



P.O. Box 8738
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2023

CareSource Dual Advantage™ (HMO D-SNP) Formulary *(List of Covered Drugs)*

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

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. 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, even if you haven't paid your deductible.

Formulary ID: 00023539, Version #: 17

For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **711**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week, or visit CareSource.com/Medicare.

This formulary was updated on 12/01/2023

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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

When this drug list (formulary refers to “we,” “us”, or “our,” it means CareSource. When it refers to “plan” or “our plan,” it means CareSource Dual Advantage™ (HMO D-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the CareSource Dual Advantage Formulary?

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

Can the Formulary (drug list change)?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an

exception, and you can find information in the section below titled “How do I request an exception to the CareSource Dual Advantage’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 CareSource Dual Advantage’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on 2. 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 90. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CareSource covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareSource before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, CareSource provides 30 tablets per prescription for Simvastatin 80 MG tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareSource 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, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 CareSource Dual Advantage’s formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareSource Dual Advantage.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CareSource Dual Advantage’s Formulary?

You can ask our plan 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, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 while you pursue a formulary exception.

In the event that an unplanned transition occurs in which a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 31-day supply. This usually involves level of care changes in which a member is changing from one treatment setting to another. If this occurs, you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:

- Discharge from a hospital to home.
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan.
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage.
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens.
- Ending a long-term care (LTC) facility stay and returning to the community.

For more information

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

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

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

CareSource Dual Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CareSource. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D PA: This prescription 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.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the 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.

* *Medications on tier 5, also called specialty medications, are limited to no more than a 30-day supply per fill.*

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln 50 mg</i>	5	
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBIA INTRAVENOUS	5	PA
CRESEMBIA ORAL	4	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
<i>APRETUDE</i>	5	MO
<i>APTIVUS</i>	5	MO
<i>atazanavir</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	4	MO
<i>darunavir ethanolate</i>	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO
<i>efavirenz-lamivu-tenofovir disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSIA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSIA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EPCLUSIA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET	5	MO	PREZCOBIX	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO	PREZISTA ORAL SUSPENSION	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO	PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
JULUCA	5	MO	PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
<i>lamivudine</i>	3	MO	RELENZA DISKHALER	4	MO
<i>lamivudine-zidovudine</i>	3	MO	RETROVIR INTRAVENOUS	3	MO
LEXIVA ORAL SUSPENSION	4	MO	REYATAZ ORAL POWDER IN PACKET	5	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO	<i>ribavirin oral capsule</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO	<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>maraviroc</i>	5	MO	<i>rimantadine</i>	4	MO
<i>nevirapine oral suspension</i>	4		<i>ritonavir</i>	3	MO
<i>nevirapine oral tablet</i>	3	MO	RUKOBIA	5	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO	SELZENTRY ORAL SOLUTION	3	MO
NORVIR ORAL POWDER IN PACKET	4	MO	SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
ODEFSEY	5	MO	STRIBILD	5	MO
<i>oseltamivir</i>	3	MO	SUNLENCA	5	
PIFELTRO	5	MO	SYMTUZA	4	MO
PREVYMIS INTRAVENOUS	5		SYNAGIS	5	MO; LA
PREVYMIS ORAL	5	MO; QL (30 per 30 days)	<i>tenofovir disoproxil fumarate</i>	4	MO

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This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	

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This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose,iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
e.e.s. 400 oral tablet	4	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	MO
erythrocin (as stearate) oral tablet 250 mg	4	
erythromycin ethylsuccinate oral tablet	4	MO
erythromycin oral	4	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	PA; MO
ARIKAYCE	4	PA; LA
atovaquone	5	MO
atovaquone-proguanil	4	MO
aztreonam	4	PA; MO
bacitracin intramuscular	4	
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
chloramphenicol sod succinate	4	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
clindamycin pediatric	4	MO
clindamycin phosphate injection	4	PA; MO
clindamycin phosphate intravenous	4	PA; MO
COARTEM	4	MO
colistin (colistimethate na)	4	PA; MO; QL (30 per 10 days)
dapsone oral	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
daptomycin intravenous recon soln 500 mg	5	MO
EMVERM	5	MO
ertapenem	4	PA; MO; QL (14 per 14 days)
ethambutol	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	4	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	4	PA
gentamicin injection solution 40 mg/ml	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	
<i>PASER</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
<i>PRIFTIN</i>	3	MO
<i>PRIMAQUINE</i>	3	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
<i>SIRTURO</i>	5	PA; LA
<i>STREPTOMYCIN</i>	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	3	MO
<i>TOBI PODHALER</i>	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
<i>TRECATOR</i>	4	MO

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This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin sodium injection</i>	4	PA; MO	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA
<i>ampicillin sodium intravenous</i>	4	PA			
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO			
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA			
<i>ampicillin-sulbactam intravenous</i>	4	PA			
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO			
BICILLIN C-R	3	PA; MO	<i>penicillin g potassium</i>	4	PA; MO
BICILLIN L-A	4	PA; MO	<i>penicillin g sodium</i>	4	PA; MO
<i>dicloxacillin</i>	2	MO	<i>penicillin v potassium</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	4	PA	<i>pfizerpen-g</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO	<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>nafcillin injection recon soln 10 gram</i>	5	PA	<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA			
<i>oxacillin in dextrose(iso-osm)</i>	4	PA			
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA			
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclacycline</i>	4	MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	4	MO
<i>trimethoprim</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl</i>	5	B/D PA; MO
<i>ELITEK</i>	5	MO
<i>KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG</i>	5	
<i>KHAPZORY</i>	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
<i>MESNEX ORAL</i>	5	MO
<i>VISTOGARD</i>	5	PA
<i>XGEVA</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>ABRAXANE</i>	5	B/D PA; MO
<i>ADCETRIS</i>	5	B/D PA; MO
<i>ADSTILADRIN</i>	5	PA
<i>ALECensa</i>	5	PA; MO; QL (240 per 30 days)
<i>ALIMTA</i>	5	B/D PA; MO
<i>ALIQOPA</i>	5	B/D PA; LA
<i>ALUNBRIG ORAL TABLET 180 MG, 90 MG</i>	5	PA; QL (30 per 30 days)
<i>ALUNBRIG ORAL TABLET 30 MG</i>	5	PA; QL (60 per 30 days)
<i>ALUNBRIG ORAL TABLETS,DOSE PACK</i>	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
<i>ASPARLAS</i>	5	PA
<i>AYVAKIT</i>	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
<i>busulfan</i>	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
DANYELZA	5	PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELREXFIO	5	PA
ELZONRIS	5	PA; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
EULEXIN	5	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
<i>flouxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
FYARRO	5	PA
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML</i>	3	B/D PA
<i>gengraf</i>	3	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	4	MO
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
IMJUDO	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUMOXITI	5	PA; LA
LUNSUMIO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI	5	PA; LA
MARGENZA	5	PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf)</i>	2	B/D PA
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
MVASI	5	PA; MO
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
<i>nelarabine</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
NERLYNX	5	PA; MO; LA
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	4	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
OPDUALAG	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
paclitaxel	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO
RYLAZE	5	PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON	5	PA; MO
SARCLISA	5	PA; LA
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
TECVAYLI	5	PA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>topotecan</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA	5	B/D PA; MO
TRELSTAR INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (90 per 30 days)
XOSPATA	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YEROVY	5	B/D PA; MO
YONDELIS	5	B/D PA
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA

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Drug Name	Drug Tier	Requirements /Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	4	MO
<i>diazepam rectal kit 2.5 mg</i>	4	
DILANTIN 30 MG	3	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	2	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	5	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO
<i>lamotrigine oral tablets,dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam intravenous</i>	2	MO	<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO	<i>phenytoin oral tablet, chewable</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2		<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO	<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO	<i>phenytoin sodium intravenous solution</i>	2	
<i>methsuximide</i>	4	MO	<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>NAYZILAM</i>	5	PA; MO; QL (10 per 30 days)	<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO	<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>oxcarbazepine oral tablet</i>	3	MO	<i>PRIMIDONE ORAL TABLET 125 MG</i>	4	MO
<i>phenobarbital oral elixir</i>	4	PA; MO	<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA	<i>roweepra oral tablet 500 mg</i>	2	MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO	<i>rufinamide oral suspension</i>	5	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO	<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2		<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2		<i>SPRITAM</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
<i>subvenite</i>	1	MO	XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	5	MO; QL (56 per 28 days)	
<i>subvenite starter (blue) kit</i>	4	MO	XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)	
<i>subvenite starter (green) kit</i>	4	MO	XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)	
<i>subvenite starter (orange) kit</i>	4	MO	XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)	XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)	
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)	XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)	
<i>tiagabine</i>	4	MO	ZONISADE	5	PA; MO	
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO	<i>zonisamide</i>	2	PA; MO	
<i>topiramate oral tablet</i>	2	PA; MO	ZTALMY	5	PA; LA; QL (1080 per 30 days)	
<i>valproate sodium</i>	2	MO	ANTIPARKINSONISM AGENTS			
<i>valproic acid</i>	2	MO	APOKYN	5	PA; MO; LA; QL (90 per 30 days)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO				
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2					
VALTOCO	5	PA; MO; QL (10 per 30 days)				
<i>vigabatrin</i>	5	MO; LA				
<i>vigadron</i>	5	LA				

