

2025

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# Medicare Plus Blue<sup>SM</sup> Group PPO Prescription Blue<sup>SM</sup> Group PDP

## Group Enhanced Comprehensive Formulary

(List of Covered Drugs or “Drug List”)

**PLEASE READ:** This document contains information about the drugs we cover in this plan.

This formulary was updated on September 18, 2024. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

When visiting your doctor(s), please bring your personal drug list and this 2025 Blue Cross Drug List with you.

Updated: 09/18/2024  
Formulary 25350

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)

**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 Blue Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means Medicare Plus Blue Group PPO or Prescription Blue Group PDP.

This document includes a Drug List (formulary) for our plan which is current as of September 18, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## What is the Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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. Medicare Plus Blue Group PPO and Prescription Blue Group PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Plus Blue Group PPO and Prescription Blue Group PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or

original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, or quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?"

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

The enclosed formulary is current as of September 18, 2024. To get updated information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

### **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 Agents." 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 76. 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?**

Medicare Plus Blue Group PPO and Prescription Blue Group PDP cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

### **What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original

biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Medicare Plus Blue Group PPO and Prescription Blue Group PDP require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Plus Blue Group PPO and Prescription Blue Group PDP before you fill your prescriptions. If you don't get approval, Medicare Plus Blue Group PPO and Prescription Blue Group PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Plus Blue Group PPO and Prescription Blue Group PDP limit the amount of the drug that Medicare Plus Blue Group PPO and Prescription Blue Group PDP will cover. For example, Medicare Plus Blue Group PPO and Prescription Blue Group PDP provides 31 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Plus Blue Group PPO and Prescription Blue Group PDP require 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, Medicare Plus Blue Group PPO and Prescription Blue Group PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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 a document that explains 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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?" on page iv for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Medicare Plus Blue Group PPO and Prescription Blue Group PDP pays for certain OTC drugs. The list of OTC drugs we cover begins on page 74. Medicare Plus Blue Group PPO and Prescription Blue Group PDP will provide these OTC drugs at no cost to you. The cost to Medicare Plus Blue Group PPO and Prescription Blue Group PDP of these OTC drugs will not count toward your total Part D drug costs.

## **What if my drug is not on the Formulary?**

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

If you learn that Medicare Plus Blue Group PPO and Prescription Blue Group PDP do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP.

- You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?

You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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 on Tier 4 and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Medicare Plus Blue Group PPO and Prescription Blue Group PDP limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Generally, Medicare Plus Blue Group PPO and Prescription Blue Group PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast

decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

If you are a new member in the plan, for each of your drugs that is not on our formulary or has coverage restrictions, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 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 move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about

our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at

**[www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage](http://www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage)**.

We will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

### **For more information**

For more detailed information about your Medicare Plus Blue Group PPO and Prescription Blue Group PDP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Medicare Plus Blue Group PPO and Prescription Blue Group PDP, 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 **[www.medicare.gov](http://www.medicare.gov)**.

## **Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

The information in the Requirements/Limits column tells you if Medicare Plus Blue Group PPO or Prescription Blue Group PDP have any special requirements for coverage of your drug.

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP  
Drug Tier Costs**  
(Up to a 31-day supply)

Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
<b>Tier 1</b>	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
<b>Tier 2</b>	Generic				
<b>Tier 3</b>	Preferred Brand				
<b>Tier 4</b>	Non-Preferred Drug				
<b>Tier 5</b>	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details.			

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP  
Drug Tier Costs**  
(32- to 90-day supply\*)

Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
<b>Tier 1</b>	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
<b>Tier 2</b>	Generic				
<b>Tier 3</b>	Preferred Brand				
<b>Tier 4</b>	Non-Preferred Drug				
<b>Tier 5</b>	Specialty Tier	90-day supply is not available.			

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

\*Most pharmacies will fill a 90-day supply of most medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.



