT	4	PA
SARCLISA	4	PA
TECENTRIQ	4	PA
TEVIMBRA	4	PA
TIVDAK	4	PA
TRAZIMERA	4	PA
TRODELVY	4	PA
TRUXIMA	4	PA
UNITUXIN	4	PA
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	4	
VEGZELMA	4	PA
YERVOY	4	PA
ZEVALIN Y-90	4	
ZIRABEV	4	PA
ZYNLONTA	4	PA
ZYNYZ	4	PA
Retinoids		
<i>bexarotene</i>	4	PA
PANRETIN	4	
TARGRETIN	4	PA
<i>tretinoin capsule 10mg</i>	4	
Treatment Adjuncts		
<i>dexrazoxane</i>	4	
ELITEK	4	
KHAPZORY	4	
MESNEX TABLET	4	
VORANIGO TABLET 40MG	4	PA
VORANIGO TABLET 10MG	4	QL(60 EA per 30 days); PA
VORAXAZE	4	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
EMVERM	3	
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
STROMEKTOL TABLET 3MG	3	PA
Antiprotozoals		
ALINIA	4	
ARTESUNATE	4	
<i>atovaquone</i>	3	
<i>atovaquone/proguanil hcl</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	4	PA
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON SUSPENSION	4	
NEBUPENT	3	B/D
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
PLAQUENIL	3	
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	4	PA
QUALAQUIN	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA
SOVUNA	3	ST
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	1	
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
GOCOVRI	4	PA
NOURIANZ	4	PA
ONGENTYS	3	ST
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	PA
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
TASMAR TABLET 100MG	4	QL(180 EA per 30 days)
<i>tolcapone</i>	4	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	4	QL(90 ML per 30 days); PA
<i>apomorphine hydrochloride injection</i>	4	QL(90 ML per 30 days); PA
<i>bromocriptine mesylate capsule, tablet</i>	3	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
DHIVY	3	ST
DUOPA	4	PA
INBRIJA	4	PA
LODOSYN	4	
RYTARY	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	4	QL(30 EA per 30 days); ST
ZELAPAR	4	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</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 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	4	
ABILIFY MAINTENA	4	
ABILIFY MYCITE MAINTENANCE KIT	4	QL(30 EA per 30 days); ST
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	4	QL(60 EA per 365 days); ST
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	4	ST
ABILIFY TABLET	4	QL(30 EA per 30 days)
<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)
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	4	
ARISTADA INITIO	4	
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	4	QL(30 EA per 30 days); PA
FANAPT	4	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	3	QL(16 EA per 365 days); ST
GEODON INJECTION	3	QL(60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL(60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	4	QL(60 EA per 30 days)
INVEGA HAFYERA	4	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	
INVEGA TRINZA	4	
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL(30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL(30 EA per 30 days)
LATUDA TABLET 80MG	4	QL(60 EA per 30 days)
<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	4	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	4	PA
NUPLAZID TABLET 10MG	4	PA
<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)

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<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	4	
<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	4	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	
RISPERDAL SOLUTION	4	QL(240 ML per 30 days)
RISPERDAL TABLET 0.5MG, 1MG, 4MG	3	QL(60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	4	QL(60 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	3	
<i>risperidone er injection 37.5mg, 50mg</i>	4	
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SAPHRIS	3	QL(60 EA per 30 days)
SECUADO	4	QL(30 EA per 30 days); ST
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL(60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL(90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL(60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL(90 EA per 30 days)
UZEDY	4	ST
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	4	QL(30 EA per 30 days)
<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	4	
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL(30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	4	QL(30 EA per 30 days)
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	4	QL(30 EA per 30 days)
Treatment-Resistant		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL(270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL(120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL(180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL(270 EA per 30 days)
CLOZARIL TABLET 100MG	4	QL(270 EA per 30 days)
VERSACLOZ	4	QL(540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet</i>	1	
<i>baclofen suspension</i>	4	ST
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	4	B/D
BACLOFEN ORAL SOLUTION 10MG/5ML	3	ST
BACLOFEN ORAL SOLUTION 5MG/5ML	4	ST
BOTOX	3	PA
DANTRIUM IV	4	
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	4	
DYSPORT	3	PA
FLEQSUVY	4	ST
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	4	B/D
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	4	B/D
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC	3	PA
OZOBAX	4	ST
OZOBAX DS	4	ST
<i>revonto</i>	4	
SOHONOS CAPSULE 5MG	4	QL(112 EA per 28 days); PA
SOHONOS CAPSULE 2.5MG	4	QL(224 EA per 28 days); PA
SOHONOS CAPSULE 1.5MG	4	QL(364 EA per 28 days); PA
SOHONOS CAPSULE 10MG	4	QL(56 EA per 28 days); PA
SOHONOS CAPSULE 1MG	4	QL(560 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	4	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	4	
<i>foscarnet sodium injection 6000mg/250ml</i>	4	B/D
FOSCAVIR INJECTION 6000MG/250ML	4	B/D
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	4	
PREVYMIS	4	
VALCYTE	4	
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	4	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABLET	4	QL(30 EA per 30 days)
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	4	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET 200MG; 50MG	4	QL(168 EA per 365 days); PA
EPCLUSA PACKET 150MG; 37.5MG	4	QL(84 EA per 365 days); PA
EPCLUSA TABLET 200MG; 50MG	4	QL(168 EA per 365 days); PA
EPCLUSA TABLET 400MG; 100MG	4	QL(84 EA per 365 days); PA
HARVONI PACKET 33.75MG; 150MG	4	QL(168 EA per 365 days); PA
HARVONI PACKET 45MG; 200MG	4	QL(336 EA per 365 days); PA
HARVONI TABLET 90MG; 400MG	4	QL(168 EA per 365 days); PA
HARVONI TABLET 45MG; 200MG	4	QL(336 EA per 365 days); PA
LEDIPASVIR/SOFOSBUVIR	4	QL(168 EA per 365 days); PA
MAVYRET TABLET	4	QL(336 EA per 365 days); PA
MAVYRET PACKET	4	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR	4	QL(84 EA per 365 days); PA
SOVALDI TABLET	4	QL(336 EA per 365 days); PA
SOVALDI PACKET 150MG	4	QL(168 EA per 365 days); PA
SOVALDI PACKET 200MG	4	QL(336 EA per 365 days); PA
VIEKIRA PAK	4	QL(672 EA per 365 days)
VOSEVI	4	QL(84 EA per 365 days); PA
ZEPATIER	4	QL(112 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		

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Drug Name	Drug Tier	Requirements/Limits
BIKTARVY	4	QL(30 EA per 30 days)
CABENUVA	4	
DOVATO	4	QL(30 EA per 30 days)
GENVOYA	4	QL(30 EA per 30 days)
ISENTRESS HD	4	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	4	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days)
JULUCA	4	QL(30 EA per 30 days)
STRIBILD	4	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	3	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	4	QL(60 EA per 30 days)
VOCABRIA	4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	4	QL(30 EA per 30 days)
DELSTRIGO	4	QL(30 EA per 30 days)
EDURANT	4	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<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)
INTELENCE TABLET 25MG	3	QL(120 EA per 30 days)
INTELENCE TABLET 100MG	3	QL(60 EA per 30 days)
INTELENCE TABLET 200MG	4	QL(60 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	1	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	1	QL(1200 ML per 30 days)
<i>nevirapine tablet</i>	1	QL(60 EA per 30 days)
PIFELTRO	4	QL(30 EA per 30 days)
SUSTIVA CAPSULE 50MG	3	QL(90 EA per 30 days)
SUSTIVA CAPSULE 200MG	4	QL(90 EA per 30 days)
SYMFI	4	QL(30 EA per 30 days)
SYMFI LO	4	QL(30 EA per 30 days)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate</i>	1	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir tablet</i>	1	QL(60 EA per 30 days)
<i>abacavir solution</i>	1	QL(960 ML per 30 days)
CIMDUO	4	QL(30 EA per 30 days)