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Drug Name	Drug Tier	Requirements /Limits
<i>apomorphine</i>	5	PA; QL (90 per 30 days)
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline oral tablet 0.5 mg</i>	4	
<i>rasagiline oral tablet 1 mg</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>AIMOVIG AUTOINJECTOR</i>	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	5	PA; MO; QL (30 per 30 days)
BRIUMVI	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	5	PA; LA; QL (28 per 180 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA; QL (20 per 180 days)
RADICAVA	5	PA
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA; QL (15 per 28 days)
VUMERTY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2		<i>hydrocodone-ibuprofen</i>	3	MO; QL (50 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	4	
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)	<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO
<i>endocet</i>	3	MO; QL (360 per 30 days)	<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>fentanyl citrate (pf) injection solution</i>	2		<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2		<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)	<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)	<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)	<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)
methadone injection solution	3	
methadone intensol	3	PA; MO; QL (90 per 30 days)
methadone oral concentrate	3	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days)
methadose oral concentrate	3	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	4	
morphine (pf) injection solution 1 mg/ml	4	MO
morphine concentrate oral solution	3	MO; QL (900 per 30 days)
morphine injection syringe 4 mg/ml	4	MO

Drug Name	Drug Tier	Requirements /Limits
morphine intravenous solution 10 mg/ml, 4 mg/ml	4	MO
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	4	
morphine oral solution	3	MO; QL (900 per 30 days)
morphine oral tablet	3	MO; QL (180 per 30 days)
morphine oral tablet extended release	3	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	3	MO; QL (360 per 30 days)
oxycodone oral concentrate	4	MO; QL (180 per 30 days)
oxycodone oral solution	3	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	3	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine- naloxone sublingual film 12-3 mg	3	MO; QL (60 per 30 days)
buprenorphine- naloxone sublingual film 2-0.5 mg	3	MO; QL (360 per 30 days)
buprenorphine- naloxone sublingual film 4-1 mg, 8-2 mg	3	MO; QL (90 per 30 days)
buprenorphine- naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine- naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection	2	MO
butorphanol nasal	4	MO; QL (10 per 28 days)
celecoxib	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium oral tablet 50 mg	2	MO
diclofenac sodium oral	2	MO
diclofenac sodium topical gel 1 %	3	MO; QL (1000 per 28 days)
diclofenac- misoprostol	4	MO

Drug Name	Drug Tier	Requirements /Limits
diflunisal	3	MO
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	2	MO
etodolac oral capsule	3	MO
etodolac oral tablet	3	MO
etodolac oral tablet extended release 24 hr	4	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine	2	MO
naloxone injection solution	2	MO
naloxone injection syringe	2	MO
naloxone nasal	2	MO
naltrexone	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
naproxen oral tablet	1	MO	ABILIFY	5	MO; QL (2.4 per 56 days)
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	MO	ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML		
naproxen oral tablet,delayed release (dr/ec) 500 mg	2		ABILIFY	5	MO; QL (3.2 per 56 days)
naproxen sodium oral tablet 275 mg, 550 mg	2	MO	ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML		
oxaprozin	4	MO	MAINTENA	5	MO; QL (1 per 28 days)
piroxicam	3	MO	amitriptyline	2	MO
salsalate	1	MO	amoxapine	3	MO
sulindac	2	MO	ariPIPRAZOLE oral solution	4	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)	ariPIPRAZOLE oral tablet	2	MO; QL (30 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)	ariPIPRAZOLE oral tablet,disintegrating	5	MO; QL (60 per 30 days)
VIVITROL	5	MO	ARISTADA INITIO	5	MO; QL (4.8 per 365 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)			
PSYCHOTHERAPEUTIC DRUGS					

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>	4	QL (60 per 30 days)
<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>	4	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>EMSAM</i>	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
<i>FANAPT ORAL TABLET</i>	4	MO; QL (60 per 30 days)
<i>FANAPT ORAL TABLETS,DOSE PACK</i>	4	MO; QL (8 per 180 days)
<i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK</i>	3	QL (28 per 180 days)
<i>FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR</i>	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol lactate oral</i>	2	MO
<i>HETLIOZ</i>	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</i>	5	MO; QL (3.5 per 180 days)
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</i>	5	MO; QL (5 per 180 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</i>	5	MO; QL (0.75 per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</i>	5	MO; QL (1 per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</i>	5	MO; QL (1.5 per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</i>	3	MO; QL (0.25 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	4	MO; QL (60 per 30 days)
<i>perphenazine</i>	4	MO
PERSERIS	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
ramelteon	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA
<i>tasimelteon</i>	5	PA; QL (30 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)

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Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	QL (30 per 180 days)
<i>vilazodone</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral tablet 10 mg</i>	3	MO
<i>betaxolol oral tablet 20 mg</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	4	MO
bumetanide oral	2	MO
candesartan	2	MO
candesartan-hydrochlorothiazide	2	MO
captopril	2	MO
captopril-hydrochlorothiazide	2	
cartia xt	2	MO
carvedilol	1	MO
chlorothiazide sodium	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
clonidine	4	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
diltiazem hcl intravenous	2	
diltiazem hcl oral capsule,ext.rel 24h degradable	2	MO
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO

Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl oral capsule,extended release 24hr	2	MO
diltiazem hcl oral tablet	2	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg	2	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
dilt-xr	2	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	2	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone	3	MO
esmolol intravenous solution	2	
ethacrynat e sodium	5	
felodipine	2	MO
fosinopril	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	MO
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	4	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>quinapril oral tablet 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	2	MO
<i>taztia xt</i>	2	MO
TEKTURN A HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
<i>telmisartan</i>	2	MO
<i>telmisartanamlodipine</i>	2	MO
<i>telmisartanhydrochlorothiazide</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazide</i>	1	MO
UPTRAVI ORAL	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
<i>BRILINTA</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CABLIVI INJECTION KIT	5	PA; LA	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
CEPROTIN (BLUE BAR)	3	PA; MO	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
CEPROTIN (GREEN BAR)	3	PA; MO	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>cilostazol</i>	2	MO	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	3	
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>dabigatran etexilate</i>	4	MO	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>dipyridamole intravenous</i>	2		<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>dipyridamole oral</i>	4	MO	<i>heparin (porcine) injection cartridge</i>	3	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA	<i>heparin (porcine) injection solution</i>	3	MO
DOPTELET (15 TAB PACK)	5	PA; MO; LA			
DOPTELET (30 TAB PACK)	5	PA; MO; LA			
ELIQUIS	3	MO			
ELIQUIS DVT-PE TREAT 30D START	3	MO			
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)			
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)			
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	4	MO
<i>colestipol</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
JUXTAPID	5	PA; MO; LA
LIVALO	3	ST; MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
pravastatin	1	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	

Drug Name	Drug Tier	Requirements /Limits
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
ranolazine	3	MO
sodium nitroprusside	2	B/D PA
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)

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This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
CIBINQO	5	PA; MO; QL (30 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	3	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %</i> -1:200,000, 2 %-1:200,000	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
<i>PANRETIN</i>	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>REGRANEX</i>	5	
<i>SANTYL</i>	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
<i>VALCHLOR</i>	5	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (60 per 30 days)
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinooin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinooin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole- betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>NAFTIN TOPICAL GEL 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>DENAVIR</i>	4	MO; QL (5 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA
<i>cevimeline</i>	4	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	MO
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	MO
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	PA; MO
INCRELEX	5	MO; LA
<i>levocarnitine (with sugar)</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
<i>LOKELMA</i>	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
<i>PROLASTIN-C</i>	5	PA; LA
<i>RAVICTI</i>	5	PA; MO
<i>REVCovi</i>	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>trientine oral capsule 250 mg</i>	5	PA; MO
<i>VELPHORO</i>	5	MO; QL (180 per 30 days)
<i>VELTASSA</i>	3	MO
<i>water for irrigation, sterile</i>	4	MO
<i>XIAFLEX</i>	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent)</i>	2	
<i>NICOTROL</i>	4	
<i>NICOTROL NS</i>	4	MO
<i>varenicline</i>	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	3	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin-dexamethasone</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alcohol pads</i>	3	
<i>BAQSIMI</i>	3	MO
<i>BYDUREON BCISE</i>	3	PA; MO; QL (4 per 28 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</i>	3	PA; MO; QL (2.4 per 30 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</i>	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
<i>FARXIGA ORAL TABLET 10 MG</i>	3	MO; QL (30 per 30 days)
<i>FARXIGA ORAL TABLET 5 MG</i>	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)	GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	3	MO
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)	HUMALOG KWIKPEN INSULIN	3	MO
GLYXAMBI	3	MO; QL (30 per 30 days)	HUMALOG MIX 50-50 INSULN U-100	3	MO
GVOKE	3	MO	HUMALOG MIX 50-50 KWIKPEN	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3		HUMALOG MIX 75-25 KWIKPEN	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO	HUMALOG MIX 75-25(U-100)INSULN	3	MO
GVOKE HYPOPEN 2-PACK	3	MO	HUMALOG U-100 INSULIN	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3		HUMULIN 70/30 U-100 INSULIN	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO	HUMULIN 70/30 U-100 KWIKPEN	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3		HUMULIN N NPH INSULIN KWIKPEN	3	MO
			HUMULIN N NPH U-100 INSULIN	3	MO
			HUMULIN R REGULAR U-100 INSULN	3	MO
			HUMULIN R U-500 (CONC) INSULIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)