## Drug Notes Code Definitions

Symbol	Definition
<b>B/D</b>	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>EX</b>	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
<b>NDS</b>	Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.
<b>PA</b>	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 prescription. If you don't get approval, we may not cover the drug.
<b>QL</b>	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
<b>ST</b>	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule 200mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	2	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	2	QL(540 EA per 90 days)
DICLOFENAC EPOLAMINE	4	PA
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 31 days)
<i>diclofenac sodium external solution 1.5%</i>	2	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</i>	2	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac capsule, tablet</i>	2	
<i>fenoprofen calcium capsule 400mg</i>	2	
<i>fenoprofen calcium tablet</i>	2	
FLECTOR	4	PA
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	4	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	4	
<i>indomethacin er</i>	2	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>indomethacin injection, suspension</i>	4	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	2	QL(360 EA per 90 days)
<i>mefenamic acid capsule</i>	4	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium er tablet extended release 24 hour 750mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	2	
<i>piroxicam capsule</i>	2	
<i>salsalate tablet 750mg</i>	2	
<i>salsalate tablet 500mg</i>	4	
<i>sulindac tablet</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(15 EA per 30 days); NDS
<i>levorphanol tartrate tablet</i>	2	NDS
METHADONE HCL SOLUTION 10MG/5ML	2	QL(1860 ML per 31 days); NDS
METHADONE HCL SOLUTION 5MG/5ML	2	QL(3720 ML per 31 days); NDS
<i>methadone hcl tablet 10mg</i>	2	QL(372 EA per 31 days); NDS
<i>methadone hcl tablet 5mg</i>	2	QL(496 EA per 31 days); NDS
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG	4	QL(62 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(31 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(93 EA per 31 days); NDS
NUCYNTA ER	4	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 30MG, 40MG, 60MG, 80MG	4	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG	4	NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	4	NDS
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(62 EA per 31 days); NDS
OXYMORPHONE HYDROCHLORIDEER	4	QL(62 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	2	QL(31 EA per 31 days); NDS
<i>tramadol hydrochloride er</i>	2	QL(31 EA per 31 days); NDS
<b>Opioid Analgesics, Short-acting</b>		
ACETAMINOPHEN/CODEINE SOLUTION	2	QL(5167 ML per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL(186 EA per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	2	QL(372 EA per 31 days); NDS
<i>ascomp/codeine</i>	2	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	2	NDS
<i>butorphanol tartrate solution</i>	2	QL(5 ML per 30 days); NDS
CODEINE SULFATE TABLET	2	QL(186 EA per 31 days); NDS
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	4	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(372 EA per 31 days); NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(124 EA per 31 days); PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(124 EA per 31 days); PA; NDS
FENTANYL CITRATE TABLET	5	PA; NDS
FENTANYL CITRATE INJECTION 500MCG/10ML, 50MCG/ML	2	NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	2	NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL(5735 ML per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	QL(372 EA per 31 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(372 EA per 31 days); NDS
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	2	QL(155 EA per 31 days); NDS
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	QL(155 EA per 31 days); NDS
<i>hydromorphone hcl liquid</i>	2	QL(2480 ML per 31 days); NDS
HYDROMORPHONE HCL INJECTION 4MG/ML	4	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 8mg</i>	2	QL(248 EA per 31 days); NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	QL(372 EA per 31 days); NDS
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate tablet</i>	2	QL(186 EA per 31 days); NDS
MORPHINE SULFATE SOLUTION 20MG/5ML	2	QL(1550 ML per 31 days); NDS
<i>morphine sulfate solution 10mg/5ml</i>	2	QL(3100 ML per 31 days); NDS
<i>morphine sulfate solution 100mg/5ml</i>	2	QL(930 ML per 31 days); NDS
<i>oxycodone hydrochloride capsule, tablet</i>	2	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride solution</i>	4	QL(1860 ML per 31 days); NDS
<i>oxycodone hydrochloride concentrate</i>	4	QL(279 ML per 31 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(372 EA per 31 days); NDS
<i>oxymorphone hydrochloride</i>	4	NDS
<i>pentazocine/naloxone hcl</i>	2	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(248 EA per 31 days); NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
CETACAINE AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA	4	EX
<i>lidocaine hcl injection 1%</i>	4	
<i>lidocaine hydrochloride injection 1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine/epinephrine injection 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 2%</i>	4	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
SYNERA	4	
XYLOCAINE-MPF/EPINEPHRINE INJECTION 1:200000; 1%	4	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tablet</i>	2	
<i>naltrexone hcl tablet</i>	1	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl</i>	1	
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	1	
<i>lofexidine hydrochloride</i>	5	
LUCEMYRA	5	
ZUBSOLV	4	
<b>Opioid Reversal Agents</b>		
KLOXXADO	3	QL(12 EA per 90 days)
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	3	
<i>varenicline tartrate</i>	3	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
<b>Antibacterials, Other</b>		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FEM PH	2	EX
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
<i>fosfomycin tromethamine</i>	4	
IMPAVIDO	5	QL(84 EA per 28 days)
<i>linezolid suspension reconstituted</i>	2	QL(1680 ML per 28 days)
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NUVESSA	4	
<i>polymyxin b sulfate injection</i>	4	
SILVER NITRATE SOLUTION 0.5%	4	EX
SIVEXTRO	5	
<i>tigecycline</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole</i>	2	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	
<i>vancomycin hydrochloride capsule, oral solution reconstituted</i>	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
<b>Beta-lactam, Cephalosporins</b>		
CEFACTOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACTOR CAPSULE	2	
CEFACTOR SUSPENSION RECONSTITUTED 250MG/5ML	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAZONE SODIUM INJECTION 100GM	4	
<i>ceftriazone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted, tablet</i>	1	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	4	
<b>Beta-lactam, Penicillins</b>		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	