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COMBIVIR	4	QL(60 EA per 30 days)
DESCOVY	4	QL(30 EA per 30 days)
<i>emtricitabine</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	4	QL(30 EA per 30 days)
<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)
EMTRIVA CAPSULE	3	QL(30 EA per 30 days)
EMTRIVA SOLUTION	3	QL(850 ML per 30 days)
EPIVIR SOLUTION	3	QL(960 ML per 30 days)
EPIVIR TABLET 300MG	3	QL(30 EA per 30 days)
EPIVIR TABLET 150MG	3	QL(60 EA per 30 days)
EPZICOM	4	QL(30 EA per 30 days)
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	1	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	1	QL(60 EA per 30 days)
ODEFSEY	4	QL(30 EA per 30 days)
RETROVIR IV INFUSION	3	
RETROVIR CAPSULE	3	QL(180 EA per 30 days)
RETROVIR SYRUP	3	QL(1920 ML per 30 days)
<i>stavudine capsule</i>	3	
<i>tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
TRIUMEQ	4	QL(30 EA per 30 days)
TRIUMEQ PD	3	QL(180 EA per 30 days)
TRIZIVIR	4	QL(60 EA per 30 days)
TRUVADA	4	QL(30 EA per 30 days)
VIREAD POWDER	4	QL(240 GM per 30 days)
VIREAD TABLET	4	QL(30 EA per 30 days)
ZIAGEN TABLET	3	QL(60 EA per 30 days)
ZIAGEN SOLUTION	3	QL(960 ML per 30 days)
<i>zidovudine capsule</i>	1	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	1	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	4	
<i>maraviroc tablet 300mg</i>	4	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	4	QL(60 EA per 30 days)
RUKOBIA	4	QL(60 EA per 30 days)
SELZENTRY SOLUTION	4	
SELZENTRY TABLET 25MG	3	QL(480 EA per 30 days)
SELZENTRY TABLET 300MG	4	QL(120 EA per 30 days)
SELZENTRY TABLET 150MG, 75MG	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA INJECTION	4	
SUNLENCA TABLET THERAPY PACK 300MG	4	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	4	QL(8 EA per 365 days)
TROGARZO	4	
TYBOST	2	QL(30 EA per 30 days)
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS CAPSULE	4	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	1	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	1	
<i>atazanavir capsule 200mg</i>	1	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	4	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days)
EVOTAZ	4	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	4	QL(120 EA per 30 days)
KALETRA SOLUTION	4	
KALETRA TABLET 200MG; 50MG	4	
LEXIVA SUSPENSION	3	QL(1800 ML per 30 days)
LEXIVA TABLET	4	QL(120 EA per 30 days)
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, TABLET	3	QL(360 EA per 30 days)
NORVIR SOLUTION	3	QL(480 ML per 30 days)
PREZCOBIX	4	QL(30 EA per 30 days)
PREZISTA SUSPENSION	4	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	4	QL(180 EA per 30 days)
PREZISTA TABLET 800MG	4	QL(30 EA per 30 days)
PREZISTA TABLET 600MG	4	QL(60 EA per 30 days)
REYATAZ PACKET	4	QL(180 EA per 30 days)
REYATAZ CAPSULE 300MG	4	QL(30 EA per 30 days)
REYATAZ CAPSULE 200MG	4	QL(60 EA per 30 days)
<i>ritonavir</i>	1	QL(360 EA per 30 days)
SYMTUZA	4	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	4	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	4	QL(300 EA per 30 days)
<i>Anti-influenza Agents</i>		
<i>amantadine hcl capsule, solution</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RAPIVAB	4	
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
TAMIFLU CAPSULE 75MG	3	QL(110 EA per 365 days)

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TAMIFLU CAPSULE 30MG	3	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL(84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	
XOFLUZA TABLET THERAPY PACK 20MG	2	QL(4 EA per 365 days)
Antitherpetic 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	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
VALTREX	3	QL(120 EA per 30 days)
VYJUVEK	4	PA
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); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	4	QL(4 EA per 3 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</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)
ATIVAN INJECTION	4	
ATIVAN TABLET 2MG	4	QL(150 EA per 30 days)
ATIVAN TABLET 0.5MG, 1MG	4	QL(90 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)

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<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate, oral solution</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL(30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL(360 EA per 30 days)
VALIUM TABLET 10MG	3	QL(120 EA per 30 days)
VALIUM TABLET 5MG	3	QL(240 EA per 30 days)
VALIUM TABLET 2MG	3	QL(300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL(150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL(30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL(90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL(120 EA per 30 days)
XANAX TABLET 2MG	3	QL(150 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI	3	PA
<i>Mood Stabilizers</i>		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL(6 ML per 28 days)
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days)
ALOGLIPTIN	3	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST

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ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
<i>bexagliflozin</i>	3	QL(30 EA per 30 days); ST
BRENZAVVY	3	QL(30 EA per 30 days); ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	
<i>glimepiride 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	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	PA
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	4	PA
<i>miglitol</i>	1	
MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
OSENI TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	

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<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
QTERN	3	ST
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	3	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	3	ST
SEGLUROMET	3	ST
<i>sitagliptin</i>	3	QL(30 EA per 30 days); ST
SOLIQUA 100/33	2	
STEGLUJAN	3	ST
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	QL(30 EA per 30 days)
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
ZEGALOGUE	3	ST
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	4	PA
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	

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HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		

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<i>argatroban/sodium chloride</i>	4	
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	4	
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	
CEPROTIN	4	
<i>dabigatran etexilate</i>	3	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	
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 120MG/0.8ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	
LOVENOX INJECTION 100MG/ML, 150MG/ML, 300MG/3ML	4	
TISSEEL KIT	4	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	4	QL(600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
ADAKVEO	4	PA
ALVAIZ	4	PA
<i>anagrelide hydrochloride</i>	1	
APHEXDA	4	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA	4	QL(60 EA per 30 days); PA
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX	4	ST
LEUKINE INJECTION 250MCG	4	PA
MOZOBIL	4	
MULPLETA	4	PA
NEULASTA	4	PA
NEULASTA ONPRO KIT	4	PA
NEUPOGEN	4	ST
NIVESTYM	4	ST
NPLATE	4	PA
NYVEPRIA	4	PA
<i>plerixafor</i>	4	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA	4	PA
REBLOZYL	4	PA
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RELEUKO INJECTION 300MCG/ML, 480MCG/1.6ML	4	ST
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA
ROLVEDON	4	PA
STIMUFEND	4	PA
UDENYCA	4	PA
UDENYCA ONBODY	4	PA
VAFSEO TABLET 150MG	3	QL(90 EA per 30 days); PA
VAFSEO TABLET 300MG	4	QL(60 EA per 30 days); PA
XOLREMDI	4	QL(120 EA per 30 days); PA
ZARXIO	4	
ZIEXTENZO	4	PA
Hemostasis Agents		
AMICAR SOLUTION, TABLET	4	
<i>aminocaproic acid solution, tablet</i>	4	
<i>tranexamic acid tablet</i>	1	

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Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	2	
CABLIVI	4	QL(30 EA per 30 days); PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	4	PA
<i>eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	4	
KENGREAL	4	
<i>prasugrel hydrochloride</i>	1	
TAVALISSE	4	PA
YOSPRALA	3	QL(30 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
CLONIDINE HYDROCHLORIDE ER	3	ST
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	4	PA
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR	3	ST
NORTHERA	4	PA
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	4	PA
<i>phenoxybenzamine hydrochloride</i>	4	PA
<i>prazosin hydrochloride capsule</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	4	ST
<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	
EPANED SOLUTION	3	

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<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	4	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	4	
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digoxin solution</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine sulfate tablet</i>	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425MG	4	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
SOTALOL HYDROCHLORIDE INJECTION	4	
<i>sotalol hydrochloride tablet 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	

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<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	4	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	4	
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	4	
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
LEVAMLODIPINE	3	ST
<i>nicardipine hcl capsule</i>	3	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	4	
CARDIZEM TABLET 120MG, 60MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	

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<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadytl er</i>	1	
<i>verapamil hcl er tablet extended release</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	4	
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	4	QL(30 EA per 30 days); PA
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CORLANOR SOLUTION	3	QL(450 ML per 30 days); PA
CORLANOR TABLET	3	QL(60 EA per 30 days); PA
DEFITELIO	4	
DEMSER	4	PA
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	

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ENTRESTO CAPSULE SPRINKLE	2	QL(240 EA per 30 days)
ENTRESTO TABLET	2	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA	4	PA
FILSPARI	4	QL(30 EA per 30 days); PA
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>ivabradine hydrochloride</i>	1	QL(60 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
LODOCO	3	PA
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	PA
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VECAMYL	4	
VYNDAMAX	4	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	1	
EDECIN TABLET 25MG	4	
<i>ethacrynate sodium</i>	4	
<i>ethacrynic acid tablet</i>	1	
FUROSCIX	3	PA
<i>furosemide injection, oral solution, tablet</i>	1	
SOAANZ	3	ST
SODIUM EDECIN	4	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	3	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	

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<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 120mg, 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
FENOGLIDE TABLET 120MG	3	
<i>gemfibrozil tablet</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
Dyslipidemics, Other		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	4	QL(30 EA per 30 days); PA
JUXTAPID CAPSULE 20MG, 30MG	4	QL(60 EA per 30 days); PA
LEQVIO	3	QL(3 ML per 180 days); PA
LOVAZA	3	
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA

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REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
ROSUVASTATIN/EZETIMIBE	3	ST
ROSZET	3	ST
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	2	QL(30 EA per 30 days)
INPEFA	3	ST
INVOKANA	3	QL(30 EA per 30 days); ST
JARDIANCE	2	QL(30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL(30 EA per 30 days); ST
STEGLATRO TABLET 5MG	3	QL(60 EA per 30 days); ST
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	4	
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL	3	QL(90 EA per 30 days)
ADDERALL XR	3	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
DESOXYN	4	QL(150 EA per 30 days); PA
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	4	QL(120 EA per 30 days)
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE	3	QL(30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL(180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
FOCALIN	3	QL(60 EA per 30 days)
FOCALIN XR	3	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
METADATE CD	3	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)

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<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL(30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
RITALIN	3	QL(90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL(60 EA per 30 days)
<i>Central Nervous System, Other</i>		
ALLZITAL	3	
AUSTEDO	4	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	4	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL(90 EA per 30 days); PA
BUPAP TABLET 300MG; 50MG	3	

