

# L2024 Cigna Healthcare Basic Drug List (Formulary)

Cigna Preferred Medicare (HMO)

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

This formulary was updated 4/4/2024. For more recent information or other questions, please contact Cigna Healthcare Customer Service. Contact information can be found on the back cover of this document. The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna Healthcare is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

**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 Cigna Healthcare. When it refers to “plan” or “our plan,” it means Cigna Preferred Medicare (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 4/4/2024. 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, 2025, and from time to time during the year.

**Important Message about What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service 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. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.



## What is the Cigna Healthcare Drug list?

A drug list is a list of covered drugs selected by Cigna Healthcare 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. Cigna Healthcare will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna Healthcare 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 Drug list (formulary) 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 Cigna Healthcare Drug list?”
- › **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list 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 drug list 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 drug list, 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 Cigna Healthcare Drug list?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 drug list is current as of 4/4/2024. To get updated information about the drugs covered by Cigna Healthcare please contact us. Our contact information appears on the front and back cover pages.

### **How do I use the Drug list?**

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

› **Medical Condition**

The drug list begins on page 1. The drugs in this drug list 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, HYPERTENSION / LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on 1. 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 after the List of Covered Drugs. The Index provides an alphabetical list of all 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?**

Cigna Healthcare 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:** Cigna Healthcare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill your prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.
- › **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total

quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).

- › **Step Therapy:** In some cases, Cigna Healthcare 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, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- › **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high- cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. 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 drug list, appears on the front and back cover pages.

You can ask Cigna Healthcare 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 Cigna Healthcare drug list?” on the next page for information about how to request an exception.

### **Options for Maintenance Medications**

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- › Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- › You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- › Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

### **How can I use my prescription drug coverage to save money on my medications?**

There may be opportunities for you to save money on your medications using your Cigna Healthcare coverage.

- › Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.

- › Some plans may offer a \$0 copay for Tier 1 and Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Refer to your Evidence of Coverage (EOC) Snapshot for your plan's specific cost-sharing amounts.
- › Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- › If your medication is not covered in the Cigna Healthcare drug list, talk with your doctor about alternative medications which are covered on the drug list.

### **What if my drug is not on the Drug list?**

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

If you learn that Cigna Healthcare does not cover your drug, you have two options:

- › You can ask Member Services for a list of similar drugs that are covered by Cigna Healthcare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Cigna Healthcare.
- › You can ask Cigna Healthcare 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 Cigna Healthcare Drug list?**

You can ask Cigna Healthcare 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 drug list. 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna Healthcare 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.
- › You can ask us to cover a drug list drug at a 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. This applies to the following circumstances:
  - › If the drug you are taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - › If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - › If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost sharing tier.

Generally, Cigna Healthcare will only approve your request for an exception if the alternative drugs included on the plan's drug list, 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 drug list, tier, or utilization restriction exception. **When you request a drug list, 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 drug list. Or you may be taking a drug that is on our drug list 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 drug list 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 *must be at least 90 days* you are a member of our plan.

For each of your drugs that is not on our drug list 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 drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna Healthcare will allow a onetime 31-day supply (unless the prescription is written for fewer days).

### **Cigna Healthcare's Drug List**

The drug list that begins on page 1 provides coverage information about the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins after the list of covered drugs.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 1 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

### **For more information**

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

If you have questions about Cigna Healthcare or your plan, please contact us. Our contact information, along with the date we last updated the drug list, appears on the back cover page.

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>.

### **Cigna Healthcare Drug list**

The drug list that begins on the next page provides coverage information about the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Index that begins after the List of Covered Drugs.

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

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

### **Your Costs**

The amount you pay for a covered drug will depend on:

- › Your coverage stage. Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your Summary of Benefits or Evidence of Coverage Snapshot for more information about your specific prescription drug benefit.
- › The drug tier for your drug. Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
- › If your plan includes additional benefits as noted on the Summary of Benefits or Evidence of Coverage Snapshot, you can find the lists of those covered benefits in the 2024 Formulary Addendum document included in your Benefits Booklet

**If you qualify for Extra Help:** Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may

receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

## Drug Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

Tier	Includes	Helpful Tips
<b>Tier 1:</b> Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Tier 1 drugs have the lowest cost-sharing amount.
<b>Tier 2:</b> Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some high-priced generic named drugs.	Drugs in Tier 2 generally have a lower cost-share amount than those in the non-preferred tier.
<b>Tier 3:</b> Non-Preferred Drugs	This tier includes non-preferred brand-name and non-preferred generic-named drugs.	Drugs in Tier 3 generally have a lower cost share than Tier 4. Drugs in this tier have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower cost drug may be right for you.
<b>Tier 4:</b> Specialty Drugs	This tier includes the highest cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact your pharmacist or prescriber.



## List of Abbreviations

**\***: Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.

**^**: This prescription drug has a prior authorization requirement. This drug may be covered under different benefits depending on circumstances.

**+**: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not apply to your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**B/D PA**: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

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

**PA**: This drug requires prior authorization.

**Part B**: Part B Covered Drug

**QL**: This drug has quantity limits.

**ST**: This drug has step therapy requirements.

**V**: This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

## 2024 Group Basic Formulary

### List of Covered Drugs - Effective 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET IV SUSP 5 MG/ML	3	PA
<i>amphotericin b injection recon soln 50 mg</i>	3	PA
<i>amphotericin b liposome iv susp for recon 50 mg</i>	4	PA
<i>casprofungin iv recon soln 50 mg</i>	4	PA
<i>casprofungin iv recon soln 70 mg</i>	3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAP 186 MG, 74.5 MG	4	
<i>fluconazole in nacl (iso-osm) iv piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole oral susp for recon 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tab 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral cap 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral susp 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tab 500 mg</i>	3	
<i>griseofulvin ultramicrosize oral tab 125 mg, 250 mg</i>	3	
<i>itraconazole oral cap 100 mg</i>	3	QL (120 EA per 30 days)
<i>itraconazole oral soln 10 mg/ml</i>	4	
<i>ketoconazole oral tab 200 mg</i>	1	
<i>miconazole iv recon soln 100 mg, 50 mg</i>	4	
<i>nystatin oral susp 100,000 unit/ml</i>	1	
<i>nystatin oral tab 500,000 unit</i>	2	
<i>posaconazole oral tab, delayed release (dr/ec) 100 mg</i>	4	QL (96 EA per 30 days)
<i>terbinafine hcl oral tab 250 mg</i>	1	
<i>voriconazole iv recon soln 200 mg</i>	4	PA
<i>voriconazole oral susp for recon 200 mg/5 ml (40 mg/ml)</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tab 200 mg, 50 mg</i>	3	
<b>ANTIVIRALS</b>		
<i>abacavir oral soln 20 mg/ml</i>	2	QL (960 ML per 30 days)
<i>abacavir oral tab 300 mg</i>	3	QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tab 600-300 mg</i>	2	QL (30 EA per 30 days)
<i>acyclovir oral cap 200 mg</i>	1	
<i>acyclovir oral susp 200 mg/5 ml</i>	3	
<i>acyclovir oral tab 400 mg, 800 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	3	B/D PA
<i>adefovir oral tab 10 mg</i>	3	
<i>amantadine hcl oral cap 100 mg</i>	2	
<i>amantadine hcl oral soln 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tab 100 mg</i>	2	
APRETUDE IM SUSP,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	
APTIVUS ORAL CAP 250 MG	4	QL (120 EA per 30 days)
<i>atazanavir oral cap 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir oral cap 200 mg</i>	2	QL (60 EA per 30 days)
BARACLUDE ORAL SOLN 0.05 MG/ML	4	QL (630 ML per 30 days)
BIKTARVY ORAL TAB 30-120-15 MG, 50-200-25 MG	4	
CABENUVA IM SUSP,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	
CIMDUO ORAL TAB 300-300 MG	4	
COMPLERA ORAL TAB 200-25-300 MG	4	QL (30 EA per 30 days)
<i>darunavir oral tab 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tab 800 mg</i>	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TAB 100-300-300 MG	4	
DESCOVY ORAL TAB 120-15 MG, 200-25 MG	4	QL (30 EA per 30 days)
DOVATO ORAL TAB 50-300 MG	4	
EDURANT ORAL TAB 25 MG	4	QL (30 EA per 30 days)
<i>efavirenz oral cap 200 mg</i>	3	QL (120 EA per 30 days)
<i>efavirenz oral cap 50 mg</i>	2	QL (180 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz oral tab 600 mg</i>	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tab 600-200-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tab 400-300-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tab 600-300-300 mg</i>	4	
<i>emtricitabine oral cap 200 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tab 100-150 mg, 167-250 mg, 200-300 mg</i>	3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tab 133-200 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLN 10 MG/ML	3	QL (680 ML per 28 days)
<i>entecavir oral tab 0.5 mg, 1 mg</i>	3	QL (30 EA per 30 days)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; QL (28 EA per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TAB 200-50 MG	4	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TAB 400-100 MG	4	PA; QL (28 EA per 28 days)
<i>etravirine oral tab 100 mg, 200 mg</i>	3	QL (60 EA per 30 days)
EVOTAZ ORAL TAB 300-150 MG	4	QL (30 EA per 30 days)
<i>famciclovir oral tab 125 mg, 250 mg, 500 mg</i>	2	QL (60 EA per 30 days)
<i>fosamprenavir oral tab 700 mg</i>	4	QL (120 EA per 30 days)
FUZEON SQ RECON SOLN 90 MG	4	QL (60 EA per 30 days)
GENVOYA ORAL TAB 150-150-200-10 MG	4	QL (30 EA per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56 EA per 28 days)
HARVONI ORAL TAB 45-200 MG	4	PA; QL (56 EA per 28 days)
HARVONI ORAL TAB 90-400 MG	4	PA; QL (28 EA per 28 days)
INTELENCE ORAL TAB 25 MG	3	QL (120 EA per 30 days)
ISENTRESS HD ORAL TAB 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60 EA per 30 days)
ISENTRESS ORAL TAB 400 MG	4	QL (120 EA per 30 days)
ISENTRESS ORAL TAB,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TAB,CHEWABLE 25 MG	2	QL (180 EA per 30 days)
JULUCA ORAL TAB 50-25 MG	4	

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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO (EUA) ORAL CAP 200 MG	2	QL (40 EA per 180 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (900 ML per 30 days)
<i>lamivudine oral tab 100 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral tab 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tab 150-300 mg</i>	2	QL (60 EA per 30 days)
LEXIVA ORAL SUSP 50 MG/ML	3	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral soln 400-100 mg/5 ml</i>	2	
<i>lopinavir-ritonavir oral tab 100-25 mg</i>	3	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tab 200-50 mg</i>	3	QL (120 EA per 30 days)
<i>maraviroc oral tab 150 mg</i>	4	QL (60 EA per 30 days)
<i>maraviroc oral tab 300 mg</i>	4	QL (120 EA per 30 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; QL (168 EA per 28 days)
MAVYRET ORAL TAB 100-40 MG	4	PA; QL (84 EA per 28 days)
<i>nevirapine oral susp 50 mg/5 ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tab 200 mg</i>	2	QL (60 EA per 30 days)
<i>nevirapine oral tab extended release 24 hr 100 mg</i>	3	QL (90 EA per 30 days)
<i>nevirapine oral tab extended release 24 hr 400 mg</i>	3	QL (30 EA per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TAB 200-25-25 MG	4	QL (30 EA per 30 days)
<i>oseltamivir oral cap 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir oral susp for recon 6 mg/ml</i>	2	
PAXLOVID ORAL TABS,DOSE PACK 150-100 MG*	2	QL (20 EA per 180 days)
PAXLOVID ORAL TABS,DOSE PACK 300 MG (150 MG X 2)-100 MG*	2	QL (30 EA per 180 days)
PIFELTRO ORAL TAB 100 MG	4	
PREVYMIS ORAL TAB 240 MG, 480 MG	4	QL (30 EA per 30 days)
PREZCOBIX ORAL TAB 800-150 MG-MG	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSP 100 MG/ML	4	QL (400 ML per 30 days)
PREZISTA ORAL TAB 150 MG	3	QL (240 EA per 30 days)
PREZISTA ORAL TAB 75 MG	2	QL (480 EA per 30 days)
RETROVIR IV SOLN 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (240 EA per 30 days)
<i>ribavirin oral cap 200 mg</i>	2	

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\*\$0 cost share for Paxlovid

