



EmblemHealth 2022 PDP Formulary

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
22121, V22

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact EmblemHealth Medicare at **800-585-5786** or, for TTY users, **800-899-2114**, 24 hours a day, 7 days a week. Or visit emblemhealth.com/medicare.

List of Covered Drugs for:

- EmblemHealth National Drug Plan (PDP)



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 EmblemHealth Plan, Inc. When it refers to “plan” or “our plan,” it means EmblemHealth National Drug Plan (PDP).

This document includes a list of the drugs (formulary) for our plan, which is current as of 11/01/2022. 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 Jan. 1, 2023, and from time to time during the year.

What is the EmblemHealth National Drug Plan (PDP) Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan 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 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 EmblemHealth National Drug Plan (PDP) Formulary?”.

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 one-month 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 find information in the section below entitled “How do I request an exception to the EmblemHealth National Drug Plan (PDP) Formulary?”.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/01/2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at emblemhealth.com/medicare. The formulary that is posted on our website is updated.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Hypertensive/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 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 on page 195. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

- You can ask our plan 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 EmblemHealth National Drug Plan (PDP) Formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to EmblemHealth National Drug Plan (PDP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at 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.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth National Drug Plan (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

EmblemHealth National Drug Plan (PDP) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 195.

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

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

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

List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

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

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

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

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ST: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Please refer to your plan Benefit Summary about how the plan's cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for "Extra Help" or "Low-Income Subsidy" (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider), which tells you about your drug coverage. If you don't have this insert, please call Customer Service at the numbers listed above and ask for the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider).

Please Note: Employer Group Waiver Plan (EGWP) please refer to your Cost Sharing Guide or contact Customer Service for benefit details and cost sharing amounts.



ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Chinese)

注意：如果您講中文，我們免費為您提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона, TTY/TTD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하가 한국어를 사용하는 경우, 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)로 전화하십시오.

Italiano (Italian)

ATTENZIONE: Se parli italiano, sono disponibili servizi gratuiti di assistenza linguistica. Chiama il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, אהן קיין פרייז, דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা Bengali

দৃষ্টি আকর্ষণ: আপনি যদি বাংলা ভাষাভাষী হন, তাহলে আপনার জন্য ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে, উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Proszę zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يُرجى الانتباه: إذا كنت تتكلم اللغة العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل بالرقم **1-877-411-3625** (TTY/TDD: **711**).

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EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Français (French)

ATTENTION : si vous parlez français, une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (Sourds et malentendants : **711**).

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں تو، آپ کے لیے زبان سے متعلق مدد کی خدمات دستیاب ہیں۔ **1-877-411-3625** (ٹی ٹی وائی/ٹی ڈی ڈی: **711**) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Kung nagsasalita ka ng Tagalog, mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε **1-877-411-3625** (για άτομα με προβλήματα ακοής/TTY/TDD: **711**).

Shqip (Albanian)

VINI RE: Nëse flisni Shqip, shërbimi i asistencës për përkthim do të jetë në dispozicionin tuaj, pa pagesë. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

Notice of Nondiscrimination Policy

EmblemHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact **1-877-411-3625**.

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	3	B/D PA; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>amphotericin b injection recon soln</i>	3	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	4	B/D PA
ANCOBON ORAL CAPSULE	4	MO
CANCIDAS INTRAVENOUS RECON SOLN	4	
<i>casprofungin intravenous recon soln 50 mg</i>	4	
<i>casprofungin intravenous recon soln 70 mg</i>	3	
<i>clotrimazole mucous membrane troche</i>	1	MO
CRESEMBA INTRAVENOUS RECON SOLN	4	PA
CRESEMBA ORAL CAPSULE	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
DIFLUCAN ORAL TABLET	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	4	MO
<i>griseofulvin microsize oral suspension</i>	3	MO
<i>griseofulvin microsize oral tablet</i>	3	MO
<i>griseofulvin ultramicrosize oral tablet</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral tablet</i>	1	MO

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

This drug list was last updated on 11/16/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>micafungin intravenous recon soln</i>	4	MO
MYCAMINE INTRAVENOUS RECON SOLN	4	MO
NOXAFIL INTRAVENOUS SOLUTION	4	PA
NOXAFIL ORAL SUSPENSION	4	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; MO; QL (96 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral tablet</i>	1	MO
TOLSURA ORAL CAPSULE, SOLID DISPERSION	4	PA; MO; QL (120 per 30 days)
VFEND IV INTRAVENOUS RECON SOLN	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
VFEND ORAL TABLET 200 MG	3	PA; MO
VFEND ORAL TABLET 50 MG	4	PA; MO
<i>voriconazole intravenous recon soln</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	1	MO
<i>abacavir oral tablet</i>	1	MO
<i>abacavir-lamivudine oral tablet</i>	2	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir oral tablet</i>	3	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO

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

This drug list was last updated on 11/16/2022.

Drug Name	Drug Tier	Requirements/Limits
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	MO
APTIVUS ORAL CAPSULE	4	MO
<i>atazanavir oral capsule</i>	3	MO
ATRIPLA ORAL TABLET	4	MO
BARACLUDE ORAL SOLUTION	4	MO
BARACLUDE ORAL TABLET	4	MO
BIKTARVY ORAL TABLET	4	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	MO
<i>cidofovir intravenous solution</i>	4	B/D PA; MO
CIMDUO ORAL TABLET	4	MO
COMBIVIR ORAL TABLET	4	MO
COMPLERA ORAL TABLET	4	MO
DELSTRIGO ORAL TABLET	4	MO
DESCOVY ORAL TABLET	4	MO
DOVATO ORAL TABLET	4	MO
EDURANT ORAL TABLET	4	MO
<i>efavirenz oral capsule 200 mg</i>	3	MO
<i>efavirenz oral capsule 50 mg</i>	1	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofof oral tablet</i>	4	MO
<i>efavirenz-lamivu-tenofof disop oral tablet</i>	4	MO
<i>emtricitabine oral capsule</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	4	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir oral tablet</i>	3	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days)

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

This drug list was last updated on 11/16/2022.

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR HBV ORAL TABLET	3	MO
EPIVIR ORAL SOLUTION	3	MO
EPIVIR ORAL TABLET	3	MO
EPZICOM ORAL TABLET	4	MO
<i>etravirine oral tablet</i>	4	MO
EVOTAZ ORAL TABLET	4	MO
<i>famciclovir oral tablet</i>	1	MO
<i>fosamprenavir oral tablet</i>	4	MO
<i>foscarnet intravenous solution</i>	3	B/D PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA; MO
GENVOYA ORAL TABLET	4	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
HEPSERA ORAL TABLET	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS HD ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	4	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	4	MO
LIVTENCITY ORAL TABLET	4	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc oral tablet</i>	4	MO
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY ORAL TABLET	4	MO
<i>oseltamivir oral capsule</i>	2	MO
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PIFELTRO ORAL TABLET	4	MO
PREVYMIS INTRAVENOUS SOLUTION	4	
PREVYMIS ORAL TABLET	4	MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
RAPIVAB (PF) INTRAVENOUS SOLUTION	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	MO
RETROVIR INTRAVENOUS SOLUTION	2	MO

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	1	MO
<i>ritonavir oral tablet</i>	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SITAVIG MUCO-ADHESIVE BUCCAL TABLET	3	MO
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD ORAL TABLET	4	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	4	MO
SYMFI LO ORAL TABLET	4	MO
SYMFI ORAL TABLET	4	MO
SYMTUZA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION	4	MO; LA
TAMIFLU ORAL CAPSULE	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
TEMIXYS ORAL TABLET	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet</i>	3	MO
TIVICAY ORAL TABLET 10 MG	2	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	MO
TRIUMEQ ORAL TABLET	4	MO
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	MO
TRIZIVIR ORAL TABLET	4	MO
TROGARZO INTRAVENOUS SOLUTION	4	MO; LA
TRUVADA ORAL TABLET	4	MO
TYBOST ORAL TABLET	3	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE ORAL RECON SOLN	4	MO
VALCYTE ORAL TABLET	4	MO
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	2	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN	4	
VEMLIDY ORAL TABLET	4	MO
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET	4	MO
VOSEVI ORAL TABLET	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	2	
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER ORAL TABLET	4	PA; MO; QL (28 per 28 days)
ZIAGEN ORAL SOLUTION	3	MO
ZIAGEN ORAL TABLET	3	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet</i>	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	4	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO
CEFAZOLIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	3	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln</i>	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback</i>	3	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	MO
<i>cefepime injection recon soln</i>	3	MO
CEFEPIME INTRAVENOUS RECON SOLN	3	
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	3	MO
CEFOTAN INJECTION RECON SOLN 1 GRAM	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CEFOTAN INJECTION RECON SOLN 2 GRAM	4	PA
CEFOTETAN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	PA
<i>cefotetan injection recon soln</i>	3	PA
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefepodoxime oral suspension for reconstitution</i>	1	MO
<i>cefepodoxime oral tablet</i>	1	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	3	PA
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	3	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	3	MO
FETROJA INTRAVENOUS RECON SOLN	4	PA

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
<i>tazicef injection recon soln</i>	3	PA; MO
<i>tazicef intravenous recon soln</i>	3	PA
TEFLARO INTRAVENOUS RECON SOLN	4	PA; MO
ZERBAXA INTRAVENOUS RECON SOLN	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	3	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days)
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	3	MO
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate intravenous recon soln</i>	3	PA; MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	3	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	MO
ZITHROMAX INTRAVENOUS RECON SOLN	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK ORAL TABLET	3	MO
ZITHROMAX Z-PAK ORAL TABLET	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	3	MO; QL (12 per 30 days)
<i>albendazole oral tablet</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
<i>atovaquone oral suspension</i>	4	MO
<i>atovaquone-proguanil oral tablet</i>	1	MO
AZACTAM INJECTION RECON SOLN	3	PA; MO
<i>aztreonam injection recon soln</i>	3	PA; MO
<i>bacitracin intramuscular recon soln</i>	3	
BENZNIDAZOLE ORAL TABLET	2	MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (224 per 28 days)
BILTRICIDE ORAL TABLET	3	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; LA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sod succinate intravenous recon soln</i>	3	
<i>chloroquine phosphate oral tablet</i>	1	MO
CLEOCIN HCL ORAL CAPSULE	3	MO
CLEOCIN INJECTION SOLUTION	3	PA; MO
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	MO
<i>clindamycin hcl oral capsule</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	PA
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>clindamycin pediatric oral recon soln</i>	1	MO
<i>clindamycin phosphate injection solution</i>	3	PA; MO
<i>clindamycin phosphate intravenous solution</i>	3	PA; MO
COARTEM ORAL TABLET	3	MO
<i>colistin (colistimethate na) injection recon soln</i>	3	PA; MO
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	PA; MO
CUBICIN RF INTRAVENOUS RECON SOLN	4	MO
CYCLOSERINE ORAL CAPSULE	3	MO
DALVANCE INTRAVENOUS SOLUTION	4	PA; MO
<i>dapsone oral tablet</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
DARAPRIM ORAL TABLET	4	PA
EMVERM ORAL TABLET,CHEWABLE	4	MO
<i>ertapenem injection recon soln</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	1	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	QL (400 per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	3	PA; MO
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	3	PA
<i>gentamicin injection solution 40 mg/ml</i>	3	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	3	PA; MO
HUMATIN ORAL CAPSULE	3	MO
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	3	PA; MO
IMPAVIDO ORAL CAPSULE	4	PA; MO
INVANZ INJECTION RECON SOLN	3	PA; MO; QL (14 per 14 days)
<i>isoniazid injection solution</i>	3	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	1	MO
KIMYRSA INTRAVENOUS RECON SOLN	4	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (280 per 28 days)
KRINTAFEL ORAL TABLET	3	MO
LAMPIT ORAL TABLET	3	
LINCOCIN INJECTION SOLUTION	3	PA; MO
<i>lincomycin injection solution</i>	3	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	3	PA
<i>linezolid oral suspension for reconstitution</i>	4	MO
<i>linezolid oral tablet</i>	3	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	3	PA
MALARONE ORAL TABLET	3	MO
MALARONE PEDIATRIC ORAL TABLET	3	MO
<i>mefloquine oral tablet</i>	1	MO
MEPRON ORAL SUSPENSION	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	PA; QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	PA; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	3	PA; MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	3	PA; MO
<i>metronidazole oral capsule</i>	3	MO
<i>metronidazole oral tablet</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN ORAL CAPSULE	3	MO
NEBUPENT INHALATION RECON SOLN	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin oral tablet</i>	1	MO
<i>nitazoxanide oral tablet</i>	4	MO
ORBACTIV INTRAVENOUS RECON SOLN	4	PA; MO
<i>paromomycin oral capsule</i>	3	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	2	MO
PENTAM INJECTION RECON SOLN	3	MO
<i>pentamidine inhalation recon soln</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	3	MO
PLAQUENIL ORAL TABLET	3	MO
<i>polymyxin b sulfate injection recon soln</i>	3	PA; MO
<i>praziquantel oral tablet</i>	3	MO
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	MO
PRIMAQUINE ORAL TABLET	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>pyrazinamide oral tablet</i>	3	MO
<i>pyrimethamine oral tablet</i>	4	PA; MO
QUALAQUIN ORAL CAPSULE	3	MO
<i>quinine sulfate oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
RECARBRIO INTRAVENOUS RECON SOLN	4	
<i>rifabutin oral capsule</i>	3	MO
RIFADIN INTRAVENOUS RECON SOLN	3	MO
<i>rifampin intravenous recon soln</i>	3	MO
<i>rifampin oral capsule</i>	2	MO
RIMSO-50 INTRAVESICAL SOLUTION	3	MO
SIRTURO ORAL TABLET	4	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN	4	PA
SIVEXTRO ORAL TABLET	4	MO
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	MO
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	PA; MO
STROMECTOL ORAL TABLET	3	MO
<i>tigecycline intravenous recon soln</i>	4	PA; MO
<i>tinidazole oral tablet</i>	1	MO
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	4	B/D PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	3	PA
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECTOR ORAL TABLET	3	MO
TYGACIL INTRAVENOUS RECON SOLN	4	PA; MO
VABOMERE INTRAVENOUS RECON SOLN	3	PA
VANCOCIN ORAL CAPSULE 125 MG	4	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; MO; QL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (3000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	2	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	3	PA; MO; QL (20 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	3	PA; QL (16 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	PA; QL (14 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
<i>vancomycin oral recon soln</i>	3	MO; QL (450 per 10 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (3000 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PA
XENLETA INTRAVENOUS SOLUTION	4	
XENLETA ORAL TABLET	4	MO
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days)
ZEMDRI INTRAVENOUS SOLUTION	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	MO
ZYVOX ORAL TABLET	4	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln</i>	3	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	3	PA
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	PA; MO
<i>dicloxacillin oral capsule</i>	1	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	4	PA
<i>nafcillin intravenous recon soln 2 gram</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	3	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	PA
<i>oxacillin injection recon soln 2 gram</i>	3	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	2	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	3	PA; MO
<i>penicillin g procaine intramuscular syringe</i>	3	PA; MO
<i>penicillin g sodium injection recon soln</i>	3	PA; MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g injection recon soln</i>	3	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	3	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	3	PA; MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN	4	PA
BAXDELA ORAL TABLET	4	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	3	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin intravenous solution</i>	3	PA; MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral tablet</i>	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	3	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	MO
SULFA'S / RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	MO
BACTRIM ORAL TABLET	3	MO
<i>sulfadiazine oral tablet</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	3	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST; MO
<i>demeclocycline oral tablet</i>	3	MO
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST; MO
<i>doxy-100 intravenous recon soln</i>	3	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	3	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	MO
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	4	ST; MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	3	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	MO
MINOCIN INTRAVENOUS RECON SOLN	3	PA; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>minocycline oral tablet extended release 24 hr</i>	3	MO
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	MO
MONODOX ORAL CAPSULE	3	ST; MO
NUZYRA INTRAVENOUS RECON SOLN	4	PA
NUZYRA ORAL TABLET	4	
ORACEA ORAL CAPSULE, IR - DELAYED RELEASE, BIPHASE	3	ST; MO
SEYSARA ORAL TABLET	4	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX ORAL TABLET	3	ST; MO
<i>tetracycline oral capsule</i>	3	MO
VIBRAMYCIN (CALCIUM) ORAL SYRUP	2	MO
VIBRAMYCIN (MONO) ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
XERAVA INTRAVENOUS RECON SOLN	3	PA
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	3	MO
FURADANTIN ORAL SUSPENSION	3	MO
HIPREX ORAL TABLET	3	MO
MACROBID ORAL CAPSULE	3	MO
MACRODANTIN ORAL CAPSULE	3	MO
<i>methenamine hippurate oral tablet</i>	1	MO
<i>methenamine mandelate oral tablet</i>	1	MO
MONUROL ORAL PACKET	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>nitrofurantoin oral suspension</i>	3	MO
<i>trimethoprim oral tablet</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	4	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	4	MO
KEPIVANCE INTRAVENOUS RECON SOLN	4	
KHAPZORY INTRAVENOUS RECON SOLN	4	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	3	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	3	B/D PA
<i>leucovorin calcium injection solution</i>	3	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln</i>	4	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna intravenous solution</i>	1	B/D PA; MO
MESNEX INTRAVENOUS SOLUTION	3	B/D PA; MO
MESNEX ORAL TABLET	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VISTOGARD ORAL GRANULES IN PACKET	4	PA
XGEVA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
ADAKVEO INTRAVENOUS SOLUTION	4	PA
ADCETRIS INTRAVENOUS RECON SOLN	4	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA; MO
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; MO
AFINITOR ORAL TABLET	4	PA; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE	4	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
ALIQOPA INTRAVENOUS RECON SOLN	4	B/D PA; LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	4	B/D PA
ALKERAN ORAL TABLET	3	B/D PA; MO
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 30 days)
ALYMSYS INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>anastrozole oral tablet</i>	1	MO
ARIMIDEX ORAL TABLET	4	MO
AROMASIN ORAL TABLET	4	MO
ARRANON INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	4	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; MO
ARZERRA INTRAVENOUS SOLUTION	4	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	4	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
AVASTIN INTRAVENOUS SOLUTION	4	B/D PA; MO
AYVAKIT ORAL TABLET	4	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	4	B/D PA; MO
AZASAN ORAL TABLET	3	B/D PA; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	1	B/D PA
BALVERSA ORAL TABLET	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	4	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	B/D PA
BENDEKA INTRAVENOUS SOLUTION	4	B/D PA; MO
BESPONSA INTRAVENOUS RECON SOLN	4	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	4	PA; MO
<i>bexarotene topical gel</i>	4	PA; MO
<i>bicalutamide oral tablet</i>	1	MO
BICNU INTRAVENOUS RECON SOLN	4	B/D PA; MO
BLENREP INTRAVENOUS RECON SOLN	4	PA
<i>bleomycin injection recon soln</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	B/D PA; MO
BORTEZOMIB INTRAVENOUS RECON SOLN	4	B/D PA
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	4	PA; LA
<i>busulfan intravenous solution</i>	4	B/D PA
BUSULFEX INTRAVENOUS SOLUTION	4	B/D PA
CABOMETYX ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	4	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PA
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA; MO
CASODEX ORAL TABLET	3	MO
CELLCEPT INTRAVENOUS RECON SOLN	3	B/D PA; MO
CELLCEPT ORAL CAPSULE	3	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
CELLCEPT ORAL TABLET	4	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine intravenous solution</i>	4	B/D PA; MO
<i>clofarabine intravenous solution</i>	4	B/D PA
CLOLAR INTRAVENOUS SOLUTION	4	B/D PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE	4	PA; LA; QL (60 per 30 days)
COSELA INTRAVENOUS RECON SOLN	4	PA
COSMEGEN INTRAVENOUS RECON SOLN	4	B/D PA; MO
COTELLIC ORAL TABLET	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	B/D PA; MO
<i>cyclosporine intravenous solution</i>	1	B/D PA
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>cytarabine injection solution</i>	1	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	1	B/D PA; MO
DACOGEN INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	1	B/D PA
DANYELZA INTRAVENOUS SOLUTION	4	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	4	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA; MO
DOXIL INTRAVENOUS SUSPENSION	4	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	4	B/D PA; MO
DROXIA ORAL CAPSULE	2	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
ELLENCEN INTRAVENOUS SOLUTION	3	B/D PA; MO
ELZONRIS INTRAVENOUS SOLUTION	4	PA; LA
EMCYT ORAL CAPSULE	4	MO
EMPLICITI INTRAVENOUS RECON SOLN	4	B/D PA; MO
ENHERTU INTRAVENOUS RECON SOLN	4	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA; MO
ERBITUX INTRAVENOUS SOLUTION	4	B/D PA; MO
ERIVEDGE ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	4	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>etoposide intravenous solution</i>	1	B/D PA; MO
EULEXIN ORAL CAPSULE	4	MO
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; MO
<i>everolimus (immunosuppressive) oral tablet</i>	4	B/D PA; MO
EVOMELA INTRAVENOUS RECON SOLN	3	B/D PA
<i>exemestane oral tablet</i>	3	MO
EXKIVITY ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
FARESTON ORAL TABLET	4	MO
FARYDAK ORAL CAPSULE	4	PA; MO; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE	4	B/D PA; MO
FEMARA ORAL TABLET	3	MO
FENSOLVI SUBCUTANEOUS SYRINGE	4	PA