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BUTALBITAL/ACETAMINOPHEN CAPSULE	4	
<i>butalbital/acetaminophen tablet 300mg; 50mg, 325mg; 50mg</i>	1	
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	4	
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
DURACLON INJECTION 100MCG/ML	3	B/D
<i>edaravone</i>	4	PA
EXSERVAN	4	PA
FIRDAPSE	4	QL(300 EA per 30 days); PA
INGREZZA CAPSULE THERAPY PACK	4	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	4	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 40MG	4	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	4	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	4	QL(60 EA per 30 days); PA
NUEDEXTA	4	PA
PRIALT	4	B/D
QALSODY	4	PA
RADICAVA	4	PA
RADICAVA ORS	4	PA
RADICAVA ORS STARTER KIT	4	PA
RELYVRIO	4	QL(60 EA per 30 days); PA
RILUTEK	4	
<i>riluzole</i>	1	
TEGLUTIK	4	PA
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	4	PA
TIGLUTIK	4	PA
VEOZAH	3	QL(30 EA per 30 days); PA
XENAZINE	4	PA
<i>Fibromyalgia Agents</i>		
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AMPYRA	4	QL(60 EA per 30 days); PA
AUBAGIO	4	QL(30 EA per 30 days); PA
AVONEX PEN	4	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	4	QL(4 EA per 28 days); PA
BAFIERTAM	4	QL(120 EA per 30 days); PA
BETASERON	4	QL(15 EA per 30 days); PA
BRIUMVI	4	PA
COPAXONE INJECTION 40MG/ML	4	QL(12 ML per 28 days); PA
COPAXONE INJECTION 20MG/ML	4	QL(30 ML per 30 days); PA
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA

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<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
EXTAVIA	4	QL(15 EA per 30 days); PA
<i>fingolimod hydrochloride</i>	4	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.5MG	4	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.25MG	4	QL(60 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA
<i>glatopa injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA
KESIMPTA	4	QL(0.4 ML per 28 days); PA
MAVENCLAD	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	4	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	4	QL(30 EA per 30 days); PA
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	4	PA
PLEGRIDY	4	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK INJECTION 0	4	QL(2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJECTION 0	4	QL(4 ML per 365 days); PA
PONVORY	4	QL(30 EA per 30 days); PA
PONVORY 14-DAY STARTER PACK	4	QL(28 EA per 365 days); PA
REBIF	4	QL(6 ML per 28 days); PA
REBIF REBIDOSE	4	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	4	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	4	QL(8.4 ML per 365 days); PA
TASCENSO ODT	4	QL(30 EA per 30 days); PA
TECFIDERA	4	QL(60 EA per 30 days); PA
TECFIDERA STARTER PACK	4	QL(120 EA per 365 days); PA
<i>teriflunomide</i>	4	QL(30 EA per 30 days); PA
TYSABRI	4	PA
VUMERITY	4	QL(120 EA per 30 days); PA
ZEPOSIA	4	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	4	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	4	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	4	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	4	

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<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE INJECTION 5.16MG	4	
<i>kourzeq</i>	1	
<i>lidocaine hcl solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD	4	
ABSORICA CAPSULE 20MG, 30MG, 40MG	4	
<i>accutane</i>	1	
<i>acitretin</i>	1	
ADAPALENE/BENZOYL PEROXIDE PAD	4	
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
ADAPALENE PAD	3	
ADAPALENE SOLUTION	4	
<i>amnesteem</i>	1	
ARAZLO	3	QL(90 GM per 30 days)
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	QL(100 GM per 30 days)
AZELEX	3	QL(100 GM per 30 days)
BENZOLYL PEROXIDE FORTE- HC	4	
BENZOYL PEROXIDE- HC	3	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FABIOR	3	QL(100 GM per 30 days)
FINACEA FOAM	2	QL(50 GM per 30 days)
FINACEA GEL	3	QL(100 GM per 30 days)
<i>isotretinoin capsule</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NORITATE	4	
RETIN-A	3	PA
RETIN-A MICRO	3	PA

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO PUMP	3	PA
<i>rosadan</i>	1	
TAZAROTENE FOAM	3	QL(100 GM per 30 days)
<i>tazarotene gel</i>	1	QL(100 GM per 30 days)
<i>tazarotene cream</i>	1	QL(60 GM per 30 days)
TAZORAC GEL	3	QL(100 GM per 30 days)
TAZORAC CREAM	3	QL(60 GM per 30 days)
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
WINLEVI	3	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	4	QL(6 ML per 28 days); PA
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
APEXICON E	4	
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	QL(100 GM per 30 days)
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CLOBEX LOTION, SHAMPOO	3	
CORDRAN TAPE	3	
<i>desonide cream</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<i>diflorasone diacetate ointment</i>	1	QL(60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 GM per 30 days)
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	1	QL(60 GM per 30 days)

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<i>fluocinonide solution</i>	1	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate lotion</i>	1	
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
HYFTOR	4	PA
IMPOYZ	4	
KENALOG AEROSOL SOLUTION	3	
KORSUVA	4	PA
LEXETTE	4	
LOCOID LIPOCREAM	3	QL(60 GM per 30 days)
LOCOID LOTION	3	
LUXIQ	3	QL(100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OPZELURA	4	QL(240 GM per 30 days); PA
PANDEL	4	
PIMECROLIMUS	3	
PRUDOXIN	3	QL(90 GM per 30 days); PA
<i>selenium sulfide</i>	1	
SERNIVO	3	
SPEVIGO INJECTION 450MG/7.5ML	4	QL(300 ML per 84 days); PA
SPEVIGO INJECTION 150MG/ML	4	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
TOPICORT CREAM	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
ULTRAVATE LOTION	3	
VANOS	4	QL(120 GM per 30 days)
VERDESO	4	
ZONALON	3	QL(90 GM per 30 days); PA
ZORYVE CREAM 0.15%	3	PA
<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)

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<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
CALCITRENE	3	QL(120 GM per 30 days)
CARAC	4	
<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>	3	QL(300 GM per 30 days); ST
DUOBRII	4	PA
EFUDEX CREAM	3	QL(40 GM per 30 days)
ENSTILAR	4	QL(420 GM per 28 days)
FILSUVEZ	4	PA
FLUOROURACIL CREAM 0.5%	4	
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPPOSITORY	4	
<i>imiquimod pump</i>	3	QL(56 GM per 30 days)
<i>imiquimod cream 5%</i>	1	QL(48 EA per 30 days)
<i>imiquimod cream 3.75%</i>	3	QL(56 EA per 30 days)
KLISYRI	4	ST
<i>methoxsalen capsule</i>	4	
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 20MG, 30MG	4	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	1	
RADIAURA	4	
REGRANEX	4	PA
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SOFDRA	3	QL(40.2 ML per 30 days); PA
SORILUX	3	
SOTYKTU	4	QL(30 EA per 30 days); PA
<i>ssd</i>	1	
TACLONEX	4	QL(400 GM per 30 days)
<i>urea lotion 40%</i>	1	
UVADEX	4	
VECTICAL	3	
VEREGEN	4	
VTAMA	4	PA
WYNZORA	4	QL(420 GM per 28 days)
XERESE	4	QL(10 GM per 30 days)
ZORYVE CREAM 0.3%	3	PA
ZYCLARA	4	QL(56 EA per 30 days)
ZYCLARA PUMP CREAM 2.5%	4	QL(15 GM per 30 days)