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ribavirin oral tab 200 mg</i>	2	
<i>rimantadine oral tab 100 mg</i>	1	
<i>ritonavir oral tab 100 mg</i>	2	QL (360 EA per 30 days)
RUKOBIA ORAL TAB EXTENDED RELEASE 12 HR 600 MG	4	
SELZENTRY ORAL SOLN 20 MG/ML	4	
SELZENTRY ORAL TAB 25 MG	2	
SELZENTRY ORAL TAB 75 MG	4	
STRIBILD ORAL TAB 150-150-200-300 MG	4	QL (30 EA per 30 days)
SUNLENCA ORAL TAB 300 MG, 300 MG (4-TAB PACK)	4	
SUNLENCA SQ SOLN 309 MG/ML	4	
SYMTUZA ORAL TAB 800-150-200-10 MG	4	
<i>tenofovir disoproxil fumarate oral tab 300 mg</i>	3	QL (30 EA per 30 days)
TIVICAY ORAL TAB 10 MG	3	QL (60 EA per 30 days)
TIVICAY ORAL TAB 25 MG, 50 MG	4	QL (60 EA per 30 days)
TIVICAY PD ORAL TAB FOR SUSP 5 MG	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TAB 600-50-300 MG	4	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TAB FOR SUSP 60-5-30 MG	4	QL (300 EA per 30 days)
TRIZIVIR ORAL TAB 300-150-300 MG	4	QL (60 EA per 30 days)
TROGARZO IV SOLN 200 MG/1.33 ML (150 MG/ML)	4	
TYBOST ORAL TAB 150 MG	2	
<i>valacyclovir oral tab 1 g</i>	1	QL (120 EA per 30 days)
<i>valacyclovir oral tab 500 mg</i>	1	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tab 450 mg</i>	2	
VEKLURY IV RECON SOLN 100 MG	4	QL (4 EA per 180 days)
VEMLIDY ORAL TAB 25 MG	4	
VIRACEPT ORAL TAB 250 MG	4	QL (270 EA per 30 days)
VIRACEPT ORAL TAB 625 MG	3	QL (120 EA per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/G)	4	QL (240 GM per 30 days)
VIREAD ORAL TAB 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI ORAL TAB 400-100-100 MG	4	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TAB 40 MG, 80 MG	3	
<i>zidovudine oral cap 100 mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	2	QL (1680 ML per 28 days)
<i>zidovudine oral tab 300 mg</i>	2	QL (60 EA per 30 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral cap 250 mg, 500 mg</i>	1	
<i>cefaclor oral susp for recon 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tab extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral cap 500 mg</i>	2	
<i>cefadroxil oral susp for recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tab 1 g</i>	2	
CEFAZOLIN IN DEXTROSE (ISO-OS) IV PIGGYBACK 1 G/50 ML, 2 G/100 ML, 2 G/50 ML	3	
<i>cefazolin injection recon soln 1 g, 10 g, 100 g, 2 g, 300 g, 500 mg</i>	3	
<i>cefazolin iv recon soln 1 g, 3 g</i>	3	
CEFAZOLIN IV RECON SOLN 2 G	3	
<i>cefdinir oral cap 300 mg</i>	1	
<i>cefdinir oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	2	
CEFEPIME IN DEXTROSE 5 % IV PIGGYBACK 1 G/50 ML, 2 G/50 ML	3	
CEFEPIME IN DEXTROSE,ISO-OSM IV PIGGYBACK 1 G/50 ML, 2 G/100 ML	3	
<i>cefepime injection recon soln 1 g, 2 g</i>	3	
<i>cefepime iv recon soln 100 g</i>	3	PA
<i>cefixime oral cap 400 mg</i>	3	
<i>cefixime oral susp for recon 100 mg/5 ml, 200 mg/5 ml</i>	3	
CEFOXITIN IN DEXTROSE, ISO-OSM IV PIGGYBACK 1 G/50 ML, 2 G/50 ML	3	PA
<i>cefoxitin iv recon soln 1 g, 10 g, 2 g</i>	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefpodoxime oral susp for recon 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tab 100 mg, 200 mg</i>	1	
<i>cefprozil oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tab 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 g, 2 g, 6 g</i>	3	PA
<i>ceftriaxone in dextrose,iso-os iv piggyback 1 g/50 ml, 2 g/50 ml</i>	3	
<i>ceftriaxone injection recon soln 1 g, 10 g, 100 g, 2 g, 250 mg, 500 mg</i>	3	
<i>ceftriaxone iv recon soln 1 g, 2 g</i>	3	
<i>cefuroxime axetil oral tab 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA
<i>cefuroxime sodium iv recon soln 1.5 g, 7.5 g</i>	3	PA
<i>cephalexin oral cap 250 mg, 500 mg</i>	1	
<i>cephalexin oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>tazicef injection recon soln 1 g, 2 g, 6 g</i>	3	PA
<i>tazicef iv recon soln 1 g, 2 g</i>	3	PA
TEFLARO IV RECON SOLN 400 MG, 600 MG	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin iv recon soln 500 mg</i>	3	PA
AZITHROMYCIN ORAL PACKET 1 G	2	
<i>azithromycin oral susp for recon 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tab 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tab 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tab extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSP FOR RECON 40 MG/ML	4	QL (136 ML per 10 days)
DIFICID ORAL TAB 200 MG	4	QL (20 EA per 10 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ery-tab oral tab, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tab 250 mg</i>	3	
<i>erythrocin iv recon soln 500 mg</i>	3	PA
<i>erythromycin ethylsuccinate oral susp for recon 200 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tab 400 mg</i>	2	
<i>erythromycin oral tab 250 mg, 500 mg</i>	3	
<i>erythromycin oral tab, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tab 200 mg</i>	4	
<i>amikacin injection soln 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA
ARIKAYCE INH SUSP FOR NEB 590 MG/8.4 ML	4	PA; LA
<i>atovaquone oral susp 750 mg/5 ml</i>	3	
<i>atovaquone-proguanil oral tab 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 g</i>	2	PA
<i>aztreonam injection recon soln 2 g</i>	4	PA
<i>bacitracin im recon soln 50,000 unit</i>	3	
CAYSTON INH SOLN FOR NEB 75 MG/ML	4	PA; LA; QL (84 ML per 28 days)
<i>chloramphenicol sod succinate iv recon soln 1 g</i>	3	
<i>chloroquine phosphate oral tab 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral cap 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR IV PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	PA
<i>clindamycin in 5 % dextrose iv piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	3	PA
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	3	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	3	
<i>clindamycin phosphate injection soln 150 (mg/ml) (6 ml), 150 mg/ml</i>	3	PA
COARTEM ORAL TAB 20-120 MG	3	QL (24 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	PA
<i>cycloserine oral cap 250 mg</i>	4	
<i>dapsone oral tab 100 mg, 25 mg</i>	2	
DAPTOMYCIN IN 0.9 % SOD CHLOR IV PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	4	
<i>daptomycin iv recon soln 350 mg, 500 mg</i>	4	
<i>emverm oral tab,chewable 100 mg</i>	4	
<i>ertapenem injection recon soln 1 g</i>	3	
<i>ethambutol oral tab 100 mg, 400 mg</i>	2	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL (450 ML per 10 days)
<i>gentamicin in nacl (iso-osm) iv piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	3	PA
<i>gentamicin injection soln 40 mg/ml</i>	3	PA
<i>gentamicin sulfate (ped) (pf) injection soln 20 mg/2 ml</i>	3	PA
<i>hydroxychloroquine oral tab 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin iv recon soln 250 mg, 500 mg</i>	3	
<i>isoniazid oral soln 50 mg/5 ml</i>	3	
<i>isoniazid oral tab 100 mg, 300 mg</i>	1	
<i>ivermectin oral tab 3 mg</i>	2	PA
<i>lincomycin injection soln 300 mg/ml</i>	3	PA
<i>linezolid in dextrose 5% iv piggyback 600 mg/300 ml</i>	3	PA
<i>linezolid oral susp for recon 100 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>linezolid oral tab 600 mg</i>	3	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE IV PARENT. SOLN 600 MG/300 ML	3	PA
<i>mefloquine oral tab 250 mg</i>	1	
<i>meropenem iv recon soln 1 g, 500 mg</i>	3	
MEROPENEM-0.9% SODIUM CHLORIDE IV PIGGYBACK 1 G/50 ML, 500 MG/50 ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METRO I.V. IV PIGGYBACK 500 MG/100 ML	3	PA
<i>metronidazole in nacl (iso-os) iv piggyback 500 mg/100 ml</i>	3	PA
<i>metronidazole oral tab 250 mg, 500 mg</i>	1	
<i>neomycin oral tab 500 mg</i>	1	
<i>nitazoxanide oral tab 500 mg</i>	4	QL (20 EA per 10 days)
ORBACTIV IV RECON SOLN 400 MG	4	PA; QL (3 EA per 30 days)
<i>paromomycin oral cap 250 mg</i>	3	
<i>pentamidine inh recon soln 300 mg</i>	2	B/D PA; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	2	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	3	PA
<i>praziquantel oral tab 600 mg</i>	3	
PRIFTIN ORAL TAB 150 MG	3	
<i>primaquine oral tab 26.3 mg</i>	2	
<i>pyrazinamide oral tab 500 mg</i>	3	
<i>pyrimethamine oral tab 25 mg</i>	4	PA
<i>quinine sulfate oral cap 324 mg</i>	3	PA; QL (42 EA per 7 days)
<i>rifabutin oral cap 150 mg</i>	3	
<i>rifampin iv recon soln 600 mg</i>	4	
<i>rifampin oral cap 150 mg, 300 mg</i>	1	
SIRTURO ORAL TAB 100 MG	4	PA; LA
SIRTURO ORAL TAB 20 MG	3	PA; LA
SIVEXTRO IV RECON SOLN 200 MG	4	PA; QL (6 EA per 28 days)
SIVEXTRO ORAL TAB 200 MG	4	QL (6 EA per 28 days)
<i>streptomycin im recon soln 1 g</i>	4	PA
<i>tigecycline iv recon soln 50 mg</i>	4	PA
<i>tobramycin in 0.225 % nacl inh soln for neb 300 mg/5 ml</i>	4	B/D PA; QL (280 ML per 28 days)
<i>tobramycin sulfate injection recon soln 1.2 g</i>	3	PA
<i>tobramycin sulfate injection soln 10 mg/ml, 40 mg/ml</i>	3	PA
TRECTOR ORAL TAB 250 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN 0.9 % SODIUM CHL IV PIGGYBACK 1 G/200 ML, 500 MG/100 ML, 750 MG/150 ML	3	
VANCOMYCIN IN DEXTROSE 5 % IV PIGGYBACK 1 G/200 ML, 500 MG/100 ML, 750 MG/150 ML	3	
<i>vancomycin injection recon soln 100 g</i>	3	
<i>vancomycin iv recon soln 1,000 mg, 1.25 g, 10 g, 5 g, 500 mg, 750 mg</i>	3	
VANCOMYCIN IV RECON SOLN 1.5 G	3	
<i>vancomycin oral cap 125 mg</i>	2	PA; QL (40 EA per 10 days)
<i>vancomycin oral cap 250 mg</i>	2	PA; QL (80 EA per 10 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	3	QL (450 ML per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 IV PIGGYBACK 1 G/200 ML, 1.25 G/250 ML, 1.5 G/300 ML, 1.75 G/350 ML, 2 G/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
XIFAXAN ORAL TAB 550 MG	4	PA; QL (90 EA per 30 days)
<b>PENICILLINS</b>		
<i>amoxicillin oral cap 250 mg, 500 mg</i>	1	
<i>amoxicillin oral susp for recon 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tab 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tab, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral susp for recon 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tab extended release 12 hr 1,000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tab, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral cap 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 g, 10 g, 125 mg, 2 g, 250 mg, 500 mg</i>	3	PA
<i>ampicillin sodium iv recon soln 1 g, 2 g</i>	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin-sulbactam injection recon soln 1.5 g, 15 g, 3 g</i>	3	PA
<i>ampicillin-sulbactam iv recon soln 1.5 g, 3 g</i>	3	PA
AUGMENTIN ORAL SUSP FOR RECON 125-31.25 MG/5 ML	4	
BICILLIN L-A IM SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral cap 250 mg, 500 mg</i>	1	
NAFCILLIN IN DEXTROSE ISO-OSM IV PIGGYBACK 1 G/50 ML, 2 G/100 ML	3	PA
<i>nafcillin injection recon soln 1 g, 10 g, 2 g</i>	3	PA
<i>nafcillin iv recon soln 2 g</i>	3	PA
<i>oxacillin injection recon soln 1 g, 10 g, 2 g</i>	3	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	3	PA
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tab 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	3	PA
<i>piperacillin-tazobactam iv recon soln 13.5 g, 2.25 g, 3.375 g, 4.5 g, 40.5 g</i>	3	
ZOSYN IN DEXTROSE (ISO-OSM) IV PIGGYBACK 2.25 G/50 ML, 3.375 G/50 ML, 4.5 G/100 ML	3	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tab 100 mg</i>	2	
<i>ciprofloxacin hcl oral tab 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose iv piggyback 200 mg/100 ml, 400 mg/200 ml</i>	3	PA
<i>ciprofloxacin oral susp,microcap recon 500 mg/5 ml</i>	3	
<i>levofloxacin in d5w iv piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	3	PA
<i>levofloxacin oral soln 250 mg/10 ml</i>	3	
<i>levofloxacin oral tab 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tab 400 mg</i>	3	

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MOXIFLOXACIN-SOD.ACE,SUL-WATER IV PIGGYBACK 400 MG/250 ML	3	PA
<i>moxifloxacin-sod.chloride(iso) iv piggyback 400 mg/250 ml</i>	3	PA
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tab 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5 ml</i>	3	PA
<i>sulfamethoxazole-trimethoprim oral susp 200-40 mg/5 ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tab 400-80 mg, 800-160 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tab 150 mg, 300 mg</i>	3	
<i>doxy-100 iv recon soln 100 mg</i>	3	PA
<i>doxycycline hyclate iv recon soln 100 mg</i>	3	PA
<i>doxycycline hyclate oral cap 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tab 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral cap 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral cap,ir - delay rel,biphase 40 mg</i>	3	
<i>doxycycline monohydrate oral susp for recon 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tab 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral cap 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tab 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral cap 100 mg</i>	1	
NUZYRA IV RECON SOLN 100 MG	4	PA
NUZYRA ORAL TAB 150 MG	4	
<i>tetracycline oral cap 250 mg, 500 mg</i>	1	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 g</i>	3	
<i>methenamine hippurate oral tab 1 g</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal oral cap 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral cap 100 mg</i>	2	
<i>trimethoprim oral tab 100 mg</i>	1	

### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

#### ADJUNCTIVE AGENTS

<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	3	
<i>leucovorin calcium injection soln 10 mg/ml</i>	3	
<i>leucovorin calcium oral tab 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna iv soln 100 mg/ml</i>	3	B/D PA
MESNEX ORAL TAB 400 MG	4	
XGEVA SQ SOLN 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1.7 ML per 28 days)

#### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tab 250 mg</i>	4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tab 500 mg</i>	4	PA; QL (60 EA per 30 days)
ABRAXANE IV SUSP FOR RECON 100 MG	4	PA; ^
ADCETRIS IV RECON SOLN 50 MG	4	PA; ^
<i>adstiladrin intravesical susp 3x10exp11 vp/ml</i>	4	PA; QL (4 EA per 90 days)
AKEEGA ORAL TAB 100-500 MG, 50-500 MG	4	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAP 150 MG	4	PA; QL (240 EA per 30 days)
ALIQOPA IV RECON SOLN 60 MG	4	PA; ^
ALUNBRIG ORAL TAB 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TAB 30 MG	4	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; QL (60 EA per 365 days)
<i>anastrozole oral tab 1 mg</i>	1	
<i>arsenic trioxide iv soln 1 mg/ml, 2 mg/ml</i>	4	B/D PA
AUGTYRO ORAL CAP 40 MG	4	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TAB 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	4	B/D PA
<i>azathioprine oral tab 100 mg, 75 mg</i>	2	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azathioprine oral tab 50 mg</i>	1	B/D PA
<i>azathioprine sodium injection recon soln 100 mg</i>	3	B/D PA
BALVERSA ORAL TAB 3 MG, 4 MG, 5 MG	4	PA; LA
BAVENCIO IV SOLN 20 MG/ML	4	PA; ^
BELEODAQ IV RECON SOLN 500 MG	4	B/D PA
<i>bendamustine iv recon soln 100 mg, 25 mg</i>	4	B/D PA
<i>bendamustine iv soln 25 mg/ml</i>	4	B/D PA
BENDEKA IV SOLN 25 MG/ML	4	B/D PA
BESPOUSA IV RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA; ^
<i>bexarotene oral cap 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA
<i>bicalutamide oral tab 50 mg</i>	1	
BLENREP IV RECON SOLN 100 MG	4	PA; ^
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	3	B/D PA
BLINCYTO IV KIT 35 MCG	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG, 3.5 MG	4	PA; ^
BORTEZOMIB IV RECON SOLN 3.5 MG	4	PA; ^
BOSULIF ORAL CAP 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL CAP 50 MG	4	PA; QL (30 EA per 30 days)
BOSULIF ORAL TAB 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL TAB 400 MG, 500 MG	4	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAP 75 MG	4	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAP 80 MG	4	PA; LA
BUSULFAN IV SOLN 60 MG/10 ML	4	B/D PA
CABOMETYX ORAL TAB 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TAB 100 MG	4	PA; LA; QL (60 EA per 30 days)
CALQUENCE ORAL CAP 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TAB 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TAB 300 MG	4	PA; LA; QL (30 EA per 30 days)
<i>carboplatin iv soln 10 mg/ml</i>	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>carmustine iv recon soln 100 mg</i>	3	B/D PA
<i>cisplatin iv soln 1 mg/ml</i>	3	B/D PA
<i>cladribine iv soln 10 mg/10 ml</i>	3	B/D PA
<i>clofarabine iv soln 1 mg/ml</i>	3	B/D PA
COLUMVI IV SOLN 1 MG/ML	4	PA; QL (30 ML per 21 days)
COMETRIQ ORAL CAP 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAP 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAP 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAP 15 MG, 25 MG	4	PA; LA; QL (60 EA per 30 days)
COSMEGEN IV RECON SOLN 0.5 MG	4	B/D PA
COTELLIC ORAL TAB 20 MG	4	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide iv recon soln 1 g, 2 g, 500 mg</i>	4	B/D PA
CYCLOPHOSPHAMIDE IV SOLN 200 MG/ML	4	B/D PA
<i>cyclophosphamide iv soln 500 mg/ml</i>	4	B/D PA
<i>cyclophosphamide oral cap 25 mg, 50 mg</i>	2	B/D PA
<i>cyclophosphamide oral tab 25 mg</i>	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TAB 50 MG	2	B/D PA
<i>cyclosporine iv soln 250 mg/5 ml</i>	3	B/D PA
<i>cyclosporine modified oral cap 100 mg, 25 mg, 50 mg</i>	3	B/D PA
<i>cyclosporine modified oral soln 100 mg/ml</i>	3	B/D PA
<i>cyclosporine oral cap 100 mg, 25 mg</i>	3	B/D PA
CYRAMZA IV SOLN 10 MG/ML	4	PA; ^
<i>cytarabine (pf) injection soln 100 mg/5 ml (20 mg/ml), 2 g/20 ml (100 mg/ml), 20 mg/ml</i>	3	B/D PA
<i>cytarabine injection soln 20 mg/ml</i>	3	B/D PA
<i>dacarbazine iv recon soln 100 mg, 200 mg</i>	3	B/D PA
<i>dactinomycin iv recon soln 0.5 mg</i>	3	B/D PA
DANYELZA IV SOLN 4 MG/ML	4	PA; ^
DARZALEX FASPRO SQ SOLN 1,800 MG-30,000 UNIT/15 ML	4	PA; ^