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Drug Name	Drug Tier	Requirements/Limits
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>nafcilin sodium injection 10gm, 1gm, 2gm</i>	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	1	
<i>penicillin v potassium tablet</i>	1	
PFIZERPEN INJECTION 5000000UNIT	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<b>Carbapenems</b>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<b>Macrolides</b>		
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	2	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
<i>erythromycin lactobionate</i>	4	
<i>erythromycin tablet 250mg, 500mg</i>	2	
<b>Quinolones</b>		
BAXDELA	5	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w</i>	4	
LEVOFLOXACIN INJECTION 25MG/ML	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotion 10%</i>	2	
<i>sulfadiazine tablet</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate dr tablet delayed release 200mg, 50mg</i>	2	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline hyclate tablet 75mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tablet 150mg</i>	4	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet</i>	2	
<i>doxycycline suspension reconstituted</i>	2	
<i>doxycycline capsule delayed release</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	2	
<i>minocycline hydrochloride er tablet extended release 24 hour 135mg, 45mg, 90mg</i>	2	QL(90 EA per 90 days)
<i>minocycline hydrochloride er tablet extended release 24 hour 115mg, 65mg</i>	4	QL(90 EA per 90 days)
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
ORACEA	4	
<i>tetracycline hydrochloride capsule</i>	2	
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION	4	QL(620 ML per 31 days); PA
BRIVIACT TABLET 10MG	4	QL(62 EA per 31 days); PA
BRIVIACT TABLET 100MG, 25MG, 50MG, 75MG	5	QL(62 EA per 31 days); PA
EPIDIOLEX	5	PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	PA
FYCOMPA TABLET 10MG, 12MG, 2MG, 4MG, 8MG	4	PA
FYCOMPA TABLET 6MG	5	PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days); NDS
<i>roweepra tablet 500mg</i>	2	
SPRITAM	4	PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er capsule er 24 hour sprinkle</i>	4	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide</i>	2	
<i>methsuximide</i>	3	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam tablet</i>	3	QL(60 EA per 30 days); NDS
<i>clobazam suspension</i>	4	QL(480 ML per 30 days); NDS
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL(300 EA per 30 days); NDS
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam tablet 2mg</i>	2	QL(300 EA per 30 days); NDS
DIACOMIT	5	PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	QL(5 EA per 30 days); NDS
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	QL(5 EA per 30 days); NDS
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL(6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); NDS
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	4	
<i>phenobarbital elixir 20mg/5ml</i>	2	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); NDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	5	
<i>vigadrone packet</i>	5	
ZTALMY	5	QL(1116 ML per 31 days); PA
<b>Sodium Channel Agents</b>		
APTIOM	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension, tablet</i>	2	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	