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ZYCLARA PUMP CREAM 3.75%	4	QL(56 GM per 30 days)
<i>Pediculicides/Scabicides</i>		
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
SOOLANTRA	3	QL(45 GM per 30 days)
<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)
ACZONE GEL 5%	3	
BENZOYL PEROXIDE GEL 6.5%	4	
CENTANY OINTMENT	3	QL(110 GM per 30 days)
<i>ciclodan solution</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
CLEOCIN-T LOTION	3	QL(75 ML per 30 days)
CLINDAGEL	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
DENAVIR	3	
EPSOLAY	3	PA
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin cream</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
ZOVIRAX CREAM	3	QL(5 GM per 30 days)
ZOVIRAX OINTMENT	3	QL(60 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU	4	
<i>carglumic acid</i>	4	
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>effer-k tablet effervescent 25meq</i>	1	
KABIVEN	4	B/D
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate injection 50%</i>	1	
PERIKABIVEN	4	B/D
<i>plenamine</i>	1	B/D
POKONZA	4	
<i>potassium chloride er</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME	4	PA
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	4	
CUPRIMINE CAPSULE 250MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
CUVRIOR	4	PA
<i>deferasirox tablet</i>	1	PA
<i>deferasirox packet</i>	4	PA
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA
<i>deferiprone</i>	4	PA
DEPEN TITRATABS	4	
EXJADE	4	PA
FERRIPROX	4	PA
FERRIPROX TWICE-A-DAY	4	PA
JADENU	4	PA
JADENU SPRINKLE	4	PA
JYNARQUE TABLET	4	QL(120 EA per 30 days); PA
JYNARQUE TABLET THERAPY PACK	4	QL(56 EA per 28 days); PA
<i>penicillamine tablet</i>	4	
<i>penicillamine capsule</i>	4	PA
SAMSCA TABLET 15MG	4	QL(30 EA per 30 days); PA
SAMSCA TABLET 30MG	4	QL(60 EA per 30 days); PA
SYPRINE	4	PA
<i>tolvaptan tablet 15mg</i>	4	QL(30 EA per 30 days); PA
<i>tolvaptan tablet 30mg</i>	4	QL(60 EA per 30 days); PA
<i>trientine hydrochloride</i>	4	PA
XPHOZAH	4	QL(60 EA per 30 days); PA
Phosphate Binders		
AURYXIA	4	PA
<i>calcium acetate capsule</i>	1	
FOSRENOL PACKET	4	
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	4	
<i>lanthanum carbonate</i>	4	
RENAGEL TABLET 800MG	3	
REVELA	4	
<i>sevelamer carbonate</i>	1	
VELPHORO	4	
Potassium Binders		
KIONEX SUSPENSION	3	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i>	1	
VELTASSA	3	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
AMITIZA	2	QL(60 EA per 30 days)
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	4	QL(60 EA per 30 days); PA
<i>lactulose solution 10gm/15ml</i>	1	
LINZESS	2	QL(30 EA per 30 days)
LUBIPROSTONE	2	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
RELISTOR TABLET	4	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	4	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	4	QL(18 ML per 30 days); ST
SYMPROIC	3	QL(30 EA per 30 days); ST
TRULANCE	3	QL(30 EA per 30 days)
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>diphenoxylate/atropine liquid</i>	1	
LOMOTIL TABLET	3	
<i>loperamide hcl capsule</i>	1	
LOTRONEX	4	PA
MOTOFEN	3	
MYTESI	3	QL(60 EA per 30 days)
VIBERZI	4	QL(60 EA per 30 days); PA
XERMELO	4	QL(90 EA per 30 days); PA
<i>Antispasmodics, Gastrointestinal</i>		
ANASPAZ	3	
<i>belladonna/opium suppository 16.2mg; 30mg</i>	1	
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
GLYCATE	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>hyoscyamine sulfate er tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate odt</i>	1	
<i>hyoscyamine sulfate sr tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate elixir, solution, tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LEVBID	3	
LEVSIN TABLET	3	
LIBRAX	3	
<i>methscopolamine bromide tablet</i>	1	
NULEV	3	
OSCIMIN TABLET	3	
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
<i>Gastrointestinal Agents, Other</i>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	4	PA
BYLVAY (PELLETS)	4	PA
CALCIUM DISODIUM VERSENATE	4	
CHENODAL	4	PA
CLENPIQ	2	
EDETATE CALCIUM DISODIUM INJECTION	4	
GATTEX	4	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	4	ST
HELIDAC THERAPY	3	
IQIRVO	4	QL(30 EA per 30 days); PA
LIVDELZI	4	QL(30 EA per 30 days); PA
LIVMARLI SOLUTION 19MG/ML	4	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	4	QL(90 ML per 30 days); PA
<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	4	PA
<i>nitroglycerin ointment 0.4%</i>	1	
OICALIVA	4	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PYLERA	4	
RELTONE	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
URSODIOL CAPSULE 200MG, 400MG	4	
<i>ursodiol tablet</i>	1	
VOQUEZNA TABLET 10MG	3	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA TABLET 20MG	3	QL(60 EA per 30 days); PA
VOWST	4	PA
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	4	PA
ZINPLAVA	4	
ZORBTIVE	4	PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	1	
PEPCID TABLET 40MG	3	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
<i>Proton Pump Inhibitors</i>		
ACIPHEX	3	QL(60 EA per 30 days)
DEXILANT	2	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
KONVOMEF	3	QL(600 ML per 30 days)
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule</i>	3	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	4	QL(30 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL(60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
RABEPRAZOLE SODIUM DR SPRINKLE	3	QL(60 EA per 30 days)
ZEGERID	4	QL(30 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ADZYNMA	4	PA
ALDURAZYME	4	PA
AMONDYS 45	4	PA
AMVUTTRA	4	QL(0.5 ML per 90 days); PA
ARALAST NP INJECTION 1000MG, 500MG	4	PA
<i>betaine anhydrous</i>	4	
BUPHENYL	4	

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Drug Name	Drug Tier	Requirements/Limits
CERDELGA	4	PA
CEREZYME	4	PA
CHOLBAM	4	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	4	PA
CYSTADANE	4	
CYSTAGON	3	
DAYBUE	4	QL(3600 ML per 30 days); PA
<i>dichlorphenamide</i>	4	QL(120 EA per 30 days); PA
DOJOLVI	4	PA
ELAPRASE	4	PA
ELELYSO	4	PA
ELFABRIO	4	PA
ENDARI	4	PA
EVRYSDI	4	QL(240 ML per 30 days); PA
EXONDYS 51	4	PA
FABRAZYME	4	PA
GALAFOLD	4	QL(14 EA per 28 days); PA
GASTROCROM	4	
GLASSIA	4	PA
JAVYGTOR	4	PA
JOENJA	4	QL(60 EA per 30 days); PA
KANUMA	4	PA
KEVEYIS	4	QL(120 EA per 30 days); PA
KUVAN	4	PA
<i>l-glutamine</i>	4	PA
LAMZEDE	4	PA
LUMIZYME	4	PA
MEPSEVII	4	PA
<i>miglustat</i>	4	PA
NAGLAZYME	4	PA
NEXVIAZYME	4	PA
<i>nitisinone</i>	4	
NITYR	4	
NULIBRY	4	PA
OLPRUVA	4	PA
ONPATTRO	4	PA
OPFOLDA	3	QL(8 EA per 28 days); PA
ORFADIN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ormalvi</i>	4	QL(120 EA per 30 days); PA
OXBRYTA TABLET SOLUBLE	4	QL(240 EA per 30 days); PA
OXBRYTA TABLET 500MG	4	QL(150 EA per 30 days); PA
OXBRYTA TABLET 300MG	4	QL(240 EA per 30 days); PA
PALYNZIQ INJECTION 10MG/0.5ML	4	QL(28 ML per 28 days); PA
PALYNZIQ INJECTION 20MG/ML	4	QL(56 ML per 28 days); PA
PALYNZIQ INJECTION 2.5MG/0.5ML	4	QL(8 ML per 28 days); PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	4	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	4	ST
PHEBURANE	4	
POMBILITI	4	PA
PROCYSBI	4	PA
PROLASTIN-C INJECTION 1000MG/20ML	4	PA
PYRUKYND TAPER PACK	4	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	4	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	4	QL(60 EA per 30 days); PA
RAVICTI	4	PA
REVCOVI	4	PA
<i>sapropterin dihydrochloride</i>	4	PA
<i>sodium phenylbutyrate powder, tablet</i>	4	
SPINRAZA	4	PA
STRENSIQ	4	PA
SUCRAID	4	PA
TEGSEDI	4	PA
VILTEPSO	4	PA
VIMIZIM	4	PA
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	4	ST
VOXZOGO	4	QL(30 EA per 30 days); PA
VPRIV	4	PA
VYNDAQEL	4	QL(120 EA per 30 days); PA
VYONDYS 53	4	PA

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Drug Name	Drug Tier	Requirements/Limits
WAINUA	4	QL(0.8 ML per 28 days); PA
WELIREG	4	PA
XIAFLEX	4	PA
XURIDEN	4	QL(120 EA per 30 days); PA
<i>yargesa</i>	4	PA
ZAVESCA	4	PA
ZEMAIRA	4	PA
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	
DETROL	3	
DETROL LA	3	
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10MG, 5MG	3	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA	3	
HYOPHEN	3	
<i>me/naphos/mb/hyo 1</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution, tablet</i>	1	
OXYTROL	3	QL(8 EA per 28 days)
PHOSPHASAL	3	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>uretron d/s tablet 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
URIBEL	3	
URIMAR-T TABLET	3	
URIMAR-T CAPSULE	4	
<i>urin d/s</i>	1	
URNEVA	4	

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Drug Name	Drug Tier	Requirements/Limits
URO-MP	3	
URO-SP	3	
UROGESIC-BLUE	3	
USTELL	3	
UTIRA-C	3	
VESICARE	3	
VESICARE LS	3	
VILAMIT MB	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
CIALIS TABLET 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	4	
LITHOSTAT	3	
THIOLA	4	
THIOLA EC	4	
<i>tiopronin</i>	4	
<i>tiopronin dr</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	4	PA
ACTHAR GEL	4	PA
AGAMREE	4	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	4	
CORTISONE ACETATE TABLET 25MG	4	
CORTROPHIN	4	PA
<i>deflazacort</i>	4	PA
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL(28 EA per 28 days); PA
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	PA
DDAVP INJECTION 4MCG/ML	4	
DDAVP TABLET 0.2MG	3	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	4	
<i>desmopressin acetate nasal solution 0.01%</i>	1	
EGRIFTA SV	4	QL(30 EA per 30 days); PA
FENSOLVI	4	QL(1 EA per 168 days); PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
HUMATROPE INJECTION 12MG, 24MG, 6MG	4	PA
INCRELEX	4	PA
ISTURISA TABLET 10MG	4	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	4	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	4	QL(360 EA per 30 days); PA
LUPRON DEPOT-PED (6-MONTH)	4	QL(1 EA per 168 days); PA
NGENLA	4	PA
NORDITROPIN FLEXPRO	4	PA
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
OMNITROPE	4	PA
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	4	PA