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX IV SOLN 20 MG/ML	4	PA; ^
<i>daunorubicin iv soln 5 mg/ml</i>	3	B/D PA
DAURISMO ORAL TAB 100 MG	4	PA; QL (30 EA per 30 days)
DAURISMO ORAL TAB 25 MG	4	PA; QL (60 EA per 30 days)
<i>decitabine iv recon soln 50 mg</i>	4	B/D PA
<i>docetaxel iv soln 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>docetaxel iv soln 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA
<i>doxorubicin iv recon soln 50 mg</i>	3	B/D PA
<i>doxorubicin iv soln 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA
<i>doxorubicin, peg-liposomal iv susp 2 mg/ml</i>	4	B/D PA
DROXIA ORAL CAP 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SQ SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SQ SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SQ SYRINGE 45 MG	3	PA
ELIGARD SQ SYRINGE 7.5 MG (1 MONTH)	3	PA
ELREXFIO SQ SOLN 40 MG/ML	4	PA
ELZONRIS IV SOLN 1,000 MCG/ML	4	PA; ^
EMCYT ORAL CAP 140 MG	4	
EMPLICITI IV RECON SOLN 300 MG	3	PA; ^
EMPLICITI IV RECON SOLN 400 MG	4	PA; ^
ENHERTU IV RECON SOLN 100 MG	4	PA; ^
ENVARBUS XR ORAL TAB EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA
<i>epirubicin iv soln 200 mg/100 ml, 50 mg/25 ml</i>	3	B/D PA
EPKINLY SQ SOLN 4 MG/0.8 ML, 48 MG/0.8 ML	4	PA
ERBITUX IV SOLN 100 MG/50 ML, 200 MG/100 ML	4	B/D PA
ERIVEDGE ORAL CAP 150 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TAB 240 MG, 60 MG	4	PA; QL (120 EA per 30 days)
<i>erlotinib oral tab 100 mg, 150 mg</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tab 25 mg</i>	4	PA; QL (60 EA per 30 days)
ETOPOPHOS IV RECON SOLN 100 MG	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>etoposide iv soln 20 mg/ml</i>	2	B/D PA
<i>everolimus (antineoplastic) oral tab 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tab for susp 2 mg</i>	4	PA; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tab for susp 3 mg, 5 mg</i>	4	PA; QL (56 EA per 28 days)
<i>everolimus (immunosuppressive) oral tab 0.25 mg</i>	3	B/D PA
<i>everolimus (immunosuppressive) oral tab 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA
EVOMELA IV RECON SOLN 50 MG	4	PA; ^
<i>exemestane oral tab 25 mg</i>	1	
EXKIVITY ORAL CAP 40 MG	4	PA; LA; QL (120 EA per 30 days)
FARYDAK ORAL CAP 10 MG, 15 MG, 20 MG	4	PA; QL (6 EA per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SQ RECON SOLN 120 MG	4	B/D PA
FIRMAGON KIT W DILUENT SYRINGE SQ RECON SOLN 80 MG	3	B/D PA
<i>floxuridine injection recon soln 0.5 g</i>	3	B/D PA
<i>fludarabine iv recon soln 50 mg</i>	3	B/D PA
<i>fludarabine iv soln 50 mg/2 ml</i>	3	B/D PA
<i>fluorouracil iv soln 1 g/20 ml, 2.5 g/50 ml, 5 g/100 ml, 500 mg/10 ml</i>	3	B/D PA
FOLOTYN IV SOLN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA
FOTIVDA ORAL CAP 0.89 MG, 1.34 MG	4	PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAP 1 MG	4	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAP 5 MG	4	PA; QL (21 EA per 28 days)
<i>fulvestrant im syringe 250 mg/5 ml</i>	4	B/D PA
FYARRO IV SUSP FOR RECON 100 MG	4	PA; LA
GAVRETO ORAL CAP 100 MG	4	PA; LA; QL (120 EA per 30 days)
GAZYVA IV SOLN 1,000 MG/40 ML	4	PA; ^
<i>gefitinib oral tab 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>gemcitabine iv recon soln 1 g, 2 g, 200 mg</i>	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine iv soln 1 g/26.3 ml (38 mg/ml), 100 mg/ml, 2 g/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	3	B/D PA
<i>gengraf oral cap 100 mg, 25 mg</i>	3	B/D PA
<i>gengraf oral soln 100 mg/ml</i>	3	B/D PA
GILOTRIF ORAL TAB 20 MG, 30 MG, 40 MG	4	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAP 10 MG, 100 MG, 40 MG	3	
HALAVEN IV SOLN 1 MG/2 ML (0.5 MG/ML)	4	PA; ^
<i>hydroxyurea oral cap 500 mg</i>	1	
IBRANCE ORAL CAP 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
IBRANCE ORAL TAB 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TAB 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
<i>idarubicin iv soln 1 mg/ml</i>	3	B/D PA
IDHIFA ORAL TAB 100 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ifosfamide iv recon soln 1 g</i>	3	B/D PA
IFOSFAMIDE IV RECON SOLN 3 G	3	B/D PA
<i>ifosfamide iv soln 1 g/20 ml, 3 g/60 ml</i>	3	B/D PA
<i>imatinib oral tab 100 mg</i>	4	PA; QL (180 EA per 30 days)
<i>imatinib oral tab 400 mg</i>	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAP 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAP 70 MG	4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSP 70 MG/ML	4	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TAB 140 MG, 280 MG, 420 MG	4	PA; QL (30 EA per 30 days)
IMFINZI IV SOLN 50 MG/ML	4	PA; ^
IMJUDO IV SOLN 20 MG/ML	4	PA; LA
INFUGEM IV PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	4	B/D PA
INLYTA ORAL TAB 1 MG	4	PA; QL (180 EA per 30 days)
INLYTA ORAL TAB 5 MG	4	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INQOVI ORAL TAB 35-100 MG	4	PA; QL (5 EA per 28 days)
INREBIC ORAL CAP 100 MG	4	PA; LA; QL (120 EA per 30 days)
<i>irinotecan iv soln 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	3	B/D PA
IWILFIN ORAL TAB 192 MG	4	PA; LA; QL (240 EA per 30 days)
IXEMPRA IV RECON SOLN 15 MG, 45 MG	4	B/D PA
JAKAFI ORAL TAB 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TAB 100 MG, 50 MG	4	PA
JEMPERLI IV SOLN 50 MG/ML	4	PA; ^
JEVTANA IV SOLN 10 MG/ML (FIRST DILUTION)	4	B/D PA
KADCYLA IV RECON SOLN 100 MG, 160 MG	4	PA; ^
<i>kemoplat iv soln 1 mg/ml</i>	3	B/D PA
KEYTRUDA IV SOLN 25 MG/ML	4	PA; ^
KIMMTRAK IV SOLN 100 MCG/0.5 ML	4	PA; ^
KISQALI FEMARA CO-PACK ORAL TAB 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TAB 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TAB 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 EA per 28 days)
KISQALI ORAL TAB 200 MG/DAY (200 MG X 1)	4	PA; QL (21 EA per 28 days)
KISQALI ORAL TAB 400 MG/DAY (200 MG X 2)	4	PA; QL (42 EA per 28 days)
KISQALI ORAL TAB 600 MG/DAY (200 MG X 3)	4	PA; QL (63 EA per 28 days)
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	ST; QL (5 EA per 30 days)
KOSELUGO ORAL CAP 10 MG	4	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAP 25 MG	4	PA; QL (120 EA per 30 days)
KRAZATI ORAL TAB 200 MG	4	PA; QL (180 EA per 30 days)
KYPROLIS IV RECON SOLN 10 MG, 30 MG, 60 MG	4	B/D PA
<i>lapatinib oral tab 250 mg</i>	4	PA; QL (180 EA per 30 days)
<i>lenalidomide oral cap 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; QL (28 EA per 28 days)
LENALIDOMIDE ORAL CAP 2.5 MG, 20 MG	4	PA; QL (28 EA per 28 days)
LENVIMA ORAL CAP 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAP 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAP 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 EA per 30 days)
<i>letrozole oral tab 2.5 mg</i>	1	
LEUKERAN ORAL TAB 2 MG	3	
<i>leuprolide (3 month) im susp for recon 22.5 mg</i>	3	PA
<i>leuprolide sq kit 1 mg/0.2 ml</i>	3	PA
LIBTAYO IV SOLN 50 MG/ML	4	PA; ^
LONSURF ORAL TAB 15-6.14 MG	4	PA; QL (100 EA per 28 days)
LONSURF ORAL TAB 20-8.19 MG	4	PA; QL (80 EA per 28 days)
LOQTORZI IV SOLN 240 MG/6 ML (40 MG/ML)	4	PA
LORBRENA ORAL TAB 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TAB 25 MG	4	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TAB 120 MG	4	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TAB 320 MG	4	PA; QL (90 EA per 30 days)
LUNSUMIO IV SOLN 1 MG/ML	4	PA; LA
LUPRON DEPOT (3 MONTH) IM SYRINGE KIT 11.25 MG, 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH) IM SYRINGE KIT 30 MG	3	PA
LUPRON DEPOT (6 MONTH) IM SYRINGE KIT 45 MG	3	PA
LUPRON DEPOT IM SYRINGE KIT 3.75 MG, 7.5 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) IM SYRINGE KIT 11.25 MG	3	PA
LUPRON DEPOT-PED (3 MONTH) IM SYRINGE KIT 30 MG	4	PA
LUPRON DEPOT-PED IM KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA
LUPRON DEPOT-PED IM SYRINGE KIT 45 MG	3	PA
LYNPARZA ORAL TAB 100 MG, 150 MG	4	PA; QL (120 EA per 30 days)
LYSODREN ORAL TAB 500 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TAB 4 MG	4	PA; LA; QL (90 EA per 30 days)
LYTGOBI ORAL TAB 4 MG (4X 4 MG TB)	4	PA; LA; QL (120 EA per 30 days)
LYTGOBI ORAL TAB 4 MG (5X 4 MG TB)	4	PA; LA; QL (150 EA per 30 days)
MARGENZA IV SOLN 25 MG/ML	4	PA; ^
MATULANE ORAL CAP 50 MG	4	
<i>megestrol oral susp 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	2	PA
<i>megestrol oral tab 20 mg, 40 mg</i>	2	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; QL (1350 ML per 30 days)
MEKINIST ORAL TAB 0.5 MG	4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TAB 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TAB 15 MG	4	PA; LA; QL (180 EA per 30 days)
<i>melphalan hcl iv recon soln 50 mg</i>	4	B/D PA
<i>melphalan oral tab 2 mg</i>	3	B/D PA
<i>mercaptopurine oral tab 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 g</i>	3	B/D PA
<i>methotrexate sodium (pf) injection soln 25 mg/ml</i>	3	B/D PA
<i>methotrexate sodium injection soln 25 mg/ml</i>	3	B/D PA
<i>methotrexate sodium oral tab 2.5 mg</i>	1	
<i>mitomycin iv recon soln 20 mg, 40 mg, 5 mg</i>	4	B/D PA
<i>mitoxantrone iv concentrate 2 mg/ml</i>	3	B/D PA
MONJUVI IV RECON SOLN 200 MG	4	PA; ^
<i>mycophenolate mofetil (hcl) iv recon soln 500 mg</i>	3	B/D PA
<i>mycophenolate mofetil oral cap 250 mg</i>	1	B/D PA
<i>mycophenolate mofetil oral susp for recon 200 mg/ml</i>	4	B/D PA
<i>mycophenolate mofetil oral tab 500 mg</i>	1	B/D PA
<i>mycophenolate sodium oral tab, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA
MYLOTARG IV RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; ^
<i>nelarabine iv soln 250 mg/50 ml</i>	4	B/D PA
NERLYNX ORAL TAB 40 MG	4	PA; LA
<i>nilutamide oral tab 150 mg</i>	4	

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NINLARO ORAL CAP 2.3 MG, 3 MG, 4 MG	4	PA; QL (3 EA per 28 days)
NIPENT IV RECON SOLN 10 MG	3	B/D PA
NUBEQA ORAL TAB 300 MG	4	PA; LA; QL (120 EA per 30 days)
NULOJIX IV RECON SOLN 250 MG	4	B/D PA
<i>octreotide acetate injection soln 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA
<i>octreotide acetate injection soln 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	3	PA
ODOMZO ORAL CAP 200 MG	4	PA; LA; QL (30 EA per 30 days)
OJJAARA ORAL TAB 100 MG, 150 MG, 200 MG	4	PA; QL (30 EA per 30 days)
ONCASPAR INJECTION SOLN 750 UNIT/ML	4	B/D PA
ONIVYDE IV DISPERSION 4.3 MG/ML	4	PA; ^
ONUREG ORAL TAB 200 MG, 300 MG	4	PA; QL (14 EA per 28 days)
OPDIVO IV SOLN 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; ^
OPDUALAG IV SOLN 240-80 MG/20 ML	4	PA; ^
ORGOVYX ORAL TAB 120 MG	4	PA; LA; QL (30 EA per 28 days)
ORSERDU ORAL TAB 345 MG, 86 MG	4	PA
<i>oxaliplatin iv recon soln 100 mg, 50 mg</i>	3	B/D PA
<i>oxaliplatin iv soln 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA
<i>paclitaxel iv concentrate 6 mg/ml</i>	3	B/D PA
PACLITAXEL PROTEIN-BOUND IV SUSP FOR RECON 100 MG	4	PA; ^
PADCEV IV RECON SOLN 20 MG, 30 MG	4	PA; ^
<i>pazopanib oral tab 200 mg</i>	4	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TAB 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14 EA per 21 days)
<i>pemetrexed disodium iv recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	4	PA; ^
PERJETA IV SOLN 420 MG/14 ML (30 MG/ML)	4	PA; ^
PHESGO SQ SOLN 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; ^

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PIQRAY ORAL TAB 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY IV RECON SOLN 140 MG, 30 MG	4	PA; ^
POMALYST ORAL CAP 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (21 EA per 28 days)
PORTRAZZA IV SOLN 800 MG/50 ML (16 MG/ML)	3	B/D PA
POTELIGEO IV SOLN 4 MG/ML	4	PA; ^
PRALATREXATE IV SOLN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA
PROGRAF IV SOLN 5 MG/ML	3	B/D PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA
PURIXAN ORAL SUSP 20 MG/ML	3	
QINLOCK ORAL TAB 50 MG	4	PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAP 40 MG	4	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAP 80 MG	4	PA; LA; QL (120 EA per 30 days)
REVLIMID ORAL CAP 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28 EA per 28 days)
REZLIDHIA ORAL CAP 150 MG	4	PA; QL (60 EA per 30 days)
REZUROCK ORAL TAB 200 MG	4	PA; LA; QL (30 EA per 30 days)
<i>romidepsin iv recon soln 10 mg/2 ml</i>	4	PA; ^
ROMIDEPSIN IV SOLN 5 MG/ML	4	PA; ^
ROZLYTREK ORAL CAP 100 MG	4	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAP 200 MG	4	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; QL (360 EA per 30 days)
RUBRACA ORAL TAB 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120 EA per 30 days)
RUXIENCE IV SOLN 10 MG/ML	4	PA; ^
RYBREVANT IV SOLN 50 MG/ML	4	PA; ^
RYDAPT ORAL CAP 25 MG	4	PA; QL (224 EA per 28 days)
RYLAZE IM SOLN 10 MG/0.5 ML	4	B/D PA
SANDIMMUNE ORAL SOLN 100 MG/ML	3	B/D PA
SANDOSTATIN LAR DEPOT IM SUSP, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SARCLISA IV SOLN 20 MG/ML	4	PA; ^

CAPITALIZED = BRAND NAME DRUG

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TAB 20 MG	4	PA; QL (600 EA per 30 days)
SCEMBLIX ORAL TAB 40 MG	4	PA; QL (300 EA per 30 days)
SIGNIFOR SQ SOLN 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SIMULECT IV RECON SOLN 10 MG, 20 MG	4	B/D PA
<i>sirolimus oral soln 1 mg/ml</i>	4	B/D PA
<i>sirolimus oral tab 0.5 mg, 1 mg, 2 mg</i>	3	B/D PA
SOLTAMOX ORAL SOLN 20 MG/10 ML	4	
SOMATULINE DEPOT SQ SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA
<i>sorafenib oral tab 200 mg</i>	4	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TAB 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TAB 20 MG, 70 MG	4	PA; QL (60 EA per 30 days)
STIVARGA ORAL TAB 40 MG	4	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral cap 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)
TABLOID ORAL TAB 40 MG	3	
TABRECTA ORAL TAB 150 MG, 200 MG	4	PA
<i>tacrolimus oral cap 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA
TAFINLAR ORAL CAP 50 MG, 75 MG	4	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TAB FOR SUSP 10 MG	4	PA; QL (840 EA per 28 days)
TAGRISSO ORAL TAB 40 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
TALVEY SQ SOLN 2 MG/ML, 40 MG/ML	4	PA
TALZENNA ORAL CAP 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAP 0.25 MG	4	PA; QL (90 EA per 30 days)
<i>tamoxifen oral tab 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAP 150 MG, 200 MG	4	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAP 50 MG	4	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TAB 200 MG	4	PA; LA
TECENTRIQ IV SOLN 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA; ^
TECVAYLI SQ SOLN 10 MG/ML, 90 MG/ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TEMODAR IV RECON SOLN 100 MG	4	B/D PA
<i>temsirolimus iv recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	B/D PA
TEPMETKO ORAL TAB 225 MG	4	PA; LA; QL (60 EA per 30 days)
THALOMID ORAL CAP 100 MG, 50 MG	4	PA; QL (28 EA per 28 days)
THALOMID ORAL CAP 150 MG, 200 MG	4	PA; QL (56 EA per 28 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	3	PA; ^
TIBSOVO ORAL TAB 250 MG	4	PA
TIVDAK IV RECON SOLN 40 MG	4	PA; ^
<i>topotecan iv recon soln 4 mg</i>	4	B/D PA
<i>topotecan iv soln 4 mg/4 ml (1 mg/ml)</i>	3	B/D PA
<i>toremifene oral tab 60 mg</i>	4	
TRAZIMERA IV RECON SOLN 150 MG, 420 MG	4	PA; ^
TREANDA IV RECON SOLN 100 MG, 25 MG	4	B/D PA
TRELSTAR IM SUSP FOR RECON 11.25 MG, 22.5 MG, 3.75 MG	3	PA
<i>tretinoin (antineoplastic) oral cap 10 mg</i>	4	
TRIPTODUR IM SUSP FOR RECON 22.5 MG	3	PA; QL (1 EA per 168 days)
TRODELVY IV RECON SOLN 180 MG	4	PA; ^
TRUQAP ORAL TAB 160 MG, 200 MG	4	PA; QL (64 EA per 28 days)
TUKYSA ORAL TAB 150 MG	4	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TAB 50 MG	4	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAP 125 MG	4	PA; LA; QL (120 EA per 30 days)
UNITUXIN IV SOLN 3.5 MG/ML	4	PA; ^
<i>valrubicin intravesical soln 40 mg/ml</i>	3	B/D PA
VANFLYTA ORAL TAB 17.7 MG, 26.5 MG	4	PA; QL (56 EA per 28 days)
VECTIBIX IV SOLN 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; ^
VENCLEXTA ORAL TAB 10 MG	3	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TAB 100 MG	4	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TAB 50 MG	4	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (84 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TAB 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60 EA per 30 days)
<i>vinblastine iv soln 1 mg/ml</i>	3	B/D PA
<i>vincristine iv soln 1 mg/ml, 2 mg/2 ml</i>	3	B/D PA
<i>vinorelbine iv soln 10 mg/ml, 50 mg/5 ml</i>	3	B/D PA
VITRAKVI ORAL CAP 100 MG	4	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAP 25 MG	4	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLN 20 MG/ML	4	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TAB 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
VONJO ORAL CAP 100 MG	4	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TAB 200 MG	4	PA; QL (120 EA per 30 days)
VYXEOS IV RECON SOLN 44-100 MG	4	B/D PA
WELIREG ORAL TAB 40 MG	4	PA; LA; QL (90 EA per 30 days)
XALKORI ORAL CAP 200 MG, 250 MG	4	PA; QL (60 EA per 30 days)
XALKORI ORAL PELLETT 150 MG	4	PA; QL (180 EA per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; QL (120 EA per 30 days)
XATMEP ORAL SOLN 2.5 MG/ML	3	PA
XERMELO ORAL TAB 250 MG	4	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TAB 40 MG	4	PA; LA
XPOVIO ORAL TAB 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 CAP 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TAB 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TAB 80 MG	4	PA; QL (60 EA per 30 days)
YERVOY IV SOLN 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; ^
YONDELIS IV RECON SOLN 1 MG	4	PA; ^
ZALTRAP IV SOLN 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	B/D PA
ZANOSAR IV RECON SOLN 1 G	3	B/D PA
ZEJULA ORAL CAP 100 MG	4	PA; LA; QL (90 EA per 30 days)
ZEJULA ORAL TAB 100 MG, 200 MG, 300 MG	4	PA; LA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF ORAL TAB 240 MG	4	PA; QL (240 EA per 30 days)
ZEPZELCA IV RECON SOLN 4 MG	4	PA; ^
ZIRABEV IV SOLN 25 MG/ML	4	PA; ^
ZOLADEX SQ IMPLANT 10.8 MG, 3.6 MG	3	B/D PA
ZOLINZA ORAL CAP 100 MG	4	PA; QL (120 EA per 30 days)
ZYDELIG ORAL TAB 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TAB 150 MG	4	PA; QL (90 EA per 30 days)
ZYNLONTA IV RECON SOLN 10 MG	4	PA; ^
ZYNYZ IV SOLN 500 MG/20 ML	4	PA