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<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	2	
<i>oxcarbazepine er tablet extended release 24 hour 300mg, 600mg</i>	4	ST
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG	4	ST
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	PA
<i>rufinamide tablet 400mg</i>	5	PA
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 50MG-100MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
<b>Antidementia Agents</b>		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
<b>Cholinesterase Inhibitors</b>		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
GALANTAMINE HYDROBROMIDE SOLUTION	2	
<i>galantamine hydrobromide tablet</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak</i>	3	QL(147 EA per 84 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	2	QL(1080 ML per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY	5	QL(62 EA per 31 days); PA
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tablet</i>	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM	5	PA
MARPLAN	4	
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	4	
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i></b>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	2	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(270 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution, tablet</i>	2	
FETZIMA	4	PA
FETZIMA TITRATION PACK	4	PA

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Drug Name	Drug Tier	Requirements/Limits
FLUOXETINE DR	2	
<i>fluoxetine hydrochloride capsule</i>	2	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	PA
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	PA
<i>paroxetine hydrochloride suspension</i>	4	PA
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	PA
<i>sertraline hcl concentrate</i>	2	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	4	ST
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg</i>	2	
<i>vilazodone hydrochloride</i>	4	
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 150mg, 25mg, 75mg</i>	2	PA
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	2	PA
<i>doxepin hcl concentrate</i>	2	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA
<i>imipramine hydrochloride tablet 10mg</i>	2	PA
<i>imipramine pamoate</i>	2	PA
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	PA
<i>nortriptyline hcl solution</i>	2	PA
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate capsule</i>	2	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
DIMENHYDRINATE INJECTION	4	
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	PA
<i>prochlorperazine maleate tablet</i>	2	PA
<i>prochlorperazine suppository 25mg</i>	2	PA
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2	PA
<i>promethazine hcl tablet 12.5mg</i>	2	PA
<i>promethazine hydrochloride plain</i>	2	PA
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	PA
<i>promethegan suppository 12.5mg, 25mg</i>	2	PA
<i>scopolamine</i>	4	
<i>trimethobenzamide hydrochloride</i>	2	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant capsule 40mg, 80mg</i>	4	QL(12 EA per 90 days); B/D
<i>aprepitant capsule 0</i>	4	QL(180 EA per 90 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(6 EA per 90 days); B/D
<i>dronabinol</i>	4	B/D
<i>granisetron hydrochloride tablet</i>	2	B/D
<i>ondansetron hcl solution</i>	4	B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	2	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>casposfungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<i>econazole nitrate cream</i>	3	
ERAXIS	4	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted, tablet</i>	2	
<i>flucytosine capsule 500mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2	
<i>hydrocortisone/iodoquinol</i>	2	EX
<i>itraconazole solution</i>	3	
<i>itraconazole capsule</i>	4	
<i>ketoconazole cream, shampoo, tablet</i>	2	
<i>klayesta</i>	2	QL(180 GM per 90 days)
LULICONAZOLE	4	