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>floxuridine injection recon soln</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
<i>flutamide oral capsule</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION	4	B/D PA; MO
FOTIVDA ORAL CAPSULE	4	PA; LA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	4	B/D PA; MO
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
GAVRETO ORAL CAPSULE	4	PA; MO; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf oral capsule</i>	1	B/D PA; MO
<i>gengraf oral solution</i>	1	B/D PA; MO
GILOTRIF ORAL TABLET	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
HALAVEN INTRAVENOUS SOLUTION	4	B/D PA; MO
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
HERZUMA INTRAVENOUS RECON SOLN	4	B/D PA; MO
HYCAMTIN INTRAVENOUS RECON SOLN	4	B/D PA; MO
HYDREA ORAL CAPSULE	3	MO
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE	4	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET	4	PA; QL (30 per 30 days)
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>idarubicin intravenous solution</i>	1	B/D PA; MO
IDHIFA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
IFEX INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET	4	PA; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
IMURAN ORAL TABLET	3	B/D PA; MO
INFUGEM INTRAVENOUS PIGGYBACK	4	B/D PA
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	4	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	4	PA; MO; LA; QL (120 per 30 days)
IRESSA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	4	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
IXEMPRA INTRAVENOUS RECON SOLN	4	B/D PA; MO
JAKAFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	4	PA; MO
JEVTANA INTRAVENOUS SOLUTION	4	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	4	PA; MO
KANJINTI INTRAVENOUS RECON SOLN	4	B/D PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KIMMTRAK INTRAVENOUS SOLUTION	4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days)
KLISYRI TOPICAL OINTMENT IN PACKET	4	MO
KOSELUGO ORAL CAPSULE	4	PA
KYPROLIS INTRAVENOUS RECON SOLN	4	B/D PA
LANREOTIDE SUBCUTANEOUS SYRINGE	4	PA; MO
<i>lapatinib oral tablet</i>	4	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE	4	PA; MO
<i>letrozole oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	4	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	4	PA; LA
LONSURF ORAL TABLET	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET	4	PA; MO
LUMOXITI INTRAVENOUS RECON SOLN	4	PA; LA
LUPKYNIS ORAL CAPSULE	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; MO
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	2	
MARGENZA INTRAVENOUS SOLUTION	4	PA
MATULANE ORAL CAPSULE	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	4	B/D PA
<i>melphalan oral tablet</i>	1	B/D PA; MO
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	4	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	4	PA; LA
MVASI INTRAVENOUS SOLUTION	4	B/D PA; MO
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	3	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	3	B/D PA; MO
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	4	B/D PA; MO; LA
<i>nelarabine intravenous solution</i>	4	B/D PA; MO
NEORAL ORAL CAPSULE	3	B/D PA; MO
NEORAL ORAL SOLUTION	3	B/D PA; MO
NERLYNX ORAL TABLET	4	PA; MO; LA
NEXAVAR ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON ORAL TABLET	4	PA; MO
<i>nilutamide oral tablet</i>	4	PA; MO
NINLARO ORAL CAPSULE	4	PA; MO; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN	4	B/D PA; MO
NUBEQA ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	PA; MO
ODOMZO ORAL CAPSULE	4	PA; MO; LA; QL (30 per 30 days)
OGIVRI INTRAVENOUS RECON SOLN	4	B/D PA; MO
ONCASPAR INJECTION SOLUTION	4	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	4	B/D PA
ONTRUZANT INTRAVENOUS RECON SOLN	4	B/D PA
ONUREG ORAL TABLET	4	PA; MO; QL (14 per 14 days)
OPDIVO INTRAVENOUS SOLUTION	4	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	4	PA; MO
ORGOVYX ORAL TABLET	4	PA; LA; QL (32 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel intravenous concentrate</i>	1	B/D PA; MO
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	4	PA; MO
<i>paraplatin intravenous solution</i>	1	B/D PA
PEMAZYRE ORAL TABLET	4	PA; LA; QL (14 per 21 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	3	B/D PA; MO
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	4	B/D PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 100 MG	3	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 500 MG	4	B/D PA
PERJETA INTRAVENOUS SOLUTION	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PHESGO SUBCUTANEOUS SOLUTION	4	PA; MO
PIQRAY ORAL TABLET	4	PA; MO
POLIVY INTRAVENOUS RECON SOLN	4	PA; MO
POMALYST ORAL CAPSULE	4	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	4	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	4	PA
PROGRAF INTRAVENOUS SOLUTION	2	B/D PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN ORAL SUSPENSION	4	
QINLOCK ORAL TABLET	4	PA; LA; QL (90 per 30 days)
RAPAMUNE ORAL SOLUTION	4	B/D PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	B/D PA; MO
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE	4	PA; MO; LA; QL (28 per 28 days)
REZUROCK ORAL TABLET	4	PA; LA; QL (30 per 30 days)
RIABNI INTRAVENOUS SOLUTION	4	PA; MO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	4	PA; MO
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; MO
<i>romidepsin intravenous recon soln</i>	4	B/D PA
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
RUBRACA ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	4	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	4	PA; MO
RYDAPT ORAL CAPSULE	4	PA; MO
RYLAZE INTRAMUSCULAR SOLUTION	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE ORAL CAPSULE	3	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	4	PA; MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	PA; MO
SAPHNELO INTRAVENOUS SOLUTION	4	PA; LA
SARCLISA INTRAVENOUS SOLUTION	4	PA; LA
SCEMBLIX ORAL TABLET 20 MG	4	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; MO; QL (300 per 30 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO
SIKLOS ORAL TABLET 100 MG	3	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA; MO
<i>sirolimus oral solution</i>	4	B/D PA; MO
<i>sirolimus oral tablet</i>	3	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; MO
<i>sorafenib oral tablet</i>	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>sunitinib oral capsule</i>	4	PA; MO; QL (30 per 30 days)
SUPPRELIN LA IMPLANT KIT	4	PA; MO
SUTENT ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
TABLOID ORAL TABLET	3	MO
TABRECTA ORAL TABLET	4	PA; MO
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TAGRISSO ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
TARGRETIN ORAL CAPSULE	4	PA; MO
TARGRETIN TOPICAL GEL	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	4	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
TEMODAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	4	B/D PA; MO
TEPADINA INJECTION RECON SOLN	4	B/D PA
TEPMETKO ORAL TABLET	4	PA; LA
THALOMID ORAL CAPSULE	4	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	4	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	4	B/D PA; MO
TIBSOVO ORAL TABLET	4	PA
TIVDAK INTRAVENOUS RECON SOLN	4	PA; MO
<i>toposar intravenous solution</i>	1	B/D PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA; MO
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA; MO
<i>toremifene oral tablet</i>	4	MO
TORISEL INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRAZIMERA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	4	MO
TREXALL ORAL TABLET	3	B/D PA; MO
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TRISENOX INTRAVENOUS SOLUTION	4	B/D PA; MO
TRODELVY INTRAVENOUS RECON SOLN	4	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	4	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	4	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	4	PA; LA; QL (63 per 21 days)
TRUXIMA INTRAVENOUS SOLUTION	4	PA; MO
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
TYKERB ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	4	B/D PA
UPLIZNA INTRAVENOUS SOLUTION	4	PA; MO; LA
<i>valrubicin intravesical solution</i>	4	B/D PA; MO
VALSTAR INTRAVESICAL SOLUTION	4	B/D PA; MO
VECTIBIX INTRAVENOUS SOLUTION	4	B/D PA; MO
VELCADE INJECTION RECON SOLN	4	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL (42 per 30 days)
VERZENIO ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
VIDAZA INJECTION RECON SOLN	4	B/D PA; MO
VIJOICE ORAL TABLET	4	PA
<i>vinblastine intravenous solution</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>vincasar pfs intravenous solution</i>	1	B/D PA; MO
<i>vincristine intravenous solution</i>	1	B/D PA; MO
<i>vinorelbine intravenous solution</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	4	PA; QL (120 per 30 days)
VOTRIENT ORAL TABLET	4	PA; MO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	4	B/D PA
WELIREG ORAL TABLET	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
XATMEP ORAL SOLUTION	3	B/D PA; MO
XERMELO ORAL TABLET	4	PA; LA; QL (90 per 30 days)
XOSPATA ORAL TABLET	4	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	4	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	4	B/D PA
YONSA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	4	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
ZEJULA ORAL CAPSULE	4	PA; MO; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET	4	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	4	PA
ZIRABEV INTRAVENOUS SOLUTION	4	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; MO
ZOLINZA ORAL CAPSULE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS ORAL TABLET	4	B/D PA; MO
ZYDELIG ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	4	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	4	PA; LA
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