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

APTIOM ORAL TAB 200 MG	4	QL (180 EA per 30 days)
APTIOM ORAL TAB 400 MG	4	QL (90 EA per 30 days)
APTIOM ORAL TAB 600 MG, 800 MG	4	QL (60 EA per 30 days)
BRIVIACT IV SOLN 50 MG/5 ML	4	
BRIVIACT ORAL SOLN 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TAB 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
<i>carbamazepine oral cap, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral susp 100 mg/5 ml</i>	1	
<i>carbamazepine oral tab 200 mg</i>	1	
<i>carbamazepine oral tab extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tab, chewable 100 mg</i>	1	
CELONTIN ORAL CAP 300 MG	2	
<i>clobazam oral susp 2.5 mg/ml</i>	3	PA; QL (480 ML per 30 days)
<i>clobazam oral tab 10 mg</i>	3	PA; QL (120 EA per 30 days)
<i>clobazam oral tab 20 mg</i>	3	PA; QL (60 EA per 30 days)
<i>clonazepam oral tab 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tab 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tab, disintegrating 0.125 mg, 0.25 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tab, disintegrating 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tab,disintegrating 2 mg</i>	1	QL (300 EA per 30 days)
DIACOMIT ORAL CAP 250 MG, 500 MG	4	LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
<i>dilantin oral cap 30 mg</i>	2	
<i>divalproex oral cap, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tab extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tab, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLN 100 MG/ML	4	PA; LA
<i>epitol oral tab 200 mg</i>	1	
EPRONTIA ORAL SOLN 25 MG/ML	3	PA
<i>ethosuximide oral cap 250 mg</i>	2	
<i>ethosuximide oral soln 250 mg/5 ml</i>	2	
<i>felbamate oral susp 600 mg/5 ml</i>	3	
<i>felbamate oral tab 400 mg, 600 mg</i>	3	
FINTEPLA ORAL SOLN 2.2 MG/ML	4	PA; LA; QL (360 ML per 30 days)
<i>fosphenytoin injection soln 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	
FYCOMPA ORAL SUSP 0.5 MG/ML	4	QL (720 ML per 30 days)
FYCOMPA ORAL TAB 10 MG, 12 MG, 8 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TAB 2 MG	3	QL (60 EA per 30 days)
FYCOMPA ORAL TAB 4 MG, 6 MG	4	QL (60 EA per 30 days)
<i>gabapentin oral cap 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral cap 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral soln 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 ML per 30 days)
<i>gabapentin oral tab 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tab 800 mg</i>	1	QL (120 EA per 30 days)
<i>lacosamide iv soln 200 mg/20 ml</i>	4	QL (1200 ML per 30 days)
<i>lacosamide oral soln 10 mg/ml</i>	2	QL (1200 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lacosamide oral tab 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tab 50 mg</i>	2	QL (120 EA per 30 days)
<i>lamotrigine oral tab 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tab extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tab, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tab, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tabs, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) iv piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	3	
<i>levetiracetam iv soln 500 mg/5 ml</i>	2	
<i>levetiracetam oral soln 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tab 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tab extended release 24 hr 500 mg, 750 mg</i>	1	
<i>methsuximide oral cap 300 mg</i>	2	
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	4	PA; QL (10 EA per 30 days)
<i>oxcarbazepine oral susp 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tab 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA; QL (1500 ML per 30 days)
<i>phenobarbital oral tab 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 EA per 30 days)
<i>phenobarbital sodium injection soln 130 mg/ml, 65 mg/ml</i>	2	
<i>phenytoin oral susp 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tab, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral cap 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium iv soln 50 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin oral cap 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral cap 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral cap 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral soln 20 mg/ml</i>	2	QL (900 ML per 30 days)
<i>primidone oral tab 125 mg</i>	3	
<i>primidone oral tab 250 mg, 50 mg</i>	1	
<i>roweepra oral tab 500 mg</i>	1	
<i>rufinamide oral susp 40 mg/ml</i>	4	PA
<i>rufinamide oral tab 200 mg</i>	2	PA
<i>rufinamide oral tab 400 mg</i>	4	PA
SPRITAM ORAL TAB FOR SUSP 1,000 MG, 250 MG, 500 MG, 750 MG	3	
<i>subvenite oral tab 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tabs,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tabs,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tabs,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA; QL (60 EA per 30 days)
<i>tiagabine oral tab 12 mg, 16 mg, 2 mg, 4 mg</i>	3	
<i>topiramate oral cap, sprinkle 15 mg, 25 mg</i>	1	PA
<i>topiramate oral cap,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	3	PA
<i>topiramate oral tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproate sodium iv soln 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral soln 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral cap 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tab 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigadrone oral tab 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TAB 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (56 EA per 28 days)
XCOPRI ORAL TAB 100 MG	4	PA; QL (120 EA per 30 days)
XCOPRI ORAL TAB 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
XCOPRI ORAL TAB 50 MG	4	PA; QL (240 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABS, DOSE PACK 12.5 MG (14)- 25 MG (14)	3	PA; QL (56 EA per 365 days)
XCOPRI TITRATION PACK ORAL TABS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	PA; QL (56 EA per 365 days)
ZONISADE ORAL SUSP 100 MG/5 ML	4	PA
<i>zonisamide oral cap 100 mg, 25 mg, 50 mg</i>	1	PA
ZTALMY ORAL SUSP 50 MG/ML	4	PA; LA; QL (1080 ML per 30 days)
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine injection soln 1 mg/ml</i>	3	
<i>benztropine oral tab 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>bromocriptine oral cap 5 mg</i>	3	
<i>bromocriptine oral tab 2.5 mg</i>	3	
<i>carbidopa oral tab 25 mg</i>	3	
<i>carbidopa-levodopa oral tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tab extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tab, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tab 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
DHIVY ORAL TAB 25-100 MG	3	ST
<i>entacapone oral tab 200 mg</i>	3	
ONGENTYS ORAL CAP 25 MG, 50 MG	2	
<i>pramipexole oral tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tab extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	
<i>rasagiline oral tab 0.5 mg, 1 mg</i>	2	
<i>ropinirole oral tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
RYTARY ORAL CAP, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>selegiline hcl oral cap 5 mg</i>	2	
<i>selegiline hcl oral tab 5 mg</i>	2	
<i>tolcapone oral tab 100 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl oral tab 2 mg, 5 mg</i>	1	PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SQ AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SQ AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SQ SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	4	PA; QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tab 1-100 mg</i>	2	
<i>migergot rectal suppository 2-100 mg</i>	4	
<i>naratriptan oral tab 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
NURTEC ODT ORAL TAB,DISINTEGRATING 75 MG	2	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tab 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan oral tab,disintegrating 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	3	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
SUMATRIPTAN SUCCINATE SQ CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 ML per 28 days)
<i>sumatriptan succinate sq pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	3	QL (8 ML per 28 days)
<i>sumatriptan succinate sq soln 6 mg/0.5 ml</i>	3	QL (8 ML per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	ST; QL (4 EA per 28 days)
AUSTEDO ORAL TAB 12 MG, 9 MG	4	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TAB 6 MG	4	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 12 MG	4	PA; LA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 24 MG	4	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 6 MG	4	PA; LA; QL (240 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TAB, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; QL (84 EA per 365 days)
BRIUMVI IV SOLN 25 MG/ML	4	PA; QL (24 ML per 168 days)
<i>dalfampridine oral tab extended release 12 hr 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral cap,delayed release(dr/ec) 120 mg</i>	4	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral cap,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120 EA per 365 days)
<i>dimethyl fumarate oral cap,delayed release(dr/ec) 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>donepezil oral tab 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil oral tab,disintegrating 10 mg</i>	1	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil oral tab,disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
<i>fingolimod oral cap 0.5 mg</i>	4	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TAB 10 MG	4	PA; LA
<i>galantamine oral cap,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine oral soln 4 mg/ml</i>	3	QL (200 ML per 30 days)
<i>galantamine oral tab 12 mg, 4 mg, 8 mg</i>	3	QL (60 EA per 30 days)
<i>glatiramer sq syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer sq syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
<i>glatopa sq syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatopa sq syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
INGREZZA INITIATION PACK ORAL CAP,DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; LA; QL (56 EA per 365 days)
INGREZZA ORAL CAP 40 MG, 60 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
KESIMPTA PEN SQ PEN INJECTOR 20 MG/0.4 ML	4	PA; QL (1.2 ML per 28 days)
<i>memantine oral cap,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	3	PA
<i>memantine oral soln 2 mg/ml</i>	2	PA; QL (300 ML per 30 days)
<i>memantine oral tab 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>memantine oral tab 5 mg</i>	1	PA; QL (90 EA per 30 days)
MEMANTINE ORAL TABS,DOSE PACK 5-10 MG	1	PA; QL (98 EA per 365 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA
NUEDEXTA ORAL CAP 20-10 MG	4	PA
OCREVUS IV SOLN 30 MG/ML	4	PA
RADICAVA IV SOLN 30 MG/100 ML	4	PA
<i>rivastigmine tartrate oral cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	3	
<i>tetrabenazine oral tab 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tab 25 mg</i>	4	PA; QL (120 EA per 30 days)
TYSABRI IV SOLN 300 MG/15 ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
VUMERITY ORAL CAP,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL (120 EA per 30 days)
ZEPOSIA ORAL CAP 0.92 MG	4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAP,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; QL (56 EA per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAP,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL (14 EA per 365 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tab 10 mg, 20 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tab 10 mg, 5 mg</i>	2	PA
<i>dantrolene oral cap 100 mg, 25 mg, 50 mg</i>	3	
<i>methocarbamol oral tab 500 mg, 750 mg</i>	1	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	4	
<i>pyridostigmine bromide oral tab 60 mg</i>	2	
<i>pyridostigmine bromide oral tab extended release 180 mg</i>	3	
<i>tizanidine oral cap 2 mg, 4 mg, 6 mg</i>	3	
<i>tizanidine oral tab 2 mg, 4 mg</i>	1	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral soln 120-12 mg/5 ml</i>	1	*; QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tab 300-15 mg, 300- 30 mg</i>	1	*; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tab 300-60 mg</i>	1	*; QL (180 EA per 30 days)
<i>buprenorphine hcl injection soln 0.3 mg/ml</i>	4	*
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	4	*
<i>buprenorphine hcl sublingual tab 2 mg, 8 mg</i>	2	PA
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	*; QL (4 EA per 28 days)
<i>endocet oral tab 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	*; QL (360 EA per 30 days)
<i>fentanyl citrate (pf) injection soln 50 mcg/ml</i>	3	*
FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML	3	

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<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; *; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; *; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	3	*; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral soln 7.5-325 mg/15 ml</i>	3	*; QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tab 10-300 mg, 7.5-300 mg</i>	2	*; QL (390 EA per 30 days)
<i>hydrocodone-acetaminophen oral tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	*; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tab 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	*; QL (50 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	3	*; QL (2400 ML per 30 days)
<i>hydromorphone oral tab 2 mg, 4 mg, 8 mg</i>	2	*; QL (180 EA per 30 days)
INFUMORPH P/F INJECTION SOLN 10 MG/ML, 25 MG/ML	4	B/D PA; *
<i>methadone injection soln 10 mg/ml</i>	3	*
<i>methadone oral soln 10 mg/5 ml</i>	3	*; QL (600 ML per 30 days)
<i>methadone oral soln 5 mg/5 ml</i>	3	*; QL (1200 ML per 30 days)
<i>methadone oral tab 10 mg</i>	2	*; QL (120 EA per 30 days)
<i>methadone oral tab 5 mg</i>	2	*; QL (240 EA per 30 days)
<i>morphine (pf) injection soln 0.5 mg/ml, 1 mg/ml</i>	3	*
<i>morphine concentrate oral soln 100 mg/5 ml (20 mg/ml)</i>	2	*; QL (900 ML per 30 days)
MORPHINE INJECTION SOLN 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	*
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML	3	*
<i>morphine iv soln 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	3	*
<i>morphine oral soln 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	*; QL (900 ML per 30 days)
<i>morphine oral tab 15 mg, 30 mg</i>	2	*; QL (180 EA per 30 days)
<i>morphine oral tab extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	*; QL (120 EA per 30 days)

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<i>oxycodone oral concentrate 20 mg/ml</i>	3	*; QL (180 ML per 30 days)
<i>oxycodone oral soln 5 mg/5 ml</i>	3	*; QL (1200 ML per 30 days)
<i>oxycodone oral tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	*; QL (180 EA per 30 days)
<i>oxycodone oral tab 5 mg</i>	2	*; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tab 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	*; QL (360 EA per 30 days)
<i>oxymorphone oral tab extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	3	*; QL (90 EA per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	3	*; QL (10 ML per 28 days)
<i>celecoxib oral cap 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>diclofenac potassium oral tab 50 mg</i>	1	
<i>diclofenac sodium oral tab extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tab, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 GM per 28 days)
<i>diclofenac sodium topical soln in metered-dose pump 20 mg/g /actuation(2 %)</i>	3	PA; QL (224 GM per 28 days)
<i>diflunisal oral tab 500 mg</i>	1	
EC-NAPROXEN ORAL TAB,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	1	
<i>etodolac oral cap 200 mg, 300 mg</i>	3	
<i>etodolac oral tab 400 mg, 500 mg</i>	3	
<i>etodolac oral tab extended release 24 hr 400 mg, 500 mg, 600 mg</i>	3	
<i>flurbiprofen oral tab 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibu oral tab 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral susp 100 mg/5 ml</i>	1	
<i>ibuprofen oral tab 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	
<i>meloxicam oral tab 15 mg</i>	1	
<i>meloxicam oral tab 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>nabumetone oral tab 500 mg, 750 mg</i>	1	
<i>naloxone injection soln 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	
<i>naltrexone oral tab 50 mg</i>	1	
<i>naproxen oral susp 125 mg/5 ml</i>	2	
<i>naproxen oral tab 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tab, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tab 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tab 600 mg</i>	3	
<i>salsalate oral tab 500 mg, 750 mg</i>	1	
<i>sulindac oral tab 150 mg, 200 mg</i>	1	
<i>tramadol oral tab 50 mg</i>	1	*; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tab 37.5-325 mg</i>	1	*; QL (240 EA per 30 days)
VIVITROL IM SUSP, EXTENDED REL RECON 380 MG	4	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZUBSOLV SUBLINGUAL TAB 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	2	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TAB 8.6-2.1 MG	2	QL (60 EA per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII IM SUSP, EXTENDED REL SYRING 720 MG/2.4 ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII IM SUSP, EXTENDED REL SYRING 960 MG/3.2 ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA IM SUSP, EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA IM SUSP,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
<i>alprazolam oral tab 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tab 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tab,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam oral tab,disintegrating 2 mg</i>	2	QL (150 EA per 30 days)
<i>amitriptyline oral tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tab 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>aripiprazole oral soln 1 mg/ml</i>	3	
<i>aripiprazole oral tab 10 mg, 15 mg, 2 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole oral tab 20 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tab,disintegrating 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO IM SUSP,EXTENDED REL SYRING 675 MG/2.4 ML	4	QL (4.8 ML per 365 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 ML per 56 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 ML per 28 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 ML per 28 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 ML per 28 days)
<i>armodafinil oral tab 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 EA per 30 days)
<i>asenapine maleate sublingual tab 10 mg, 2.5 mg</i>	3	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tab 5 mg</i>	3	QL (90 EA per 30 days)
<i>atomoxetine oral cap 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL (60 EA per 30 days)
<i>atomoxetine oral cap 100 mg, 60 mg, 80 mg</i>	3	QL (30 EA per 30 days)
AUVELITY ORAL TAB, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TAB 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tab 100 mg</i>	1	QL (120 EA per 30 days)