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This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET 15 MG	3	QL (30 per 30 days)
STEGLATRO ORAL TABLET 5 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR	3	MO
ZEGALOGUE SYRINGE	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
ANDRODERM	3	PA; QL (30 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; LA
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
SYNAREL	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO
<i>VIMIZIM</i>	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		

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Drug Name	Drug Tier	Requirements /Limits
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>alosetron</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule,delayed,extd.release</i>	4	MO
<i>budesonide oral tablet,delayed and ext.release</i>	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	2	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS	3	MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOTEGRITY	4	ST; MO; QL (30 per 30 days)
MOVANTIK	3	MO; QL (30 per 30 days)
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO	RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO	RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
<i>palonosetron intravenous syringe</i>	2		REMICADE	5	PA; MO; QL (20 per 28 days)
<i>peg 3350-electrolytes</i>	2		SANCUSO	5	MO
<i>peg3350-sod sulf-nacl-kcl-asb-c</i>	4	MO	<i>scopolamine base</i>	4	MO
<i>peg-electrolyte</i>	2	MO	SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>prochlorperazine</i>	4	MO	<i>sodium,potassium,mag sulfates</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO	SUCRAID	5	PA
<i>prochlorperazine maleate oral</i>	2	MO	<i>sulfasalazine</i>	2	MO
<i>procto-med hc</i>	2	MO	TRULANCE	3	MO
<i>proctosol hc topical</i>	2	MO	<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>proctozone-hc</i>	2	MO	<i>ursodiol oral tablet</i>	3	MO
RECTIV	3	MO	VARUBI	3	B/D PA
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ULCER THERAPY		
cimetidine	2	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	3	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	3	MO
esomeprazole sodium intravenous recon soln 40 mg	2	
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY
BIOTECHNOLOGY DRUGS

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Drug Name	Drug Tier	Requirements /Limits
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	5	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
AREXVY (PF)	3	
BCG VACCINE, LIVE (PF)	3	
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF)	3	MO
HEPLISAV-B (PF)	3	B/D PA; MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	3	
JYNNEOS (PF)(STOCKPILE)	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	

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Drug Name	Drug Tier	Requirements /Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIOD (PF)	3	B/D PA
PRIORIX (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA; MO
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	MO
TDVAX	3	MO

Drug Name	Drug Tier	Requirements /Limits
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC	3	
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	MO
VARIVAX (PF)	3	
VARIZIG	3	
YF-VAX (PF)	3	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD AUTOSHIELD DUO PEN NEEDLE	3	MO
BD INSULIN SYRINGE (HALF UNIT)	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3		BD ULTRA-FINE MICRO PEN NEEDLE	3	MO
BD INSULIN SYRINGE U-500	3	MO	BD ULTRA-FINE MINI PEN NEEDLE	3	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	3	MO	BD ULTRA-FINE NANO PEN NEEDLE	3	
BD LO-DOSE MICRO-FINE IV	3	MO	BD ULTRA-FINE SHORT PEN NEEDLE	3	MO
BD NANO 2ND GEN PEN NEEDLE	3	MO	BD VEO INSULIN SYR (HALF UNIT)	3	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	MO	BD VEO INSULIN SYRINGE UF	3	MO
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	3	MO	CEQUR SIMPLICITY INSERTER	3	MO
			GAUZE PADS 2 X 2	3	
			INSULIN PEN NEEDLE	3	
			INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	3	MO
			INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	MO
			INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	3	

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This drug list was last updated on 11/20/2023.

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO PODS	3	
OMNIPOD GO PODS 10 UNITS/DAY	3	
OMNIPOD GO PODS 15 UNITS/DAY	3	
OMNIPOD GO PODS 20 UNITS/DAY	3	

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD GO PODS 25 UNITS/DAY	3	
OMNIPOD GO PODS 30 UNITS/DAY	3	
OMNIPOD GO PODS 40 UNITS/DAY	3	
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>KRYSTEXXA</i>	5	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO; QL (3.6 per 28 days)
ACTPEN		
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADAZ	5	PA; MO; QL (1.6 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; MO; QL (6 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; MO; QL (6 per 28 days)
BENLYSTA	5	PA; MO
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (4 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; MO; QL (1.6 per 28 days)	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)	<i>leflunomide</i>	2	MO; QL (30 per 30 days)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)	ORENCIA (WITH MALTPOSE)	5	PA; MO; QL (12 per 28 days)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)	ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
			OTEZLA	5	PA; MO; QL (60 per 30 days)
			OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; QL (27 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 per 180 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>amabelz oral tablet 1-0.5 mg</i>	3	PA
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
ESTRING	3	MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
jinteli	4	PA; MO
lyeq	2	MO
lyllana	3	PA; MO; QL (8 per 28 days)
lyza	2	
medroxyprogesterone	2	MO
MENEST	3	PA; MO
mimvey	3	PA; MO
nora-be	2	MO
norethindrone (contraceptive)	2	
norethindrone acetate	2	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
progesterone	2	MO
progesterone micronized	2	MO
sharobel	2	MO
yuvafem	4	MO
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	3	MO
eluryng	4	MO
etonogestrel-ethinyl estradiol	4	

Drug Name	Drug Tier	Requirements /Limits
metronidazole vaginal	3	MO
mifepristone	2	LA
NEXPLANON	4	
terconazole	3	MO
tranexamic acid oral	3	MO
vandazole	3	MO
xulane	4	MO
zafemy	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	2	MO
alyacen 1/35 (28)	2	MO
alyacen 7/7/7 (28)	2	MO
amethyst (28)	2	MO
apri	2	MO
aranelle (28)	2	MO
aubra eq	2	MO
aviane	2	MO
azurette (28)	2	MO
camrese	2	MO
cryselle (28)	2	MO
cyred eq	2	
dasetta 1/35 (28)	2	MO
dasetta 7/7/7 (28)	2	MO
daysee	2	MO
desog-e.estradiol/e.estradio l	2	
desogestrel-ethinyl estradiol	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone- e.estriadiol-lm.fa oral tablet 3-0.03- 0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estriadiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estriadiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diac-eth estriadiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estriadiol- e.estriadiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estriadiol- e.estriadiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel- ethinyl estradiol oral tablet 0.1-20 mg- mcg</i>	2	MO
<i>levonorgestrel- ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel- ethinyl estradiol oral tablets,dose pack,3 month</i>	2	
<i>levonorgestrel ethinyl estradiol triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO
OXYTOCICS		
<i>methylergonovine oral</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>AZASITE</i>	3	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
bacitracin- polymyxin b	2	MO
BESIVANCE	3	MO
ciprofloxacin hcl ophthalmic (eye)	2	MO
erythromycin ophthalmic (eye)	2	MO; QL (3.5 per 14 days)
gatifloxacin	4	MO
gentamicin ophthalmic (eye) drops	2	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	3	MO
levofloxacin ophthalmic (eye) drops 1.5 %	3	
moxifloxacin ophthalmic (eye) drops	3	MO
moxifloxacin ophthalmic (eye) drops, viscous	3	
NATACYN	4	
neomycin- bacitracin- polymyxin	3	MO
neomycin- polymyxin- gramicidin	3	MO
neo-polycin	3	
ofloxacin ophthalmic (eye)	2	MO
polycin	2	
polymyxin b sulf- trimethoprim	2	MO

Drug Name	Drug Tier	Requirements /Limits
tobramycin ophthalmic (eye)	2	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	3	MO
carteolol	2	MO
levobunolol ophthalmic (eye) drops 0.5 %	2	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) gel forming solution	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops	3	MO
azelastine ophthalmic (eye)	2	MO
balanced salt	2	
bepotastine besilate	3	MO
bss	2	
CIMERLI	5	PA; MO
cromolyn ophthalmic (eye)	2	MO
cyclosporine ophthalmic (eye)	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
epinastine	3	MO

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Drug Name	Drug Tier	Requirements /Limits
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	3	MO
OXERVATE	4	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	
XDEMVY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements /Limits
<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
<i>tafluprost (pf)</i>	3	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	MO
<i>neo-polycin hc</i>	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorometholone</i>	3	MO
INVELTYS	3	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
SYMJEPI	4	QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
<i>albuterol sulfate oral syrup</i>	2	MO	ATROVENT HFA	4	MO; QL (25.8 per 30 days)
<i>albuterol sulfate oral tablet</i>	4	MO	BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION</i>	3	MO; QL (12.2 per 30 days)	<i>bosentan</i>	5	PA; MO; LA
<i>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION</i>	3	MO; QL (6.1 per 30 days)	BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>alyq</i>	5	PA; QL (60 per 30 days)	<i>breyna</i>	3	MO; QL (10.3 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA	BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>arformoterol</i>	5	B/D PA; MO			
<i>ASMANEX HFA</i>	3	MO; QL (13 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	4	B/D PA; QL (120 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
<i>budesonide-formoterol</i>	3	QL (10.2 per 30 days)	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
CINRYZE	5	PA; MO	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)	<i>flunisolide</i>	3	MO; QL (50 per 30 days)
<i>cromolyn inhalation</i>	5	B/D PA; MO	<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
DALIRESP	4	PA; MO; QL (30 per 30 days)	<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
DULERA	3	MO; QL (13 per 30 days)	<i>formoterol fumarate</i>	5	B/D PA; MO
ELIXOPHYLLIN	4		<i>icatibant</i>	5	PA; MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)	<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
FASENRA	5	PA; MO; QL (1 per 28 days)	<i>ipratropium-albuterol</i>	2	B/D PA; MO
FASENRA PEN	5	PA; MO; QL (1 per 28 days)			