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APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION	4	PA; MO
BANZEL ORAL TABLET	4	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX INJECTION SOLUTION	3	
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	MO
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT	3	MO
DIASTAT RECTAL KIT	3	MO
<i>diazepam rectal kit</i>	3	MO
DILANTIN 30 MG ORAL CAPSULE	2	MO
DILANTIN EXTENDED 100 MG ORAL CAPSULE	3	MO
DILANTIN INFATABS 50 MG ORAL TABLET,CHEWABLE	3	MO
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	3	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX ORAL SOLUTION	4	PA; MO; LA
<i>epitol oral tablet</i>	1	MO
EPRONTIA ORAL SOLUTION	3	PA; MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
<i>ethosuximide oral capsule</i>	1	MO
<i>ethosuximide oral solution</i>	1	MO
<i>felbamate oral suspension</i>	4	MO
<i>felbamate oral tablet</i>	3	MO
FELBATOL ORAL SUSPENSION	4	MO
FELBATOL ORAL TABLET	4	MO
FINTEPLA ORAL SOLUTION	4	PA; LA; QL (360 per 30 days)
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GABITRIL ORAL TABLET	3	MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA INTRAVENOUS SOLUTION	3	MO
KEPPRA ORAL SOLUTION	3	MO
KEPPRA ORAL TABLET	3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
<i>lacosamide intravenous solution</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING	3	MO
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	3	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	3	MO
<i>lamotrigine oral tablets,dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
MYSOLINE ORAL TABLET	4	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL	4	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
PHENYTEK ORAL CAPSULE	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended release oral capsule</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>primidone oral tablet</i>	1	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	4	PA; MO
<i>rufinamide oral tablet</i>	4	PA; MO
SABRIL ORAL POWDER IN PACKET	4	MO; LA
SABRIL ORAL TABLET	4	MO; LA
SPRITAM ORAL TABLET FOR SUSPENSION	3	MO
<i>subvenite oral tablet</i>	1	MO
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (green) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
<i>tiagabine oral tablet</i>	3	MO
TOPAMAX ORAL CAPSULE, SPRINKLE	3	PA; MO
TOPAMAX ORAL TABLET	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL ORAL SUSPENSION	3	MO
TRILEPTAL ORAL TABLET	3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	4	MO; LA
<i>vigabatrin oral tablet</i>	4	MO; LA
<i>vigadrone oral powder in packet</i>	4	LA
VIMPAT INTRAVENOUS SOLUTION	2	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	2	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	MO; QL (56 per 28 days)
ZARONTIN ORAL CAPSULE	3	MO
ZARONTIN ORAL SOLUTION	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE ORAL SUSPENSION	4	PA
<i>zonisamide oral capsule</i>	1	PA; MO
ZTALMY ORAL SUSPENSION	4	PA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AZILECT ORAL TABLET	3	MO
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	3	MO
<i>bromocriptine oral tablet</i>	3	MO
<i>carbidopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	3	MO
COMTAN ORAL TABLET	3	MO
DHIVY ORAL TABLET	3	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	B/D PA; MO
<i>entacapone oral tablet</i>	3	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; MO; QL (150 per 30 days)
LODOSYN ORAL TABLET	3	MO
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	MO
NOURIANZ ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY (129 MG X1- 193MG X1)	3	PA; QL (60 per 30 days)
PARLODEL ORAL CAPSULE	3	MO
PARLODEL ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	3	MO
<i>rasagiline oral tablet</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100 ORAL TABLET	3	MO
STALEVO 125 ORAL TABLET	3	MO
STALEVO 150 ORAL TABLET	3	MO
STALEVO 200 ORAL TABLET	3	MO
STALEVO 75 ORAL TABLET	3	MO
TASMAR ORAL TABLET 100 MG	4	PA; MO
<i>tolcapone oral tablet</i>	4	PA
XADAGO ORAL TABLET	4	MO
ZELAPAR ORAL TABLET,DISINTEGRATING	4	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE	2	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	3	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	3	MO; QL (18 per 28 days)
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	4	QL (8 per 28 days)
<i>eletriptan oral tablet</i>	3	MO; QL (18 per 28 days)
ELYXYB ORAL SOLUTION	3	PA; MO; QL (28.8 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET	3	MO
<i>ergotamine-caffeine oral tablet</i>	2	MO
FROVA ORAL TABLET	3	MO; QL (27 per 28 days)
<i>frovatriptan oral tablet</i>	3	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL TABLET	3	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
<i>migergot rectal suppository</i>	3	MO
MIGRANAL NASAL SPRAY, NON-AEROSOL	4	QL (8 per 28 days)
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING	2	PA; QL (16 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (32 per 28 days)
QULIPTA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
RELPAX ORAL TABLET	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen oral tablet</i>	3	MO; QL (18 per 28 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET	3	MO; QL (18 per 28 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL	4	ST; QL (8 per 28 days)
UBRELVY ORAL TABLET	2	PA; QL (20 per 30 days)
VYEPTI INTRAVENOUS SOLUTION	4	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	MO; QL (8 per 28 days)
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	MO; QL (18 per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	3	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL	3	MO; QL (18 per 28 days)
ZOMIG ORAL TABLET	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	MO
AMONDYS-45 INTRAVENOUS SOLUTION	4	PA; LA
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA SUBCUTANEOUS SYRINGE	4	PA
ARICEPT ORAL TABLET	3	MO
AUBAGIO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; LA; QL (60 per 30 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EVRYSDI ORAL RECON SOLN	4	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	MO
EXONDYS-51 INTRAVENOUS SOLUTION	4	PA
<i> fingolimod oral capsule</i>	4	PA; QL (30 per 30 days)
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule, extended release pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK	4	PA; LA; QL (28 per 28 days)
INGREZZA ORAL CAPSULE	4	PA; LA; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 28 days)
KEVEYIS ORAL TABLET	4	PA
LEMTRADA INTRAVENOUS SOLUTION	4	PA; MO; QL (6 per 365 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (10 per 28 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (4 per 28 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (5 per 28 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (6 per 28 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (7 per 28 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (8 per 28 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (9 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA ORAL CAPSULE	4	PA; MO
NULIBRY INTRAVENOUS RECON SOLN	4	PA; LA
OCREVUS INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (20 per 180 days)
ONPATTRO INTRAVENOUS SOLUTION	4	PA; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; MO; QL (14 per 180 days)
PONVORY ORAL TABLET	4	PA; MO; QL (30 per 30 days)
RADICAVA INTRAVENOUS SOLUTION	4	PA
RADICAVA ORS ORAL SUSPENSION	4	MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	MO
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	MO
<i>rivastigmine tartrate oral capsule</i>	2	MO
<i>rivastigmine transdermal patch 24 hour</i>	3	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days)
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (15 per 28 days)
VILTEPSO INTRAVENOUS SOLUTION	4	PA; LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; MO; QL (120 per 30 days)
VYONDYS-53 INTRAVENOUS SOLUTION	4	PA; LA
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (37 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 30 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen intrathecal solution</i>	3	B/D PA; MO
<i>baclofen intrathecal syringe</i>	3	B/D PA; MO
<i>baclofen oral tablet</i>	1	MO
BLOXIVERZ INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>cyclobenzaprine oral tablet</i>	3	PA; MO
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG	3	MO
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	1	MO
FEXMID ORAL TABLET	3	PA; MO
FLEQSUVY ORAL SUSPENSION	4	MO
GABLOFEN INTRATHECAL SOLUTION	3	B/D PA; MO
GABLOFEN INTRATHECAL SYRINGE	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA
LYVISPAH ORAL GRANULES IN PACKET	4	MO
MESTINON ORAL SYRUP	4	MO
MESTINON ORAL TABLET	4	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	4	MO
<i>neostigmine methylsulfate intravenous solution</i>	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	3	
<i>pyridostigmine bromide oral syrup</i>	4	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>regonol injection solution</i>	1	
<i>revonto intravenous recon soln</i>	1	
<i>tizanidine oral capsule</i>	3	MO
<i>tizanidine oral tablet</i>	1	MO
VYVGART INTRAVENOUS SOLUTION	4	PA; MO; LA
ZANAFLEX ORAL CAPSULE	3	MO
ZANAFLEX ORAL TABLET	3	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	MO; QL (300 per 30 days)
<i>acetaminophen-caff-dihydrocod oral tablet</i>	3	QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	4	PA; MO; QL (120 per 30 days)
APADAZ ORAL TABLET	3	QL (360 per 30 days)
BELBUCA BUCCAL FILM	2	PA; MO; QL (60 per 30 days)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (360 per 30 days)
BUPRENEX INJECTION SOLUTION	3	MO
<i>buprenorphine hcl injection solution</i>	3	MO
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual tablet</i>	1	MO
<i>buprenorphine transdermal patch weekly</i>	3	PA; MO; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	3	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML	3	QL (1500 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML	3	QL (300 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 2 MG/ML	3	QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	QL (2000 per 30 days)
<i>endocet oral tablet</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	QL (400 per 30 days)
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	3	QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG	4	PA; MO; QL (120 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</i>	3	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	4	PA; MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT	4	PA; MO; QL (120 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	3	PA; MO; QL (90 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	2	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	3	QL (300 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	3	QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	3	QL (150 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 4 MG/ML	3	QL (75 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	3	QL (300 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	3	MO; QL (150 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	QL (300 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	3	MO; QL (300 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	3	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	3	MO; QL (75 per 30 days)
<i>hydromorphone oral liquid</i>	3	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML	3	B/D PA; MO; QL (200 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 25 MG/ML	3	B/D PA; MO; QL (80 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	4	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet</i>	4	MO; QL (120 per 30 days)
LORTAB ELIXIR ORAL SOLUTION	3	MO; QL (6000 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<i>methadone intensol oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML	3	QL (200 per 30 days)
MITIGO (PF) INJECTION SOLUTION 25 MG/ML	3	QL (80 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO; QL (2000 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	3	B/D PA; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML	3	QL (200 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	3	QL (1000 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	3	QL (500 per 30 days)
MORPHINE INJECTION SOLUTION 5 MG/ML	3	QL (400 per 30 days)
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	3	MO; QL (500 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	3	QL (250 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	3	MO; QL (200 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	3	MO; QL (500 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	MO; QL (250 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	3	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	3	QL (500 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
NALOCET ORAL TABLET	3	MO; QL (390 per 30 days)
OXAYDO ORAL TABLET, ORAL ONLY	4	MO; QL (360 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	4	QL (2000 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	QL (390 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	3	QL (390 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	3	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	3	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET	3	MO; QL (360 per 30 days)
PROLATE ORAL SOLUTION	4	MO; QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>prolate oral tablet</i>	3	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
SEGLENTIS ORAL TABLET	3	ST; MO; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	4	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE	3	MO; QL (300 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH)	3	PA; MO; QL (90 per 30 days)

NON-NARCOTIC ANALGESICS

ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	3	MO
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST; MO
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<i>butorphanol nasal spray, non-aerosol</i>	1	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	3	MO
CAMBIA ORAL POWDER IN PACKET	3	ST; MO; QL (9 per 30 days)
<i>cataflam oral tablet</i>	1	
CELEBREX ORAL CAPSULE	3	MO
<i>celecoxib oral capsule</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; MO; QL (30 per 30 days)
DAYPRO ORAL TABLET	3	ST; MO
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	3	MO
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	4	ST; MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical drops</i>	3	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	3	MO
<i>diflunisal oral tablet</i>	1	MO
DUEXIS ORAL TABLET	3	ST; MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
FELDENE ORAL CAPSULE	3	ST; MO
<i>fenoprofen oral capsule 400 mg</i>	3	MO
<i>fenoprofen oral tablet</i>	3	MO
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen lysine (pf) intravenous solution</i>	3	
<i>ibuprofen oral suspension</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-famotidine oral tablet</i>	3	
INDOCIN RECTAL SUPPOSITORY	4	MO
<i>ketoprofen oral capsule 25 mg</i>	3	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	3	
<i>ketoprofen oral capsule, extended release pellets 24 hr 200 mg</i>	3	MO
KETOROLAC NASAL SPRAY, NON-AEROSOL	3	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	MO
LICART TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
<i>lofena oral tablet</i>	4	MO
LUCEMYRA ORAL TABLET	4	PA; MO
<i>meclofenamate oral capsule</i>	3	MO
<i>mefenamic acid oral capsule</i>	3	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized oral capsule 10 mg</i>	3	MO
<i>meloxicam submicronized oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal spray, non-aerosol</i>	1	MO
<i>naltrexone oral tablet</i>	1	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	3	MO
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	4	MO
NARCAN NASAL SPRAY,NON-AEROSOL	2	MO
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	B/D PA; QL (400 per 30 days)
OLINVYK INTRAVENOUS SOLUTION	3	QL (400 per 30 days)
<i>oxaprozin oral tablet</i>	3	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; MO; QL (224 per 28 days)
<i>piroxicam oral capsule</i>	2	MO
PRIALT INTRATHECAL SOLUTION	3	B/D PA
RELAFEN DS ORAL TABLET	4	ST; MO
RELAFEN ORAL TABLET	3	ST; MO
<i>salsalate oral tablet</i>	1	MO
SPRIX NASAL SPRAY,NON-AEROSOL	4	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac oral tablet</i>	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	3	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (240 per 30 days)
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC	4	ST; MO
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
ZIMHI INJECTION SYRINGE	3	
ZIPSOR ORAL CAPSULE	3	ST; MO
ZORVOLEX ORAL CAPSULE	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	4	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	4	QL (30 per 30 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	4	QL (30 per 180 days)
ABILIFY ORAL TABLET	4	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET	3	MO
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST; MO
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	MO; QL (30 per 30 days)
AMBIEN ORAL TABLET	3	MO; QL (30 per 30 days)
<i>amitriptyline oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	2	MO
<i>amphetamine sulfate oral tablet</i>	3	PA; MO
ANAFRANIL ORAL CAPSULE	3	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST; MO
<i>aripiprazole oral solution</i>	3	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	4	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
<i>armodafinil oral tablet</i>	3	PA; MO
<i>asenapine maleate sublingual tablet</i>	3	MO; QL (60 per 30 days)
ATIVAN INJECTION SOLUTION	3	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
AZSTARYS ORAL CAPSULE	3	ST; MO
BELSOMRA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone oral tablet</i>	1	MO
CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral concentrate</i>	4	MO
<i>chlorpromazine oral tablet</i>	3	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	3	
CLOZARIL ORAL TABLET 100 MG, 200 MG	4	
CLOZARIL ORAL TABLET 25 MG, 50 MG	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST; MO
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; MO
DAYVIGO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>desipramine oral tablet</i>	1	MO
DESOXYN ORAL TABLET	3	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST; MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	3	MO
<i>dexmethylphenidate oral tablet</i>	3	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	3	MO
<i>dextroamphetamine sulfate oral solution</i>	3	MO
<i>dextroamphetamine sulfate oral tablet</i>	3	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA
<i>diazepam intensol oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	ST; MO
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	4	MO
<i>ergoloid oral tablet</i>	3	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	3	MO; QL (30 per 30 days)
EVEKEO ODT ORAL TABLET, DISINTEGRATING	3	PA; MO
EVEKEO ORAL TABLET	3	PA; MO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	3	MO; QL (30 per 30 days)
<i>fluphenazine decanoate injection solution</i>	3	MO
<i>fluphenazine hcl injection solution</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet</i>	3	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	3	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FOCALIN ORAL TABLET	3	MO
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50	3	ST; MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	3	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	MO; QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	MO
<i>haloperidol decanoate intramuscular solution</i>	1	MO
<i>haloperidol lactate injection solution</i>	1	MO
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ LQ ORAL SUSPENSION	4	PA; MO; QL (158 per 30 days)
HETLIOZ ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	3	MO
<i>imipramine pamoate oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	4	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST; MO
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LITHOBID ORAL TABLET EXTENDED RELEASE	3	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol oral concentrate</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 3 MG	4	PA; MO; QL (30 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO
LUNESTA ORAL TABLET	3	MO; QL (30 per 30 days)
LYBALVI ORAL TABLET	4	ST; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET	3	MO
<i>methamphetamine oral tablet</i>	3	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	3	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST; MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>methylphenidate transdermal patch 24 hour</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet</i>	1	PA; MO
<i>molindone oral tablet</i>	1	MO
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	ST; MO
NARDIL ORAL TABLET	3	MO
<i>nefazodone oral tablet</i>	1	MO
NEMBUTAL SODIUM INJECTION SOLUTION	3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	4	PA; MO; QL (30 per 30 days)
NUVIGIL ORAL TABLET	3	PA; MO
<i>olanzapine intramuscular recon soln</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
PAMELOR ORAL CAPSULE	3	MO
PARNATE ORAL TABLET	3	MO
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule</i>	3	MO; QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	
<i>perphenazine oral tablet</i>	1	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	4	MO; QL (1 per 30 days)
PEXEVA ORAL TABLET 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>procentra oral solution</i>	3	MO
<i>protriptyline oral tablet</i>	3	MO
PROVIGIL ORAL TABLET	4	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR	3	ST; MO
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	ST; MO
QUVIVIQ ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>ramelteon oral tablet</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	MO
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50	3	ST; MO
RITALIN ORAL TABLET	3	MO
ROZEREM ORAL TABLET	3	MO; QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET	3	MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	4	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR ORAL TABLET	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	MO; QL (30 per 30 days)
SUNOSI ORAL TABLET	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
TRANXENE T-TAB ORAL TABLET	3	PA; MO; QL (360 per 30 days)
<i>tranylcypromine oral tablet</i>	3	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	1	MO
<i>trimipramine oral capsule</i>	3	MO
TRINTELLIX ORAL TABLET	2	MO; QL (30 per 30 days)
VALIUM ORAL TABLET	3	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION	4	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	MO; QL (30 per 30 days)
<i>vilazodone oral tablet</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE ORAL CAPSULE	3	ST; MO
VYVANSE ORAL TABLET,CHEWABLE	3	ST; MO
WAKIX ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XYREM ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl oral capsule</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	3	MO
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, extended release multiphase</i>	3	MO; QL (30 per 30 days)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL	3	MO; QL (7.7 per 30 days)
ZYPREXA INTRAMUSCULAR RECON SOLN	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	MO; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	
<i>adenosine intravenous syringe</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 200 mg</i>	1	MO
BETAPACE AF ORAL TABLET	3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
<i>bretylum tosylate injection solution</i>	4	
CORVERT INTRAVENOUS SOLUTION	3	
<i>dofetilide oral capsule</i>	3	MO
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	
<i>lidocaine (pf) in d7.5w intrathecal solution</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	MO
MULTAQ ORAL TABLET	3	MO
NEXTERONE INTRAVENOUS SOLUTION	3	B/D PA
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution</i>	1	
PROCAINAMIDE INTRAVENOUS SYRINGE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral capsule,extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral tablet extended release</i>	3	MO
<i>quinidine sulfate oral tablet</i>	1	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	MO
SOTYLIZE ORAL SOLUTION	3	MO
TIKOSYN ORAL CAPSULE	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	MO
ACCURETIC ORAL TABLET	3	MO
<i>acebutolol oral capsule</i>	1	MO
ALDACTAZIDE ORAL TABLET	3	MO
ALDACTONE ORAL TABLET	3	MO
<i>aliskiren oral tablet</i>	3	MO
ALTACE ORAL CAPSULE	3	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	1	MO
ATACAND HCT ORAL TABLET	3	ST; MO
ATACAND ORAL TABLET	3	ST; MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
AVALIDE ORAL TABLET	3	ST; MO
AVAPRO ORAL TABLET	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
AZOR ORAL TABLET	3	ST; MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO
BENICAR HCT ORAL TABLET	3	ST; MO
BENICAR ORAL TABLET	3	ST; MO
<i>betaxolol oral tablet</i>	2	MO
BIDIL ORAL TABLET	2	MO; QL (180 per 30 days)
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	1	MO
<i>bumetanide oral tablet</i>	1	MO
BYSTOLIC ORAL TABLET	2	MO
CALAN SR ORAL TABLET EXTENDED RELEASE	3	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	1	MO
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO; QL (30 per 30 days)
CAROSPIR ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	3	MO
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	MO; QL (4 per 28 days)
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX INTRAVENOUS EMULSION	3	
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
CONJUPRI ORAL TABLET	3	MO
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	MO
COREG ORAL TABLET	3	MO
CORGARD ORAL TABLET	3	MO
COZAAR ORAL TABLET	3	ST; MO
DEMSER ORAL CAPSULE	4	PA; MO
DIBENZYLINE ORAL CAPSULE	4	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule, extended release 24h degradable</i>	1	MO
DIOVAN HCT ORAL TABLET	3	ST; MO
DIOVAN ORAL TABLET	3	ST; MO
DIURIL IV INTRAVENOUS RECON SOLN	4	
DIURIL ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DYRENIUM ORAL CAPSULE	3	MO
EDARBI ORAL TABLET	2	MO
EDARBYCLOR ORAL TABLET	2	MO
EDECIN ORAL TABLET	4	MO
<i>enalapril maleate oral solution</i>	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
EPANED ORAL SOLUTION	3	MO
<i>eplerenone oral tablet</i>	1	MO
<i>epoprostenol (glycine) intravenous recon soln</i>	1	B/D PA; MO
<i>epoprostenol intravenous recon soln</i>	3	B/D PA; MO
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	4	
<i>ethacrynic acid oral tablet</i>	3	MO
EXFORGE HCT ORAL TABLET	3	ST; MO
EXFORGE ORAL TABLET	3	ST; MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
FLOLAN INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide injection syringe</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
HEMANGEOL ORAL SOLUTION	3	
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral tablet</i>	1	MO
HYZAAR ORAL TABLET	3	ST; MO
<i>indapamide oral tablet</i>	1	MO
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
INSPRA ORAL TABLET	3	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isosorbide-hydralazine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	1	MO
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	MO
KATERZIA ORAL SUSPENSION	3	MO
KERENDIA ORAL TABLET	2	PA; QL (30 per 30 days)
LABETALOL IN DEXTROSE,ISO-OSM INTRAVENOUS SOLUTION	3	
LABETALOL IN NAACL (ISO-OSMOT) INTRAVENOUS SOLUTION	3	
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet</i>	1	MO
LASIX ORAL TABLET	3	MO
LEVAMLODIPINE ORAL TABLET	3	
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
LOPRESSOR ORAL TABLET	3	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
LOTENSIN HCT ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
<i>mannitol 20 % intravenous parenteral solution</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
MAXZIDE ORAL TABLET	3	MO
MAXZIDE-25MG ORAL TABLET	3	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	1	MO
<i>metyrosine oral capsule</i>	4	PA; MO
MICARDIS HCT ORAL TABLET	3	ST; MO
MICARDIS ORAL TABLET	3	ST; MO
MINIPRESS ORAL CAPSULE	3	MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	1	MO
<i>nebivolol oral tablet</i>	1	
NICARDIPINE IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK	3	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral capsule</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	3	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	3	MO
NORLIQVA ORAL SOLUTION	4	MO
NORVASC ORAL TABLET	3	MO
NYMALIZE ORAL SOLUTION 60 MG/10 ML	4	MO