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<i>bupropion hcl oral tab 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tab extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tab extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tab sustained-release 12 hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tab sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>buspirone oral tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAP 10.5 MG, 21 MG, 42 MG	4	QL (30 EA per 30 days)
<i>chlorpromazine injection soln 25 mg/ml</i>	3	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tab 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral soln 10 mg/5 ml</i>	2	
<i>citalopram oral tab 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>citalopram oral tab 40 mg</i>	1	QL (30 EA per 30 days)
<i>clomipramine oral cap 25 mg, 50 mg, 75 mg</i>	3	
<i>clorazepate dipotassium oral tab 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tab 3.75 mg</i>	2	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tab 7.5 mg</i>	2	QL (360 EA per 30 days)
<i>clozapine oral tab 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tab, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	3	
<i>clozapine oral tab, disintegrating 200 mg</i>	4	
<i>desipramine oral tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tab extended release 24 hr 100 mg</i>	3	QL (120 EA per 30 days)
<i>desvenlafaxine succinate oral tab extended release 24 hr 25 mg</i>	3	QL (60 EA per 30 days)
<i>desvenlafaxine succinate oral tab extended release 24 hr 50 mg</i>	3	QL (90 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate oral tab 10 mg, 2.5 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral cap, extended release 10 mg, 15 mg, 5 mg</i>	3	
<i>dextroamphetamine sulfate oral soln 5 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tab 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	
<i>dextroamphetamine-amphetamine oral cap, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 12.5 mg, 30 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 15 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 20 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam injection soln 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral soln 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (1800 ML per 30 days)
<i>diazepam oral tab 10 mg, 2 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>doxepin oral cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tab 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral cap, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine oral cap, delayed release(dr/ec) 30 mg</i>	1	QL (120 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (30 EA per 30 days)
<i>escitalopram oxalate oral soln 5 mg/5 ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tab 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tab 20 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TAB 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	4	PA; QL (60 EA per 30 days)
FANAPT ORAL TAB 8 MG	4	PA; QL (90 EA per 30 days)
FANAPT ORAL TABS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	PA; QL (16 EA per 365 days)
FETZIMA ORAL CAP,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (56 EA per 365 days)
FETZIMA ORAL CAP,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
<i>fluoxetine (pmd) oral tab 10 mg, 20 mg</i>	2	QL (120 EA per 30 days)
<i>fluoxetine oral cap 10 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral cap 20 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral cap,delayed release(dr/ec) 90 mg</i>	2	QL (4 EA per 28 days)
<i>fluoxetine oral soln 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tab 10 mg, 20 mg</i>	2	QL (120 EA per 30 days)
<i>fluphenazine decanoate injection soln 25 mg/ml</i>	3	
<i>fluphenazine hcl injection soln 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	3	
<i>fluphenazine hcl oral tab 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral tab 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tab 50 mg</i>	1	QL (120 EA per 30 days)
<i>guanfacine oral tab extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	3	QL (30 EA per 30 days)
<i>haloperidol decanoate im soln 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection soln 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tab 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tab 10 mg, 20 mg</i>	1	
<i>imipramine hcl oral tab 10 mg, 25 mg, 50 mg</i>	2	
INVEGA HAFYERA IM SYRINGE 1,092 MG/3.5 ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA IM SYRINGE 1,560 MG/5 ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA IM SYRINGE 117 MG/0.75 ML	4	QL (0.75 ML per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA IM SYRINGE 156 MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 234 MG/1.5 ML	4	QL (1.5 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 78 MG/0.5 ML	4	QL (0.5 ML per 28 days)
INVEGA TRINZA IM SYRINGE 273 MG/0.88 ML	3	QL (0.88 ML per 90 days)
INVEGA TRINZA IM SYRINGE 410 MG/1.32 ML	3	QL (1.32 ML per 90 days)
INVEGA TRINZA IM SYRINGE 546 MG/1.75 ML	4	QL (1.75 ML per 90 days)
INVEGA TRINZA IM SYRINGE 819 MG/2.63 ML	4	QL (2.63 ML per 90 days)
<i>lithium carbonate oral cap 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tab 300 mg</i>	1	
<i>lithium carbonate oral tab extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral soln 8 meq/5 ml</i>	1	
<i>lorazepam injection soln 2 mg/ml, 4 mg/ml</i>	3	
<i>lorazepam injection syringe 2 mg/ml</i>	3	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral syringe 1 mg/0.5 ml</i>	2	QL (150 EA per 30 days)
<i>lorazepam oral tab 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tab 2 mg</i>	1	QL (150 EA per 30 days)
<i>loxapine succinate oral cap 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tab 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lurasidone oral tab 80 mg</i>	3	QL (60 EA per 30 days)
MARPLAN ORAL TAB 10 MG	3	QL (180 EA per 30 days)
<i>metadate er oral tab extended release 20 mg</i>	2	
<i>methylphenidate hcl oral tab 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tab extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tab extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	2	
<i>mirtazapine oral tab 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tab,disintegrating 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
<i>modafinil oral tab 100 mg</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tab 200 mg</i>	3	PA; QL (60 EA per 30 days)
<i>molindone oral tab 10 mg, 25 mg</i>	1	
<i>molindone oral tab 5 mg</i>	3	
<i>nefazodone oral tab 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral cap 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral soln 10 mg/5 ml</i>	2	
NUPLAZID ORAL CAP 34 MG	4	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TAB 10 MG	4	PA; QL (30 EA per 30 days)
<i>olanzapine im recon soln 10 mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine oral tab 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tab 15 mg, 20 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tab,disintegrating 10 mg, 5 mg</i>	3	QL (60 EA per 30 days)
<i>olanzapine oral tab,disintegrating 15 mg, 20 mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral cap 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	3	
<i>oxazepam oral cap 10 mg, 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>paliperidone oral tab extended release 24hr 1.5 mg, 9 mg</i>	3	PA; QL (30 EA per 30 days)
<i>paliperidone oral tab extended release 24hr 3 mg, 6 mg</i>	3	PA; QL (60 EA per 30 days)
<i>paroxetine hcl oral susp 10 mg/5 ml</i>	3	QL (900 ML per 30 days)
<i>paroxetine hcl oral tab 10 mg</i>	1	QL (180 EA per 30 days)
<i>paroxetine hcl oral tab 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tab 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tab extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>perphenazine oral tab 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
<i>perphenazine-amitriptyline oral tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	3	
PERSERIS ABDOMINAL SQ SUSP,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 28 days)

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<i>phenelzine oral tab 15 mg</i>	2	
<i>pimozide oral tab 1 mg, 2 mg</i>	3	
<i>protriptyline oral tab 10 mg, 5 mg</i>	3	
<i>quetiapine oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>quetiapine oral tab 150 mg, 200 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tab 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tab extended release 24 hr 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine oral tab extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
QUILLICHEW ER ORAL TAB,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TAB,CHEW,IR-ER.BIPHASIC24HR 40 MG	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tab 8 mg</i>	2	QL (30 EA per 30 days)
REXULTI ORAL TAB 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA IM SUSP,EXTENDED REL RECON 12.5 MG/2 ML	3	QL (2 EA per 28 days)
RISPERDAL CONSTA IM SUSP,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)
<i>risperidone oral soln 1 mg/ml</i>	1	
<i>risperidone oral syringe 1 mg/ml</i>	1	
<i>risperidone oral tab 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tab 1 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tab 2 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tab 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tab,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	3	QL (120 EA per 30 days)
<i>risperidone oral tab,disintegrating 1 mg</i>	3	QL (180 EA per 30 days)
<i>risperidone oral tab,disintegrating 2 mg</i>	3	QL (90 EA per 30 days)
<i>risperidone oral tab,disintegrating 3 mg</i>	3	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sertraline oral concentrate 20 mg/ml</i>	3	
<i>sertraline oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sodium oxybate oral soln 500 mg/ml</i>	4	PA; LA; QL (540 ML per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (16 EA per 28 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (18 EA per 28 days)
<i>tasimelteon oral cap 20 mg</i>	4	PA; QL (30 EA per 30 days)
<i>temazepam oral cap 15 mg, 30 mg</i>	2	QL (60 EA per 365 days)
<i>thioridazine oral tab 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral cap 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>tranylcypromine oral tab 10 mg</i>	3	
<i>trazodone oral tab 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trifluoperazine oral tab 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trimipramine oral cap 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TAB 10 MG, 20 MG, 5 MG	3	ST; QL (30 EA per 30 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 100 MG/0.28 ML	4	QL (0.28 ML per 28 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 125 MG/0.35 ML	4	QL (0.35 ML per 28 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 150 MG/0.42 ML	4	QL (0.42 ML per 56 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 200 MG/0.56 ML	4	QL (0.56 ML per 56 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 250 MG/0.7 ML	4	QL (0.7 ML per 56 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 50 MG/0.14 ML	4	QL (0.14 ML per 28 days)
UZEDY SQ SUSP, EXTENDED REL SYRING 75 MG/0.21 ML	4	QL (0.21 ML per 28 days)
<i>venlafaxine oral cap, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral cap, extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tab 100 mg, 25 mg, 37.5 mg</i>	1	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tab 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSP 50 MG/ML	4	
<i>vilazodone oral tab 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
VRAYLAR ORAL CAP 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAP,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	QL (14 EA per 365 days)
<i>zaleplon oral cap 10 mg</i>	2	QL (60 EA per 30 days)
<i>zaleplon oral cap 5 mg</i>	2	QL (30 EA per 30 days)
<i>ziprasidone hcl oral cap 20 mg</i>	2	QL (180 EA per 30 days)
<i>ziprasidone hcl oral cap 40 mg</i>	2	QL (120 EA per 30 days)
<i>ziprasidone hcl oral cap 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate im recon soln 20 mg/ml (final conc.)</i>	3	QL (6 EA per 30 days)
<i>zolpidem oral tab 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
ZURZUVAE ORAL CAP 20 MG, 25 MG, 30 MG	4	PA
ZYPREXA RELPREVV IM SUSP FOR RECON 210 MG, 300 MG	4	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV IM SUSP FOR RECON 405 MG	4	PA; QL (1 EA per 28 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone iv soln 50 mg/ml</i>	3	B/D PA
<i>amiodarone oral tab 100 mg, 400 mg</i>	1	
<i>amiodarone oral tab 200 mg</i>	1	
<i>dofetilide oral cap 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tab 100 mg, 150 mg, 50 mg</i>	2	
LIDOCAINE (PF) IV SOLN 20 MG/ML (2 %)	3	
<i>lidocaine (pf) iv syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	3	
<i>mexiletine oral cap 150 mg, 200 mg, 250 mg</i>	1	
<i>pacerone oral tab 100 mg, 400 mg</i>	1	
<i>pacerone oral tab 200 mg</i>	1	
<i>propafenone oral cap,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone oral tab 150 mg, 225 mg, 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinidine sulfate oral tab 200 mg, 300 mg</i>	1	
<i>sorine oral tab 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol af oral tab 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tab 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLN 5 MG/ML	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral cap 200 mg, 400 mg</i>	1	
<i>aliskiren oral tab 150 mg, 300 mg</i>	3	
<i>amiloride oral tab 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tab 5-50 mg</i>	1	
<i>amlodipine oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral cap 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tab 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tab 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tab 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tab 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tab 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tab 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tab 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection soln 0.25 mg/ml</i>	3	
<i>bumetanide oral tab 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tab 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan oral tab 32 mg</i>	1	QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan-hydrochlorothiazid oral tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tab 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>cartia xt oral cap,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral cap, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>chlorothiazide sodium iv recon soln 500 mg</i>	3	
<i>chlorthalidone oral tab 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	3	QL (4 EA per 28 days)
<i>diltiazem hcl iv recon soln 100 mg</i>	3	
<i>diltiazem hcl iv soln 5 mg/ml</i>	3	
<i>diltiazem hcl oral cap,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral cap,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral cap,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral cap,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tab 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tab extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral cap,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tab 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tab 8 mg</i>	1	QL (60 EA per 30 days)
EDARBI ORAL TAB 40 MG, 80 MG	2	
EDARBYCLOR ORAL TAB 40-12.5 MG, 40-25 MG	2	
<i>enalapril maleate oral tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	

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<i>enalapril-hydrochlorothiazide oral tab 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tab 25 mg, 50 mg</i>	1	
<i>ethacrynate sodium iv recon soln 50 mg</i>	4	
<i>felodipine oral tab extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tab 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection soln 10 mg/ml</i>	3	
<i>furosemide oral soln 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
FUROSEMIDE ORAL SOLN 40 MG/4 ML	1	
<i>furosemide oral tab 20 mg, 40 mg, 80 mg</i>	1	
<i>hydralazine injection soln 20 mg/ml</i>	3	
<i>hydralazine oral tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral cap 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tab 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tab 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tab 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>isosorbide-hydralazine oral tab 20-37.5 mg</i>	2	QL (180 EA per 30 days)
<i>isradipine oral cap 2.5 mg, 5 mg</i>	2	
KERENDIA ORAL TAB 10 MG, 20 MG	2	PA; QL (30 EA per 30 days)
<i>labetalol oral tab 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tab 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tab 50-12.5 mg</i>	1	QL (60 EA per 30 days)

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<i>matzim la oral tab extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>metolazone oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tab extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tab 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral cap 250 mg</i>	4	PA
<i>minoxidil oral tab 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tab 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tab 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>nicardipine iv soln 25 mg/10 ml</i>	3	
<i>nicardipine oral cap 20 mg, 30 mg</i>	3	
<i>nifedipine oral tab extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tab extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral cap 30 mg</i>	3	
<i>nisoldipine oral tab extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
<i>olmesartan oral tab 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tab 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TAB EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TAB EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENITRAM MONTH 3 TITRATION KT ORAL TAB EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA
ORENITRAM ORAL TAB EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TAB EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA
<i>perindopril erbumine oral tab 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral cap 10 mg</i>	4	
<i>pindolol oral tab 10 mg, 5 mg</i>	1	
<i>prazosin oral cap 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral cap,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral soln 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral cap 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tab 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tab 25-25 mg</i>	1	
<i>taztia xt oral cap,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>telmisartan oral tab 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tab 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tab 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral cap 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral cap 10 mg</i>	1	QL (60 EA per 30 days)
<i>tiadylt er oral cap,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tab 10 mg, 20 mg, 5 mg</i>	3	
<i>torse mide oral tab 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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<i>trandolapril oral tab 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral cap 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tab 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tab 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tab 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tab 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>verapamil iv soln 2.5 mg/ml</i>	3	
<i>verapamil oral cap, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral cap,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	
VERAPAMIL ORAL CAP,EXT REL. PELLETS 24 HR 360 MG	2	
<i>verapamil oral tab 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tab extended release 120 mg, 180 mg, 240 mg</i>	1	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral soln 250 mg/ml (25 %)</i>	4	
<i>aminocaproic acid oral tab 1,000 mg, 500 mg</i>	4	
<i>aspirin-dipyridamole oral cap, er multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TAB 60 MG, 90 MG	2	QL (60 EA per 30 days)
<i>cilostazol oral tab 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tab 300 mg</i>	3	
<i>clopidogrel oral tab 75 mg</i>	1	QL (30 EA per 30 days)
<i>dabigatran etexilate oral cap 150 mg, 75 mg</i>	3	
<i>dipyridamole oral tab 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET (10 TAB PACK) ORAL TAB 20 MG	4	PA; LA
DOPTELET (15 TAB PACK) ORAL TAB 20 MG	4	PA; LA
DOPTELET (30 TAB PACK) ORAL TAB 20 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TAB 2.5 MG, 5 MG	2	
<i>enoxaparin sq soln 300 mg/3 ml</i>	2	
<i>enoxaparin sq syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	2	
<i>fondaparinux sq syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux sq syringe 2.5 mg/0.5 ml</i>	3	
HEPARIN (PORCINE) IN 5 % DEX IV PARENT. SOLN 20,000 UNIT/500 ML (40 UNIT/ML), 25,000 UNIT/250 ML(100 UNIT/ML), 25,000 UNIT/500 ML (50 UNIT/ML)	3	
<i>heparin (porcine) in nacl (pf) iv parent. soln 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection soln 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN(PORCINE) IN 0.45% NAACL IV PARENT. SOLN 25,000 UNIT/250 ML, 25,000 UNIT/500 ML	3	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>jantoven oral tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tab extended release 400 mg</i>	1	
<i>prasugrel oral tab 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; QL (180 EA per 30 days)
PROMACTA ORAL TAB 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TAB 75 MG	4	PA; LA; QL (60 EA per 30 days)
<i>warfarin oral tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

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XARELTO DVT-PE TREAT 30D START ORAL TABS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSP FOR RECON 1 MG/ML	2	
XARELTO ORAL TAB 10 MG, 15 MG, 2.5 MG, 20 MG	2	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin oral tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin oral tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 g</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 4 g</i>	2	
<i>cholestyramine light oral powder 4 g</i>	2	
<i>cholestyramine light oral powder in packet 4 g</i>	2	
<i>cholestyramine-aspartame oral powder in packet 4 g</i>	2	
<i>colesevelam oral powder in packet 3.75 g</i>	2	
<i>colesevelam oral tab 625 mg</i>	2	
<i>colestipol oral granules 5 g</i>	3	
<i>colestipol oral packet 5 g</i>	3	
<i>colestipol oral tab 1 g</i>	2	
<i>ezetimibe oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral cap 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tab 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tab 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral cap, delayed release(dr/ec) 135 mg, 45 mg</i>	3	
<i>fluvastatin oral cap 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral cap 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluvastatin oral tab extended release 24 hr 80 mg</i>	1	QL (30 EA per 30 days)