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Drug Name	Drug Tier	Requirements /Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	5	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	4	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	B/D PA
mometasone nasal	2	MO; QL (34 per 30 days)
montelukast oral granules in packet	4	MO
montelukast oral tablet	2	MO
montelukast oral tablet, chewable	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
ORLADEYO	5	PA; LA
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
wixela inhub	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
fesoterodine	3	MO
flavoxate	2	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
oxybutynin chloride oral syrup	2	MO
oxybutynin chloride oral tablet 5 mg	2	MO
oxybutynin chloride oral tablet extended release 24hr	2	MO
tolterodine	3	MO
trospium oral tablet	2	MO

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Drug Name	Drug Tier	Requirements /Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	MO
dutasteride	2	MO
dutasteride- tamsulosin	4	MO
finasteride oral tablet 5 mg	2	MO
silodosin	4	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
glycine urologic	2	
glycine urologic solution	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
potassium citrate oral tablet extended release	2	MO
RENACIDIN	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	4	
alburx (human) 25 %	4	
alburx (human) 5 %	4	
albutein 25 %	4	

Drug Name	Drug Tier	Requirements /Limits
albutein 5 %	4	
plasbumin 25 %	4	
plasbumin 5 %	4	
ELECTROLYTES		
calcium acetate(phosphat bind)	3	MO; QL (360 per 30 days)
calcium chloride	2	
calcium gluconate intravenous	2	
effer-k oral tablet, effervescent 25 meq	2	MO
klor-con 10	2	MO
klor-con 8	2	MO
klor-con m10	2	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con oral packet 20	4	MO
klor-con/ef	2	MO
lactated ringers intravenous	4	MO
magnesium chloride injection	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water	4	
magnesium sulfate injection solution	4	MO
magnesium sulfate injection syringe	4	

Drug Name	Drug Tier	Requirements /Limits
potassium acetate	4	
potassium chlorid-d5-0.45%nacl	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4	
potassium chloride intravenous	4	
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	4	MO
potassium chloride oral packet	4	
potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
<i>CLINIMIX 5%/D15W SULFITE FREE</i>	4	B/D PA
<i>CLINIMIX 4.25%/D10W SULF FREE</i>	4	B/D PA
<i>CLINIMIX 5%-D20W(SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 6%-D5W (SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 8%-D10W(SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 8%-D14W(SULFITE-FREE)</i>	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
<i>ISOLYTE S PH 7.4</i>	4	
<i>ISOLYTE-P IN 5 % DEXTROSE</i>	4	
<i>ISOLYTE-S</i>	4	
<i>PLASMA-LYTE 148</i>	3	
<i>PLASMA-LYTE A</i>	3	
<i>plasmanate</i>	4	
<i>PLENAMINE</i>	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	2	
<i>wescap-pn dha</i>	2	MO

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<i>aztreonam</i>	7	<i>benazepril-hydrochlorothiazide</i>	BROMSITE	80
<i>azurette (28)</i>	76		BRUKINSA	13
B		<i>bendamustine</i>	<i>bss</i>	79
<i>bacitracin</i>	7, 78	BENDEKA	<i>budesonide</i>	63, 83
<i>bacitracin-polymyxin b</i>	79	BENLYSTA	<i>budesonide-formoterol</i>	83
<i>baclofen</i>	30	<i>benztropine</i>	<i>bumetanide</i>	43
<i>balanced salt</i>	79	<i>bepotastine besilate</i>	<i>buprenorphine hcl</i>	31
<i>balsalazide</i>	63	BESIVANCE	<i>buprenorphine transdermal patch</i>	31
BALVERSA	13	BESPONSA	<i>buprenorphine-naloxone</i>	33
BAQSIMI	57	BESREMI	<i>bupropion hcl</i>	35
BARACLUIDE	3	<i>betaine</i>	<i>bupropion hcl (smoking deter)</i>	55
BAVENCIO	13	<i>betamethasone dipropionate</i>	<i>buspirone</i>	35
BCG VACCINE, LIVE (PF)	68	52	<i>busulfan</i>	13
BD AUTOSHIELD DUO PEN		<i>betamethasone valerate</i>	<i>butorphanol</i>	33
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BD INSULIN SYRINGE	70	<i>betamethasone, augmented</i>	BYETTA	57
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BD INSULIN SYRINGE U-		<i>bexarotene</i>	<i>cabergoline</i>	61
500	70	BEXZERO	CABLIVI	46
BD INSULIN SYRINGE		<i>bicalutamide</i>	CABOMETYX	13
ULTRA-FINE	70	BICILLIN C-R	<i>caffeine citrate</i>	54
BD LO-DOSE MICRO-FINE		BICILLIN L-A	<i>calcipotriene</i>	49
IV	70	BIKTARVY	<i>calcitonin (salmon)</i>	61
BD NANO 2ND GEN PEN		<i>bisoprolol fumarate</i>	<i>calcitriol</i>	49, 61
NEEDLE	70	43	<i>calcium acetate(phosphat bind)</i>	87
BD SAFETYGLIDE INSULIN		<i>bleomycin</i>		
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<i>calcium chloride</i>	87	<i>cefuroxime sodium</i>	6	<i>citalopram</i>	35
<i>calcium gluconate</i>	87	<i>celecoxib</i>	33	<i>cladribine</i>	13
CALQUENCE	13	CELONTIN	24	<i>claravis</i>	51
CALQUENCE (ACALABRUTINIB MAL)	13	<i>cephalexin</i>	6	<i>clarithromycin</i>	6
<i>camila</i>	75	CEPROTIN (BLUE BAR)	46	<i>clindamycin hcl</i>	7
<i>camrese</i>	76	CEPROTIN (GREEN BAR)	46	<i>clindamycin in 5 % dextrose</i>	7
<i>candesartan</i>	43	CEQUR SIMPLICITY INSERTER	70	<i>clindamycin pediatric</i>	7
<i>candesartan-</i> <i>hydrochlorothiazid</i>	43	<i>cetirizine</i>	81	<i>clindamycin phosphate</i>	7, 51, 76
CAPLYTA	35	<i>cevimeline</i>	54	CLINIMIX 5%/D15W	
CAPRELSA	13	CHEMET	54	SULFITE FREE	88
<i>captopril</i>	43	CHENODAL	63	CLINIMIX 4.25%/D10W	
<i>captopril-hydrochlorothiazide</i>	43	<i>chloramphenicol sod succinate</i>	7	SULF FREE	88
<i>carbamazepine</i>	24	<i>chlorhexidine gluconate</i>	55	CLINIMIX 4.25%/D5W	
<i>carbidopa</i>	28	<i>chlorprocaine (pf)</i>	50	SULFIT FREE	54
<i>carbidopa-levodopa</i>	28	<i>chloroquine phosphate</i>	7	CLINIMIX 5%- D20W(SULFITE-FREE)	..88
<i>carbidopa-levodopa-</i> <i>entacapone</i>	28	<i>chlorothiazide sodium</i>	43	CLINIMIX 6%-D5W (SULFITE-FREE)	..88
<i>carboplatin</i>	13	<i>chlorpromazine</i>	35	CLINIMIX 8%- D10W(SULFITE-FREE)	..88
<i>cardioplegic soln</i>	48	<i>chlorthalidone</i>	43	CLINIMIX 8%- D14W(SULFITE-FREE)	..88
<i>carglumic acid</i>	54	CHOLBAM	63	<i>clobazam</i>	24
<i>carmustine</i>	13	<i>cholestyramine (with sugar)</i>	47	<i>clobetasol</i>	53
<i>carteolol</i>	79	<i>cholestyramine light</i>	47	<i>clobetasol-emollient</i>	53
<i>cartia xt</i>	43	CIBINQO	50	<i>clodan</i>	53
<i>carvedilol</i>	43	<i>cyclodan</i>	52	<i>clofarabine</i>	13
<i>caspofungin</i>	2	<i>ciclopirox</i>	52	<i>clomid</i>	61
CAYSTON	7	<i>cidofovir</i>	3	<i>clomiphene citrate</i>	61
<i>cefaclor</i>	5	<i>cilostazol</i>	46	<i>clomipramine</i>	35
<i>cefadroxil</i>	5	CIMDUO	3	<i>clonazepam</i>	24
<i>cefazolin</i>	5	CIMERLI	79	<i>clonidine</i>	43
<i>cefazolin in dextrose (iso-os)</i>	.5	<i>cimetidine</i>	66	<i>clonidine (pf)</i>	33, 43
<i>cefdinir</i>	6	CIMZIA	63	<i>clonidine hcl</i>	35, 43
<i>cefepime</i>	6	CIMZIA POWDER FOR RECONST	63	<i>clopидогрел</i>	46
<i>cefepime in dextrose, iso-osm</i>	6	CIMZIA STARTER KIT	63	<i>clorazepate dipotassium</i>	35
<i>cefixime</i>	6	<i>cinacalcet</i>	61	<i>clotrimazole</i>	2, 52
<i>cefoxitin</i>	6	CINRYZE	83	<i>clotrimazole-betamethasone</i>	52
<i>cefoxitin in dextrose, iso-osm</i>	6	CINVANTI	63	<i>clozapine</i>	35
<i>cefpodoxime</i>	6	CIPRO	10	COARTEM	7
<i>cefprozil</i>	6	<i>ciprofloxacin</i>	11	<i>colchicine</i>	71
<i>ceftazidime</i>	6	<i>ciprofloxacin hcl</i>	10, 11, 56, 79	<i>colesevelam</i>	47
<i>ceftriaxone</i>	6	<i>ciprofloxacin in 5 % dextrose</i>	11	<i>colestipol</i>	47
<i>ceftriaxone in dextrose, iso-os</i>	6	<i>ciprofloxacin-dexamethasone</i>	56	<i>colistin (colistimethate na)</i>	7
<i>cefuroxime axetil</i>	6	<i>cisplatin</i>	13	COLUMVI	13