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Drug Name	Drug Tier	Requirements/Limits
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	2	
<i>naftifine hydrochloride cream</i>	2	
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension, tablet</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days); PA
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tablet</i>	3	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
<b>Antimigraine Agents</b>		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(5 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
QULIPTA TABLET 10MG	5	QL(186 EA per 31 days); PA
QULIPTA TABLET 60MG	5	QL(31 EA per 31 days); PA
QULIPTA TABLET 30MG	5	QL(62 EA per 31 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days)
MIGERGOT	2	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>eletriptan hydrobromide tablet 40mg</i>	3	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	3	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate tablet</i>	2	
<i>sumatriptan succinate injection</i>	4	
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL(54 EA per 90 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
REGONOL INJECTION 10MG/2ML	4	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet 100mg, 25mg</i>	2	
PRETOMANID	4	
<i>rifabutin</i>	4	
<b>Antituberculars</b>		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrup</i>	2	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	4	
MATULANE	5	
<i>oxaliplatin injection 50mg/10ml</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg</i>	4	QL(124 EA per 31 days)
<i>bicalutamide</i>	2	
ERLEADA TABLET 60MG	5	QL(124 EA per 31 days); PA
ERLEADA TABLET 240MG	5	QL(31 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
EULEXIN	5	QL(186 EA per 31 days); PA
<i>nilutamide</i>	5	
NUBEQA	5	QL(124 EA per 31 days); PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	PA
<b>Antiangiogenic Agents</b>		
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
THALOMID	5	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	5	
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
SOLTAMOX	4	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	4	
<b>Antimetabolites</b>		
DROXIA	4	
FOLOTYN INJECTION 20MG/ML	5	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/26.3ML	5	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PRALATREXATE INJECTION 20MG/ML	5	
PURIXAN	5	
TABLOID	5	PA
<b>Antineoplastics, Other</b>		
AKEEGA	5	QL(62 EA per 31 days); PA
<i>bleomycin sulfate injection 15unit</i>	2	
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
INREBIC	5	PA
IWILFIN	5	QL(248 EA per 31 days); PA
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LAZCLUZE TABLET 240MG	5	QL(31 EA per 31 days); PA
LAZCLUZE TABLET 80MG	5	QL(62 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LYSODREN	3	
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); PA
OJEMDA TABLET	5	QL(24 EA per 28 days); PA
OJEMDA SUSPENSION RECONSTITUTED	5	QL(96 ML per 28 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
RYLAZE	5	PA
TICE BCG	3	
<i>valrubicin</i>	3	
VINCRIStINE SULFATE INJECTION 2MG/2ML	2	
VONJO	5	QL(124 EA per 31 days); PA
ZOLINZA	5	PA
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<b><i>Enzyme Inhibitors</i></b>		
<i>irinotecan hydrochloride injection 40mg/2ml</i>	2	
<b><i>Molecular Target Inhibitors</i></b>		
ALECENSA	5	QL(248 EA per 31 days); PA
ALUNBRIG	5	PA
AUGTYRO	5	QL(248 EA per 31 days); PA
AYVAKIT	5	PA
BALVERSA	5	PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(360 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(180 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	QL(180 EA per 30 days); PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	QL(124 EA per 31 days); PA
CAPRELSA	5	
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FOTIVDA	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
GAVRETO	5	QL(124 EA per 31 days); PA
<i>gefitinib</i>	5	
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
IDHIFA	5	PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days)
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days)
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
IMBRUVICA TABLET 420MG	5	QL(31 EA per 31 days); PA
INLYTA	5	PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(31 EA per 31 days); PA
LORBRENA TABLET 25MG	5	QL(93 EA per 31 days); PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LUMAKRAS TABLET 320MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA; 16MG