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Drug Name	Drug Tier	Requirements/Limits
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; MO
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
<i>osmitrol 20 % intravenous parenteral solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phenoxybenzamine oral capsule</i>	4	PA; MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazide oral tablet</i>	1	MO
QBRELIS ORAL SOLUTION	3	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	4	PA; MO; LA
SOAANZ ORAL TABLET	3	ST; MO
SODIUM EDECRIN INTRAVENOUS RECON SOLN	4	
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
<i>taztia xt oral capsule,extended release 24 hr</i>	1	MO
TEKTURNA HCT ORAL TABLET	2	MO
TEKTURNA ORAL TABLET	3	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	1	MO
TENORETIC 100 ORAL TABLET	3	MO
TENORETIC 50 ORAL TABLET	3	MO
TENORMIN ORAL TABLET	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
THALITONE ORAL TABLET	3	MO
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	MO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
<i>timolol maleate oral tablet</i>	1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>torse mide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium injection solution</i>	4	PA; MO; LA
<i>triamterene oral capsule</i>	3	MO
<i>triamterene-hydrochlorothiazide oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
TRIBENZOR ORAL TABLET	3	ST; MO
UPTRAVI INTRAVENOUS RECON SOLN	4	PA; LA
UPTRAVI ORAL TABLET	4	PA; MO; LA
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; MO; LA
VALSARTAN ORAL SOLUTION	4	ST; MO
<i>valsartan oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
VASERETIC ORAL TABLET	3	MO
VASOTEC ORAL TABLET	3	MO
<i>veletri intravenous recon soln</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	MO
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	3	MO
ZESTORETIC ORAL TABLET	3	MO
ZESTRIL ORAL TABLET	3	MO
ZIAC ORAL TABLET	3	MO
COAGULATION THERAPY		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	B/D PA
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	B/D PA
AMICAR ORAL SOLUTION	4	MO
AMICAR ORAL TABLET	4	MO
<i>aminocaproic acid intravenous solution</i>	1	MO
<i>aminocaproic acid oral solution</i>	4	MO
<i>aminocaproic acid oral tablet</i>	4	MO
ANDEXXA INTRAVENOUS RECON SOLN	4	
<i>argatroban in 0.9 % sod chlor intravenous solution</i>	3	
ARGATROBAN INTRAVENOUS SOLUTION	4	
ARIEXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	3	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	2	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	2	PA; MO
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule</i>	3	MO
<i>dipyridamole intravenous solution</i>	1	PA
<i>dipyridamole oral tablet</i>	3	MO
DOPTELET (10 TAB PACK) ORAL TABLET	4	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	4	PA; MO; LA
EFFIENT ORAL TABLET	3	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO
ELIQUIS ORAL TABLET	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	2	MO
<i>jantoven oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA ORAL TABLET	4	PA; MO
NPLATE SUBCUTANEOUS RECON SOLN	4	MO
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
<i>pentoxifylline oral tablet extended release</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	PA; MO
<i>prasugrel oral tablet</i>	1	MO
PRAXBIND INTRAVENOUS SOLUTION	4	
PROMACTA ORAL POWDER IN PACKET	4	PA; MO; LA
PROMACTA ORAL TABLET	4	PA; MO; LA
<i>protamine intravenous solution</i>	1	
SAVAYSA ORAL TABLET	3	PA; MO
TAVALISSE ORAL TABLET	4	PA; LA; QL (60 per 30 days)
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBIN-JMI NASAL SPRAY SYRINGE	3	
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO
XARELTO ORAL TABLET	2	MO
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG	3	
ZONTIVITY ORAL TABLET	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
<i>atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	3	MO
COLESTID FLAVORED ORAL GRANULES	3	MO
COLESTID FLAVORED ORAL PACKET	3	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	MO
<i>colestipol oral tablet</i>	3	MO
CRESTOR ORAL TABLET	3	ST; MO; QL (30 per 30 days)
EVKEEZA INTRAVENOUS SOLUTION	4	PA; LA
EZALLOR SPRINKLE ORAL CAPSULE	3	ST; MO; QL (30 per 30 days)
<i>ezetimibe oral tablet</i>	1	MO
EZETIMIBE-ROSUVASTATIN ORAL TABLET	3	ST; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	MO
<i>fenofibrate nanocrystallized oral tablet</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	3	MO
<i>fenofibric acid oral tablet</i>	1	MO
FENOGLIDE ORAL TABLET	3	MO
FLOLIPID ORAL SUSPENSION	3	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO
<i>icosapent ethyl oral capsule</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; MO; LA
LEQVIO SUBCUTANEOUS SYRINGE	4	PA; QL (3 per 180 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (30 per 30 days)
LIPITOR ORAL TABLET	3	ST; MO; QL (30 per 30 days)
LIPOFEN ORAL CAPSULE	3	MO
LIVALO ORAL TABLET	2	MO; QL (30 per 30 days)
LOPID ORAL TABLET	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA ORAL CAPSULE	3	ST; MO
NEXLETOL ORAL TABLET	2	PA; MO
NEXLIZET ORAL TABLET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	1	MO
<i>prevalite oral powder in packet</i>	1	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
QUESTRAN ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	2	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
ROSZET ORAL TABLET	3	ST; MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
TRICOR ORAL TABLET	3	MO
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO
VASCEPA ORAL CAPSULE	2	MO
VYTORIN 10-10 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET	3	MO
WELCHOL ORAL TABLET	3	MO
ZETIA ORAL TABLET	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET	3	MO
CAMZYOS ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cardioplegic soln perfusion solution</i>	1	
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digitek oral tablet</i>	1	MO
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO ORAL TABLET	2	MO; QL (60 per 30 days)
EPHEDRINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML	3	
<i>isoproterenol hcl injection solution</i>	3	
ISUPREL INJECTION SOLUTION	3	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION	3	MO
<i>milrinone in 5 % dextrose intravenous piggyback</i>	1	B/D PA
<i>milrinone intravenous solution</i>	1	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
PLEGISOL PERFUSION SOLUTION	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
<i>ranolazine oral tablet extended release 12 hr</i>	1	MO
<i>sodium nitroprusside intravenous solution</i>	1	B/D PA
VECAMYL ORAL TABLET	4	
VERQUVO ORAL TABLET	2	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	4	PA; MO
VYNDAQEL ORAL CAPSULE	4	PA; MO
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	MO
ISORDIL ORAL TABLET	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous solution</i>	1	B/D PA
<i>nitroglycerin sublingual tablet</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	3	MO
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	MO
NITROSTAT SUBLINGUAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	3	MO
ANALPRAM-HC TOPICAL LOTION	3	MO
<i>calcipotriene scalp solution</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	3	MO; QL (400 per 30 days)
<i>calcipotriene-betamethasone topical suspension</i>	3	MO; QL (400 per 30 days)
<i>calcitriol topical ointment</i>	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (10 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)
DOVONEX TOPICAL CREAM	3	MO; QL (120 per 30 days)
ENSTILAR TOPICAL FOAM	4	MO; QL (400 per 30 days)
EPIFOAM TOPICAL FOAM	3	MO
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (2 per 28 days)
SORILUX TOPICAL FOAM	3	MO; QL (120 per 30 days)
SPEVIGO INTRAVENOUS SOLUTION	4	PA; MO; QL (30 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA INTRAVENOUS SOLUTION	4	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL OINTMENT	4	MO; QL (400 per 30 days)
TACLONEX TOPICAL SUSPENSION	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (3 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (1 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
VECTICAL TOPICAL OINTMENT	3	
VTAMA TOPICAL CREAM	4	PA; MO

MISCELLANEOUS DERMATOLOGICALS

ADBRY SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
CARAC TOPICAL CREAM	4	MO
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
CARBOCAINE INJECTION SOLUTION 1 % (10 MG/ML)	3	
<i>chloroprocaine (pf) injection solution</i>	1	
CIBINQO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL INJECTION CARTRIDGE	3	
CONDYLOX TOPICAL GEL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
<i>doxepin topical cream</i>	3	MO; QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	MO
ELIDEL TOPICAL CREAM	3	PA; MO; QL (100 per 30 days)
EUCRISA TOPICAL OINTMENT	3	PA; MO; QL (120 per 30 days)
FLUOROPLEX TOPICAL CREAM	3	MO
FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
HYFTOR TOPICAL GEL	4	PA
<i>imiquimod topical cream in metered-dose pump</i>	4	MO
<i>imiquimod topical cream in packet 3.75 %</i>	4	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	1	MO
<i>lidocaine-epinephrine (pf) injection solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	3	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	PA; MO
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	4	MO
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
OPZELURA TOPICAL CREAM	4	PA; MO; QL (240 per 28 days)
PANRETIN TOPICAL GEL	4	PA; MO
<i>pimecrolimus topical cream</i>	3	PA; MO; QL (100 per 30 days)
PLIAGLIS TOPICAL CREAM	3	PA; QL (30 per 30 days)
<i>podofilox topical solution</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
POLOCAINE INJECTION SOLUTION 2 %	3	
<i>polocaine-mpf injection solution</i>	1	
PROTOPIC TOPICAL OINTMENT	3	PA; MO; QL (100 per 30 days)
<i>prudoxin topical cream</i>	3	MO; QL (45 per 30 days)
QBREXZA TOPICAL TOWELETTE	3	MO
REGRANEX TOPICAL GEL	4	MO
SANTYL TOPICAL OINTMENT	2	MO
SILVADENE TOPICAL CREAM	3	MO
<i>silver sulfadiazine topical cream</i>	1	MO
<i>ssd topical cream</i>	1	MO
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	MO
<i>tacrolimus topical ointment</i>	3	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	4	PA; MO
VEREGEN TOPICAL OINTMENT	3	MO; QL (30 per 30 days)
<i>xylocaine dental-epinephrine injection cartridge</i>	3	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	

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Drug Name	Drug Tier	Requirements/Limits
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZONALON TOPICAL CREAM	3	MO; QL (45 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED	3	PA; MO
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO
ZYCLARA TOPICAL CREAM IN PACKET	4	MO
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	4	
ABSORICA ORAL CAPSULE	4	
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane oral capsule</i>	3	
ACZONE TOPICAL GEL	3	MO
ACZONE TOPICAL GEL WITH PUMP	3	MO
<i>adapalene topical cream</i>	3	PA; MO
<i>adapalene topical gel</i>	3	PA; MO
<i>adapalene topical gel with pump</i>	3	PA; MO
<i>adapalene topical solution</i>	3	PA
<i>adapalene topical swab</i>	3	PA
<i>adapalene-benzoyl peroxide topical gel with pump</i>	3	PA; MO
AKLIEF TOPICAL CREAM	3	PA; MO
ALTRENO TOPICAL LOTION	3	PA; MO
<i>amnesteem oral capsule</i>	3	
AMZEEQ TOPICAL FOAM	3	MO
ARAZLO TOPICAL LOTION	3	PA; MO
ATRALIN TOPICAL GEL	3	PA; MO
<i>avita topical cream</i>	3	PA; MO
AVITA TOPICAL GEL	3	PA; MO
<i>azelaic acid topical gel</i>	3	MO
AZELEX TOPICAL CREAM	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BENZAMYCIN TOPICAL GEL	3	MO
<i>claravis oral capsule</i>	3	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
<i>clindacin etz topical swab</i>	3	MO; QL (60 per 30 days)
<i>clindacin p topical swab</i>	3	MO; QL (69 per 30 days)
CLINDAGEL TOPICAL GEL, ONCE DAILY	4	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	3	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	3	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	3	MO
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	3	MO
<i>clindamycin-tretinoin topical gel</i>	3	PA; MO
<i>dapsone topical gel</i>	3	MO
<i>dapsone topical gel with pump</i>	3	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA
EPSOLAY TOPICAL CREAM	3	ST; MO
<i>ery pads topical swab</i>	1	MO
<i>erygel topical gel</i>	3	MO
<i>erythromycin with ethanol topical gel</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	3	MO
EVOCLIN TOPICAL FOAM	3	QL (100 per 30 days)
FABIOR TOPICAL FOAM	3	PA; MO
FINACEA TOPICAL FOAM	3	ST; MO
FINACEA TOPICAL GEL	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule</i>	3	
<i>ivermectin topical cream</i>	1	MO
METROCREAM TOPICAL CREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION TOPICAL LOTION	3	ST
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical gel with pump</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
<i>myorisan oral capsule</i>	3	
<i>neuac topical gel</i>	3	MO
NORITATE TOPICAL CREAM	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A MICRO TOPICAL GEL	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP	3	PA; MO
RETIN-A TOPICAL CREAM	3	PA; MO
RETIN-A TOPICAL GEL	3	PA; MO
RHOFADE TOPICAL CREAM	3	PA; MO
<i>rosadan topical cream</i>	3	MO
<i>rosadan topical gel</i>	3	MO
SOOLANTRA TOPICAL CREAM	3	ST; MO
<i>tazarotene topical cream</i>	3	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	3	PA; MO
TAZORAC TOPICAL CREAM	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin microspheres topical gel</i>	3	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
TWYNEO TOPICAL CREAM	3	PA; MO
VELTIN TOPICAL GEL	3	PA