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<i>gemfibrozil oral tab 600 mg</i>	1	
<i>icosapent ethyl oral cap 0.5 g, 1 g</i>	2	
<i>lovastatin oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tab 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
NEXLETOL ORAL TAB 180 MG	2	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TAB 180-10 MG	2	PA; QL (30 EA per 30 days)
<i>niacin oral tab 500 mg</i>	1	
<i>niacin oral tab extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tab 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral cap 1 g</i>	2	
<i>pitavastatin calcium oral tab 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>pravastatin oral tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prevalite oral powder 4 g</i>	2	
<i>prevalite oral powder in packet 4 g</i>	2	
REPATHA PUSHTRONEX SQ WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SQ PEN INJECTOR 140 MG/ML	2	PA; QL (6 ML per 28 days)
REPATHA SYRINGE SQ SYRINGE 140 MG/ML	2	PA; QL (6 ML per 28 days)
<i>rosuvastatin oral tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TAB 5 MG, 7.5 MG	3	PA; QL (60 EA per 30 days)
<i>digoxin injection soln 250 mcg/ml (0.25 mg/ml)</i>	3	
<i>digoxin oral soln 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tab 62.5 mcg (0.0625 mg)</i>	3	
ENTRESTO ORAL TAB 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 EA per 30 days)
LANOXIN PEDIATRIC INJECTION SOLN 100 MCG/ML (0.1 MG/ML)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine oral tab extended release 12 hr 1,000 mg, 500 mg</i>	2	QL (60 EA per 30 days)
VERQUVO ORAL TAB 10 MG, 2.5 MG, 5 MG	2	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAP 61 MG	4	PA
VYNDAQEL ORAL CAP 20 MG	4	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tab 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tab 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tab extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitroglycerin iv soln 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA
<i>nitroglycerin sublingual tab 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	3	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral cap 10 mg, 17.5 mg, 25 mg</i>	3	PA
<i>calcipotriene scalp soln 0.005 %</i>	2	QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	3	QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 GM per 30 days)
CALCITRIOL TOPICAL OINTMENT 3 MCG/G	3	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
SKYRIZI SQ PEN INJECTOR 150 MG/ML	4	PA; QL (2 ML per 28 days)
SKYRIZI SQ SYRINGE 150 MG/ML	4	PA; QL (2 ML per 28 days)
STELARA SQ SOLN 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SQ SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SQ SYRINGE 90 MG/ML	4	PA; QL (1 ML per 28 days)
TALTZ AUTOINJECTOR SQ AUTO-INJECTOR 80 MG/ML	4	PA; QL (4 ML per 28 days)
TALTZ SYRINGE SQ SYRINGE 80 MG/ML	4	PA; QL (4 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
DUPIXENT PEN SQ PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SQ PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SQ SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SQ SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SQ SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
<i>fluorouracil topical cream 0.5 %</i>	4	
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical soln 2 %, 5 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	QL (60 ML per 30 days)
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	3	
<i>imiquimod topical cream in packet 3.75 %</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>lidocaine (pf) injection soln 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	3	
<i>lidocaine hcl injection soln 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	3	
<i>lidocaine hcl laryngotracheal soln 4 %</i>	1	
<i>lidocaine hcl mucous membrane soln 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	3	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane soln 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	3	QL (30 GM per 30 days)
<i>methoxsalen oral cap,liqd-filled,rapid rel 10 mg</i>	3	
PANRETIN TOPICAL GEL 0.1 %	4	
<i>pimecrolimus topical cream 1 %</i>	3	PA; QL (100 GM per 30 days)
<i>podofilox topical soln 0.5 %</i>	1	
REGNANEX TOPICAL GEL 0.01 %	4	PA

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Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/G	3	
SILVER SULFADIAZINE TOPICAL CREAM 1 %	2	
SSD TOPICAL CREAM 1 %	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	3	PA; QL (100 GM per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 EA per 30 days)
<b>THErapy FOR ACNE</b>		
<i>adapalene topical gel 0.3 %</i>	3	QL (45 GM per 30 days)
<i>amneesteem oral cap 10 mg, 20 mg, 40 mg</i>	3	
<i>azelaic acid topical gel 15 %</i>	3	
<i>claravis oral cap 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>clindacin etz topical swab 1 %</i>	1	QL (69 EA per 30 days)
<i>clindacin p topical swab 1 %</i>	1	QL (69 EA per 30 days)
<i>clindamycin phosphate topical gel 1 %</i>	3	QL (120 GM per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	3	QL (120 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	3	QL (120 ML per 30 days)
<i>clindamycin phosphate topical soln 1 %</i>	2	QL (120 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	QL (60 EA per 30 days)
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	3	
<i>erythromycin with ethanol topical soln 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	3	
<i>isotretinoin oral cap 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>metronidazole topical cream 0.75 %</i>	3	
<i>metronidazole topical gel 0.75 %, 1 %</i>	3	
<i>metronidazole topical gel with pump 1 %</i>	3	
<i>metronidazole topical lotion 0.75 %</i>	3	
<i>tazarotene topical cream 0.1 %</i>	2	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	3	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	3	PA

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<i>tretinoin microspheres topical gel with pump 0.04 % , 0.08 % , 0.1 %</i>	3	PA
<i>tretinoin topical cream 0.025 % , 0.05 % , 0.1 %</i>	3	PA
<i>tretinoin topical gel 0.01 %</i>	2	PA
<i>tretinoin topical gel 0.025 % , 0.05 %</i>	3	PA
<i>zenatane oral cap 10 mg , 20 mg , 30 mg , 40 mg</i>	3	
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane soln 2 %</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream 0.1 %</i>	2	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	3	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical susp 10 %</i>	2	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical soln 8 %</i>	2	
<i>ciclopirox topical cream 0.77 %</i>	2	QL (90 GM per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	2	QL (120 ML per 28 days)
<i>ciclopirox topical soln 8 %</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox topical susp 0.77 %</i>	2	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole topical soln 1 %</i>	2	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>econazole topical cream 1 %</i>	2	QL (85 GM per 28 days)
<i>ketconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
<i>klayesta topical powder 100,000 unit/g</i>	2	QL (180 GM per 30 days)
<i>naftifine topical cream 1 % , 2 %</i>	2	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	2	QL (60 GM per 30 days)

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NAFTIN TOPICAL GEL 2 %	2	QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/g</i>	2	QL (180 GM per 30 days)
<i>nystatin topical cream 100,000 unit/g</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/g</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/g</i>	2	QL (180 GM per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	3	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/g-%</i>	3	QL (60 GM per 28 days)
<i>nystop topical powder 100,000 unit/g</i>	2	QL (180 GM per 30 days)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment 5 %</i>	3	QL (30 GM per 30 days)
<i>penciclovir topical cream 1 %</i>	3	QL (5 GM per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp soln 0.05 %</i>	1	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	3	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 GM per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	3	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	3	QL (100 GM per 28 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	3	
<i>clodan topical shampoo 0.05 %</i>	3	QL (236 ML per 28 days)
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical gel 0.05 %</i>	3	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical soln 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical soln 0.05 %</i>	2	QL (120 ML per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical soln 0.1 %</i>	2	QL (120 ML per 30 days)
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	

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<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical soln 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion topical lotion 0.5 %</i>	3	
<i>permethrin topical cream 5 %</i>	2	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
LACTATED RINGERS IRRIGATION SOLN	3	
<i>neomycin-polymyxin b gu irrigation soln 40 mg-200,000 unit/ml</i>	3	
RINGER'S IRRIGATION SOLN	3	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLN 800-40-20-8.75- 6.25 MG/100 ML	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tab, delayed release (dr/ec) 333 mg</i>	1	
<i>anagrelide oral cap 0.5 mg, 1 mg</i>	1	
<i>carglumic acid oral tab, dispersible 200 mg</i>	4	PA
<i>cevimeline oral cap 30 mg</i>	3	
CHEMET ORAL CAP 100 MG	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE IV PARENT. SOLN 4.25 %	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CUVRIOR ORAL TAB 300 MG	4	PA; QL (300 EA per 30 days)
D10 %-0.45 % SODIUM CHLORIDE IV PARENT. SOLN	3	
<i>d2.5 %-0.45 % sodium chloride iv parent. soln</i>	3	
<i>d5 % and 0.9 % sodium chloride iv parent. soln</i>	3	
<i>d5 %-0.45 % sodium chloride iv parent. soln</i>	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tab 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tab 90 mg</i>	3	PA
<i>deferiprone oral tab 1,000 mg, 500 mg</i>	4	PA
DEXTROSE 10 % AND 0.2 % NACL IV PARENT. SOLN	3	
<i>dextrose 10 % in water (d10w) iv parent. soln 10 %</i>	3	
DEXTROSE 25 % IN WATER (D25W) IV SYRINGE	3	
<i>dextrose 5 % in water (d5w) iv parent. soln</i>	3	
DEXTROSE 5 % IN WATER (D5W) IV PIGGYBACK 5 %	3	
DEXTROSE 5 %-LACTATED RINGERS IV PARENT. SOLN	3	
<i>dextrose 5%-0.2 % sod chloride iv parent. soln</i>	3	
<i>dextrose 5%-0.3 % sod.chloride iv parent. soln</i>	3	
DEXTROSE 50 % IN WATER (D50W) IV PARENT. SOLN	3	
<i>dextrose 50 % in water (d50w) iv syringe</i>	3	
DEXTROSE 70 % IN WATER (D70W) IV PARENT. SOLN	3	
<i>disulfiram oral tab 250 mg, 500 mg</i>	1	
<i>droxidopa oral cap 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral cap 200 mg, 300 mg</i>	4	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 G	4	PA; QL (180 EA per 30 days)
FERRIPROX (2 TIMES A DAY) ORAL TAB, MODIFIED RELEASE 1,000 MG	4	PA
FERRIPROX ORAL SOLN 100 MG/ML	4	PA
GLASSIA IV SOLN 1 G/50 ML (2 %)	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
INCRELEX SQ SOLN 10 MG/ML	3	PA; LA
<i>levocarnitine (with sugar) oral soln 100 mg/ml</i>	3	
<i>levocarnitine oral soln 100 mg/ml</i>	3	
LEVOCARNITINE ORAL TAB 330 MG	2	
LOKELMA ORAL POWDER IN PACKET 10 G, 5 G	2	
<i>midodrine oral tab 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral cap 10 mg, 2 mg, 20 mg, 5 mg</i>	4	
<i>pilocarpine hcl oral tab 5 mg, 7.5 mg</i>	3	
PROLASTIN-C IV RECON SOLN 1,000 MG	4	PA; LA
PROLASTIN-C IV SOLN 1,000 MG (+-)/20 ML	4	PA
<i>riluzole oral tab 50 mg</i>	2	
<i>risedronate oral tab 30 mg</i>	1	QL (30 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 g</i>	3	QL (510 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 g</i>	3	QL (150 EA per 30 days)
<i>sevelamer carbonate oral tab 800 mg</i>	3	QL (510 EA per 30 days)
<i>sodium chloride 0.9 % iv parent. soln</i>	3	
SODIUM CHLORIDE 0.9 % IV PIGGYBACK	3	
SODIUM CHLORIDE IRRIGATION SOLN 0.9 %	3	
<i>sodium phenylbutyrate oral powder 0.94 g/g</i>	4	PA
<i>sodium phenylbutyrate oral tab 500 mg</i>	4	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral susp 15-20 g/60 ml</i>	2	
<i>trientine oral cap 250 mg</i>	4	PA; QL (240 EA per 30 days)
TZIELD IV SOLN 1 MG/ML	4	PA; LA; QL (14 ML per 720 days)
VELPHORO ORAL TAB,CHEWABLE 500 MG	4	
VELTASSA ORAL POWDER IN PACKET 16.8 G, 25.2 G, 8.4 G	2	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	3	
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA
ZOLEDRONIC ACID-MANNITOL-WATER IV PIGGYBACK 5 MG/100 ML	3	B/D PA

### SMOKING DETERRENENTS

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deter) oral tab extended release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)
NICOTROL INH CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	
<i>varenicline oral tab 0.5 mg, 1 mg</i>	3	
<i>varenicline oral tabs, dose pack 0.5 mg (11)- 1 mg (42)</i>	3	

## EAR, NOSE / THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental soln 0.2 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	

### MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) soln 2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	

### OTIC STEROID / ANTIBIOTIC

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,susp 0.3-0.1 %</i>	2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSP 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,susp 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) soln 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

<i>cortisone oral tab 25 mg</i>	3	
DEPO-MEDROL INJECTION SUSP 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral soln 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection soln 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection soln 10 mg/ml, 4 mg/ml</i>	3	
<i>fludrocortisone oral tab 0.1 mg</i>	1	
<i>hydrocortisone oral tab 10 mg, 20 mg, 5 mg</i>	1	
MEDROL ORAL TAB 2 MG	2	B/D PA
<i>methylpred dp oral tabs,dose pack 4 mg</i>	1	
<i>methylprednisolone acetate injection susp 40 mg/ml, 80 mg/ml</i>	3	
<i>methylprednisolone oral tab 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA
<i>methylprednisolone oral tabs,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	3	
<i>methylprednisolone sodium succ iv recon soln 1,000 mg, 500 mg</i>	3	
<i>prednisolone oral soln 15 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral soln 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	3	
<i>prednisone oral soln 5 mg/5 ml</i>	1	
<i>prednisone oral tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tab 50 mg</i>	1	
<i>prednisone oral tabs,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
<i>triamcinolone acetonide injection susp 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tab 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tab 50 mg</i>	2	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tab 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tab 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tab 50 mg</i>	1	QL (180 EA per 30 days)
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
BYDUREON BCISE SQ AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL (4 ML per 28 days)
CEQR SIMPLICITY DEVICE 2 UNIT	2	QL (10 EA per 30 days)
CEQR SIMPLICITY INSERTER	2	QL (1 EA per 365 days)
CYCLOSET ORAL TAB 0.8 MG	3	QL (180 EA per 30 days)
<i>diazoxide oral susp 50 mg/ml</i>	4	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	1	QL (200 EA per 30 days)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	QL (200 EA per 30 days)
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TAB 10 MG	2	QL (30 EA per 30 days)
FARXIGA ORAL TAB 5 MG	2	QL (60 EA per 30 days)
<i>glimepiride oral tab 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tab 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tab 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tab 10 mg</i>	1	QL (120 EA per 30 days)
GLIPIZIDE ORAL TAB 2.5 MG	1	QL (30 EA per 30 days)
<i>glipizide oral tab 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tab extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tab extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tab extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tab 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	
GLYXAMBI ORAL TAB 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SQ AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE HYPOPEN 2-PACK SQ AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SQ SYRINGE 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SQ SYRINGE 1 MG/0.2 ML	2	
GVOKE SQ SOLN 1 MG/0.2 ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SQ INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SQ INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SQ SUSP 100 UNIT/ML (50-50)	2	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 KWIKPEN SQ INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SQ INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SQ SUSP 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SQ CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SQ SUSP 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SQ INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SQ SUSP 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLN 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SQ SOLN 500 UNIT/ML	4	
HUMULIN R U-500 (CONC) KWIKPEN SQ INSULIN PEN 500 UNIT/ML (3 ML)	4	
INSULIN LISPRO PROTAMIN-LISPRO SQ INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SQ INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SQ INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SQ SOLN 100 UNIT/ML	2	
JANUMET ORAL TAB 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TAB, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TAB, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TAB 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TAB 10 MG, 25 MG	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TAB 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TAB, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TAB, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
LEVEMIR FLEXPEN SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SQ INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SQ INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
<i>metformin oral soln 500 mg/5 ml</i>	2	QL (765 ML per 30 days)
<i>metformin oral tab 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tab 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tab 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tab extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tab extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tab extended release 24hr 1,000 mg</i>	1	ST; QL (60 EA per 30 days)
<i>metformin oral tab extended release 24hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>miglitol oral tab 100 mg</i>	3	QL (90 EA per 30 days)
<i>miglitol oral tab 25 mg</i>	3	QL (360 EA per 30 days)
<i>miglitol oral tab 50 mg</i>	3	QL (180 EA per 30 days)
MOUNJARO SQ PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 ML per 28 days)
<i>nateglinide oral tab 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tab 60 mg</i>	1	QL (180 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) SQ CARTRIDGE	2	QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5) SQ CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SQ CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SQ CARTRIDGE	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SQ CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS SQ CARTRIDGE	2	QL (10 EA per 30 days)
OZEMPIC SQ 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)	2	PA; QL (3 ML per 28 days)
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	QL (200 EA per 30 days)
<i>pioglitazone oral tab 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tab 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tab 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>repaglinide oral tab 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tab 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TAB 14 MG, 3 MG, 7 MG	2	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SQ INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (15 ML per 25 days)
SYMLINPEN 120 SQ PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SQ PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TAB 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SQ INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SQ INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TAB 5 MG	2	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SQ INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
TRIJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	QL (200 EA per 30 days)
TRULICITY SQ PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 ML per 28 days)
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	QL (200 EA per 30 days)
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
XIGDUO XR ORAL TAB, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30 EA per 30 days)
XIGDUO XR ORAL TAB, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SQ INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15 ML per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME IV SOLN 2.9 MG/5 ML	4	PA
<i>cabergoline oral tab 0.5 mg</i>	2	
<i>calcitonin (salmon) injection soln 200 unit/ml</i>	4	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol iv soln 1 mcg/ml</i>	3	
<i>calcitriol oral cap 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	3	
CEREZYME IV RECON SOLN 400 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN IM RECON SOLN 10,000 UNIT	3	PA
<i>cinacalcet oral tab 30 mg, 60 mg</i>	3	QL (60 EA per 30 days)
<i>cinacalcet oral tab 90 mg</i>	3	QL (120 EA per 30 days)
<i>danazol oral cap 100 mg, 200 mg, 50 mg</i>	3	
<i>desmopressin injection soln 4 mcg/ml</i>	3	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tab 0.1 mg, 0.2 mg</i>	2	
<i>doxercalciferol iv soln 4 mcg/2 ml</i>	3	
<i>doxercalciferol oral cap 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	
ELAPRASE IV SOLN 6 MG/3 ML	4	PA
FABRAZYME IV RECON SOLN 35 MG, 5 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
KORLYM ORAL TAB 300 MG	4	PA; QL (120 EA per 30 days)
LUMIZYME IV RECON SOLN 50 MG	4	PA
<i>mifepristone oral tab 300 mg</i>	4	PA; QL (120 EA per 30 days)
<i>miglustat oral cap 100 mg</i>	4	LA
NAGLAZYME IV SOLN 5 MG/5 ML	4	PA
NATPARA SQ CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA; QL (2 EA per 28 days)
<i>pamidronate iv recon soln 30 mg, 90 mg</i>	3	
<i>pamidronate iv soln 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	3	
<i>paricalcitol oral cap 1 mcg, 2 mcg, 4 mcg</i>	3	
RAYALDEE ORAL CAP,EXTENDED RELEASE 24 HR 30 MCG	4	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>sapropterin oral tab,soluble 100 mg</i>	4	PA
SOMAVERT SQ RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30 EA per 30 days)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	4	
<i>testosterone cypionate im oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate im oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 g (1 %)</i>	3	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 g (1 %)</i>	3	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5g), 1 % (50 mg/5 g)</i>	3	PA; QL (300 GM per 30 days)
TOLVAPTAN ORAL TAB 15 MG	4	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tab 30 mg</i>	4	PA; QL (60 EA per 30 days)
<i>zoledronic acid iv soln 4 mg/5 ml</i>	3	B/D PA
<i>zoledronic acid-mannitol-water iv piggyback 4 mg/100 ml</i>	3	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NAACL IV PIGGYBACK 4 MG/100 ML	3	B/D PA