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SAIZENPREP RECONSTITUTIONKIT	4	PA
SEROSTIM	4	PA
SKYTROFA	4	PA
SOGROYA	4	PA
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	4	
HEMABATE	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 25MG/2.5GM	3	PA
AVEED	3	PA
<i>danazol capsule</i>	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	4	PA
KYZATREX	3	PA
METHITEST	4	PA
<i>methyltestosterone capsule</i>	4	PA
NATESTO	3	PA
TESTIM	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
TESTOSTERONE PUMP GEL 1%	2	PA
<i>testosterone pump gel 1.62%</i>	1	PA
<i>testosterone topical solution</i>	1	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
TLANDO	3	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	

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<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>joyeaux</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lo-zumandimine</i>	1	
LOSEASONIQUE	3	QL(91 EA per 91 days)

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<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
QUARTETTE	3	QL(91 EA per 91 days)
<i>rivelsa</i>	1	QL(91 EA per 91 days)
SEASONIQUE	3	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>taysofy</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL(1 ML per 90 days)
DEPO-SUBQ PROVERA 104	2	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
HYDROXYPROGESTERONE CAPROATE INJECTION 1.25GM/5ML	4	PA
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	2	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)
<i>megestrol acetate suspension, tablet</i>	1	
NEXPLANON	2	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection</i>	4	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	4	
SYNTHROID TABLET	3	
THYROGEN	4	PA
TRIOSTAT	4	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	4	QL(4 EA per 365 days); PA
KORLYM	4	QL(120 EA per 30 days); PA
LANREOTIDE ACETATE	4	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	3	PA
LUPRON DEPOT (1-MONTH)	4	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	4	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	4	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	4	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	4	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	4	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	4	QL(120 EA per 30 days); PA

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MYCAPSSA	4	PA
MYFEMBREE	4	QL(30 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	4	PA
ORGOVYX	4	PA
ORIAHNN	4	QL(56 EA per 28 days); PA
ORILISSA TABLET 150MG	4	QL(30 EA per 30 days); PA
ORILISSA TABLET 200MG	4	QL(60 EA per 30 days); PA
RECORLEV	4	QL(240 EA per 30 days); PA
SANDOSTATIN LAR DEPOT	4	PA
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	4	PA
SIGNIFOR	4	QL(60 ML per 30 days); PA
SIGNIFOR LAR	4	QL(1 EA per 28 days); PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SUPPRELIN LA	4	QL(1 EA per 365 days); PA
SYNAREL	4	
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	4	QL(1 EA per 168 days); PA
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	4	PA
CINRYZE	4	PA
FIRAZYR	4	PA
HAEGARDA	4	PA
<i>icatibant acetate</i>	4	PA
KALBITOR	4	PA
ORLADEYO	4	QL(30 EA per 30 days); PA
RUCONEST	4	PA
<i>sajazir</i>	4	PA
TAKHZYRO	4	PA
<i>Immunoglobulins</i>		
ALYGLO	4	PA
ASCENIV	4	PA
ATGAM	4	

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Drug Name	Drug Tier	Requirements/Limits
BEYFORTUS	3	
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA
CUTAQUIG	4	PA
CUVITRU	4	PA
CYTOGAM INJECTION 50MG/ML	4	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMASTAN	2	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMUNEX-C	4	PA
HEPAGAM B INJECTION 312UNIT/ML	4	B/D
HIZENTRA	4	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYQVIA	4	PA
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA
PANZYGA	4	PA
PRIVIGEN	4	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	
THYMOGLOBULIN	4	
VARIZIG INJECTION 125UNIT/1.2ML	4	PA
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	4	
XEMBIFY	4	PA
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	4	PA
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA
ACTEMRA INJECTION 162MG/0.9ML	4	QL(3.6 ML per 28 days); PA
ARCALYST	4	PA
BENLYSTA INJECTION 200MG/ML	4	PA
BIMZELX	4	QL(2 ML per 28 days); PA
CIBINQO	4	QL(30 EA per 30 days); PA
COSENTYX SENSOREADY PEN	4	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	4	QL(10 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJECTION 125MG/5ML	4	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	4	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	4	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	4	QL(8 ML per 28 days); PA
EMPAVELI	4	PA
ENJAYMO	4	PA
ENTYVIO INJECTION 300MG	4	PA
ENTYVIO INJECTION 108MG/0.68ML	4	QL(1.36 ML per 28 days); PA
GAMIFANT	4	PA
ILARIS INJECTION 150MG/ML	4	QL(2 ML per 28 days); PA
ILUMYA	4	QL(1 ML per 28 days); PA
KEVZARA	4	QL(2.28 ML per 28 days); PA
KINERET	4	PA
LEMTRADA	4	PA
LITFULO	4	QL(30 EA per 30 days); PA
NEMLUVIO	4	QL(2 EA per 28 days); PA
ODACTRA	3	QL(30 EA per 30 days); PA
OMVOH INJECTION 100MG/ML	4	QL(2 ML per 28 days); PA
OMVOH INJECTION 300MG/15ML	4	QL(3 ML per 365 days); PA
ORENCIA CLICKJECT	4	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	4	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	4	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	4	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	4	QL(110 EA per 365 days); PA
PALFORZIA INITIAL DOSE ESCALATION	4	PA
PALFORZIA LEVEL 1	4	PA
PALFORZIA LEVEL 10	4	PA
PALFORZIA LEVEL 11 (MAINTENANCE)	4	PA
PALFORZIA LEVEL 11 (TITRATION)	4	PA
PALFORZIA LEVEL 2	4	PA
PALFORZIA LEVEL 3	4	PA
PALFORZIA LEVEL 4	4	PA
PALFORZIA LEVEL 5	4	PA
PALFORZIA LEVEL 6	4	PA
PALFORZIA LEVEL 7	4	PA
PALFORZIA LEVEL 8	4	PA
PALFORZIA LEVEL 9	4	PA
PIASKY	4	PA
PROVENGE	4	PA
RIDAURA	4	
RINVOQ	4	QL(30 EA per 30 days); PA
RINVOQ LQ	4	QL(360 ML per 30 days); PA
RYSTIGGO INJECTION 280MG/2ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
SAPHNELO	4	PA
SILIQ	4	QL(7.5 ML per 28 days); PA
SIMULECT	4	
SKYRIZI PEN	4	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	4	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	4	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	4	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	4	QL(3 ML per 365 days); PA
SOLIRIS	4	PA
STELARA INJECTION 130MG/26ML	4	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA
SYLVANT	4	PA
TALTZ INJECTION 20MG/0.25ML	4	QL(0.5 ML per 28 days); PA
TALTZ INJECTION 40MG/0.5ML	4	QL(1 ML per 28 days); PA
TALTZ INJECTION 80MG/ML	4	QL(4 ML per 28 days); PA
TAVNEOS	4	QL(180 EA per 30 days); PA
TEPEZZA	4	PA
TREMFYA	4	QL(2 ML per 56 days); PA
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA
TYENNE INJECTION 162MG/0.9ML	4	QL(3.6 ML per 28 days); PA
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	4	PA
VELSIPITY	4	QL(30 EA per 30 days); PA
VEOPOZ	4	PA
VYVGART	4	PA
XELJANZ XR	4	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	4	QL(300 ML per 30 days); PA
XELJANZ TABLET	4	QL(60 EA per 30 days); PA
XOLAIR	4	PA
ZILBRYSQ	4	PA
<i>Immunostimulants</i>		
ACTIMMUNE	4	PA
ALFERON N INJECTION 5000000UNIT/ML	4	
BESREMI	4	PA
PEGASYS INJECTION 180MCG/ML	4	PA
<i>Immunosuppressants</i>		
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	4	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	4	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