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Drug Name	Drug Tier	Requirements/Limits
WINLEVI TOPICAL CREAM	3	PA; MO
<i>zenatane oral capsule</i>	3	
ZIANA TOPICAL GEL	3	PA
ZILXI TOPICAL FOAM	3	ST; MO
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	MO; QL (30 per 30 days)
CENTANY TOPICAL OINTMENT	3	MO; QL (60 per 30 days)
<i>gentamicin topical cream</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	1	MO; QL (60 per 30 days)
KLARON TOPICAL SUSPENSION	3	MO
<i>mafenide acetate topical packet</i>	1	MO
<i>mupirocin calcium topical cream</i>	3	MO; QL (30 per 30 days)
<i>mupirocin topical ointment</i>	1	MO; QL (44 per 30 days)
NEO-SYNALAR TOPICAL CREAM	3	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	4	MO
XEPI TOPICAL CREAM	3	QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole topical cream</i>	3	MO; QL (85 per 28 days)
ERTACZO TOPICAL CREAM	3	MO; QL (60 per 28 days)
EXELDERM TOPICAL CREAM	3	MO; QL (60 per 28 days)
EXELDERM TOPICAL SOLUTION	3	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
EXTINA TOPICAL FOAM	3	MO; QL (100 per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	MO
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	3	MO
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	3	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan topical foam</i>	3	MO; QL (100 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL (60 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE TOPICAL CREAM	3	MO; QL (60 per 28 days)
LUZU TOPICAL CREAM	3	MO; QL (60 per 28 days)
MENTAX TOPICAL CREAM	3	MO; QL (30 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL (50 per 28 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	1	MO; QL (180 per 30 days)
<i>oxiconazole topical cream</i>	3	MO; QL (60 per 28 days)
OXISTAT TOPICAL CREAM	3	QL (60 per 28 days)
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)
<i>tavaborole topical solution with applicator</i>	3	MO
VUSION TOPICAL OINTMENT	3	MO; QL (50 per 28 days)
XOLEGEL TOPICAL GEL	3	MO; QL (45 per 28 days)

TOPICAL ANTIVIRALS

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical cream</i>	3	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
DENAVIR TOPICAL CREAM	4	MO; QL (5 per 30 days)
XERESE TOPICAL CREAM	4	MO
ZOVIRAX TOPICAL CREAM	4	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	PA; MO; QL (30 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	MO
<i>alclometasone topical cream</i>	1	MO
<i>alclometasone topical ointment</i>	1	MO
<i>amcinonide topical cream</i>	3	MO
<i>amcinonide topical lotion</i>	3	MO
<i>apexicon e topical cream</i>	3	MO; QL (120 per 30 days)
<i>betamethasone dipropionate topical cream</i>	1	MO
<i>betamethasone dipropionate topical lotion</i>	1	MO
<i>betamethasone dipropionate topical ointment</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical foam</i>	3	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
BRYHALI TOPICAL LOTION	3	MO
CAPEX TOPICAL SHAMPOO	3	MO
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	3	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	3	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO; QL (125 per 28 days)
<i>clocortolone pivalate topical cream</i>	3	MO
<i>clodan topical shampoo</i>	3	MO; QL (236 per 28 days)
CLODERM TOPICAL CREAM	3	MO
CORDRAN LARGE ROLL TOPICAL TAPE	3	MO
CORDRAN TOPICAL CREAM	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	3	MO; QL (120 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL TOPICAL	3	MO
DERMA-SMOOTHIE/FS SCALP OIL	3	MO
<i>desonide topical cream</i>	3	MO
<i>desonide topical gel</i>	3	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	3	MO
DESOWEN TOPICAL CREAM	3	
<i>desoximetasone topical cream</i>	3	MO
<i>desoximetasone topical gel</i>	3	MO
<i>desoximetasone topical ointment</i>	3	MO
<i>desoximetasone topical spray,non-aerosol</i>	3	MO
<i>desrx topical gel</i>	3	MO
<i>diflorasone topical cream</i>	3	MO; QL (120 per 30 days)
<i>diflorasone topical ointment</i>	3	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO
DUOBRII TOPICAL LOTION	3	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap scalp oil</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream</i>	3	QL (120 per 30 days)
<i>flurandrenolide topical cream</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical lotion</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halcinonide topical cream</i>	3	MO
<i>halobetasol propionate topical cream</i>	3	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
<i>halobetasol propionate topical ointment</i>	3	MO
HALOG TOPICAL CREAM	3	MO
HALOG TOPICAL OINTMENT	3	MO
HALOG TOPICAL SOLUTION	3	MO
<i>hydrocortisone butyrate topical cream</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	3	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyr-emollient topical cream</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	3	MO
<i>hydrocortisone valerate topical ointment</i>	3	MO

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

This drug list was last updated on 11/16/2022.

Drug Name	Drug Tier	Requirements/Limits
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP	3	MO; QL (136 per 28 days)
KENALOG TOPICAL AEROSOL	3	MO; QL (126 per 28 days)
LEXETTE TOPICAL FOAM	3	MO
LOCOID LIPOCREAM TOPICAL CREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
LUXIQ TOPICAL FOAM	3	MO
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO
<i>nolix topical lotion</i>	3	MO; QL (120 per 30 days)
OLUX TOPICAL FOAM	3	MO; QL (100 per 28 days)
OLUX-E TOPICAL FOAM	3	MO; QL (100 per 28 days)
PANDEL TOPICAL CREAM	3	MO
<i>prednicarbate topical cream</i>	3	MO
<i>prednicarbate topical ointment</i>	3	MO
PROCTOCORT TOPICAL CREAM	3	MO
PSORCON TOPICAL CREAM	3	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL OINTMENT	3	MO
SYNALAR TOPICAL SOLUTION	3	MO
TEMOVATE TOPICAL OINTMENT	3	MO; QL (120 per 28 days)
TEXACORT TOPICAL SOLUTION	3	MO
TOPICORT TOPICAL CREAM	3	MO
TOPICORT TOPICAL GEL	3	MO
TOPICORT TOPICAL OINTMENT	3	MO
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	MO
<i>tovet emollient topical foam</i>	3	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	3	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.05 %</i>	3	MO

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

This drug list was last updated on 11/16/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>trianex topical ointment</i>	3	
<i>triderm topical cream</i>	1	MO
<i>tritocin topical ointment</i>	3	
ULTRAVATE TOPICAL LOTION	4	MO
VANOS TOPICAL CREAM	4	MO; QL (120 per 30 days)
VERDESO TOPICAL FOAM	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	MO
ELIMITE TOPICAL CREAM	3	
<i>ivermectin topical lotion</i>	3	MO
<i>lindane topical shampoo</i>	3	MO
<i>malathion topical lotion</i>	1	MO
NATROBA TOPICAL SUSPENSION	3	MO
OVIDE TOPICAL LOTION	3	MO
<i>permethrin topical cream</i>	1	MO
<i>spinosad topical suspension</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
XENICAL ORAL CAPSULE	3	PA; MO
ANTIDOTES		
ACETADOTE INTRAVENOUS SOLUTION	3	
<i>acetylcysteine intravenous solution</i>	2	
PROTOPAM CHLORIDE INJECTION RECON SOLN	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	1	MO
PHYSIOLYTE IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>tis-u-sol pentalyte irrigation solution</i>	3	MO
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid irrigation solution</i>	1	MO
AGRYLIN ORAL CAPSULE	3	MO
AMMONUL INTRAVENOUS SOLUTION	4	
<i>anagrelide oral capsule</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN	4	PA; MO; LA
AURYXIA ORAL TABLET	4	PA; MO
BUPHENYL ORAL POWDER	4	PA
BUPHENYL ORAL TABLET	4	PA
CAFCIT INTRAVENOUS SOLUTION	3	
<i>caffeine citrate intravenous solution</i>	1	
<i>caffeine citrate oral solution</i>	1	MO
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
<i>carglumic acid oral tablet, dispersible</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	MO
CARNITOR INTRAVENOUS SOLUTION	3	MO
CARNITOR ORAL SOLUTION	3	MO
CARNITOR ORAL TABLET	3	MO
<i>cevimeline oral capsule</i>	3	MO
CHEMET ORAL CAPSULE	2	PA
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferasirox oral granules in packet</i>	4	PA; MO
<i>deferasirox oral tablet</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible</i>	4	PA; MO
<i>deferiprone oral tablet</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>deferoxamine injection recon soln</i>	1	B/D PA; MO
DEFERAL INJECTION RECON SOLN 500 MG	4	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	MO
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule</i>	4	PA; MO
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; LA
ENDARI ORAL POWDER IN PACKET	4	PA; MO
ENJAYMO INTRAVENOUS SOLUTION	4	PA; LA
EVOXAC ORAL CAPSULE	3	MO
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
EXSERVAN ORAL FILM	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET	4	PA
FERRIPROX ORAL SOLUTION	4	PA

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL TABLET	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; MO; LA
GLASSIA INTRAVENOUS SOLUTION	4	PA; MO; LA
INCRELEX SUBCUTANEOUS SOLUTION	4	MO; LA
JADENU ORAL TABLET	4	PA; MO
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; MO
<i>lanthanum oral tablet,chewable 1,000 mg</i>	3	MO; QL (135 per 30 days)
<i>lanthanum oral tablet,chewable 500 mg</i>	3	MO; QL (270 per 30 days)
<i>lanthanum oral tablet,chewable 750 mg</i>	3	MO; QL (180 per 30 days)
<i>levocarnitine (with sugar) oral solution</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITHOSTAT ORAL TABLET	3	
LOKELMA ORAL POWDER IN PACKET	2	MO
<i>midodrine oral tablet</i>	1	MO
<i>nitisinone oral capsule</i>	4	PA; MO
NITYR ORAL TABLET	3	PA; MO; LA
NORTHERA ORAL CAPSULE	4	PA; MO
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA ORAL TABLET	4	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (150 per 30 days)
PANHEMATIN INTRAVENOUS RECON SOLN	4	
<i>pilocarpine hcl oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 180 days)
RAVICTI ORAL LIQUID	4	PA; MO
RECLAST INTRAVENOUS PIGGYBACK	3	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
REVELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; QL (180 per 30 days)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; QL (90 per 30 days)
REVELA ORAL TABLET	4	MO; QL (270 per 30 days)
REVCovi INTRAMUSCULAR SOLUTION	4	PA; LA
RILUTEK ORAL TABLET	4	PA; MO
<i>riluzole oral tablet</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET	3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	MO; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (270 per 30 days)
<i>sevelamer hcl oral tablet</i>	3	MO
<i>sodium benzoate-sod phenylacet intravenous solution</i>	4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium chloride irrigation solution</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	4	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	4	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SOLIRIS INTRAVENOUS SOLUTION	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SYPRINE ORAL CAPSULE	4	PA; MO
TAVNEOS ORAL CAPSULE	4	PA; LA; QL (180 per 30 days)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	
THIOLA ORAL TABLET	4	
TIGLUTIK ORAL SUSPENSION	4	PA
<i>tiopronin oral tablet</i>	4	MO
<i>trientine oral capsule</i>	4	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	4	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET	2	MO
<i>water for irrigation, sterile irrigation solution</i>	1	MO
XENPOZYME INTRAVENOUS RECON SOLN	4	PA; MO
XIAFLEX INJECTION RECON SOLN	4	PA
XURIDEN ORAL GRANULES IN PACKET	4	PA
ZEMAIRA INTRAVENOUS RECON SOLN	4	PA; MO; LA
ZOKINVY ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO

SMOKING DETERRENENTS

<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	MO
CHANTIX ORAL TABLET 1 MG	3	MO
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	MO
NICOTROL INHALATION CARTRIDGE	3	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	MO
<i>varenicline oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline oral tablets,dose pack</i>	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN DENTAL CARTRIDGE	4	MO
<i>azelastine nasal spray, aerosol</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
CLINPRO 5000 DENTAL PASTE	3	MO
<i>denta 5000 plus dental cream</i>	1	MO
<i>dentagel dental gel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fluoride (sodium) dental solution</i>	3	MO
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	MO; QL (30 per 30 days)
JUSTRIGHT 5000 DENTAL PASTE	3	
<i>olopatadine nasal spray,non-aerosol</i>	3	MO; QL (30.5 per 30 days)
<i>oralone dental paste</i>	1	MO
PATANASE NASAL SPRAY,NON-AEROSOL	3	MO; QL (30.5 per 30 days)
<i>periogard mucous membrane mouthwash</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	MO
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	MO
PREVIDENT 5000 PLUS DENTAL CREAM	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	MO
PREVIDENT DENTAL GEL	3	MO
PREVIDENT DENTAL SOLUTION	3	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	1	MO
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	3	MO
DERMOTIC OIL OTIC (EAR) DROPS	3	MO
<i>flac oil otic (ear) drops</i>	3	
<i>fluocinolone acetonide oil otic (ear) drops</i>	3	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	MO
<i>ofloxacin otic (ear) drops</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	MO
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	MO
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	MO
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	3	MO
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	MO
OTOVEL OTIC (EAR) SOLUTION	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	
<i>betamethasone acet,sod phos injection suspension</i>	3	MO
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	MO
CORTEF ORAL TABLET	3	MO
CORTROPHIN GEL INJECTION GEL	4	PA; MO
DEPO-MEDROL INJECTION SUSPENSION	3	MO
<i>dexabliss oral tablets,dose pack</i>	3	
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	3	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
DEXAMETHASONE SODIUM PHOS (PF) INJECTION SYRINGE	3	
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
EMFLAZA ORAL SUSPENSION	4	PA; MO; LA
EMFLAZA ORAL TABLET	4	PA; MO; LA
<i>fludrocortisone oral tablet</i>	1	MO
HEMADY ORAL TABLET	3	MO
HEXATRIONE INJECTION SUSPENSION	4	
<i>hydrocortisone oral tablet</i>	1	MO
KENALOG INJECTION SUSPENSION	3	MO
KENALOG-80 INJECTION SUSPENSION	3	MO
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	MO
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	1	MO
<i>millipred oral tablet</i>	3	B/D PA; MO
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	B/D PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	3	B/D PA; MO
<i>prednisone intensol oral concentrate</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN	3	MO
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	MO
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	MO
ZCORT ORAL TABLETS,DOSE PACK	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)
ACTOS ORAL TABLET	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	MO
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	MO
ALOGLIPTIN ORAL TABLET	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALOGLIPTIN-METFORMIN ORAL TABLET	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-45 MG	3	QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	MO
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE	2	MO
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	2	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CEQUR SIMPLICITY DEVICE	3	
CYCLOSET ORAL TABLET	3	MO; QL (180 per 30 days)
<i>diazoxide oral suspension</i>	3	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
DUETACT ORAL TABLET	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	ST; MO
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	ST
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	ST; MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	ST; MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	ST; MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	2	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	2	MO

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	MO
GVOKE PFS 1-PACK SUBCUTANEOUS SYRINGE	2	MO
GVOKE PFS 2-PACK SUBCUTANEOUS SYRINGE	2	MO
GVOKE SUBCUTANEOUS SOLUTION	2	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS PEN	2	MO
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS PEN	2	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	