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<i>cortisone</i>	56		
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<i>cromolyn</i>	63, 79, 83		
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<i>cryselle (28)</i>	76		
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<i>cyclobenzaprine</i>	30		
<i>cyclophosphamide</i>	14		
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CYLTEZO(CF) PEN CROHN'S-UC-HS	72		
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CYRAMZA	14		
<i>cyred eq</i>	76		
CYSTAGON	86		
CYSTARAN	79		
<i>cytarabine</i>	14		
<i>cytarabine (pf)</i>	14		
D			
<i>d10 %-0.45 % sodium chloride</i>	54		
<i>d2.5 %-0.45 % sodium chloride</i>	54		
<i>d5 % and 0.9 % sodium chloride</i>	54		
<i>d5 %-0.45 % sodium chloride</i>	54		
<i>dabigatran etexilate</i>	46		
<i>dacarbazine</i>	14		
<i>dactinomycin</i>	14		
<i>dalfampridine</i>	29		
DALIRESP	83		
<i>danazol</i>	61		
<i>dantrolene</i>	30		
DANYELZA	14		
<i>dapsone</i>	7		
DAPTACEL (DTAP) PEDIATRIC (PF)	68		
<i>daptomycin</i>	7		
DAPTO MYCIN	7		
<i>darunavir ethanolate</i>	3		
DARZALEX	14		
<i>dasetta 1/35 (28)</i>	76		
<i>dasetta 7/7/7 (28)</i>	76		
<i>daunorubicin</i>	14		
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<i>daysee</i>	76		
<i>deblitane</i>	75		
<i>decitabine</i>	14		
<i>deferasirox</i>	54		
<i>deferiprone</i>	54		
<i>deferoxamine</i>	54		
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<i>demeclacycline</i>	11		
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<i>dentagel</i>	55		
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<i>desipramine</i>	35		
<i>desmopressin</i>	61		
<i>desog-e.estriadiol/e.estriadiol</i>	76		
<i>desogestrel-ethinyl estradiol</i>	76		
<i>desonide</i>	53		
<i>desvenlafaxine succinate</i>	35		
<i>dexamethasone</i>	56		
<i>dexamethasone intensol</i>	56		
<i>dexamethasone sodium phos (pf)</i>	56		
<i>dexamethasone sodium</i>			
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<i>dexrazoxane hcl</i>	12		
<i>dextroamphetamine-amphetamine</i>			
<i>amphetamine</i>	36		
<i>dextrose 10 % and 0.2 % nacl</i>	54		
<i>dextrose 10 % in water (d10w)</i>	54		
<i>dextrose 25 % in water (d25w)</i>	54		
<i>dextrose 5 % in water (d5w)</i>	54		
<i>dextrose 5 %-lactated ringers</i>	54		
<i>dextrose 5%-0.2 % sod</i>			
<i>chloride</i>	54		
<i>dextrose 5%-0.3 %</i>			
<i>sod.chloride</i>	54		
<i>dextrose 50 % in water (d50w)</i>	54		
<i>dextrose 70 % in water (d70w)</i>	54		
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<i>diazepam</i>	24, 36		
<i>diazepam intensol</i>	36		
<i>diazoxide</i>	57		
<i>diclofenac potassium</i>	33		
<i>diclofenac sodium</i>	33, 50, 80		
<i>diclofenac-misoprostol</i>	33		
<i>dicloxacillin</i>	10		
<i>dicyclomine</i>	63		
DIFICID	6		
<i>diflunisal</i>	33		
<i>digoxin</i>	48		
<i>dihydroergotamine</i>	28		
DILANTIN 30 MG	24		
<i>diltiazem hcl</i>	43		
<i>dilt-xr</i>	43		
<i>dimenhydrinate</i>	63		
<i>dimethyl fumarate</i>	29		
<i>diphenhydramine hcl</i>	81		
<i>diphenoxylate-atropine</i>	63		
<i>dipyridamole</i>	46		
<i>disulfiram</i>	54		
<i>divalproex</i>	24		
<i>dobutamine</i>	48		
<i>dobutamine in d5w</i>	48		
<i>docetaxel</i>	14		
<i>dofetilide</i>	42		
<i>donepezil</i>	29		
<i>dopamine</i>	48, 49		