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA; 20MG
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA; 12MG
MEKINIST SOLUTION RECONSTITUTED	5	QL(1200 ML per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKTOVI	5	QL(186 EA per 31 days); PA
NERLYNX	5	PA
NINLARO	5	QL(93 EA per 31 days); PA
ODOMZO	5	PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	5	QL(124 EA per 31 days); PA
PEMAZYRE	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(62 EA per 31 days); PA
RETEVMO TABLET 40MG	5	QL(93 EA per 31 days); PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK CAPSULE	5	PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA
RUBRACA	5	QL(124 EA per 31 days); PA
RYDAPT	5	QL(248 EA per 31 days); PA
SCEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
<i>sorafenib</i>	5	QL(124 EA per 31 days); PA
<i>sorafenib tosylate</i>	5	QL(124 EA per 31 days); PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TABRECTA	5	QL(112 EA per 28 days); PA
TAFINLAR TABLET SOLUBLE	5	QL(900 EA per 30 days); PA
TAFINLAR CAPSULE 75MG	5	QL(120 EA per 30 days); PA
TAFINLAR CAPSULE 50MG	5	QL(180 EA per 30 days); PA
TAGRISSO	5	PA
TALZENNA	5	PA
TASIGNA	5	PA
TAZVERIK	5	PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
<i>torpenz</i>	5	PA
TRUQAP TABLET	5	QL(64 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
TURALIO CAPSULE 125MG	5	PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	QL(42 EA per 28 days); PA
VENCLEXTA TABLET 10MG, 50MG	3	QL(28 EA per 28 days); PA
VENCLEXTA TABLET 100MG	5	QL(186 EA per 31 days); PA
VERZENIO	5	PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(186 EA per 31 days); PA
VITRAKVI CAPSULE 100MG	5	QL(82 EA per 31 days); PA
VIZIMPRO	5	PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(124 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(186 EA per 31 days); PA
XOSPATA	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZEJULA TABLET 200MG, 300MG	5	QL(30 EA per 30 days); PA
ZEJULA TABLET 100MG	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA
PANRETIN	3	
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
MESNEX TABLET	3	
VORANIGO TABLET 40MG	5	QL(31 EA per 31 days); PA
VORANIGO TABLET 10MG	5	QL(62 EA per 31 days); PA
<b>Antiparasitics</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Anthelmintics</b>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	2	PA
<i>praziquantel tablet</i>	2	
<b>Antiprotozoals</b>		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
NITAZOXANIDE	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	2	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet</i>	2	PA
TRIHENXYPHENIDYL HCL SOLUTION	2	PA
<i>trihexyphenidyl hydrochloride</i>	2	PA
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
<b>Dopamine Agonists</b>		
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate capsule, tablet</i>	2	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	2	
RYTARY	4	QL(360 EA per 30 days); ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet</i>	2	
<i>selegiline hcl capsule, tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	PA
<i>chlorpromazine hydrochloride tablet</i>	4	PA
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
FLUPHENAZINE HYDROCHLORIDE INJECTION	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	PA
PIMOZIDE	2	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII	5	ST
ABILIFY MAINTENA	5	ST
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	2	
ARISTADA	5	ST
ARISTADA INITIO	5	ST
<i>asenapine maleate sl</i>	3	
CAPLYTA	5	ST
FANAPT	5	PA
FANAPT TITRATION PACK	4	PA
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST
INVEGA TRINZA	5	ST
<i>lurasidone hydrochloride</i>	3	
LYBALVI	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt</i>	2	PA
<i>olanzapine tablet</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine injection</i>	3	
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL(90 EA per 90 days)
PERSERIS	5	ST
<i>quetiapine fumarate</i>	2	
<i>quetiapine fumarate er</i>	2	
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 12.5mg, 25mg</i>	4	ST
<i>risperidone er injection 37.5mg, 50mg</i>	5	ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	
<i>risperidone tablet</i>	2	
<i>risperidone solution</i>	2	QL(720 ML per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE	5	ST
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	ST
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	ST
<b>Treatment-Resistant</b>		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	2	PA