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Drug Name	Drug Tier	Requirements/Limits
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN	3	ST; MO
LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST; MO
INVOKAMET ORAL TABLET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVOKANA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
JANUMET ORAL TABLET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	2	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
KAZANO ORAL TABLET	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	2	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST; MO
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	4	QL (120 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	3	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	3	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	3	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	3	MO; QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION	3	
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NESINA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32 NEEDLE	2	MO
NOVOFINE PLUS NEEDLE	2	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	ST; MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; MO
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	MO
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	MO
ONGLYZA ORAL TABLET	2	MO; QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-45 MG	3	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	3	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM ORAL SUSPENSION	3	MO
QTERN ORAL TABLET	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RIOMET ORAL SOLUTION	3	MO; QL (765 per 30 days)
RYBELSUS ORAL TABLET	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET	2	MO; QL (30 per 30 days)
STEGLUJAN ORAL TABLET	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	2	MO
TRADJENTA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	ST; MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	2	MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	2	MO
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
AVEED INTRAMUSCULAR SOLUTION	3	PA; LA
<i>cabergoline oral tablet</i>	2	MO
<i>calcitonin (salmon) injection solution</i>	4	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	3	PA; MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	4	PA; MO
<i>clomid oral tablet</i>	3	PA; MO
<i>clomiphene citrate oral tablet</i>	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; MO; LA
<i>danazol oral capsule</i>	3	MO
DDAVP INJECTION SOLUTION	3	MO
DDAVP ORAL TABLET	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA; MO
<i>desmopressin injection solution</i>	1	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet</i>	2	MO
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	3	MO
ELAPRASE INTRAVENOUS SOLUTION	4	PA; MO
ELELYSO INTRAVENOUS RECON SOLN	4	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; MO
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (120 per 30 days)
GALAFOLD ORAL CAPSULE	4	PA; MO; LA; QL (15 per 30 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	4	PA; LA; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days)
<i>javygtor oral powder in packet 100 mg</i>	3	PA
<i>javygtor oral powder in packet 500 mg</i>	4	PA
<i>javygtor oral tablet, soluble</i>	4	PA
JYNARQUE ORAL TABLET	4	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA
KANUMA INTRAVENOUS SOLUTION	4	PA; MO
KORLYM ORAL TABLET	4	PA
KUVAN ORAL POWDER IN PACKET	4	PA; MO
KUVAN ORAL TABLET, SOLUBLE	4	PA; MO
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	4	PA; MO
METHITEST ORAL TABLET	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
MIACALCIN INJECTION SOLUTION	4	MO
<i>miglustat oral capsule</i>	4	PA; MO; LA
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (21.96 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; MO
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING	3	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING	3	PA; MO; QL (30 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN	3	PA; MO
ORILISSA ORAL TABLET	4	MO
<i>oxandrolone oral tablet 10 mg</i>	3	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	1	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	1	MO
<i>paricalcitol oral capsule</i>	3	MO
PARSABIV INTRAVENOUS SOLUTION	4	MO
PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO
RECORLEV ORAL TABLET	4	PA
ROCALTROL ORAL CAPSULE	3	MO
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; MO
<i>sapropterin oral powder in packet</i>	4	PA; MO
<i>sapropterin oral tablet,soluble</i>	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY,NON-AEROSOL	4	PA; MO
TEPEZZA INTRAVENOUS RECON SOLN	4	PA; MO; LA
TESTIM TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
TESTOPEL IMPLANT PELLETT	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA; MO
<i>testosterone enanthate intramuscular oil</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
TLANDO ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
<i>tolvaptan oral tablet</i>	4	PA; MO
<i>vasopressin intravenous solution</i>	3	MO
VASOSTRICT INTRAVENOUS SOLUTION	3	
VIMIZIM INTRAVENOUS SOLUTION	4	PA; MO; LA
VOGELXO TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO; QL (300 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; MO
VPRIV INTRAVENOUS RECON SOLN	4	PA; MO
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (2 per 28 days)
ZAVESCA ORAL CAPSULE	4	PA; MO; LA
ZEMPLAR INTRAVENOUS SOLUTION	3	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NAACL INTRAVENOUS PIGGYBACK	3	B/D PA; MO

THYROID HORMONES

CYTOMEL ORAL TABLET	3	MO
<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	MO
LEVOTHYROXINE INTRAVENOUS SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXINE ORAL CAPSULE	3	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	3	MO
THYQUIDITY ORAL SOLUTION	3	MO
TIROSINT ORAL CAPSULE	3	MO
TIROSINT-SOL ORAL SOLUTION	3	MO
TRIOSTAT INTRAVENOUS SOLUTION	3	MO
<i>unithroid oral tablet</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	3	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection solution 1 mg/ml</i>	3	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
BENTYL INTRAMUSCULAR SOLUTION	3	MO
CUVPOSA ORAL SOLUTION	3	MO
DARTISLA ORAL TABLET,DISINTEGRATING	3	
<i>dicyclomine intramuscular solution</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
GLYCATE ORAL TABLET	3	MO
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate (pf) injection syringe</i>	3	
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
LOMOTIL ORAL TABLET	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral tablet</i>	3	MO
MOTOFEN ORAL TABLET	3	MO
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
<i>opium oral tincture</i>	1	MO
ROBINUL FORTE ORAL TABLET	3	MO
ROBINUL ORAL TABLET	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	MO
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	4	MO
<i>alosetron oral tablet</i>	4	PA; MO
AMITIZA ORAL CAPSULE	3	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
ANTIVERT ORAL TABLET 50 MG	3	MO
ANTIVERT ORAL TABLET,CHEWABLE	3	MO
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	MO
ANZEMET ORAL TABLET 50 MG	3	B/D PA; MO
<i>aprepitant oral capsule</i>	3	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	3	B/D PA; MO
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO

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Drug Name	Drug Tier	Requirements/Limits
AVSOLA INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
AZULFIDINE ORAL TABLET	3	MO
<i>balsalazide oral capsule</i>	1	MO
<i>betaine oral powder</i>	4	MO
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	MO
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet,delayed and ext.release</i>	4	
BYLVAY ORAL CAPSULE	4	PA; MO; LA
BYLVAY ORAL PELLETT	4	PA; MO; LA
CANASA RECTAL SUPPOSITORY	4	MO
CHENODAL ORAL TABLET	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	2	MO
CLENPIQ ORAL SOLUTION	3	ST; MO
COLAZAL ORAL CAPSULE	4	MO
COMPAZINE RECTAL SUPPOSITORY	3	MO
<i>compro rectal suppository</i>	1	MO
<i>constulose oral solution</i>	1	MO
CORTENEMA RECTAL ENEMA	3	MO
CORTIFOAM RECTAL FOAM	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral concentrate</i>	3	MO
CYSTADANE ORAL POWDER	4	

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL ORAL CAPSULE (WITH DELAYED RELEASE TABLETS)	3	MO
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM ORAL CAPSULE	4	MO
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	3	MO
<i>dronabinol oral capsule</i>	3	B/D PA; MO
<i>droperidol injection solution</i>	1	MO
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	MO
EMEND ORAL CAPSULE 80 MG	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; MO; QL (2 per 28 days)
<i>enulose oral solution</i>	1	MO
<i>fosaprepitant intravenous recon soln</i>	1	MO
GASTROCROM ORAL CONCENTRATE	3	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	4	PA; MO
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>generlac oral solution</i>	1	MO
GIMOTI NASAL SPRAY WITH PUMP	4	
GOLYTELY ORAL RECON SOLN	3	ST; MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution</i>	1	MO
<i>granisetron hcl oral tablet</i>	1	B/D PA; MO
<i>hydrocortisone rectal enema</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
IBSRELA ORAL TABLET	4	ST; MO; QL (60 per 30 days)
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
INFLIXIMAB INTRAVENOUS RECON SOLN	4	PA; QL (20 per 28 days)
KRISTALOSE ORAL PACKET	3	MO
<i>lactulose oral packet</i>	3	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION	4	PA; LA
LOTRONEX ORAL TABLET	4	PA; MO
LUBIPROSTONE ORAL CAPSULE	3	ST; MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	B/D PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	B/D PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule,extended release 24hr</i>	3	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	3	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	3	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	3	MO
MOTEGRITY ORAL TABLET	3	ST; MO; QL (30 per 30 days)
MOVANTIK ORAL TABLET	2	MO; QL (30 per 30 days)
MOVIPREP ORAL POWDER IN PACKET	3	ST; MO
OICALIVA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl (pf) injection syringe</i>	1	MO
<i>ondansetron hcl intravenous solution</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA; MO
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	4	MO
OSMOPREP ORAL TABLET	3	ST; MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	4	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	3	MO
<i>peg-electrolyte oral recon soln</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT	4	ST; MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	1	MO
PROCTOFOAM HC RECTAL FOAM	3	MO
<i>procto-med hc topical cream with perineal applicator</i>	1	MO
<i>procto-pak topical cream with perineal applicator</i>	1	MO
<i>proctosol hc topical cream with perineal applicator</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator</i>	1	MO
RECTIV RECTAL OINTMENT	2	MO
REGLAN ORAL TABLET	3	MO
RELISTOR ORAL TABLET	4	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	MO; QL (12 per 30 days)
RELTONE ORAL CAPSULE	4	
REMICADE INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
RENFLXIS INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO TRANSDERMAL PATCH WEEKLY	4	MO
<i>scopolamine base transdermal patch 3 day</i>	3	MO
SFROWASA RECTAL ENEMA	3	MO
SKYRIZI INTRAVENOUS SOLUTION	4	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln</i>	3	MO
SUCRAID ORAL SOLUTION	4	PA
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	ST; MO
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING	3	
SUTAB ORAL TABLET	3	ST; MO
SYMPROIC ORAL TABLET	3	MO; QL (30 per 30 days)
SYNDROS ORAL SOLUTION	4	B/D PA; MO
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	MO
TRULANCE ORAL TABLET	2	MO
UCERIS ORAL TABLET, DELAYED AND EXTENDED RELEASE	4	MO
UCERIS RECTAL FOAM	3	MO
URSO 250 ORAL TABLET	3	MO
URSO FORTE ORAL TABLET	3	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	2	B/D PA
VIBERZI ORAL TABLET	4	MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	2	MO
ZENPEP ORAL CAPSULE,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	2	MO
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	3	MO; QL (112 per 30 days)
CARAFATE ORAL SUSPENSION	3	MO
CARAFATE ORAL TABLET	3	MO
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CYTOTEC ORAL TABLET	3	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	3	MO
DEXLANSOPRAZOLE ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	3	MO; QL (30 per 30 days)
DEXLANSOPRAZOLE ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	3	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	3	MO
<i>misoprostol oral tablet</i>	2	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine oral capsule 150 mg</i>	1	MO
<i>nizatidine oral capsule 300 mg</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	MO; QL (80 per 28 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	3	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	3	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	4	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	4	MO
<i>pantoprazole intravenous recon soln</i>	1	MO
<i>pantoprazole oral granules dr for susp in packet</i>	3	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX INTRAVENOUS RECON SOLN	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA ORAL CAPSULE	3	MO; QL (120 per 30 days)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	3	MO
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	MO; QL (168 per 28 days)
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	MO; QL (112 per 180 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	4	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	MO
ZEGERID ORAL PACKET 20-1,680 MG	4	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	4	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	4	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO

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

This drug list was last updated on 11/16/2022.

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; QL (15 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 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; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; MO
GRANIX SUBCUTANEOUS SOLUTION	4	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	4	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	B/D PA; MO
LEUKINE INJECTION RECON SOLN	4	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN INJECTION SOLUTION	4	PA; MO
NEUPOGEN INJECTION SYRINGE	4	PA; MO
NIVESTYM INJECTION SOLUTION	4	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; MO
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR	4	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; MO
NYVEPRIA SUBCUTANEOUS SYRINGE	4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4.2 per 180 days)
REBLOZYL SUBCUTANEOUS RECON SOLN	4	PA
RELEUKO INJECTION SOLUTION	4	PA; MO
RELEUKO SUBCUTANEOUS SYRINGE	4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE	4	PA; MO
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; MO
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; MO
ZARXIO INJECTION SYRINGE	4	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; MO

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	MO
ASCENIV INTRAVENOUS SOLUTION	4	PA; MO
ATGAM INTRAVENOUS SOLUTION	4	B/D PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	MO
BEXSERO INTRAMUSCULAR SYRINGE	2	MO
BIVIGAM INTRAVENOUS SOLUTION	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	2	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	MO
BOTOX INJECTION RECON SOLN	2	PA; MO
CUTAQUIG SUBCUTANEOUS SOLUTION	4	B/D PA; MO
CUVITRU SUBCUTANEOUS SOLUTION	4	B/D PA; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	B/D PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	MO
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
DYSPORT INTRAMUSCULAR RECON SOLN	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	2	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA
<i>fomepizole intravenous solution</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION	2	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	2	
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; MO
GAMMAKED INJECTION SOLUTION	4	PA; MO
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; MO
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; MO
GAMUNEX-C INJECTION SOLUTION	4	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	MO

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	MO
GRASTEK SUBLINGUAL TABLET	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	3	
HEPAGAM B INJECTION SOLUTION GREATR THAN 312 UNIT/ML (5 ML)	3	MO
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	MO
HIZENTRA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	4	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	2	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	2	MO
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYQVIA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL INJECTION SUSPENSION	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	MO
MYOBLOC INTRAMUSCULAR SOLUTION	3	MO
NABI-HB INTRAMUSCULAR SOLUTION	3	MO
OCTAGAM INTRAVENOUS SOLUTION	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ODACTRA SUBLINGUAL TABLET	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PANZYGA INTRAVENOUS SOLUTION	4	PA; MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	
PENTACEL (PF) INTRAMUSCULAR KIT	2	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	2	B/D PA; MO
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
RAGWITEK SUBLINGUAL TABLET	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	B/D PA; MO
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	
ROTATEQ VACCINE ORAL SOLUTION	2	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TDVAX INTRAMUSCULAR SUSPENSION	2	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	MO
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	B/D PA
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
TICOVAC INTRAMUSCULAR SYRINGE	2	MO
TRUMENBA INTRAMUSCULAR SYRINGE	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
XEMBIFY SUBCUTANEOUS SOLUTION	4	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZINPLAVA INTRAVENOUS SOLUTION	4	MO

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

1ST TIER UNIFINE PENTIPS NEEDLE	3	ST
1ST TIER UNIFINE PENTIPS PLUS NEEDLE	3	ST
ABOUTTIME PEN NEEDLE NEEDLE	3	ST
ADVOCATE PEN NEEDLE NEEDLE	3	ST; MO
ADVOCATE SYRINGES SYRINGE	3	ST; MO
ASSURE ID PEN NEEDLE NEEDLE	3	ST; MO
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	MO

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Drug Name	Drug Tier	Requirements/Limits
BD NANO 2ND GEN PEN NEEDLE	3	ST; MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO
BD ULTRA-FINE NANO PEN NEEDLE	2	MO
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE	2	MO
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT) SYRINGE	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
CAREFINE PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CARETOUCH INSULIN SYRINGE SYRINGE	3	ST
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST
CLICKFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 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	3	ST; MO
COMFORT EZ PEN NEEDLES NEEDLE	3	ST; MO
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
COMFORT TOUCH PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	3	ST; MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE NEEDLE	3	ST; MO
DROPLET 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 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST
EASY COMFORT INSULIN SYRINGE SYRINGE	3	ST
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
EASY COMFORT PEN NEEDLES NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
EASY GLIDE INSULIN SYRINGE SYRINGE	3	ST
EASY GLIDE PEN NEEDLE NEEDLE	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	ST; MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8"	3	ST
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2"	2	ST
EASY TOUCH LUER LOCK INSULIN SYRINGE	3	ST
EASY TOUCH NEEDLE	3	ST; MO
EASY TOUCH PEN NEEDLE NEEDLE	3	ST; MO
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	2	ST; MO
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 5/16"	2	ST
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	ST
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
GAUZE PADS 2 X 2	2	MO
HEALTHWISE INSULIN SYRINGE SYRINGE	3	ST
HEALTHWISE PEN NEEDLE NEEDLE	3	ST
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	3	ST
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
INCONTROL PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	3	ST
INSULIN PEN NEEDLE	2	MO
INSULIN PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INSUPEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	3	ST
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	3	ST; MO
LITE TOUCH INSULIN SYRINGE 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", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	3	ST
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; MO
MAGELLAN INSULIN SAFETY SYRNG SYRINGE	3	ST; MO
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16"	3	ST; MO
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16"	3	ST
MAXICOMFORT II PEN NEEDLE NEEDLE	3	ST
MAXICOMFORT INSULIN SYRINGE SYRINGE	3	ST
MAXI-COMFORT INSULIN SYRINGE SYRINGE	3	ST; MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE	3	ST
MICRODOT INSULIN PEN NEEDLE NEEDLE	3	ST
MINI ULTRA-THIN II NEEDLE	3	ST; MO