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<i>dopamine in 5 % dextrose</i>	48	<i>effer-k</i>	87	<i>epinastine</i>	79
DOPTELET (10 TAB PACK)		ELAPRASE	61	<i>epinephrine</i>	81
.....	46	<i>electrolyte-48 in d5w</i>	88	<i>epirubicin</i>	15
DOPTELET (15 TAB PACK)		<i>eletriptan</i>	28	<i>epitol</i>	24
.....	46	<i>elinest</i>	77	EPKINLY	15
DOPTELET (30 TAB PACK)		ELIQUIS	46	<i>eplerenone</i>	43
.....	46	ELIQUIS DVT-PE TREAT		EPRONTIA	24
<i>dorzolamide</i>	80	30D START	46	ERBITUX	15
<i>dorzolamide-timolol</i>	80	ELITEK	12	<i>ergotamine-caffeine</i>	28
<i>dotti</i>	75	ELIXOPHYLLIN	83	ERIVEDGE	15
DOVATO	3	ELMIRON	86	ERLEADA	15
<i>doxazosin</i>	43	ELREXFIO	15	<i>erlotinib</i>	15
<i>doxepin</i>	36	<i>eluryng</i>	76	<i>errin</i>	75
<i>doxercalciferol</i>	61	ELZONRIS	15	<i>ertapenem</i>	7
<i>doxorubicin</i>	14, 15	EMCYT	15	ERWINASE	15
<i>doxorubicin, peg-liposomal</i>	15	EMEND	64	<i>ery pads</i>	51
<i>doxy-100</i>	11	EMGALITY PEN	28	<i>ery-tab</i>	7
<i>doxycycline hyclate</i>	11	EMGALITY SYRINGE	28	<i>erythrocin (as stearate)</i>	7
<i>doxycycline monohydrate</i>	11	EMPLICITI	15	<i>erythromycin</i>	7, 79
DRIZALMA SPRINKLE	36	EMSAM	36	<i>erythromycin ethylsuccinate</i>	7
<i>dronabinol</i>	63	<i>emtricitabine</i>	3	<i>erythromycin with ethanol</i>	51
<i>droperidol</i>	63	<i>emtricitabine-tenofovir (tdf)</i>	3	ESBRIET	83
<i>drospirenone-e.estradiol-lm.fa</i>		EMTRIVA	3	<i>escitalopram oxalate</i>	36
.....	77	EMVERM	7	<i>esmolol</i>	43
<i>drospirenone-ethinyl estradiol</i>		<i>enalapril maleate</i>	43	<i>esomeprazole magnesium</i>	66
.....	77	<i>enalaprilat</i>	43	<i>esomeprazole sodium</i>	66
DROXIA	15	<i>enalapril-hydrochlorothiazide</i>		<i>estarrylla</i>	77
<i>droxidopa</i>	54	ENBREL	73	<i>estradiol</i>	75
DUAVEE	75	ENBREL MINI	73	<i>estradiol valerate</i>	75
DULERA	83	ENBREL SURECLICK	73	<i>estradiol-norethindrone acet</i>	75
<i>duloxetine</i>	36	<i>endocet</i>	31	ESTRING	75
DUPIXENT PEN	50	ENGERIX-B (PF)	68	<i>eszopiclone</i>	36
DUPIXENT SYRINGE	50	ENGERIX-B PEDIATRIC		<i>ethacrynat sodium</i>	43
<i>dutasteride</i>	86	(PF)	68	<i>ethambutol</i>	7
<i>dutasteride-tamsulosin</i>	86	<i>enoxaparin</i>	46	<i>ethosuximide</i>	24
E		<i>enpresse</i>	77	<i>ethynodiol diac-eth estradiol</i>	77
<i>e.e.s. 400</i>	7	<i>enskyce</i>	77	<i>etodolac</i>	33
<i>ec-naproxen</i>	33	<i>entacapone</i>	28	<i>etonogestrel-ethinyl estradiol</i>	
<i>econazole</i>	52	<i>entecavir</i>	3	76
EDARBI	43	ENTRESTO	49	ETOPOPHOS	15
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EDURANT	3	<i>enulose</i>	64	<i>etravirine</i>	3
<i>efavirenz</i>	3	ENVARSUS XR	15	EULEXIN	15
<i>efavirenz-emtricitabin-tenofov3</i>		EPCLUSA	3	<i>euthyrox</i>	62
<i>efavirenz-lamivu-tenofov disop</i>		EPIDIOLEX	24	<i>everolimus (antineoplastic)</i>	15
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<i>everolimus</i>	2
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<i>exemestane</i>	15
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EYLEA	80
<i>ezetimibe</i>	47
<i>ezetimibe-simvastatin</i>	47
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FABRAZYME	61
<i>falmina</i> (28)	77
famciclovir	3
<i>famotidine</i>	66
<i>famotidine (pf)</i>	66
<i>famotidine (pf)-nacl (iso-osm)</i>	66
FANAPT	36
FARXIGA	57
FASENRA	83
FASENRA PEN	83
<i>febuxostat</i>	71
<i>felbamate</i>	24
<i>felodipine</i>	43
<i>fenofibrate</i>	47
<i>fenofibrate micronized</i>	47
<i>fenofibrate nanocrystallized</i>	47
<i>fenofibric acid</i>	47
<i>fenofibric acid (choline)</i>	47
<i>fentanyl</i>	31
<i>fentanyl citrate</i>	31
<i>fentanyl citrate (pf)</i>	31
<i>fesoterodine</i>	86
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<i>finasteride</i>	86
<i> fingolimod</i>	29
FINTEPLA	24
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FIRMAGON KIT W DILUENT SYRINGE	15
<i>flac otic oil</i>	56
<i>flavoxate</i>	86
<i>flecainide</i>	42
FLOVENT DISKUS	83
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<i>floxuridine</i>	15
<i>fluconazole</i>	2
<i>fluconazole in nacl (iso-osm)</i>	2
<i>flucytosine</i>	2
<i>fludarabine</i>	15, 16
<i>fludrocortisone</i>	56
<i>flumazenil</i>	36
<i>flunisolide</i>	83
<i>fluocinolone</i>	53
<i>fluocinolone acetonide oil</i>	56
<i>fluocinolone and shower cap</i>	53
<i>fluocinonide</i>	53
<i>fluocinonide-emollient</i>	53
<i>fluoride (sodium)</i>	55, 56, 89
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<i>fluoxetine (pmdd)</i>	36
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<i>flurbiprofen sodium</i>	80
<i>fluticasone propionate</i>	83
<i>fluticasone propion-salmeterol</i>	83
<i>fluvastatin</i>	47
<i>fluvoxamine</i>	37
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<i>fomepizole</i>	68
<i>fondaparinux</i>	46
<i>formoterol fumarate</i>	83
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<i>fosamprenavir</i>	3
<i>fosaprepitant</i>	64
<i>fosinopril</i>	43
<i>fosinopril-hydrochlorothiazide</i>	44
<i>fosphénytoïn</i>	24
FOTIVDA	16
<i>fulvestrant</i>	16
<i>furosemide</i>	44
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FYARRO	16
<i>fyavolv</i>	75
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<i>gabapentin</i>	25
<i>galantamine</i>	29
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GAMASTAN S/D	68
<i>ganciclovir sodium</i>	3
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<i>gatifloxacin</i>	79
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<i>gavilyte-c</i>	64
<i>gavilyte-g</i>	64
GAVRETO	16
GAZYVA	16
<i>gefitinib</i>	16
<i>gemcitabine</i>	16
GEMCITABINE	16
<i>gemfibrozil</i>	47
<i>generlac</i>	64
<i>genograf</i>	16
<i>gentamicin</i>	7, 51, 79
<i>gentamicin in nacl (iso-osm)</i>	7
<i>gentamicin sulfate (ped) (pf)</i>	8
GENVOYA	3
GILENYA	29
GILOTrif	16
<i>glatiramer</i>	29
<i>glatopa</i>	29
GLEOSTINE	16
<i>glimepiride</i>	57
<i>glipizide</i>	57, 58
<i>glipizide-metformin</i>	58
<i>glycine urologic</i>	86
<i>glycine urologic solution</i>	86
<i>glycopyrrrolate</i>	63
<i>glycopyrrrolate (pf) in water</i>	63
<i>glydo</i>	50
GLYXAMBI	58
GRALISE	25
<i>granisetron (pf)</i>	64
<i>granisetron hcl</i>	64
<i>griseofulvin microsize</i>	2
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<i>lidocaine-epinephrine</i>	51	LUPRON DEPOT-PED	18	(PF)	68
<i>lidocaine-epinephrine (pf)</i>	51	LUPRON DEPOT-PED (3		MEPSEVII	61
<i>lidocaine-prilocaine</i>	51	MONTH)	18	<i>mercaptopurine</i>	19
<i>lincomycin</i>	8	lurasidone	38	<i>meropenem</i>	8
<i>linezolid</i>	8	lutera (28)	77	<i>mesalamine</i>	64
<i>linezolid in dextrose 5%</i>	8	lyleq	76	<i>mesalamine with cleansing</i>	
<i>linezolid-0.9% sodium chloride</i>		lyllana	76	<i>wipe</i>	64
	8	LYNPARZA	18	<i>mesna</i>	12
LINZESS	64	LYSODREN	18	MESNEX	12
LOIRESAL	30	LYTGOBI	18	<i>metformin</i>	59
<i>liothyronine</i>	62	LYUMJEV KWIKPEN U-100		<i>methadone</i>	32
<i>lisinopril</i>	44	INSULIN	59	<i>methadone intensol</i>	32
<i>lisinopril-hydrochlorothiazide</i>		LYUMJEV KWIKPEN U-200		<i>methadose</i>	32
	44	INSULIN	59	<i>methazolamide</i>	80
<i>lithium carbonate</i>	38	LYUMJEV U-100 INSULIN		<i>methenamine hippurate</i>	11
<i>lithium citrate</i>	38	lyza	76	<i>methenamine mandelate</i>	12
LIVALO	48	M		<i>methimazole</i>	57
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LONSURF	18	<i>magnesium sulfate</i>	87	<i>methotrexate sodium (pf)</i>	19
<i>loperamide</i>	63	MAGNESIUM SULFATE IN		<i>methoxsalen</i>	51
<i>lopinavir-ritonavir</i>	4	D5W	87	<i>methsuximide</i>	26
<i>lorazepam</i>	38	<i>magnesium sulfate in water</i>	87	<i>methylergonovine</i>	78
<i>lorazepam intensol</i>	38	malathion	53	<i>methylphenidate hcl</i>	38
LORBRENA	18	<i>mannitol 20 %</i>	44	<i>methylprednisolone</i>	56
<i>loryna (28)</i>	77	<i>mannitol 25 %</i>	44	<i>methylprednisolone acetate</i>	56
<i>losartan</i>	44	maraviroc	4	<i>methylprednisolone sodium</i>	
<i>losartan-hydrochlorothiazide</i>		MARGENZA	18	<i>succ</i>	56, 57
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<i>loteprednol etabonate</i>	81	MARPLAN	38	<i>metolazone</i>	44
<i>lovastatin</i>	48	MATULANE	18	<i>metoprolol succinate</i>	44
<i>low-ogestrel (28)</i>	77	<i>matzim la</i>	44	<i>metoprolol ta-hydrochlorothiaz</i>	
<i>loxapine succinate</i>	38	meclizine	64		44
<i>lo-zumandimine (28)</i>	77	<i>medroxyprogesterone</i>	76	<i>metoprolol tartrate</i>	44
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<i>microgestin fe 1.5/30 (28)</i>	78	<i>nafcillin in dextrose iso-osm.</i>	10	<i>NINLARO</i>	19
<i>microgestin fe 1/20 (28)</i>	78	<i>naftifine</i>	52	<i>nisoldipine</i>	44
<i>midodrine</i>	55	<i>NAFTIN</i>	52	<i>nitazoxanide</i>	8
<i>mifepristone</i>	76	<i>NAGLAZYME</i>	61	<i>nitisinone</i>	55
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<i>milrinone</i>	49	<i>naloxone</i>	33	<i>nitrofurantoin</i>	12
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<i>mimvey</i>	76	<i>NAMZARIC</i>	30	<i>nitrofurantoin monohyd/m-</i>	
<i>minocycline</i>	11	<i>naproxen</i>	34	<i>cryst</i>	12
<i>minoxidil</i>	44	<i>naproxen sodium</i>	34	<i>nitroglycerin</i>	49
<i>miostat</i>	80	<i>naratriptan</i>	28	<i>nitroglycerin in 5 % dextrose</i>	
<i>mirtazapine</i>	38	<i>NATACYN</i>	79	<i>NIVESTYM</i>	67
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<i>mitoxantrone</i>	19	<i>NAYZILAM</i>	26	<i>norepinephrine bitartrate</i>	49
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<i>morphine (pf)</i>	32	<i>dexameth</i>	80	<i>nortrel 1/35 (21)</i>	78
<i>morphine concentrate</i>	32	<i>neomycin-polymyxin-</i>		<i>nortrel 1/35 (28)</i>	78
<i>MOTEGRITY</i>	64	<i>gramicidin</i>	79	<i>nortrel 7/7/7 (28)</i>	78
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<i>mycophenolate mofetil (hcl)</i>	19	<i>nicardipine</i>	44	<i>nyamyc</i>	52
<i>mycophenolate sodium</i>	19	<i>NICOTROL</i>	55	<i>nystatin</i>	2, 52
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<i>oxaprozin</i>	34
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<i>palonosetron</i>	65
<i>pamidronate</i>	61
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<i>pantoprazole</i>	66
<i>paraplatin</i>	20
<i>paricalcitol</i>	61
<i>paromomycin</i>	8
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<i>peg-electrolyte</i>	65
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<i>pemetrexed disodium</i>	20
<i>penciclovir</i>	52
<i>penicillamine</i>	75
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<i>penicillin g potassium</i>	10
<i>penicillin g sodium</i>	10
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<i>phenelzine</i>	39
<i>phenobarbital</i>	26
<i>phenobarbital sodium</i>	26
<i>phentolamine</i>	45
<i>phenytoin</i>	26
<i>phenytoin sodium</i>	26
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<i>pindolol</i>	45
<i>pioglitazone</i>	59
<i>piperacillin-tazobactam</i>	10