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

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	4	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; Abbvie labeled products only
IMURAN TABLET	3	B/D
INFLECTRA	4	PA
INFLIXIMAB	4	PA
JYLAMVO	4	PA
<i>leflunomide</i>	1	
LUPKYNIS	4	QL(180 EA per 30 days); PA
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, tablet</i>	1	B/D
<i>mycophenolate mofetil injection, suspension reconstituted</i>	4	B/D
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	4	B/D
MYHIBBIN	4	B/D
NEORAL	3	B/D
NULOJIX	4	
ORENCIA INJECTION 250MG	4	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PEGASYS INJECTION 180MCG/0.5ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACKET	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D
PROGRAF CAPSULE 5MG	4	B/D
RAPAMUNE SOLUTION	4	B/D
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	4	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA
REDITREX INJECTION 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJECTION 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJECTION 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJECTION 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	4	PA
RENFLEXIS	4	PA
REZUROCK	4	QL(60 EA per 30 days); PA
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	4	
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SIMPONI ARIA	4	PA
SIMPONI INJECTION 50MG/0.5ML	4	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	4	QL(3 ML per 28 days); PA
<i>sirolimus tablet</i>	1	B/D
<i>sirolimus solution</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	PA
ZORTRESS TABLET 0.25MG	3	B/D
ZORTRESS TABLET 0.5MG, 0.75MG, 1MG	4	B/D
Vaccines		
<i>abrysvo</i>	1	QL(1 EA per 252 days)
<i>acthib injection 0</i>	1	
<i>adacel</i>	1	
<i>arexvy</i>	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bexsero</i>	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
<i>boostrix injection 2.5lf/0.5ml; 18.5mcg/0.5ml; 5lf/0.5ml</i>	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
<i>engerix-b</i>	1	B/D
GARDASIL 9 INJECTION 0	2	
<i>gardasil 9 injection 0</i>	1	
<i>havrix injection 1440elu/ml, 720elu/0.5ml</i>	1	
<i>heplisav-b</i>	1	B/D
<i>hiberix</i>	1	
<i>imovax rabies (h.d.c.v.)</i>	1	B/D
INFANRIX	2	
<i>ipol inactivated ipv</i>	1	
IXCHIQ	2	
<i>ixiaro</i>	1	
<i>jynneos</i>	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
<i>m-m-r ii</i>	1	
<i>menactra</i>	1	
<i>menquadfi</i>	1	
<i>menveo</i>	1	
<i>mresvia</i>	1	QL(0.5 ML per 999 days)
<i>pediarix injection 25lfu/0.5ml; 10mcg/0.5ml; 58mcg/0.5ml; 0; 10lfu/0.5ml</i>	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
<i>prehevbrio</i>	1	B/D
<i>priorix</i>	1	
PROQUAD	2	
QUADRACEL	2	
<i>rabavert</i>	1	B/D
<i>recombivax hb</i>	1	B/D
ROTARIX	2	
<i>rotateq solution</i>	1	
<i>shingrix</i>	1	
<i>stamaril</i>	1	
<i>tdvax</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tenivac</i>	1	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	
TICOVAC	2	
<i>trumenba</i>	1	
<i>twinrix</i>	1	
TYPHIM VI INJECTION 25MCG/0.5ML	2	
<i>typhim vi injection 25mcg/0.5ml</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
VAXELIS	2	
<i>yf-vax</i>	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA SUPPOSITORY 1000MG	4	
COLAZAL	4	
DIPENTUM	4	
LIALDA	3	
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
ROWASA KIT	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	1	
CORTIFOAM FOAM	3	
EOHILIA	4	QL(60 ML per 30 days); PA
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	4	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	4	QL(120 EA per 30 days); PA
UCERIS TABLET EXTENDED RELEASE 24 HOUR	4	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABLET 150MG	3	QL(1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL(4 EA per 28 days)
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
ATELVIA	3	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon injection</i>	4	
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol capsule</i>	1	
EVENITY	4	QL(2.34 ML per 28 days); PA
FORTEO INJECTION 600MCG/2.4ML	4	PA
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL(4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	4	
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	4	
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	4	
TERIPARATIDE INJECTION 620MCG/2.48ML	4	PA
<i>teriparatide injection 600mcg/2.4ml</i>	4	PA
TYMLOS	4	PA
XGEVA	4	PA
ZEMPLAR INJECTION 5MCG/ML	4	
<i>zoledronic acid injection 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	
AMMONUL	4	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	4	PA
CURITY GAUZE PADS 2"X2" 12 PLY	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	4	B/D
DESFERAL INJECTION 500MG	4	B/D
DUVYZAT	4	QL(360 ML per 30 days); PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	2	
<i>fomepizole injection 1.5gm/1.5ml</i>	4	
GIVLAARI	4	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
<i>methergine tablet</i>	4	QL(56 EA per 365 days)
<i>methylergonovine maleate tablet</i>	4	QL(56 EA per 365 days)
METOPIRONE	4	
NUTRILIPID	3	B/D
OMEGAVEN	4	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
ORLISTAT CAPSULE	3	PA
OXLUMO	4	PA
PEDMARK	4	
RIVFLOZA INJECTION 128MG/0.8ML	4	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL(1 ML per 28 days); PA
SKYCLARYS	4	QL(90 EA per 30 days); PA
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	4	
TACHOSIL	4	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	

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VISTOGARD	4	
XENICAL	3	PA
ZOKINVY	4	QL(120 EA per 30 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	4	PA
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	
BYOOVIZ	4	PA
CEQUA	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	4	PA
COMBIGAN	2	
CYCLOSPORINE EMULSION 0.05%	2	
CYSTADROPS	4	QL(20 ML per 28 days)
CYSTARAN	4	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	1	
ENSPRYNG	4	PA
EYLEA	4	PA
IZERVAY	4	PA
LUCENTIS SOLUTION PREFILLED SYRINGE	4	PA
LUCENTIS SOLUTION 0.3MG/0.05ML	4	PA
<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	
OXERVATE	4	QL(56 ML per 28 days); PA
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	4	PA
SYFOVRE	4	PA
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VABYSMO	4	PA
VERKAZIA	4	QL(120 EA per 30 days); PA
VEVYE	4	PA
VISUDYNE	4	
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
XDEMVY	4	QL(10 ML per 42 days)
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
ACUVAIL	3	ST
<i>bromfenac sodium solution 0.07%</i>	3	QL(12 ML per 365 days)
<i>bromfenac sodium solution 0.075%</i>	3	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	4	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	

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Drug Name	Drug Tier	Requirements/Limits
FML FORTE	2	
ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	4	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)
LOTEMAX GEL	3	QL(20 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)
RETISERT	4	
XIPERE	4	PA
YUTIQ	4	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	4	
IDOSE TR	4	ST
IYUZEH	3	ST
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
TRAVATAN Z	3	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
PULMICORT	3	QL(120 ML per 30 days); B/D
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDIHALER	2	QL(21.2 GM per 30 days)
<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>	3	QL(23 GM per 30 days)
<i>carbinoxamine maleate solution, tablet</i>	1	
<i>clemastine fumarate syrup</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl elixir</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
DYMISTA	3	QL(23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
PATANASE	3	QL(30.5 GM per 30 days)

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RYCLORA	3	
VISTARIL CAPSULE 25MG, 50MG	3	
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	4	ST
ZYFLO	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	4	QL(2 EA per 30 days); ST
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	4	QL(60 ML per 30 days)
LONHALA MAGNAIR STARTER KIT	4	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
TIOTROPIUM BROMIDE	2	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	4	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrup</i>	3	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	4	QL(120 ML per 30 days); PA
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	2	
<i>formoterol fumarate nebulization solution</i>	3	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PERFOROMIST	3	QL(120 ML per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
PROVENTIL HFA	3	QL(13.4 GM per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate tablet</i>	3	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX CONCENTRATE	3	QL(90 EA per 30 days); B/D
XOPENEX HFA	3	QL(30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL(270 ML per 30 days); B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL(540 ML per 30 days); B/D
Cystic Fibrosis Agents		
BETHKIS	4	B/D
CAYSTON	4	PA
KALYDECO PACKET	4	QL(56 EA per 28 days); PA
KALYDECO TABLET	4	QL(60 EA per 30 days); PA
KITABIS PAK	4	B/D
ORKAMBI TABLET	4	QL(112 EA per 28 days); PA
ORKAMBI PACKET	4	QL(56 EA per 28 days); PA
PULMOZYME	4	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	4	QL(56 EA per 28 days); PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	4	QL(60 EA per 30 days); PA
TOBI	4	B/D
TOBI PODHALER	4	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	4	B/D
TRIKAFTA THERAPY PACK	4	QL(56 EA per 28 days); PA
TRIKAFTA TABLET THERAPY PACK	4	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA
OHTUVAYRE	4	QL(150 ML per 30 days); PA
<i>roflumilast</i>	1	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	4	QL(60 EA per 30 days); PA
ADEMPAS	4	QL(90 EA per 30 days); PA
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	4	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i>	4	QL(60 EA per 30 days); PA
<i>epoprostenol sodium</i>	4	PA
FLOLAN	4	PA
LETAIRIS	4	QL(30 EA per 30 days); PA
LIQREV	4	PA
OPSUMIT	4	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	4	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	4	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	4	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA
REMODULIN	4	PA
REVATIO INJECTION, SUSPENSION RECONSTITUTED	4	PA
REVATIO TABLET	4	QL(90 EA per 30 days); PA
<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
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	4	QL(300 ML per 30 days); PA
TRACLEER TABLET SOLUBLE	4	QL(112 EA per 28 days); PA
TRACLEER TABLET	4	QL(60 EA per 30 days); PA
<i>treprostinil</i>	4	PA
TYVASO	4	QL(87 ML per 30 days); PA
TYVASO DPI INSTITUTIONAL KIT	4	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	4	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 0	4	QL(224 EA per 28 days); PA
TYVASO DPI TITRATION KIT POWDER 0	4	QL(392 EA per 365 days); PA
TYVASO DPI TITRATION KIT POWDER 0	4	QL(504 EA per 365 days); PA
TYVASO REFILL KIT	4	QL(87 ML per 30 days); PA
TYVASO STARTER KIT	4	QL(87 ML per 30 days); PA
UPTRAVI TITRATION PACK	4	QL(400 EA per 365 days); PA
UPTRAVI INJECTION	4	PA
UPTRAVI TABLET	4	QL(60 EA per 30 days); PA
VELETRI	4	PA
VENTAVIS	4	QL(270 ML per 30 days); PA
WINREVAIR	4	QL(1 EA per 21 days); PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET	4	PA
OFEV	4	PA
<i>pirfenidone</i>	4	PA
<i>Respiratory Tract Agents, Other</i>		
ACETADOTE	4	

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<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	2	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
BREYNA	3	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
BRONCHITOL	4	QL(560 EA per 28 days); PA
CINQAIR	4	PA
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
FASENRA INJECTION 10MG/0.5ML	3	PA
FASENRA INJECTION 30MG/ML	4	PA
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	4	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	4	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	4	QL(3 ML per 28 days); PA
<i>promethazine vc</i>	1	
<i>ribavirin solution reconstituted 6gm</i>	4	
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	4	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
VIRAZOLE	4	
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	4	PA