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

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16"	3	ST
MONOJECT INSULIN SYRINGE 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 25 GAUGE X 5/8", 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	3	ST; MO
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	3	ST
MONOJECT ULTRA COMFORT INSULIN SYRINGE	3	ST; MO
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 31 GAUGE X 15/64"	3	ST; MO
NEEDLES, INSULIN DISP., SAFETY	2	MO
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 1 ML 31 GAUGE X 15/64"	2	ST
NOVOFINE AUTOCOVER NEEDLE	2	MO
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	MO
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	MO
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	MO
PEN NEEDLE, DIABETIC, SAFETY NEEDLE	3	ST
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 5/32"	3	ST
PREVENT DROPSAFE PEN NEEDLE NEEDLE	3	ST
PRO COMFORT INSULIN SYRINGE SYRINGE	3	ST

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

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Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT PEN NEEDLE NEEDLE	3	ST
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	ST; MO
PURE COMFORT PEN NEEDLE NEEDLE	3	ST
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
SAFETY PEN NEEDLE NEEDLE	3	ST
SECURESAFE PEN NEEDLE NEEDLE	3	ST
SKY SAFETY PEN NEEDLE NEEDLE	3	
SURE COMFORT INS. SYR. U-100 SYRINGE	3	ST; MO
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 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 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	ST
SURE COMFORT PEN NEEDLE NEEDLE	3	ST; MO
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	3	ST
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	ST; MO
SURE-FINE PEN NEEDLES NEEDLE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 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, 1/2 ML 28 GAUGE X 1/2"	3	ST
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	3	ST; MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	3	ST
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	3	ST; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	ST
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"	3	ST; MO
TECHLITE PEN 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 5/16", 32 GAUGE X 5/32"	3	ST; MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	ST
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
<i>thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	3	ST
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
TOPCARE CLICKFINE NEEDLE	3	ST
TOPCARE ULTRA COMFORT SYRINGE	3	ST
TRUE COMFORT INSULIN SYRINGE SYRINGE	3	ST
TRUE COMFORT PEN NEEDLE NEEDLE	3	ST
TRUE COMFORT PRO INS SYRINGE SYRINGE	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
TRUEPLUS INSULIN SYRINGE 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	3	ST; MO
TRUEPLUS PEN NEEDLE	3	ST; MO
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	3	ST; MO
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4"	3	ST
ULTICARE INSULN SYR(HALF UNIT) SYRINGE	3	ST; MO
ULTICARE PEN NEEDLE NEEDLE	3	ST; MO
ULTICARE SAFETY PEN NEEDLE NEEDLE	3	ST
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE	2	ST
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 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 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	3	ST
ULTILET PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	ST; MO
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE	3	ST
ULTRA COMFORT INSULIN SYRINGE SYRINGE	3	ST
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE	3	ST
ULTRA FLO INSULIN SYRINGE SYRINGE	3	ST
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST
ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST; MO
ULTRA THIN PEN NEEDLE NEEDLE	3	ST
ULTRACARE INSULIN SYRINGE SYRINGE	3	ST
ULTRACARE PEN NEEDLE NEEDLE	3	ST; MO
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	3	ST; MO
ULTRA-THIN II INS PEN NEEDLES NEEDLE	3	ST; MO
ULTRA-THIN II INSULIN SYRINGE SYRINGE	3	ST; MO
UNIFINE PEN NEEDLE NEEDLE	3	ST
UNIFINE PENTIPS MAXFLOW NEEDLE	3	ST
UNIFINE PENTIPS NEEDLE 29 GAUGE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
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"	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE	3	ST
UNIFINE PENTIPS PLUS NEEDLE	3	ST; MO
UNIFINE SAFECONTROL NEEDLE	3	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE	3	ST
VANISHPOINT INSULIN SYRINGE SYRINGE	3	ST
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
V-GO 20 DEVICE	2	MO
V-GO 30 DEVICE	2	MO
V-GO 40 DEVICE	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ALLOPURINOL ORAL TABLET 200 MG	3	MO
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
COLCHICINE ORAL CAPSULE	3	ST; MO
<i>colchicine oral tablet</i>	1	MO
COLCRYS ORAL TABLET	3	ST; MO
<i>febuxostat oral tablet</i>	2	MO
GLOPERBA ORAL SOLUTION	3	ST; MO
KRYSTEXXA INTRAVENOUS SOLUTION	4	MO
MITIGARE ORAL CAPSULE	3	ST; MO
<i>probenecid oral tablet</i>	1	MO
<i>probenecid-colchicine oral tablet</i>	1	MO
ULORIC ORAL TABLET	3	MO
ZYLOPRIM ORAL TABLET	3	MO

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; MO; QL (4 per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; MO; QL (4 per 28 days)
BONIVA ORAL TABLET	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
EVISTA ORAL TABLET	3	MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA; MO
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	2	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	4	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3.6 per 28 days)
ARAVA ORAL TABLET	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; MO
CUPRIMINE ORAL CAPSULE	4	PA; MO
DEPEN TITRATABS ORAL TABLET	4	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (8 per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	4	PA; MO; QL (4 per 180 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE	4	PA; QL (20.1 per 30 days)
<i>leflunomide oral tablet</i>	1	MO; QL (30 per 30 days)
OLUMIANT ORAL TABLET	4	PA; MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	4	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 28 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	3	MO
<i>penicillamine oral capsule</i>	4	PA; MO
<i>penicillamine oral tablet</i>	4	PA; MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	MO
REDITREX (PF) SUBCUTANEOUS SYRINGE	3	MO
RIDAURA ORAL CAPSULE	4	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (56 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; MO; QL (64 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
<i>amabelz oral tablet</i>	2	PA; MO
ANGELIQ ORAL TABLET	3	PA; MO
AYGESTIN ORAL TABLET	3	MO
BIJUVA ORAL CAPSULE	3	PA; MO
<i>camila oral tablet</i>	1	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	PA; MO
CLIMARA TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane oral tablet</i>	1	MO
DELESTROGEN INTRAMUSCULAR OIL	3	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL TRANSDERMAL GEL IN PACKET	3	PA; MO; QL (30 per 30 days)
<i>dotti transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	2	MO
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (52 per 30 days)
<i>errin oral tablet</i>	1	MO
ESTRACE ORAL TABLET	3	PA; MO
ESTRACE VAGINAL CREAM	3	ST; MO
<i>estradiol oral tablet</i>	3	PA; MO
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)</i>	3	PA; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	3	PA; MO; QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	3	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; MO
ESTRING VAGINAL RING	2	MO
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	MO; QL (50 per 30 days)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	PA; MO; QL (16.2 per 30 days)
FEMRING VAGINAL RING	3	ST; MO
<i>fyavolv oral tablet</i>	3	PA; MO
<i>heather oral tablet</i>	1	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	ST; MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	ST; MO
<i>incassia oral tablet</i>	1	MO
<i>jencycla oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>jinteli oral tablet</i>	3	PA; MO
<i>lyleq oral tablet</i>	1	MO
<i>lyllana transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone intramuscular syringe</i>	1	MO
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	2	PA; MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
<i>mimvey oral tablet</i>	2	PA; MO
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO; QL (8 per 28 days)
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	3	PA; MO
PREFEST ORAL TABLET	3	PA; MO
PREMARIN INJECTION RECON SOLN	3	
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone intramuscular oil</i>	1	MO
<i>progesterone micronized oral capsule</i>	1	MO
PROMETRIUM ORAL CAPSULE	3	MO
PROVERA ORAL TABLET	3	MO
<i>sharobel oral tablet</i>	1	MO
VAGIFEM VAGINAL TABLET	3	ST; MO
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO; QL (8 per 28 days)
<i>yuvafem vaginal tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal cream</i>	1	MO
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	MO
<i>eluryng vaginal ring</i>	3	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	
GYNAZOLE-1 VAGINAL CREAM	3	MO
INTRAROSA VAGINAL INSERT	3	MO
KYLEENA INTRAUTERINE DEVICE	3	LA
LILETTA INTRAUTERINE DEVICE	3	MO; LA
LYSTEDA ORAL TABLET	3	MO
<i>metronidazole vaginal gel</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>mifepristone oral tablet</i>	1	LA
MIRENA INTRAUTERINE DEVICE	2	LA
MYFEMBREE ORAL TABLET	4	PA; MO
NEXPLANON SUBDERMAL IMPLANT	3	
NUVARING VAGINAL RING	3	MO
NUVESSA VAGINAL GEL	3	MO
ORIAHNN ORAL CAPSULE, SEQUENTIAL	4	PA; MO
OSPHENA ORAL TABLET	3	MO
PHEXXI VAGINAL GEL	3	MO
SKYLA INTRAUTERINE DEVICE	3	LA
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	2	MO
<i>xulane transdermal patch weekly</i>	3	MO
<i>zafemy transdermal patch weekly</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>afirmelle oral tablet</i>	3	MO
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethia oral tablets,dose pack,3 month</i>	3	MO
<i>amethyst (28) oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	3	MO
<i>aubra eq oral tablet</i>	1	MO
<i>aubra oral tablet</i>	1	
<i>aurovela 1.5/30 (21) oral tablet</i>	3	MO
<i>aurovela 1/20 (21) oral tablet</i>	3	MO
<i>aurovela 24 fe oral tablet</i>	3	MO
<i>aurovela fe 1.5/30 (28) oral tablet</i>	3	MO
<i>aurovela fe 1-20 (28) oral tablet</i>	3	MO
<i>aviane oral tablet</i>	1	MO
<i>ayuna oral tablet</i>	3	MO
<i>azurette (28) oral tablet</i>	1	MO
BALCOLTRA ORAL TABLET	3	MO
<i>balziva (28) oral tablet</i>	3	MO
BEYAZ ORAL TABLET	3	MO
<i>blisovi 24 fe oral tablet</i>	3	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	3	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	3	MO
<i>briellyn oral tablet</i>	3	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	3	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>charlotte 24 fe oral tablet,chewable</i>	3	MO
<i>chateal (28) oral tablet</i>	3	
<i>chateal eq (28) oral tablet</i>	3	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyred eq oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cyred oral tablet</i>	1	
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
<i>dolishale oral tablet</i>	3	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest oral tablet</i>	1	MO
<i>emoquette oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarylla oral tablet</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>falmina (28) oral tablet</i>	1	MO
<i>femynor oral tablet</i>	1	MO
<i>finzala oral tablet,chewable</i>	3	
<i>gemmily oral capsule</i>	3	MO
GENERESS FE ORAL TABLET,CHEWABLE	3	MO
<i>hailey 24 fe oral tablet</i>	3	MO
<i>hailey fe 1.5/30 (28) oral tablet</i>	3	MO
<i>hailey fe 1/20 (28) oral tablet</i>	3	MO
<i>hailey oral tablet</i>	3	MO
<i>iclevia oral tablets,dose pack,3 month</i>	3	
<i>introvale oral tablets,dose pack,3 month</i>	1	MO
<i>isibloom oral tablet</i>	1	MO
<i>jaimiess oral tablets,dose pack,3 month</i>	3	MO
<i>jasmiel (28) oral tablet</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>juleber oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30 (21) oral tablet</i>	3	MO
<i>junel 1/20 (21) oral tablet</i>	3	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	3	MO
<i>junel fe 1/20 (28) oral tablet</i>	3	MO
<i>junel fe 24 oral tablet</i>	3	MO
<i>kaitlib fe oral tablet,chewable</i>	3	MO
<i>kalliga oral tablet</i>	1	
<i>kariva (28) oral tablet</i>	1	MO
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kelnor 1-50 (28) oral tablet</i>	1	MO
<i>kurvelo (28) oral tablet</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21) oral tablet</i>	1	MO
<i>larin 1/20 (21) oral tablet</i>	1	MO
<i>larin 24 fe oral tablet</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>larin fe 1/20 (28) oral tablet</i>	1	MO
<i>layolis fe oral tablet,chewable</i>	3	MO
<i>leena 28 oral tablet</i>	3	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	1	
<i>levora-28 oral tablet</i>	1	MO
LO LOESTRIN FE ORAL TABLET	3	MO
LOESTRIN 1.5/30 (21) ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LOESTRIN 1/20 (21) ORAL TABLET	3	MO
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	MO
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	MO
<i>lojaimiess oral tablets,dose pack,3 month</i>	3	MO
<i>loryna (28) oral tablet</i>	1	MO
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lo-zumandimine (28) oral tablet</i>	1	MO
<i>lutra (28) oral tablet</i>	1	MO
<i>marlissa (28) oral tablet</i>	1	MO
<i>merzee oral capsule</i>	3	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin 24 fe oral tablet</i>	3	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mili oral tablet</i>	1	MO
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	MO
MIRCETTE (28) ORAL TABLET	3	MO
<i>mono-linyah oral tablet</i>	1	MO
NATAZIA ORAL TABLET	3	MO
<i>necon 0.5/35 (28) oral tablet</i>	3	MO
NEXTSTELLIS ORAL TABLET	3	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	3	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>nylia 1/35 (28) oral tablet</i>	3	MO
<i>nylia 7/7/7 (28) oral tablet</i>	3	MO
<i>nymyo oral tablet</i>	3	MO
<i>ocella oral tablet</i>	3	MO
<i>philith oral tablet</i>	1	MO
<i>pimtreea (28) oral tablet</i>	1	MO
<i>pirmella oral tablet</i>	1	MO
<i>portia 28 oral tablet</i>	1	MO
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>rivelsa oral tablets,dose pack,3 month</i>	3	MO
SAFYRAL ORAL TABLET	3	MO
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	MO
<i>setlakin oral tablets,dose pack,3 month</i>	1	MO
<i>simliya (28) oral tablet</i>	3	MO
<i>simpesse oral tablets,dose pack,3 month</i>	3	MO
SLYND ORAL TABLET	3	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet</i>	1	MO
<i>tarina fe 1/20 (28) oral tablet</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet</i>	1	MO
<i>taysofy oral capsule</i>	3	MO
TAYTULLA ORAL CAPSULE	3	MO
<i>tilia fe oral tablet</i>	1	MO
<i>tri femynor oral tablet</i>	1	MO
<i>tri-estarylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-linyah oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-marzia oral tablet</i>	1	MO
<i>tri-lo-mili oral tablet</i>	3	MO
<i>tri-lo-sprintec oral tablet</i>	1	MO
<i>tri-mili oral tablet</i>	3	MO
<i>tri-nymyo oral tablet</i>	3	MO
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<i>tri-vylibra lo oral tablet</i>	3	MO
<i>tri-vylibra oral tablet</i>	3	MO
TYBLUME ORAL TABLET,CHEWABLE	3	MO
<i>tydemy oral tablet</i>	3	MO
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>volnea (28) oral tablet</i>	3	MO
<i>vyfemla (28) oral tablet</i>	3	MO
<i>vylibra oral tablet</i>	3	MO
<i>wera (28) oral tablet</i>	1	MO
<i>wymzya fe oral tablet,chewable</i>	3	MO
YASMIN (28) ORAL TABLET	3	MO
YAZ (28) ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1-35 (28) oral tablet</i>	1	MO
<i>zumandimine (28) oral tablet</i>	1	MO
OXYTOCICS		
<i>methergine oral tablet</i>	3	PA
<i>methylergonovine oral tablet</i>	3	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	MO
AZASITE OPHTHALMIC (EYE) DROPS	2	MO
<i>bacitracin ophthalmic (eye) ointment</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
CILOXAN OPHTHALMIC (EYE) DROPS	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	1	MO
OCUFLOX OPHTHALMIC (EYE) DROPS	3	MO
<i>ofloxacin ophthalmic (eye) drops</i>	1	MO
<i>polycin ophthalmic (eye) ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
POLYTRIM OPHTHALMIC (EYE) DROPS	3	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) DROPS	3	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX OPHTHALMIC (EYE) DROPS	3	MO
ZYMAXID OPHTHALMIC (EYE) DROPS	3	MO

ANTIVIRALS

<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	3	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS	3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	3	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	3	MO
<i>timolol maleate ophthalmic (eye) drops (timoptic generic)</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	3	MO
<i>timolol maleate ophthalmic (eye) gel forming solution (timoptic generic)</i>	3	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	MO
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	MO