### THYROID HORMONES

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Drug Name	Drug Tier	Requirements/Limits
EUTHYROX ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine oral tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine oral tab 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
UNITHROID ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection soln 0.4 mg/ml</i>	3	
<i>atropine injection syringe 0.1 mg/ml</i>	3	
<i>atropine iv soln 0.4 mg/ml</i>	3	
ATROPINE IV SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	3	
<i>dicyclomine oral cap 10 mg</i>	1	
<i>dicyclomine oral soln 10 mg/5 ml</i>	2	
<i>dicyclomine oral tab 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tab 2.5-0.025 mg</i>	2	
<i>glycopyrrolate (pf) in water injection syringe 0.2 mg/ml</i>	3	
<i>glycopyrrolate (pf) in water iv syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	3	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	3	
<i>glycopyrrolate injection soln 0.2 mg/ml</i>	3	
<i>glycopyrrolate oral tab 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral cap 2 mg</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tab 0.5 mg, 1 mg</i>	4	PA
<i>aprepitant oral cap 125 mg</i>	4	B/D PA
<i>aprepitant oral cap 40 mg, 80 mg</i>	3	B/D PA
<i>aprepitant oral cap,dose pack 125 mg (1)- 80 mg (2)</i>	3	B/D PA
<i>balsalazide oral cap 750 mg</i>	3	
<i>betaine oral powder 1 g/scoop</i>	4	
<i>budesonide oral cap,delayed,extend.release 3 mg</i>	3	
<i>budesonide oral tab,delayed and ext.release 9 mg</i>	4	
CLENPIQ ORAL SOLN 10 MG-3.5 G- 12 G/160 ML, 10 MG-3.5 G- 12 G/175 ML	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral soln 10 g/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
CREON ORAL CAP,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	
<i>dronabinol oral cap 10 mg, 2.5 mg, 5 mg</i>	3	B/D PA; QL (60 EA per 30 days)
<i>enulose oral soln 10 g/15 ml</i>	1	
GATTEX 30-VIAL SQ KIT 5 MG	4	PA
GATTEX ONE-VIAL SQ KIT 5 MG	4	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 g</i>	1	
<i>generlac oral soln 10 g/15 ml</i>	1	
<i>granisetron hcl oral tab 1 mg</i>	2	B/D PA
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
INFLECTRA IV RECON SOLN 100 MG	4	PA; QL (20 EA per 30 days)
<i>lactulose oral soln 10 g/15 ml, 10 g/15 ml (15 ml), 20 g/30 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LINZESS ORAL CAP 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
<i>meclizine oral tab 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral cap,extended release 24hr 0.375 g</i>	2	
<i>mesalamine rectal enema 4 g/60 ml</i>	3	
<i>mesalamine with cleansing wipe rectal enema kit 4 g/60 ml</i>	3	
<i>metoclopramide hcl oral soln 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tab 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TAB 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
OICALIVA ORAL TAB 10 MG, 5 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ondansetron hcl (pf) injection soln 4 mg/2 ml</i>	3	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	3	
<i>ondansetron hcl iv soln 2 mg/ml</i>	3	
<i>ondansetron hcl oral soln 4 mg/5 ml</i>	3	B/D PA
<i>ondansetron hcl oral tab 4 mg, 8 mg</i>	1	B/D PA
<i>ondansetron oral tab,disintegrating 4 mg, 8 mg</i>	1	B/D PA
<i>palonosetron iv soln 0.25 mg/5 ml</i>	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 g</i>	1	
<i>peg-electrolyte soln oral recon soln 420 g</i>	1	
<i>prochlorperazine edisylate injection soln 10 mg/2 ml (5 mg/ml)</i>	3	
<i>prochlorperazine maleate oral tab 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REMICADE IV RECON SOLN 100 MG	4	PA; QL (20 EA per 30 days)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	QL (10 EA per 30 days)
SKYRIZI IV SOLN 60 MG/ML	4	PA; QL (30 ML per 180 days)
SKYRIZI SQ WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 ML per 56 days)
SKYRIZI SQ WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 ML per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 g</i>	2	
SODIUM,POTASSIUM,MAG SULFATES ORAL RECON SOLN 17.5-3.13-1.6 G 2 PACK (480ML)	2	
SUCRAID ORAL SOLN 8,500 UNIT/ML	4	PA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 G	3	
<i>sulfasalazine oral tab 500 mg</i>	1	
SULFASALAZINE ORAL TAB,DELAYED RELEASE (DR/EC) 500 MG	1	
SUTAB ORAL TAB 1.479-0.188- 0.225 G	3	
TRULANCE ORAL TAB 3 MG	3	
<i>ursodiol oral cap 300 mg</i>	2	
<i>ursodiol oral tab 250 mg, 500 mg</i>	3	
ZENPEP ORAL CAP,DELAYED 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, 60,000-189,600- 252,600 UNIT	2	
<b>ULCER THERAPY</b>		
<i>esomeprazole magnesium oral cap,delayed release(dr/ec) 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>famotidine oral susp for recon 40 mg/5 ml (8 mg/ml)</i>	3	
<i>famotidine oral tab 20 mg, 40 mg</i>	1	
<i>lansoprazole oral cap,delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>misoprostol oral tab 100 mcg, 200 mcg</i>	2	

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<i>omeprazole oral cap, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral tab, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>sucralfate oral susp 100 mg/ml</i>	3	
<i>sucralfate oral tab 1 g</i>	1	
TALICIA ORAL CAP,IR - DELAY REL,BIPHASE 10-250-12.5 MG	3	QL (168 EA per 180 days)

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE SQ SOLN 100 MCG/0.5 ML	4	PA
ARCALYST SQ RECON SOLN 220 MG	4	PA
AVONEX IM PEN INJECTOR 30 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
AVONEX IM PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
AVONEX IM SYRINGE 30 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
AVONEX IM SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
BESREMI SQ SYRINGE 500 MCG/ML	4	PA; LA; QL (2 ML per 28 days)
BETASERON SQ KIT 0.3 MG	4	PA; QL (14 EA per 28 days)
GENOTROPIN MINIQUICK SQ SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SQ CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
NIVESTYM INJECTION SOLN 300 MCG/ML, 480 MCG/1.6 ML	4	PA
NIVESTYM SQ SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
NYVEPRIA SQ SYRINGE 6 MG/0.6 ML	4	PA
PEGASYS SQ SOLN 180 MCG/ML	4	PA; QL (4 ML per 28 days)
PEGASYS SQ SYRINGE 180 MCG/0.5 ML	4	PA; QL (2 ML per 28 days)
PLERIXAFOR SQ SOLN 24 MG/1.2 ML (20 MG/ML)	4	B/D PA
PROCRIT INJECTION SOLN 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, 40,000 UNIT/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF (WITH ALBUMIN) SQ SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SQ PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SQ PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
REBIF TITRATION PACK SQ SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
RETACRIT INJECTION SOLN 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, 40,000 UNIT/ML	3	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZIEXTENZO SQ SYRINGE 6 MG/0.6 ML	4	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO IM RECON SOLN 120 MCG/0.5 ML	2	PA; QL (1 EA per 365 days)
ACTHIB (PF) IM RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) IM SUSP 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	V
ADACEL(TDAP ADOLESN/ADULT)(PF) IM SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	V
AREXVY (PF) IM SUSP FOR RECON 120 MCG/0.5 ML	2	PA; QL (1 EA per 365 days)
ATGAM IV SOLN 50 MG/ML	3	B/D PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSP FOR RECON 50 MG	2	V
BEXSERO IM SYRINGE 50-50-50-25 MCG/0.5 ML	2	V
BOOSTRIX TDAP IM SUSP 2.5-8-5 LF-MCG-LF/0.5ML	2	V
BOOSTRIX TDAP IM SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA
DAPTACEL (DTAP PEDIATRIC) (PF) IM SUSP 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) IM SUSP 20 MCG/ML	2	B/D PA; V
ENGERIX-B (PF) IM SYRINGE 20 MCG/ML	2	B/D PA; V

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) IM SYRINGE 10 MCG/0.5 ML	2	B/D PA; V
<i>fomepizole iv soln 1 g/ml</i>	4	
GAMMAGARD LIQUID INJECTION SOLN 10 %	4	B/D PA
GAMMAKED INJECTION SOLN 1 G/10 ML (10 %), 10 G/100 ML (10 %), 20 G/200 ML (10 %), 5 G/50 ML (10 %)	4	B/D PA
GAMMAPLEX (WITH SORBITOL) IV SOLN 5 %	4	B/D PA
GAMMAPLEX IV SOLN 10 %	4	B/D PA
GAMUNEX-C INJECTION SOLN 1 G/10 ML (10 %), 10 G/100 ML (10 %), 20 G/200 ML (10 %), 40 G/400 ML (10 %), 5 G/50 ML (10 %)	4	B/D PA
GAMUNEX-C INJECTION SOLN 2.5 G/25 ML (10 %)	3	B/D PA
GARDASIL 9 (PF) IM SUSP 0.5 ML	2	
GARDASIL 9 (PF) IM SYRINGE 0.5 ML	2	
HAVRIX (PF) IM SYRINGE 1,440 ELISA UNIT/ML	2	V
HAVRIX (PF) IM SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) IM SYRINGE 20 MCG/0.5 ML	2	B/D PA; V
HIBERIX (PF) IM RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SQ SOLN 1 G/5 ML (20 %)	3	B/D PA
HIZENTRA SQ SOLN 10 G/50 ML (20 %), 2 G/10 ML (20 %), 4 G/20 ML (20 %)	4	B/D PA
HIZENTRA SQ SYRINGE 10 G/50 ML (20 %)	4	B/D PA
IMOVAX RABIES VACCINE (PF) IM RECON SOLN 2.5 UNIT	2	V
INFANRIX (DTAP) (PF) IM SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOLE INJECTION SUSP 40-8-32 UNIT/0.5 ML	2	V
IXCHIQ IM RECON SOLN 1,000 TCID50/0.5 ML	2	V
IXIARO (PF) IM SYRINGE 6 MCG/0.5 ML	2	V
JYNNEOS (PF) SQ SUSP 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	V
KINRIX (PF) IM SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) IM SOLN 4 MCG/0.5 ML	2	V

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) IM SOLN 10 MCG/0.5 ML	2	V
MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 MCG/0.5 ML	2	V
MENVEO A-C-Y-W-135-DIP (PF) IM SOLN 10-5 MCG/0.5 ML	2	V
M-M-R II (PF) SQ RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	V
OCTAGAM IV SOLN 10 %, 5 %	4	B/D PA
PEDIARIX (PF) IM SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) IM SOLN 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) IM KIT 5-120 MCG/0.5 ML	2	V
PENTACEL (PF) IM KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF) IM SUSP 10 MCG/ML	2	B/D PA; V
PRIORIX (PF) SQ SUSP FOR RECON 10EXP3.4-4.2-3.3CCID50/0.5ML	2	V
PROQUAD (PF) SQ SUSP FOR RECON 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) IM SUSP 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	2	
QUADRACEL (PF) IM SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) IM SUSP FOR RECON 2.5 UNIT	2	V
RECOMBIVAX HB (PF) IM SUSP 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; V
RECOMBIVAX HB (PF) IM SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; V
ROTARIX ORAL SUSP 10EXP6 CCID50 /1.5 ML	2	
ROTARIX ORAL SUSP FOR RECON 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLN 2 ML	2	
SHINGRIX (PF) IM SUSP FOR RECON 50 MCG/0.5 ML	2	V: QL (2 EA per 999 days)
STAMARIL (PF) SQ SUSP FOR RECON 1,000 UNIT/0.5 ML	2	V

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Drug Name	Drug Tier	Requirements/Limits
TDVAX IM SUSP 2-2 LF UNIT/0.5 ML	2	V
TENIVAC (PF) IM SUSP 5 LF UNIT- 2 LF UNIT/0.5ML	2	V
TENIVAC (PF) IM SYRINGE 5-2 LF UNIT/0.5 ML	2	V
TETANUS,DIPHThERIA TOX PED(PF) IM SUSP 5-25 LF UNIT/0.5 ML	2	
TICE BCG INTRAVESICAL SUSP FOR RECON 50 MG	3	B/D PA
TICOVAC IM SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA IM SYRINGE 120 MCG/0.5 ML	2	V
TWINRIX (PF) IM SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	V
TYPHIM VI IM SOLN 25 MCG/0.5 ML	2	V
TYPHIM VI IM SYRINGE 25 MCG/0.5 ML	2	V
VAQTA (PF) IM SUSP 25 UNIT/0.5 ML	2	
VAQTA (PF) IM SUSP 50 UNIT/ML	2	V
VAQTA (PF) IM SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) IM SYRINGE 50 UNIT/ML	2	V
VARIVAX (PF) SQ SUSP FOR RECON 1,350 UNIT/0.5 ML	2	V
VARIZIG IM SOLN 125 UNIT/1.2 ML	3	
YF-VAX (PF) SQ SUSP FOR RECON 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	V

## MISCELLANEOUS SUPPLIES

### MISCELLANEOUS SUPPLIES

ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	1	QL (200 EA per 30 days)
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	QL (200 EA per 30 days)
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	QL (200 EA per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	QL (200 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	QL (200 EA per 30 days)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	QL (200 EA per 30 days)
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	QL (200 EA per 30 days)

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tab 100 mg, 300 mg</i>	1	
<i>colchicine oral tab 0.6 mg</i>	2	QL (120 EA per 30 days)
<i>febuxostat oral tab 40 mg, 80 mg</i>	2	ST
MITIGARE ORAL CAP 0.6 MG	2	QL (120 EA per 30 days)
<i>probenecid oral tab 500 mg</i>	1	
<i>probenecid-colchicine oral tab 500-0.5 mg</i>	1	