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<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	4	
<i>cyclobenzaprine hydrochloride er</i>	1	PA
<i>cyclobenzaprine hydrochloride tablet</i>	1	PA
FEXMID	3	PA
LORZONE	3	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	4	
NORGESIC	3	
NORGESIC FORTE	4	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
<i>orphengesic forte</i>	4	
ROBAXIN INJECTION 1000MG/10ML	4	
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	4	PA
VANADOM	4	PA
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN	3	QL(30 EA per 30 days)
AMBIEN CR	3	QL(30 EA per 30 days)
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
EDLUAR	3	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HALCION TABLET 0.25MG	3	QL(60 EA per 30 days)
HETLIOZ	4	QL(30 EA per 30 days); PA
HETLIOZ LQ	4	QL(158 ML per 30 days); PA
LUNESTA	3	QL(30 EA per 30 days)
QUVIVIQ	3	QL(30 EA per 30 days); PA
<i>ramelteon</i>	1	QL(30 EA per 30 days)
RESTORIL	3	QL(30 EA per 30 days)
ROZEREM	3	QL(30 EA per 30 days)
SILENOR	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	4	QL(30 EA per 30 days); PA
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>triazolam</i>	1	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate</i>	1	QL(30 EA per 30 days)

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<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
LUMRYZ	4	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL(30 EA per 30 days); PA
NUVIGIL TABLET 50MG	3	QL(60 EA per 30 days); PA
PROVIGIL	4	QL(30 EA per 30 days); PA
SODIUM OXYBATE	4	QL(540 ML per 30 days); PA
SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	4	QL(60 EA per 30 days); PA
XYREM	4	QL(540 ML per 30 days); PA
XYWAV	4	QL(540 ML per 30 days); PA

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<i>abacavir sulfate</i>	45	<i>adalimumab-adbm starter package for psoriasis/uveitis</i>	92
<i>abacavir sulfate/lamivudine</i>	45	ADAPALENE	66
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<i>acyclovir</i>	70	<i>albuterol sulfate</i>	103
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<i>azelastine hydrochloride</i>	102	BENZHYDROCODONE/ACETAMINOPH	11
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BD INSULIN SYRINGE ULTRA-	97	BICILLIN L-A	16
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<i>brimonidine tartrate</i>	101	CABOMETYX	34
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MALEATE		<i>caffeine citrate</i>	64
<i>brinzolamide</i>	101	CALCIPOTRIENE	68
BRIUMVI	64	<i>calcipotriene/betamethasone dipropionate</i>	68
BRIVIACT	18	<i>calcitonin salmon</i>	97
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<i>bromfenac sodium</i>	100	CALCITRENE	69
<i>bromocriptine mesylate</i>	40	<i>calcitriol</i>	97
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<i>casopfungin acetate</i>	26	CIALIS	80
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<i>cefadroxil</i>	16	<i>ciclopirox</i>	70
<i>cefazolin</i>	16	<i>ciclopirox nail lacquer</i>	70
<i>cefazolin sodium</i>	16	<i>ciclopirox olamine</i>	70
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<i>cefepime</i>	16	<i>cilostazol</i>	55
<i>cefepime hydrochloride</i>	16	CIMDUO	45
<i>cefepime/dextrose</i>	16	CIMERLI	99
<i>cefixime</i>	16	CIMZIA	92
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<i>clindamycin hydrochloride</i>	14	<i>colestipol hcl</i>	60
<i>clindamycin palmitate hydrochloride</i>	14	<i>colistimethate sodium</i>	14
<i>clindamycin phosphate</i>	14	COLUMVI	32
<i>clindamycin phosphate</i>	70	COLY-MYCIN M	14
<i>clindamycin phosphate/benzoyl peroxide</i>	66	COMBIGAN	99
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CLINIMIX 4.25%/DEXTROSE 5%	71	COMBIVIR	46
CLINIMIX 5%/DEXTROSE 15%	71	COMETRIQ	34
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<i>cyclosporine</i>	92	<i>deflazacort</i>	80
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<i>diclofenac potassium</i>	8	<i>dolishale</i>	83
<i>diclofenac sodium</i>	8	<i>donepezil hcl</i>	22
<i>diclofenac sodium</i>	69	<i>donepezil hydrochloride</i>	22
<i>diclofenac sodium</i>	100	<i>donepezil hydrochloride odt</i>	22
<i>diclofenac sodium dr</i>	8	<i>dopamine hydrochloride</i>	58
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DIFICID	17	<i>dorzolamide hcl/timolol maleate</i>	99
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<i>dimethyl fumarate starterpack</i>	65	<i>doxycycline hyclate</i>	66
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<i>fesoterodine fumarate er</i>	79	<i>fluphenazine hcl</i>	40
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GAMMAGARD S/D IGA LESS THAN	89	GLUMETZA	50
1MCG/ML		<i>glyburide</i>	50
GAMMAKED	89	<i>glyburide/metformin hydrochloride</i>	50
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<i>gatifloxacin</i>	100	<i>granisetron hydrochloride</i>	25
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<i>gavilyte-g</i>	75	<i>griseofulvin ultramicrosize</i>	26
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<i>gentamicin sulfate</i>	100	<i>haloperidol lactate</i>	40
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<i>methadone hydrochloride intensol</i>	10	<i>mifepristone</i>	87
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<i>olopatadine hcl</i>	102	ORENCIA	93
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<i>tiopronin</i>	80	TRANSDERM-SCOP	25
<i>tiopronin dr</i>	80	TRANXENE T	49
TIOTROPIUM BROMIDE	103	<i>tranylcypramine sulfate</i>	23
TISSEEL	53	TRAVASOL	72
TIVDAK	38	TRAVATAN Z	101
TIVICAY	45	<i>travoprost</i>	101
TIVICAY PD	45	TRAZIMERA	38
<i>tizanidine hcl</i>	44	<i>trazodone hydrochloride</i>	24
<i>tizanidine hydrochloride</i>	44	TREANDA	30
TLANDO	82	TRECTOR	29
TOBI	104	TRELEGY ELLIPTA	106
TOBI PODHALER	104	TRELSTAR MIXJECT	88
TOBRADEX	99	TREMFYA	91
TOBRADEX ST	99	<i>treprostinil</i>	105
<i>tobramycin</i>	100	TRESIBA	52
<i>tobramycin</i>	104	TRESIBA FLEXTOUCH	52
<i>tobramycin sulfate</i>	14	<i>tretinoin</i>	38
<i>tobramycin/dexamethasone</i>	99	<i>tretinoin</i>	67
<i>tolcapone</i>	39	<i>tretinoin microsphere</i>	67
TOLECTIN 600	9	<i>tretinoin microsphere pump</i>	67
<i>tolmetin sodium</i>	9	TREXIMET	28
TOLSURA	27	TREZIX	12
<i>tolterodine tartrate</i>	79	<i>triamcinolone acetamide</i>	68
<i>tolterodine tartrate er</i>	79	<i>triamcinolone acetamide dental paste</i>	66

Drug Name	Page #	Drug Name	Page #
<i>triamterene</i>	59	TURALIO	36
<i>triamterene/hydrochlorothiazide</i>	59	<i>turqoz</i>	86
<i>triazolam</i>	107	<i>twinrix</i>	96
TRIDACAINE	13	<i>tyblume</i>	86
TRIDACAINE II	13	TYBOST	47
TRIDACAINE III	13	TYENNE	91
<i>trientine hydrochloride</i>	73	TYGACIL	15
<i>tri-estarylla</i>	86	TYKERB	36
<i>trifluoperazine hcl</i>	41	TYMLOS	97
<i>trifluoperazine hydrochloride</i>	41	TYPHIM VI	96
<i>trifluridine</i>	100	TYRVAYA	14
<i>trihexyphenidyl hcl</i>	39	TYTABRI	65
<i>trihexyphenidyl hydrochloride</i>	39	TYVASO	105
TRIJARDY XR	51	TYVASO DPI INSTITUTIONAL KIT	105
TRIKAFTA	104	TYVASO DPI MAINTENANCE KIT	105
TRILEPTAL	21	TYVASO DPI TITRATION KIT	105
<i>tri-lynyah</i>	86	TYVASO REFILL KIT	105
<i>tri-lo-mili</i>	86	TYVASO STARTER KIT	105
<i>trimethobenzamide hydrochloride</i>	25	UBRELVY	28
<i>trimethoprim</i>	15	UCERIS	96
<i>tri-mili</i>	86	UDENYCA	54
<i>trimipramine maleate</i>	25	UDENYCA ONBODY	54
TRINTELLIX	24	ULTOMIRIS	91
TRIOSTAT	87	ULTRAVATE	68
TRIPTODUR	88	<i>unithroid</i>	87
TRISENOX	33	UNITUXIN	38
<i>tri-sprintec</i>	86	UPTRAVI	105
TRIUMEQ	46	UPTRAVI TITRATION PACK	105
TRIUMEQ PD	46	<i>urea</i>	69
<i>trivora-28</i>	86	<i>uretron d/s</i>	79
<i>tri-vylibra</i>	86	URIBEL	79
TRIZIVIR	46	URIMAR-T	79
TRODELVY	38	<i>urin d/s</i>	79
TROGARZO	47	URNEVA	79
TROKENDI XR	19	UROGESIC-BLUE	80
TROPHAMINE	72	URO-MP	80
<i>tropium chloride</i>	79	URO-SP	80
<i>tropium chloride er</i>	79	URSODIOL	75
TRUDHESA	28	USTELL	80
TRULANCE	74	UTIRA-C	80
TRULICITY	51	UVADEX	69
<i>trumenba</i>	96	UZEDY	42
TRUQAP	36	VABOMERE	17
TRUSELTIQ	33	VABYSMO	100
TRUVADA	46	VAFSEO	54
TRUXIMA	38	<i>valacyclovir hydrochloride</i>	48
TUDORZA PRESSAIR	103	VALCHLOR	30
TUKYSA	36	VALCYTE	44