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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PIQRAY	20		PROMACTA	47
<i>pirfenidone</i>	84		<i>promethazine</i>	81
<i>piroxicam</i>	34		<i>propafenone</i>	42
<i>plasbumin 25 %</i>	87		<i>propranolol</i>	45
<i>plasbumin 5 %</i>	87		<i>propylthiouracil</i>	57
PLASMA-LYTE 148	88		PROQUAD (PF).....	69
PLASMA-LYTE A	88		<i>protamine</i>	47
<i>plasmanate</i>	88		<i>protriptyline</i>	39
PLEGRIDY	67		PULMICORT FLEXHALER	84
PLENAMINE.....	88		PULMOZYME	84
<i>plerixafor</i>	67		PURIXAN	20
<i>podofilox</i>	51		<i>pyrazinamide</i>	8
POLIVY	20		<i>pyridostigmine bromide</i>	30
<i>polocaine</i>	51		<i>pyrimethamine</i>	8
<i>polocaine-mpf</i>	51		Q	
<i>polycin</i>	79		QINLOCK	20
<i>polymyxin b sulf-trimethoprim</i>	79		QTERN	60
POMALYST	20		QUADRACEL (PF)	69
<i>portia 28</i>	78		<i>quetiapine</i>	39
PORTRAZZA	20		<i>quinapril</i>	45
<i>posaconazole</i>	2		<i>quinapril-hydrochlorothiazide</i>	45
<i>potassium acetate</i>	87		<i>quinidine sulfate</i>	42
<i>potassium chlorid-d5-</i> <i>0.45%nacl</i>	87		<i>quinine sulfate</i>	8
<i>potassium chloride</i>	87, 88		QVAR REDIHALER	85
<i>potassium chloride in</i> <i>0.9%nacl</i>	87		R	
<i>potassium chloride in 5 % dex</i>	87		RABAVERT (PF)	69
<i>potassium chloride in lr-d5</i>	87		RADICAVA	30
<i>potassium chloride in water</i>	87		<i>raloxifene</i>	72
<i>potassium chloride-0.45 %</i> <i>nacl</i>	88		<i>ramelteon</i>	39
<i>potassium chloride-d5-</i> <i>0.2%nacl</i>	88		<i>ramipril</i>	45
<i>potassium chloride-d5-</i> <i>0.9%nacl</i>	88		<i>ranolazine</i>	49
<i>potassium citrate</i>	86		<i>rasagiline</i>	28
<i>potassium phosphate m-/d-</i> <i>basic</i>	88		RAVICTI	55
POTELIGEO	20		<i>reclipsen (28)</i>	78
<i>pramipexole</i>	28		RECOMBIVAX HB (PF).....	69
<i>prasugrel</i>	47		RECTIV	65
<i>pravastatin</i>	48		REGRANEX	51
<i>praziquantel</i>	8		RELENZA DISKHALER	4
			RELISTOR	65
			REMICADE	65
			RENACIDIN	86
			<i>repaglinide</i>	60
			REPATHA	48
			REPATHA PUSHTRONEX	48

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REPATHA SURECLICK	48	SANCUSO	65
RETACRIT	67, 68	SANDIMMUNE	21
RETEVMO	20	SANDOSTATIN LAR	
RETROVIR	4	DEPOT	21
REVCORI	55	SANTYL	51
REVLIMID	20	<i>sapropterin</i>	61
revonto	30	SARCLISA	21
REXULTI	39	SAVELLA	75
REYATAZ	4	<i>saxagliptin</i>	60
REZLIDHIA	20	<i>saxagliptin-metformin</i>	60
RHOPRESSA	80	SCEMBLIX	21
ribavirin	4	<i>scopolamine base</i>	65
RIDAURA	75	SECUADO	40
rifabutin	8	SEGLUROMET	60
rifampin	8	<i>selegiline hcl</i>	28
riluzole	55	<i>selenium sulfide</i>	49
rimantadine	4	SELZENTRY	4
ringer's	54, 88	<i>sertraline</i>	40
RINVOQ	75	<i>setlakin</i>	78
risedronate	55, 72	<i>sevelamer carbonate</i>	55
RISPERDAL CONSTA	39, 40	<i>sf 56</i>	
risperidone	40	<i>sf 5000 plus</i>	56
ritonavir	4	<i>sharobel</i>	76
rivastigmine	30	SHINGRIX (PF)	69
rivastigmine tartrate	30	SIGNIFOR	21
rizatriptan	28	<i>sildenafil (pulmonary arterial</i>	
ROCKLATAN	80	<i>hypertension</i>	85
roflumilast	85	Silodosin	86
romidepsin	20	<i>silver sulfadiazine</i>	51
ropinirole	28	SIMBRINZA	80
rosuvastatin	48	SIMULECT	21
ROTARIX	69	<i>simvastatin</i>	48
ROTATEQ VACCINE	69	<i>sirolimus</i>	21
roweepra	26	SIRTURO	8
ROZLYTREK	20	SKYRIZI	49, 65
RUBRACA	20	<i>sodium acetate</i>	88
rufinamide	26	<i>sodium benzoate-sod</i>	
RUKOBIA	4	<i>phenylacet</i>	55
RUXIENCE	20	<i>sodium bicarbonate</i>	88
RYBELSUS	60	<i>sodium chloride</i>	55, 88
RYBREVANT	21	<i>sodium chloride 0.45 %</i>	88
RYDAPT	21	<i>sodium chloride 0.9 %</i>	55
RYLAZE	21	<i>sodium chloride 3 %</i>	
S		<i>hypertonic</i>	88
sajazir	85	<i>sodium chloride 5 %</i>	
salsalate	34	<i>hypertonic</i>	88
		sodium fluoride 5000 dry	
		<i>mouth</i>	56
		sodium fluoride 5000 plus	56
		sodium fluoride-pot nitrate	56
		sodium nitroprusside	49
		SODIUM OXYBATE	40
		sodium phenylbutyrate	55
		sodium phosphate	88
		sodium polystyrene sulfonate	55
		sodium,potassium,mag sulfates	
		.....	65
		SOLIQUA 100/33	60
		SOLTAMOX	21
		SOMATULINE DEPOT	21
		SOMAVERT	61
		sorafenib	21
		sorine	42
		sotalol	42
		sotalol af	42
		SPIRIVA RESPIMAT	85
		SPIRIVA WITH	
		HANDIHALER	85
		spironolactone	45
		spironolacton-	
		<i>hydrochlorothiaz</i>	45
		SPRAVATO	40
		sprintec (28)	78
		SPRITAM	26
		SPRYCEL	21
		sps (with sorbitol)	55
		sronyx	78
		ssd	51
		STEGLATRO	60
		STELARA	49, 50
		STIOLTO RESPIMAT	85
		STIVARGA	21
		STRENSIQ	61
		STREPTOMYCIN	8
		STRIBILD	4
		STRIVERDI RESPIMAT	85
		subvenite	27
		subvenite starter (blue) kit	27
		subvenite starter (green) kit	27
		subvenite starter (orange) kit	27
		SUCRAID	65
		sucralfate	66