### OSTEOPOROSIS THERAPY

<i>alendronate oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tab 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
FORTEO SQ PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; QL (2.4 ML per 28 days)
<i>ibandronate oral tab 150 mg</i>	1	QL (1 EA per 28 days)
PROLIA SQ SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>raloxifene oral tab 60 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tab 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tab 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tab 5 mg</i>	1	QL (30 EA per 30 days)
TYMLOS SQ PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>OTHER RHEUMATOLOGICALS</b>		
ADALIMUMAB-ADAZ SQ PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ADALIMUMAB-ADAZ SQ SYRINGE 40 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ADALIMUMAB-ADB M SQ PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
ADALIMUMAB-ADB M SQ SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
ADALIMUMAB-ADB M SQ SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
ADALIMUMAB-ADB M(CF) PEN CROHNS SQ PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (12 EA per 365 days)
ADALIMUMAB-ADB M(CF) PEN PS-UV SQ PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (8 EA per 365 days)
BENLYSTA IV RECON SOLN 120 MG, 400 MG	4	PA
BENLYSTA SQ AUTO-INJECTOR 200 MG/ML	4	PA
BENLYSTA SQ SYRINGE 200 MG/ML	4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SQ PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (12 EA per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV SQ PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (8 EA per 365 days)
CYLTEZO(CF) PEN SQ PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SQ SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SQ SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
ENBREL MINI SQ CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SQ SOLN 25 MG/0.5 ML	4	PA; QL (8 ML per 28 days)
ENBREL SQ SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SQ PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
HUMIRA PEN CROHNS-UC-HS START SQ PEN INJECTOR KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (12 EA per 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN PSOR-UVEITS-ADOL HS SQ PEN INJECTOR KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (8 EA per 365 days)
HUMIRA PEN SQ PEN INJECTOR KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA SQ SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SQ SYRINGE KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SQ SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SQ PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SQ PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SQ PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN SQ PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SQ PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SQ SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SQ SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER SQ PEN INJECTOR 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (4.8 ML per 365 days)
HYRIMOZ PEN PSORIASIS STARTER SQ PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 ML per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SQ SYRINGE 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 ML per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) PEDI CROHN STARTER SQ SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (2.4 ML per 365 days)
HYRIMOZ(CF) PEN SQ PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (1.6 ML per 28 days)
HYRIMOZ(CF) SQ SYRINGE 10 MG/0.1 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (0.2 ML per 28 days)
HYRIMOZ(CF) SQ SYRINGE 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (0.4 ML per 28 days)
HYRIMOZ(CF) SQ SYRINGE 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (1.6 ML per 28 days)
<i>leflunomide oral tab 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
ORENCIA CLICKJECT SQ AUTO-INJECTOR 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SQ SYRINGE 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SQ SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ORENCIA SQ SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 ML per 28 days)
OTEZLA ORAL TAB 30 MG	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (110 EA per 365 days)
<i>penicillamine oral cap 250 mg</i>	4	
<i>penicillamine oral tab 250 mg</i>	4	
RIDAURA ORAL CAP 3 MG	4	
RINVOQ ORAL TAB EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (30 EA per 30 days)
RINVOQ ORAL TAB EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (84 EA per 180 days)
XELJANZ ORAL SOLN 1 MG/ML	4	PA; QL (300 ML per 30 days)
XELJANZ ORAL TAB 10 MG, 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TAB EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30 EA per 30 days)
<b>OBSTETRICS / GYNECOLOGY</b>		
<b><i>ESTROGENS / PROGESTINS</i></b>		
<i>camila oral tab 0.35 mg</i>	2	
<i>deblitane oral tab 0.35 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>depo-estradiol im oil 5 mg/ml</i>	3	
DEPO-SUBQ PROVERA 104 SQ SYRINGE 104 MG/0.65 ML	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
DUAVEE ORAL TAB 0.45-20 MG	3	PA
<i>errin oral tab 0.35 mg</i>	2	
<i>estradiol oral tab 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/g)</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>estradiol valerate im oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
<i>fyavolv oral tab 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>heather oral tab 0.35 mg</i>	2	
<i>hydroxyprogesterone caproate im oil 250 mg/ml</i>	4	
<i>incassia oral tab 0.35 mg</i>	2	
JENCYCLA ORAL TAB 0.35 MG	2	
<i>lyza oral tab 0.35 mg</i>	2	
<i>medroxyprogesterone im susp 150 mg/ml</i>	3	
<i>medroxyprogesterone im syringe 150 mg/ml</i>	3	
<i>medroxyprogesterone oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
NORA-BE ORAL TAB 0.35 MG	2	
<i>norethindrone (contraceptive) oral tab 0.35 mg</i>	2	
<i>norethindrone acetate oral tab 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tab 0.5-2.5 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TAB 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/G	2	
PREMPRO ORAL TAB 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone micronized oral cap 100 mg, 200 mg</i>	2	
<i>sharobel oral tab 0.35 mg</i>	2	
<i>yuvafem vaginal tab 10 mcg</i>	3	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 g)</i>	2	
<i>terconazole vaginal cream 0.4 %</i>	1	
TERCONAZOLE VAGINAL CREAM 0.8 %	1	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tab 650 mg</i>	2	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 G)	2	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle oral tab 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tab 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tab 90-20 mcg (28)</i>	1	
<i>apri oral tab 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tab 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tab 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tab 1-20 mg-mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aurovela 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tab 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tab 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tab 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tab 0.4-35 mg-mcg</i>	1	
CAMRESE LO ORAL TABS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	1	
CAMRESE ORAL TABS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1	
<i>charlotte 24 fe oral tab,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>chateal eq (28) oral tab 0.15-0.03 mg</i>	1	
<i>cryelle (28) oral tab 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tab 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tab 0.15-0.03 mg</i>	1	
<i>dolishale oral tab 90-20 mcg (28)</i>	1	
DROSPIRENONE-E.ESTRADIOL-LM.FA ORAL TAB 3-0.02-0.451 MG (24) (4), 3-0.03-0.451 MG (21) (7)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol oral tab 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tab 0.3-30 mg-mcg</i>	1	
<i>enpresse oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tab 0.15-0.03 mg</i>	1	
<i>estarylla oral tab 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tab 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tab 0.1-20 mg-mcg</i>	1	
<i>finzala oral tab, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>gemmily oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tab 1.5-30 mg-mcg</i>	1	
<i>iclevia oral tabs, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tab 0.15-0.03 mg</i>	1	
<i>jaimiess oral tabs, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tab 3-0.02 mg</i>	1	
JOLESSA ORAL TABS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (91)	1	
<i>joyeaux oral tab 0.1 mg-0.02 mg (21)/iron (7)</i>	2	
<i>juleber oral tab 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tab 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kaitlib fe oral tab,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tab 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 (28) oral tab 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tab 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tabs,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tab 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
LAYOLIS FE ORAL TAB,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	1	
LEENA 28 ORAL TAB 0.5/1/0.5-35 MG-MCG	1	
<i>lessina oral tab 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tab 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tabs,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estradiol triphasic oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tab 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tabs,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tab 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tab 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tab 3-0.02 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lutera (28) oral tab 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tab 0.15-0.03 mg</i>	1	
<i>merzee oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tab 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tab 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tab 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tab 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tab 3-0.02 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tab,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tab 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tab 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<b>NORETHINDRONE-E.ESTRADIOL-IRON ORAL TAB,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)</b>	1	
<i>norgestimate-ethinyl estradiol oral tab 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tab 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tab 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tab 0.25-35 mg-mcg</i>	1	
<b>OCELLA ORAL TAB 3-0.03 MG</b>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>philith oral tab 0.4-35 mg-mcg</i>	1	
<i>pimtrex (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>portia 28 oral tab 0.15-0.03 mg</i>	1	
<i>reclipsen (28) oral tab 0.15-0.03 mg</i>	1	
RIVELSA ORAL TABS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	1	
<i>setlakin oral tabs,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tab 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tab 0.1-20 mg-mcg</i>	1	
<i>syeda oral tab 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1-20 eq (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>taysofy oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tilia fe oral tab 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-estarylla oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tab 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-nymyo oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec (28) oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>turqoz (28) oral tab 0.3-30 mg-mcg</i>	1	
TYBLUME ORAL TAB,CHEWABLE 0.1 MG- 20 MCG	1	
<i>tydemy oral tab 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tab 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tab 3-0.02 mg</i>	1	
<i>vienva oral tab 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tab 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tab 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tab 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tab,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zovia 1-35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tab 3-0.03 mg</i>	1	

## OPHTHALMOLOGY

### ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/g</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/g</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSP 0.6 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/g (0.5 %)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSP 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/g</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming soln 0.25 %, 0.5 %</i>	3	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
EYLEA INTRAVITREAL SOLN 2 MG/0.05 ML	4	PA; QL (0.1 ML per 28 days)
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA; QL (0.1 ML per 28 days)
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
MIEBO OPHTHALMIC (EYE) DROPS 100 %	2	QL (3 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (112 ML per 56 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 EA per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSP 0.3 %	2	
KETOROLAC OPHTHALMIC (EYE) DROPS 0.4 %	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral cap, extended release 500 mg</i>	2	
<i>acetazolamide oral tab 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	3	
<i>methazolamide oral tab 25 mg, 50 mg</i>	3	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) drops,susp 1 %</i>	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSP 1-0.2 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,susp 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,susp 3.5-10,000-10 mg-unit-mg/ml</i>	1	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSP 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,susp 0.3-0.1 %</i>	2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSP 0.3-0.5 %	2	
<b>STERIODS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSP 0.25 %	2	QL (16.6 ML per 30 days)
FLUOROMETHOLONE OPHTHALMIC (EYE) DROPS,SUSP 0.1 %	2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSP 1 %	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,susp 0.5 %</i>	3	
PREDNISOLONE ACETATE OPHTHALMIC (EYE) DROPS,SUSP 1 %	2	

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<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>cetirizine oral soln 1 mg/ml</i>	1	
<i>desloratadine oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection soln 50 mg/ml</i>	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	1	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection soln 1 mg/ml</i>	3	
<i>hydroxyzine hcl oral tab 10 mg, 25 mg, 50 mg</i>	2	PA
<i>hydroxyzine pamoate oral cap 100 mg, 25 mg, 50 mg</i>	2	PA
<i>levocetirizine oral soln 2.5 mg/5 ml</i>	3	
<i>levocetirizine oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA
<i>promethazine oral tab 12.5 mg, 25 mg, 50 mg</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	3	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine soln 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B/D PA
ADEMPAS ORAL TAB 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (90 EA per 30 days)
ADVAIR HFA INH HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALBUTEROL SULFATE INH HFA AEROSOL INHALER 90 MCG/ACTUATION	1	QL (17 GM per 30 days)
<i>albuterol sulfate inh hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INH HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	QL (36 GM per 30 days)
<i>albuterol sulfate inh soln for neb 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tab 2 mg, 4 mg</i>	3	
<i>alyq oral tab 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tab 10 mg, 5 mg</i>	4	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INH BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
<i>arformoterol inh soln for neb 15 mcg/2 ml</i>	3	B/D PA
ARNUITY ELLIPTA INH BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ATROVENT HFA INH HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 GM per 30 days)
<i>bosentan oral tab 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INH BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 EA per 30 days)
<i>breyndra inh hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	3	QL (10.3 GM per 30 days)
BROVANA INH SOLN FOR NEB 15 MCG/2 ML	3	B/D PA
<i>budesonide inh susp for neb 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	B/D PA; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INH MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inh soln for neb 20 mg/2 ml</i>	3	B/D PA
FASENRA PEN SQ AUTO-INJECTOR 30 MG/ML	4	PA; QL (1 ML per 28 days)
FASENRA SQ SYRINGE 30 MG/ML	4	PA; QL (1 ML per 28 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate nasal spray,susp 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inh blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>formoterol fumarate inh soln for neb 20 mcg/2 ml</i>	3	B/D PA; QL (120 ML per 30 days)
HAEGARDA SQ RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
<i>icatibant sq syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
INCRUSE ELLIPTA INH BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inh soln 0.02 %</i>	1	B/D PA
<i>ipratropium-albuterol inh soln for neb 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; QL (56 EA per 28 days)
KALYDECO ORAL TAB 150 MG	4	PA; QL (56 EA per 28 days)
<i>levalbuterol hcl inh soln for neb 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PA
LEVALBUTEROL TARTRATE INH HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (30 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	2	QL (30 EA per 30 days)
<i>montelukast oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tab,chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
NUCALA SQ AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL (3 ML per 28 days)
NUCALA SQ SYRINGE 100 MG/ML	4	PA; LA; QL (3 ML per 28 days)
NUCALA SQ SYRINGE 40 MG/0.4 ML	4	PA; LA; QL (0.4 ML per 28 days)
OFEV ORAL CAP 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TAB 10 MG	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TAB 100-125 MG, 200-125 MG	4	PA; QL (112 EA per 28 days)
PERFORMIST INH SOLN FOR NEB 20 MCG/2 ML	4	B/D PA; QL (120 ML per 30 days)
<i>pirfenidone oral tab 267 mg</i>	4	PA; QL (270 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone oral tab 534 mg, 801 mg</i>	4	PA; QL (90 EA per 30 days)
PULMICORT INH SUSP FOR NEB 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	B/D PA; QL (120 ML per 30 days)
PULMOZYME INH SOLN 1 MG/ML	4	B/D PA; QL (150 ML per 30 days)
<i>roflumilast oral tab 250 mcg, 500 mcg</i>	3	PA; QL (30 EA per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	ST
<i>sajazir sq syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
SEREVENT DISKUS INH BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
<i>sildenafil (pah) 20 mg tab</i>	2	PA; QL (90 EA per 30 days)
SYMDEKO ORAL TABS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL (56 EA per 28 days)
<i>tadalafil (pah) 20 mg tab</i>	4	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSP 20 MG/5 ML (4 MG/ML)	4	PA; QL (300 ML per 30 days)
<i>terbutaline oral tab 2.5 mg, 5 mg</i>	3	
<i>terbutaline sq soln 1 mg/ml</i>	3	
<i>theo-24 oral cap, extended release 24hr 100 mg, 200 mg, 300 mg, 400 mg</i>	3	
<i>theophylline oral tab extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tab extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INH BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; QL (84 EA per 28 days)
TYVASO INH SOLN FOR NEB 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA
TYVASO INSTITUTIONAL START KIT INH SOLN FOR NEB 1.74 MG/2.9 ML	4	B/D PA
TYVASO REFILL KIT INH SOLN FOR NEB 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER KIT INH SOLN FOR NEB 1.74 MG/2.9 ML	4	B/D PA
VENTAVIS INH SOLN FOR NEB 10 MCG/ML, 20 MCG/ML	4	PA
VENTOLIN HFA INH HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
<i>wixela inhub inh blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 ML per 30 days)
XOLAIR SQ RECON SOLN 150 MG	4	PA; LA; QL (8 EA per 28 days)
XOLAIR SQ SYRINGE 150 MG/ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SQ SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
YUPELRI INH SOLN FOR NEB 175 MCG/3 ML	4	B/D PA; QL (90 ML per 30 days)
<i>zafirlukast oral tab 10 mg, 20 mg</i>	3	QL (60 EA per 30 days)

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tab extended release 24 hr 15 mg, 7.5 mg</i>	3	
<i>fesoterodine oral tab extended release 24 hr 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
GEMTESA ORAL TAB 75 MG	2	QL (30 EA per 30 days)
MYRBETRIQ ORAL TAB EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tab 5 mg</i>	1	
<i>oxybutynin chloride oral tab extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>solifenacin oral tab 10 mg, 5 mg</i>	1	
<i>tolterodine oral cap, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tab 1 mg, 2 mg</i>	2	

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tab extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral cap 0.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin oral cap, er multiphase 24 hr 0.5-0.4 mg</i>	3	
<i>finasteride oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>tamsulosin oral cap 0.4 mg</i>	1	QL (60 EA per 30 days)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tab 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CYSTAGON ORAL CAP 150 MG, 50 MG	3	LA
ELMIRON ORAL CAP 100 MG	3	
K-PHOS ORIGINAL ORAL TAB,SOLUBLE 500 MG	3	
<i>potassium citrate oral tab extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	3	
RENACIDIN IRRIGATION SOLN 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral cap 667 mg</i>	2	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tab 667 mg</i>	2	QL (360 EA per 30 days)
KLOR-CON 10 ORAL TAB EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TAB EXTENDED RELEASE 8 MEQ	1	
<i>klor-con m10 oral tab,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tab,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tab,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>lactated ringers iv parent. soln</i>	3	
<i>magnesium sulfate in d5w iv piggyback 1 g/100 ml</i>	3	
<i>magnesium sulfate in water iv parent. soln 20 g/500 ml (4 %), 40 g/1,000 ml (4 %)</i>	3	
<i>magnesium sulfate in water iv piggyback 2 g/50 ml (4 %), 4 g/100 ml (4 %), 4 g/50 ml (8 %)</i>	3	
<i>magnesium sulfate injection soln 500 mg/ml (50 %)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	3	
POTASSIUM CHLORID-D5-0.45%NACL IV PARENT. SOLN 10 MEQ/L, 20 MEQ/L, 30 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 0.9%NACL IV PARENT. SOLN 20 MEQ/L, 40 MEQ/L	3	
<i>potassium chloride in 5 % dex iv parent. soln 10 meq/l</i>	3	
POTASSIUM CHLORIDE IN 5 % DEX IV PARENT. SOLN 20 MEQ/L	3	
POTASSIUM CHLORIDE IN LR-D5 IV PARENT. SOLN 20 MEQ/L	3	
<i>potassium chloride in water iv piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride iv soln 2 meq/ml, 2 meq/ml (20 ml)</i>	3	
<i>potassium chloride oral cap, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	3	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tab extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tab,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl iv parent. soln 20 meq/l</i>	3	
POTASSIUM CHLORIDE-D5-0.2%NACL IV PARENT. SOLN 20 MEQ/L	3	
POTASSIUM CHLORIDE-D5-0.9%NACL IV PARENT. SOLN 20 MEQ/L, 40 MEQ/L	3	
RINGER'S IV PARENT. SOLN	3	
<i>sodium bicarbonate iv syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	3	
<i>sodium chloride 0.45 % iv parent. soln 0.45 %</i>	3	
<i>sodium chloride 3 % hypertonic iv parent. soln 3 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
SODIUM CHLORIDE 5 % HYPERTONIC IV PARENT. SOLN 5 %	3	
<i>sodium chloride iv parent. soln 2.5 meq/ml, 4 meq/ml</i>	3	
TPN ELECTROLYTES IV SOLN 35-20-5 MEQ/20 ML	3	B/D PA
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE IV PARENT. SOLN 5 %	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE IV PARENT. SOLN 4.25 %	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) IV PARENT. SOLN 5 %	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) IV PARENT. SOLN 6-5 %	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) IV PARENT. SOLN 8-10 %	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) IV PARENT. SOLN 8-14 %	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE IV PARENT. SOLN 4.25 %	3	B/D PA
<i>clinisol sf 15 % iv parent. soln 15 %</i>	3	B/D PA
ELECTROLYTE-48 IN D5W IV PARENT. SOLN	3	
INTRALIPID IV EMULSION 20 %, 30 %	3	B/D PA
KABIVEN IV EMULSION 3.31-9.8-3.9 %	3	B/D PA
PERIKABIVEN IV EMULSION 2.36-7.5-3.5 %	3	B/D PA
<i>plenamine iv parent. soln 15 %</i>	3	B/D PA
PREMASOL 10 % IV PARENT. SOLN 10 %	4	B/D PA
PROSOL 20 % IV PARENT. SOLN	3	B/D PA
TRAVASOL 10 % IV PARENT. SOLN 10 %	3	B/D PA
TROPHAMINE 10 % IV PARENT. SOLN 10 %	3	B/D PA
<b>VITAMINS / HEMATINICS</b>		
BAL-CARE DHA ORAL COMBO PACK, TAB AND CAP, DR 27-1-430 MG	2	
C-NATE DHA ORAL CAP 28 MG IRON-1 MG -200 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	2	
ELITE-OB ORAL TAB 50 MG IRON- 1.25 MG	2	
<i>fluoride (sodium) oral tab 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoride (sodium) oral tab,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FOLIVANE-OB ORAL CAP 85-1 MG	2	
<i>ludent fluoride oral tab,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS ORAL TAB 27 MG IRON- 1 MG	2	
PNV-DHA ORAL CAP 27 MG IRON-1 MG -300 MG	2	
PNV-OMEGA ORAL CAP 28-1-300 MG	2	
PNV-SELECT ORAL TAB 27-1 MG	2	
PR NATAL 400 EC ORAL COMBO PACK,TAB AND CAP,DR 29-1-400 MG	2	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	2	
PR NATAL 430 EC ORAL COMBO PACK,TAB AND CAP,DR 29-1-430 MG	2	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	2	
PRENATAL PLUS (CALCIUM CARB) ORAL TAB 27 MG IRON- 1 MG	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TAB 27 MG IRON- 1 MG	2	
SE-NATAL 19 CHEWABLE ORAL TAB,CHEWABLE 29 MG IRON- 1 MG	2	
SE-NATAL-19 ORAL TAB 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAP 35-1-200 MG	2	
TRINATAL RX 1 ORAL TAB 60 MG IRON-1 MG	2	
WESCAP-PN DHA ORAL CAP 27 MG IRON-1 MG - 300 MG	2	
WESNATE DHA ORAL CAP 28 MG IRON-1 MG -200 MG	2	
<i>westab plus oral tab 27 mg iron- 1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
WESTGEL DHA ORAL CAP 31 MG IRON- 1 MG-200 MG	1	

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