Drug Name	Page #	Drug Name	Page #
<i>valganciclovir</i>	44	VEOZAH	64
<i>valganciclovir hydrochloride</i>	44	<i>verapamil hcl</i>	58
VALIUM	49	<i>verapamil hcl er</i>	58
<i>valproic acid</i>	19	<i>verapamil hcl sr</i>	58
<i>valrubicin</i>	33	<i>verapamil hydrochloride</i>	58
VALSARTAN	55	<i>verapamil hydrochloride er</i>	58
<i>valsartan/hydrochlorothiazide</i>	59	VERDESO	68
VALSTAR	33	VEREGEN	69
VALTOCO 10 MG DOSE	20	VERKAZIA	100
VALTOCO 15 MG DOSE	21	VERQUVO	61
VALTOCO 20 MG DOSE	21	VERSACLOZ	43
VALTOCO 5 MG DOSE	21	VERZENIO	36
VALTREX	48	VESICARE	80
VANADOM	107	VESICARE LS	80
VANCOCIN	15	<i>vestura</i>	86
<i>vancomycin hcl</i>	15	VEVYE	100
<i>vancomycin hydrochloride</i>	15	VFEND	27
VANFLYTA	36	VFEND IV	27
VANOS	68	V-GO 20	98
<i>vaqta</i>	96	V-GO 30	98
<i>varenicline starting month box</i>	14	V-GO 40	98
<i>varenicline tartrate</i>	14	VIBATIV	15
<i>varivax</i>	96	VIBERZI	74
VARIZIG	89	VIDAZA	33
VARUBI	26	VIEKIRA PAK	44
VASOTEC	56	<i>vienva</i>	86
VAXELIS	96	<i>vigabatrin</i>	21
VECAMYL	59	<i>vigadrone</i>	21
VECTIBIX	38	VIGAFYDE	21
VECTICAL	69	<i>vigpoder</i>	21
VEGZELMA	38	VIIBRYD	24
VEKLURY	48	VIIBRYD STARTER PACK	24
VELCADE	33	VIJOICE	36
VELETRI	105	VILAMIT MB	80
VELPHORO	73	<i>vilazodone hydrochloride</i>	24
VELSIPITY	91	VILTEPSO	78
VELTASSA	73	VIMIZIM	78
VEMLIDY	44	VIMOVO	9
VENCLEXTA	36	VIMPAT	21
VENCLEXTA STARTING PACK	36	<i>vinblastine sulfate</i>	33
VENLAFAXINE BESYLATE ER	24	<i>vincasar pfs</i>	33
<i>venlafaxine hcl</i>	24	<i>vincristine sulfate</i>	33
<i>venlafaxine hcl er</i>	24	VIOKACE	78
<i>venlafaxine hydrochloride</i>	24	<i>viorele</i>	86
<i>venlafaxine hydrochloride er</i>	24	VIRACEPT	47
VENTAVIS	105	VIRAZOLE	106
VENTOLIN HFA	104	VIREAD	46
VEOPOZ	91	VISTARIL	103

Drug Name	Page #	Drug Name	Page #
VISTOGARD	99	WYNZORA	69
VISUDYNE	100	XACDURO	15
VITRAKVI	36	XADAGO	40
VIVIMUSTA	30	XALKORI	36
VIVITROL	13	XANAX	49
VIVJOA	27	XANAX XR	49
VIZIMPRO	36	XARELTO	53
VOCABRIA	45	XARELTO STARTER PACK	53
VOGELXO	82	XATMEP	94
VOGELXO PUMP	82	XCOPRI	21
VONJO	33	XDEMVI	100
VOQUEZNA	75	XELJANZ	91
VOQUEZNA DUAL PAK	15	XELJANZ XR	91
VOQUEZNA TRIPLE PAK	15	XELPROS	101
VORANIGO	38	XELSTRYM	62
VORAXAZE	38	XEMBIFY	89
<i>voriconazole</i>	27	XENAZINE	64
VOSEVI	44	XENICAL	99
VOTRIENT	36	XENLETA	15
VOWST	76	XENPOZYME	72
VOXZOGO	78	XEOMIN	44
VPRIV	78	XERAVA	18
VRAYLAR	42	XERESE	69
VTAMA	69	XERMELO	74
VUITY	101	XGEVA	97
VUMERITY	65	XIAFLEX	79
VYEPTI	28	XIFAXAN	76
<i>vyfemla</i>	86	XIGDUO XR	51
VYJUVEK	48	XIIDRA	100
<i>vylibra</i>	86	XIPERE	101
VYNDAMAX	59	XOFLUZA	48
VYNDAQEL	78	XOLAIR	91
VYONDYS 53	78	XOLREMDI	54
VYVGART	91	XOPENEX	104
VYVGART HYTRULO	29	XOPENEX CONCENTRATE	104
VYXEOS	31	XOPENEX HFA	104
VYZULTA	101	XOSPATA	36
WAINUA	79	XPHOZAH	73
WAKIX	108	XPOVIO	36
<i>warfarin sodium</i>	53	XPOVIO 60 MG TWICE WEEKLY	36
WELIREG	79	XPOVIO 80 MG TWICE WEEKLY	37
WELLBUTRIN SR	22	XTAMPZA ER	11
WELLBUTRIN XL	23	XTANDI	30
<i>wera</i>	86	<i>xulane</i>	86
WINLEVI	67	XULTOPHY 100/3.6	51
WINREVAIR	105	XURIDEN	79
WINRHO SDF	89	XYOSTED	82
<i>wixela inhub</i>	106	XYREM	108

Drug Name	Page #	Drug Name	Page #
XYWAV	108	ZOKINVY	99
<i>yargesa</i>	79	ZOLADEX	88
YERVOY	38	<i>zoledronic acid</i>	97
<i>yf-vax</i>	96	ZOLINZA	33
YONDELIS	30	<i>zolmitriptan</i>	29
YONSA	30	<i>zolmitriptan odt</i>	29
YOSPRALA	55	<i>zolpidem tartrate</i>	107
YUPELRI	103	<i>zolpidem tartrate er</i>	108
YUTIQ	101	ZOMACTON	82
<i>yuvafem</i>	86	ZOMIG	29
<i>zafemy</i>	86	ZONALON	68
<i>zafirlukast</i>	103	ZONEGRAN	21
<i>zaleplon</i>	107	ZONISADE	21
ZALTRAP	33	<i>zonisamide</i>	21
ZANOSAR	30	ZORBTIVE	76
ZARXIO	54	ZORTRESS	94
ZAVESCA	79	ZORYVE	68
ZEGALOGUE	51	ZORYVE	69
ZEGERID	76	<i>zovia 1/35</i>	86
ZEJULA	37	ZOVIRAX	70
ZELAPAR	40	ZTALMY	21
ZELBORAF	37	ZTLIDO	13
ZEMAIRA	79	ZUBSOLV	13
ZEMBRACE SYMTOUCH	28	ZURZUVAE	23
ZEMDRI	14	ZYCLARA	69
ZEMPLAR	97	ZYCLARA PUMP	69
<i>zenatane</i>	67	ZYDELIG	37
ZENPEP	79	ZYFLO	103
ZENZEDI	62	ZYKADIA	37
ZEPATIER	44	ZYLET	100
ZEPOSIA	65	ZYNLONTA	38
ZEPOSIA 7-DAY STARTER PACK	65	ZYNYZ	38
ZEPOSIA STARTER KIT	65	ZYPITAMAG	60
ZEPZELCA	30	ZYPREXA	42
ZERBAXA	16	ZYPREXA RELPREVV	42
ZEVALIN Y-90	38	ZYPREXA ZYDIS	42
ZIAGEN	46	ZYTIGA	30
<i>zidovudine</i>	46	ZYVOX	15
ZIEXTENZO	54		
ZILBRYSQ	91		
<i>zileuton er</i>	103		
ZIMHI	14		
ZINPLAVA	76		
<i>ziprasidone hcl</i>	42		
<i>ziprasidone mesylate</i>	42		
ZIPSOR	9		
ZIRABEV	38		
ZIRGAN	100		

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 1-800-908-9097. 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 1-800-908-9097. 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 1-800-908-9097。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 1-800-908-9097。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-908-9097. 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 1-800-908-9097. 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 1-800-908-9097 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 1-800-908-9097. 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 1-800-908-9097 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 1-800-908-9097. 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 1-800-908-9097 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 1-800-908-9097 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 1-800-908-9097. 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 1-800-908-9097. 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 1-800-908-9097. 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 1-800-908-9097. 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、1-800-908-9097 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

For a complete listing or if you have other questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-800-908-9097
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com



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**County of Orange
Comprehensive Formulary**