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<i>sulfacetamide sodium</i>	80	<i>tarina fe 1-20 eq (28)</i>	78	<i>tilia fe</i>	78
<i>sulfacetamide sodium (acne)</i>	52	TASIGNA	21	<i>timolol maleate</i>	45, 79
<i>sulfacetamide-prednisolone</i>	.80	<i>tasimelteon</i>	40	<i>tinidazole</i>	8
<i>sulfadiazine</i>	11	<i>tazarotene</i>	51	<i>tiotropium bromide</i>	85
<i>sulfamethoxazole-trimethoprim</i>	11	<i>tazicef</i>	6	TIVDAK	22
<i>sulfasalazine</i>	65	<i>taztia xt</i>	45	TIVICAY	5
<i>sulindac</i>	34	TAZVERIK	21	TIVICAY PD	5
<i>sumatriptan</i>	28	TDVAX	69	<i>tizanidine</i>	30
<i>sumatriptan succinate</i>	28, 29	TECENTRIQ	21	TOBI PODHALER	8
<i>sunitinib malate</i>	21	TECVAYLI	22	TOBRADEX	80
SUNLENCA	4	TEFLARO	6	<i>tobramycin</i>	8, 79
<i>syeda</i>	78	TEKTURNA HCT	45	<i>tobramycin in 0.225 % nacl</i>	8
SYMBICORT	85	<i>telmisartan</i>	45	<i>tobramycin sulfate</i>	8
SYMDEKO	85	<i>telmisartanamlodipine</i>	45	<i>tobramycin-dexamethasone</i>	80
SYMJEPI	81	<i>telmisartanhydrochlorothiazid</i>	45	<i>tolterodine</i>	86
SYMLINPEN 120	60	TEMODAR	22	<i>tolvaptan</i>	62
SYMLINPEN 60	60	<i>temsirolimus</i>	22	<i>topiramate</i>	27
SYMPAZAN	27	TENIVAC (PF)	69	<i>topotecan</i>	22
SYMTUZA	4	<i>tenofovir disoproxil fumarate</i>	4	<i>toremifene</i>	22
SYNAGIS	4	TEPMETKO	22	<i>torsemide</i>	45
SYNAREL	61	<i>terazosin</i>	45	TOUJEO MAX U-300 SOLOSTAR	60
SYNJARDY	60	<i>terbinafine hcl</i>	2	TOUJEO SOLOSTAR U-300 INSULIN	60
SYNJARDY XR	60	<i>terbutaline</i>	85	<i>tramadol</i>	34
SYNRIBO	21	<i>terconazole</i>	76	<i>tramadol-acetaminophen</i>	34
T		<i>teriflunomide</i>	30	<i>trandolapril</i>	45
TABLOID	21	TERIPARATIDE	72	<i>trandolapril-verapamil</i>	45
TABRECTA	21	<i>testosterone</i>	62	<i>tranexamic acid</i>	76
<i>tacrolimus</i>	21, 51	<i>testosterone cypionate</i>	62	<i>tranylcypromine</i>	40
<i>tadalafil (pulmonary arterial hypertension) oral tablet</i>	20	<i>testosterone enanthate</i>	62	<i>travasol 10 %</i>	88
<i>mg</i>	85	TETANUS,DIPHTHERIA TOX PED(PF)	69	<i>travoprost</i>	80
TAFINLAR	21	<i>tetrabenazine</i>	30	TRAZIMERA	22
<i>tafluprost (pf)</i>	80	<i>tetracycline</i>	11	<i>trazodone</i>	40
TAGRISSO	21	THALOMID	22	TREANDA	22
TALTZ AUTOINJECTOR	50	THEO-24	85	TRECATOR	8
TALTZ AUTOINJECTOR (2 PACK)	50	<i>theophylline</i>	85	TRELEGY ELLIPTA	85
TALTZ AUTOINJECTOR (3 PACK)	50	<i>thioridazine</i>	40	TRELSTAR	22
TALTZ SYRINGE	50	<i>thiotepa</i>	22	<i>treprostinil sodium</i>	45
TALVEY	21	<i>thiothixene</i>	40	<i>tretinoin (antineoplastic)</i>	22
TALZENNA	21	<i>tiadylt er</i>	45	<i>tretinoin topical</i>	51
<i>tamoxifen</i>	21	<i>tiagabine</i>	27	<i>triamcinolone acetonide</i>	53, 56,
<i>tamsulosin</i>	86	TIBSOVO	22	57	
<i>tarina 24 fe</i>	78	TICE BCG	69	<i>triamterene-hydrochlorothiazid</i>	45
		TICOVAC	69	<i>triderm</i>	53
		<i>tigecycline</i>	8		

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<i>trientine</i>	55	<i>valrubicin</i>	22	<i>vilazodone</i>	41
<i>tri-estarrylla</i>	78	<i>valsartan</i>	45	<i>VIMIZIM</i>	62
<i>trifluoperazine</i>	40	<i>valsartan-hydrochlorothiazide</i>	45	<i>vinblastine</i>	22
<i>trifluridine</i>	79			<i>vincristine</i>	22
TRIJARDY XR	60	<i>VALTOCO</i>	27	<i>vinorelbine</i>	22
TRIKAFTA	85	<i>vancomycin</i>	9	<i>VIOKACE</i>	66
<i>tri-legest fe</i>	78	<i>VANCOMYCIN</i>	9	<i>viorele (28)</i>	78
<i>tri-linyah</i>	78	<i>VANCOMYCIN IN 0.9 %</i>		<i>VIRACEPT</i>	5
<i>tri-lo-estarrylla</i>	78	SODIUM CHL	9	<i>VIREAD</i>	5
<i>tri-lo-marzia</i>	78	<i>vandazole</i>	76	<i>VISTOGARD</i>	12
<i>tri-lo-sprintec</i>	78	<i>VANFLYTA</i>	22	<i>VITRAKVI</i>	22
<i>trimethoprim</i>	12	<i>VAQTA (PF)</i>	69	<i>VIVITROL</i>	34
<i>trimipramine</i>	40	<i>varenicline</i>	55	<i>VIZIMPRO</i>	23
TRINTELLIX	40	<i>VARIVAX (PF)</i>	69	<i>VONJO</i>	23
<i>tri-sprintec (28)</i>	78	<i>VARIZIG</i>	69	<i>voriconazole</i>	2
TRIUMEQ	5	<i>VARUBI</i>	65	<i>VOSEVI</i>	5
TRIUMEQ PD	5	<i>VASCEPA</i>	48	<i>VOTRIENT</i>	23
<i>trivora (28)</i>	78	<i>VECAMYL</i>	49	<i>VRAYLAR</i>	41
TRIZIVIR	5	<i>VECTIBIX</i>	22	<i>VUMERITY</i>	30
TRODELVY	22	<i>VEKLURY</i>	5	<i>VYNDAMAX</i>	49
TROGARZO	5	<i>veletri</i>	45	<i>VYXEOS</i>	23
TROPHAMINE 10 %	89	<i>velvet triphasic regimen (28)</i>		W	
<i>trospium</i>	86	.....	78	<i>warfarin</i>	47
TRULANCE	65	<i>VELPHORO</i>	55	<i>water for irrigation, sterile</i>	55
TRULICITY	60	<i>VELTASSA</i>	55	<i>WELIREG</i>	23
TRUMENBA	69	<i>VEMLIDY</i>	5	<i>wera (28)</i>	78
TUKYSA	22	<i>VENCLEXTA</i>	22	<i>wescap-pn dha</i>	89
TURALIO	22	<i>VENCLEXTA STARTING</i>		<i>wixela inh</i>	86
TWINRIX (PF)	69	PACK	22	X	
TYPHIM VI	69	<i>venlafaxine</i>	41	<i>XALKORI</i>	23
TYSABRI	30	<i>verapamil</i>	45	<i>XARELTO</i>	47
U		<i>VERQUVO</i>	49	<i>XARELTO DVT-PE TREAT</i>	
UBRELVY	29	<i>VERSACLOZ</i>	41	30D START	47
<i>unithroid</i>	62	<i>VERZENIO</i>	22	<i>XATMEP</i>	23
UNITUXIN	22	<i>vestura (28)</i>	78	<i>XCOPRI</i>	27
UPTRAVID	45	<i>V-GO 20</i>	71	<i>XCOPRI MAINTENANCE</i>	
<i>ursodiol</i>	65	<i>V-GO 30</i>	71	PACK	27
UZEDY	40, 41	<i>V-GO 40</i>	71	<i>XCOPRI TITRATION PACK</i>	
V		<i>VIBATIV</i>	9	.....	27
<i>valacyclovir</i>	5	<i>VIBERZI</i>	66	<i>XDEMVY</i>	80
VALCHLOR	51	<i>VICTOZA 2-PAK</i>	60	<i>XELJANZ</i>	75
<i>valganciclovir</i>	5	<i>VICTOZA 3-PAK</i>	60	<i>XELJANZ XR</i>	75
<i>valproate sodium</i>	27	<i>vienna</i>	78	<i>XERMELO</i>	23
<i>valproic acid</i>	27	<i>vigabatrin</i>	27	<i>XGEVA</i>	12
<i>valproic acid (as sodium salt)</i>		<i>vigadron</i>	27	<i>XIAFLEX</i>	55
	27	<i>VIIBRYD</i>	41	<i>XIFAXAN</i>	9

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XIGDUO XR.....	61	ZANOSAR	23	ZIRGAN	79
XIIDRA.....	80	ZARXIO	68	ZOLADEX	23
XOFLUZA	5	ZEGALOGUE		<i>zoledronic acid</i>	62
XOLAIR.....	86	AUTOINJECTOR	61	<i>zoledronic acid-mannitol-water</i>	
XOSPATA	23	ZEGALOGUE SYRINGE ...	61	.....	55, 62
XPOVIO.....	23	ZEJULA	23	ZOLINZA	23
XTANDI.....	23	ZELBORAF	23	<i>zolmitriptan</i>	29
xulane	76	<i>zenatane</i>	51	<i>zolpidem</i>	41
XYREM	41	ZENPEP	66	ZONISADE	27
Y		ZEPOSIA.....	30	<i>zonisamide</i>	27
YERVOY	23	ZEPOSIA STARTER KIT (28-		<i>zovia 1-35 (28)</i>	78
YF-VAX (PF).....	69	DAY)	30	ZTALMY	27
YONDELIS	23	ZEPOSIA STARTER PACK		ZUBSOLV	34
YONSA	23	(7-DAY)	30	<i>zumandimine (28)</i>	78
<i>yuvafem</i>	76	ZEPZELCA	23	ZYDELIG	23
Z		<i>zidovudine</i>	5	ZYKADIA	23
<i>zafemy</i>	76	ZIEXTENZO	68	ZYNLONTA	23
<i>zafirlukast</i>	86	<i>ziprasidone hcl</i>	41	ZYNYZ.....	23
<i>zaleplon</i>	41	<i>ziprasidone mesylate</i>	41	ZYPREXA RELPREVV	41
ZALTRAP	23	ZIRABEV.....	23		

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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 1-833-230-2020. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

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French Creole: Nou genyen sèvis entèprt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprt, jis rele nou nan 1-833-230-2020. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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