MISCELLANEOUS OPHTHALMOLOGICS

ALOCRIL OPHTHALMIC (EYE) DROPS	3	MO
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Drug Name	Drug Tier	Requirements/Limits
ALOMIDE OPHTHALMIC (EYE) DROPS	3	MO
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye) drops</i>	1	MO
<i>balanced salt intraocular solution</i>	1	
BEOVU INTRAVITREAL SYRINGE	4	PA; MO
<i>bepotastine besilate ophthalmic (eye) drops</i>	2	MO
BEPREVE OPHTHALMIC (EYE) DROPS	3	MO
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
<i>bss intraocular solution</i>	1	
BSS PLUS INTRAOCULAR SOLUTION	3	
BYOOVIZ INTRAVITREAL SOLUTION	4	PA; MO
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
CIMERLI INTRAVITREAL SOLUTION	4	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	1	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
<i>epinastine ophthalmic (eye) drops</i>	2	MO
EYLEA INTRAVITREAL SOLUTION	4	PA; MO
EYLEA INTRAVITREAL SYRINGE	4	PA; MO
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	3	MO
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %	3	MO
LACRISERT OPHTHALMIC (EYE) INSERT	3	PA; MO
LASTACAFT OPHTHALMIC (EYE) DROPS	3	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	4	PA; MO
LUCENTIS INTRAVITREAL SYRINGE	4	PA; MO
<i>olopatadine ophthalmic (eye) drops</i>	1	MO
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	MO; QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	2	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	MO
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	MO
VABYSMO INTRAVITREAL SOLUTION	4	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	4	PA; MO; QL (120 per 30 days)
VUITY OPHTHALMIC (EYE) DROPS	3	PA; MO
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	MO; QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	3	MO

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST; MO
ACULAR OPHTHALMIC (EYE) DROPS	3	ST; MO
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
BROMSITE OPHTHALMIC (EYE) DROPS	2	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; MO
<i>ketorolac ophthalmic (eye) drops</i>	1	MO
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; MO
PROLENSA OPHTHALMIC (EYE) DROPS	2	MO

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide oral capsule, extended release</i>	2	MO
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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	3	MO
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>bimatoprost ophthalmic (eye) drops</i>	3	MO
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	3	MO
COMBIGAN OPHTHALMIC (EYE) DROPS	2	MO
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
COSOPT OPHTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	MO
DURYSTA INTRACAMERAL IMPLANT	3	PA; MO; LA
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	2	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	ST; MO
<i>travoprost ophthalmic (eye) drops</i>	2	MO
TRUSOPT OPHTHALMIC (EYE) DROPS	3	MO
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST; MO
XALATAN OPHTHALMIC (EYE) DROPS	3	ST; MO
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	MO
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	MO
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	MO; QL (10 per 14 days)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	MO
DEXTENZA INTRACANALICULAR INSERT	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION	4	
<i>difluprednate ophthalmic (eye) drops</i>	3	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA; MO; QL (8.3 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	MO
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
OZURDEX INTRAVITREAL IMPLANT	4	MO
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	MO
RETISERT INTRAVITREAL IMPLANT	3	
YUTIQ INTRAVITREAL IMPLANT	4	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q INJECTION AUTO-INJECTOR	4	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	MO; QL (60 per 30 days)
<i>desloratadine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
DIPHEN ORAL ELIXIR	3	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	3	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (2 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	MO; QL (2 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION SOLUTION	3	MO
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral syrup</i>	3	PA; MO
<i>promethazine oral tablet</i>	3	PA; MO
QUZYTIR INTRAVENOUS SOLUTION	3	
SYMJEPI INJECTION SYRINGE	3	MO; QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	MO
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADCIRCA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	4	PA; MO; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	2	MO; QL (12 per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; MO; QL (1 per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq oral tablet</i>	4	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	4	PA; MO; LA
<i>aminophylline intravenous solution</i>	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	2	B/D PA; MO
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	MO; QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER	2	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	3	MO; QL (23 per 30 days)
BECONASE AQ NASAL SPRAY, NON-AEROSOL	3	ST; MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE HFA AEROSOL INHALER	3	ST; MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	4	PA; MO; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (10.2 per 30 days)
CINQAIR INTRAVENOUS SOLUTION	4	PA; LA
CINRYZE INTRAVENOUS RECON SOLN	4	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	4	B/D PA; MO
CUROSURF INTRATRACHEAL SUSPENSION	3	
DALIRESP ORAL TABLET	3	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	4	ST; MO; QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	3	MO
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 28 days)
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol</i>	1	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	ST; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	2	B/D PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
<i>icatibant subcutaneous syringe</i>	4	PA; MO
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D PA; MO
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS ORAL TABLET	4	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization</i>	3	B/D PA; MO
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	4	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	4	MO; QL (60 per 30 days)
<i>metaproterenol oral syrup</i>	1	MO
<i>mometasone nasal spray,non-aerosol</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	1	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet,chewable</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT ORAL TABLET	4	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE	4	PA; LA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; MO; QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO; QL (60 per 30 days)
PULMOZYME INHALATION SOLUTION	4	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO INTRAVENOUS SOLUTION	4	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
<i>roflumilast oral tablet</i>	3	PA; MO; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN	4	PA; MO
<i>sajazir subcutaneous syringe</i>	4	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	4	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SINGULAIR ORAL GRANULES IN PACKET	3	MO
SINGULAIR ORAL TABLET	3	MO
SINGULAIR ORAL TABLET,CHEWABLE	3	MO
SPIRIVA RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (90 per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SYMBICORT HFA AEROSOL INHALER	2	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; MO; LA
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; MO; LA
<i>terbutaline oral tablet</i>	3	MO
<i>terbutaline subcutaneous solution</i>	1	MO
TEZSPIRE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1.91 per 30 days)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	2	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER ORAL TABLET	4	PA; MO; LA
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; MO; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER	4	MO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
VENTOLIN HFA AEROSOL INHALER	3	ST; MO; QL (36 per 30 days)
<i>wixela inhub inhalation blister with device</i>	3	ST; QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
XOPENEX HFA INHALATION AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (90 per 30 days)
<i>zafirlukast oral tablet</i>	1	MO
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; MO; QL (6.1 per 30 days)
<i>zileuton oral tablet, er multiphase 12 hr</i>	4	MO
ZYFLO ORAL TABLET	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	3	MO
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
DETROL ORAL TABLET	3	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
<i>fesoterodine oral tablet extended release 24 hr</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate oral tablet</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
GEMTESA ORAL TABLET	3	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	MO; QL (8 per 28 days)
<i>solifenacin oral tablet</i>	3	MO
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>tropium oral capsule,extended release 24hr</i>	3	MO
<i>tropium oral tablet</i>	1	MO
VESICARE LS ORAL SUSPENSION	3	MO
VESICARE ORAL TABLET	3	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
AVODART ORAL CAPSULE	3	MO
<i>dutasteride oral capsule</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	MO
ENTADFI ORAL CAPSULE	3	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX ORAL CAPSULE	3	ST; MO
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	MO
PROSCAR ORAL TABLET	3	MO
RAPAFLO ORAL CAPSULE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>silodosin oral capsule</i>	1	MO
<i>tamsulosin oral capsule</i>	1	MO
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
<i>bethanechol chloride oral tablet</i>	1	MO
CIALIS ORAL TABLET 2.5 MG	3	PA; MO; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE	3	PA; LA
ELMIRON ORAL CAPSULE	2	MO
<i>glycine urologic irrigation solution</i>	1	
<i>glycine urologic irrigation solution</i>	1	
K-PHOS NO 2 ORAL TABLET	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	MO
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; MO
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	MO
RENACIDIN IRRIGATION SOLUTION	2	MO
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	MO

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

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Drug Name	Drug Tier	Requirements/Limits
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
<i>albumin, human 25 % intravenous parenteral solution</i>	1	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION	3	
<i>alburx (human) 25 % intravenous parenteral solution</i>	1	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
<i>plasbumin 25 % intravenous parenteral solution</i>	1	
<i>plasbumin 5 % intravenous parenteral solution</i>	1	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	1	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	1	
<i>calcium chloride intravenous syringe</i>	1	
<i>calcium gluconate intravenous solution</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
GLYCOPHOS INTRAVENOUS SOLUTION	3	
HYPERLYTE CR INTRAVENOUS SOLUTION	3	
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	3	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
<i>lactated ringers intravenous parenteral solution</i>	1	MO
<i>magnesium chloride injection solution</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
PHOSLYRA ORAL SOLUTION	3	MO; QL (1800 per 30 days)
<i>potassium acetate intravenous solution</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)	3	
<i>ringer's intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution</i>	1	
<i>sodium bicarbonate intravenous solution</i>	1	
<i>sodium bicarbonate intravenous syringe</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	MO
<i>sodium chloride intravenous parenteral solution</i>	1	
<i>sodium phosphate intravenous solution</i>	1	MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
MISCELLANEOUS NUTRITION PRODUCTS		
BAL IN OIL INTRAMUSCULAR SOLUTION	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	4	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINOLIPID INTRAVENOUS EMULSION	3	B/D PA
DOJOLVI ORAL LIQUID	4	PA; MO; LA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID INTRAVENOUS EMULSION	3	B/D PA
OMEGAVEN INTRAVENOUS EMULSION	3	B/D PA
PERIKABIVEN INTRAVENOUS EMULSION	3	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
<i>plasmanate intravenous parenteral solution</i>	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	3	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
SMOFLIPID INTRAVENOUS EMULSION	3	B/D PA
THAM INTRAVENOUS SOLUTION	3	
<i>travasol 10 % intravenous parenteral solution</i>	3	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO
NESTABS ONE ORAL CAPSULE	3	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha oral capsule</i>	1	

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dacarbazine.....	24	DEPO-ESTRADIOL	106
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DALIRESP.....	180	107
DALVANCE.....	12	DEPO-TESTOSTERONE..	dextrose 5 % in water (d5w)	
danazol	125	DERMA-SMOOTH/FS	107
DANTRIUM	51	BODY OIL.....	dextrose 5 %-lactated ringers	
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DIFFERIN.....	97	dopamine in 5 % dextrose ...	90	DUAKLIR PRESSAIR	180
DIFICID	10	DOPTELET (10 TAB PACK)	84	DUAVEE.....	161
diflorasone.....	102	DOPTELET (15 TAB PACK)	84	DUETACT	116
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diflunisal.....	58	DORYX.....	19	DULERA.....	180
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SYRINGE	ELIGARD (3 MONTH)	25	ENSTILAR	92
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This drug list was last updated on 11/16/2022.

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REFILL	MONTH)	MAVENCLAD (10 TABLET	
181	29	PACK)	49
LONHALA MAGNAIR	LUPRON DEPOT-PED	MAVENCLAD (4 TABLET	
STARTER	30	PACK)	49
181	LUPRON DEPOT-PED (3	MAVENCLAD (5 TABLET	
LONSURF	MONTH)	PACK)	49
29	30	MAVENCLAD (6 TABLET	
loperamide	lutura (28)	PACK)	49
129	167	MAVENCLAD (7 TABLET	
LOPID	LUXIQ	PACK)	49
88	104	MAVENCLAD (8 TABLET	
lopinavir-ritonavir	LUZU	PACK)	49
5	100	MAVENCLAD (9 TABLET	
LOPRESSOR	LYBALVI	PACK)	49
80	68	MAVENCLAD (10 TABLET	
LOPROX	lyleq	PACK)	49
100	161	MAVENCLAD (11 TABLET	
LOPROX (AS OLAMINE) 100	lyllana	PACK)	49
lorazepam	LYNPARZA	PACK)	49
68	30	MAVENCLAD (12 TABLET	
lorazepam intensol	LYRICA	PACK)	49
68	41	MAVENCLAD (13 TABLET	
LORBRENA	LYRICA CR	PACK)	49
29	41	MAVENCLAD (14 TABLET	
LOREEV XR	LYSODREN	PACK)	49
68	30	MAVENCLAD (15 TABLET	
LORTAB ELIXIR	LYSTEDA	PACK)	49
55	163	MAVENCLAD (16 TABLET	
loryna (28)	LYUMJEV KWIKPEN U-100	PACK)	49
167	INSULIN	MAVENCLAD (17 TABLET	
losartan	120	PACK)	49
80	LYUMJEV KWIKPEN U-200	MAVENCLAD (18 TABLET	
losartan-hydrochlorothiazide 80	INSULIN	PACK)	49
LOSEASONIQUE	120	MAVENCLAD (19 TABLET	
167	LYUMJEV U-100 INSULIN	PACK)	49
LOTEMAX	MAVENCLAD (20 TABLET	
176	120	PACK)	49
LOTEMAX SM	LYVISPAH	MAVENCLAD (21 TABLET	
176	52	PACK)	49
LOTENSIN	lyza	MAVENCLAD (22 TABLET	
80	162	PACK)	49
LOTENSIN HCT	M	MAVENCLAD (23 TABLET	
80		PACK)	49
loteprednol etabonate	MACROBID	MAVENCLAD (24 TABLET	
176	21	PACK)	49
LOTREL	MACRODANTIN	MAVENCLAD (25 TABLET	
80	21	PACK)	49
LOTRONEX	mafenide acetate	MAVENCLAD (26 TABLET	
132	99	PACK)	49
lovastatin	MAGELLAN INSULIN	MAVENCLAD (27 TABLET	
88	SAFETY SYRNG	PACK)	49
LOVAZA	150	MAVENCLAD (28 TABLET	
88	MAGELLAN SYRINGE ..	PACK)	49
LOVENOX	151	MAVENCLAD (29 TABLET	
86	151	PACK)	49
low-ogestrel (28)	magnesium chloride	MAVENCLAD (30 TABLET	
167	188	PACK)	49
loxapine succinate	magnesium sulfate	MAVENCLAD (31 TABLET	
68	188	PACK)	49
lo-zumandimine (28)	MAGNESIUM SULFATE IN	MAVENCLAD (32 TABLET	
167	D5W	PACK)	49
LUBIPROSTONE	188	MAVENCLAD (33 TABLET	
132	magnesium sulfate in water 188	PACK)	49
LUCEMYRA	MALARONE	MAVENCLAD (34 TABLET	
59	13	PACK)	49
LUCENTIS	MALARONE PEDIATRIC .	MAVENCLAD (35 TABLET	
172	13	PACK)	49
LULICONAZOLE	malathion	MAVENCLAD (36 TABLET	
100	105	PACK)	49
LUMAKRAS	mannitol 20 %	MAVENCLAD (37 TABLET	
29	80	PACK)	49
LUMIGAN	mannitol 25 %	MAVENCLAD (38 TABLET	
174	80	PACK)	49
LUMIZYME	maraviroc	MAVENCLAD (39 TABLET	
125	5	PACK)	49
LUMOXITI	MARGENZA	MAVENCLAD (40 TABLET	
29	30	PACK)	49
LUNESTA	MARINOL	MAVENCLAD (41 TABLET	
68	132	PACK)	49
LUPKYNIS	marlissa (28)	MAVENCLAD (42 TABLET	
29	167	PACK)	49
LUPRON DEPOT	MARPLAN	MAVENCLAD (43 TABLET	
30	68	PACK)	49
LUPRON DEPOT (3	MATULANE	MAVENCLAD (44 TABLET	
MONTH)	30	PACK)	49
29		MAVENCLAD (45 TABLET	
LUPRON DEPOT (4		PACK)	49
MONTH)		MAVENCLAD (46 TABLET	
29		PACK)	49

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melphalan hcl	30	methylprednisolone	113	MINIVELLE	162
memantine	50	methylprednisolone acetate	113	MINOCIN.....	20
MEMANTINE	50	methylprednisolone sodium		minocycline	20
MENACTRA (PF)	144	succ.....	113	MINOLIRA ER.....	20
MENEST	162	methyltestosterone.....	126	minoxidil.....	80
MENOSTAR.....	162	metoclopramide hcl	133	miostat	174
MENQUADFI (PF).....	144	metolazone.....	80	MIRAPEX ER.....	45
MENTAX.....	100	metoprolol succinate.....	80	MIRCETTE (28)	167
MENVEO A-C-Y-W-135-DIP		metoprolol tartrate	80	MIRENA	163
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NALOCET	56	neostigmine methylsulfate....	52	nitroglycerin	91
naloxone	60	NEO-SYNALAR.....	99	nitroglycerin in 5 % dextrose	91
naltrexone	60	NERLYNX.....	31	NITROLINGUAL	91
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