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	2	PA
<i>clozapine odt tablet disintegrating 150mg, 200mg</i>	4	PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	PA
VERSACLOZ	5	PA
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	2	
<i>dantrolene sodium injection</i>	4	
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	4	
<i>revonto</i>	4	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl capsule 4mg</i>	2	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antivirals</b>		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	QL(28 EA per 28 days); PA
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	3	
<i>entecavir</i>	3	
<i>lamivudine tablet 100mg</i>	2	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA	5	PA
HARVONI TABLET	5	PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
LEDIPASVIR/SOFOSBUVIR	5	PA
RIBAVIRIN CAPSULE	2	
RIBAVIRIN TABLET 200MG	2	
SOFOSBUVIR/VELPATASVIR	5	PA
VOSEVI	5	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE 50MG	2	
EFAVIRENZ CAPSULE 200MG	4	
<i>efavirenz tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>etravirine</i>	5	
INTELENCE TABLET 25MG	3	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	2	
PIFELTRO	5	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir solution</i>	2	
<i>abacavir tablet</i>	4	
CIMDUO	5	
DESCOVY	5	QL(31 EA per 31 days)
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
<i>tenofovir disoproxil fumarate</i>	3	
TRIUMEQ	5	
TRIUMEQ PD	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	2	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(10 EA per 365 days)
TROGARZO	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	3	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
NORVIR PACKET	3	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	
PREZISTA TABLET 75MG	4	
PREZISTA TABLET 150MG	5	
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	2	
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	
<i>valacyclovir hydrochloride</i>	2	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days); \$0 Copay
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	
<b>Benzodiazepines</b>		
<i>alprazolam</i>	2	QL(150 EA per 30 days); NDS
<i>alprazolam er tablet extended release 24 hour 3mg</i>	2	QL(100 EA per 30 days); NDS
<i>alprazolam er tablet extended release 24 hour 2mg</i>	2	QL(150 EA per 30 days); NDS
<i>alprazolam er tablet extended release 24 hour 1mg</i>	2	QL(300 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	2	QL(600 EA per 30 days); NDS
ALPRAZOLAM INTENSOL	2	QL(300 ML per 30 days); NDS
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	2	QL(120 EA per 30 days); NDS
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	2	QL(120 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 15mg</i>	2	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	2	QL(360 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 3.75mg</i>	2	QL(720 EA per 30 days); NDS
<i>diazepam intensol</i>	2	QL(240 ML per 30 days); NDS
<i>diazepam tablet</i>	2	QL(120 EA per 30 days); NDS
<i>diazepam oral solution</i>	2	QL(1200 ML per 30 days); NDS
<i>diazepam concentrate</i>	2	QL(240 ML per 30 days); NDS
<i>diazepam injection 5mg/ml</i>	4	QL(240 ML per 30 days); NDS
<i>lorazepam intensol</i>	2	QL(150 ML per 30 days); NDS
<i>lorazepam tablet</i>	2	QL(150 EA per 30 days); NDS
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	4	QL(150 ML per 30 days); NDS
<i>oxazepam capsule 10mg, 15mg</i>	2	QL(120 EA per 30 days); NDS
<i>oxazepam capsule 30mg</i>	2	QL(60 EA per 30 days); NDS
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet</i>	1	
ALOGLIPTIN	4	
ALOGLIPTIN/METFORMIN HCL	4	
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(3.6 ML per 84 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(7.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED	1	
<i>glyburide/metformin hydrochloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride solution</i>	4	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MIGLITOL	2	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide</i>	1	
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b><i>Insulins</i></b>		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
HUMALOG	4	ST
HUMALOG JUNIOR KWIKPEN	4	ST
HUMALOG KWIKPEN	4	ST
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 50/50 KWIKPEN	4	ST
HUMALOG MIX 75/25	4	ST
HUMALOG MIX 75/25 KWIKPEN	4	ST
HUMULIN 70/30	4	ST
HUMULIN 70/30 KWIKPEN	4	ST
HUMULIN N	4	ST
HUMULIN N KWIKPEN	4	ST
HUMULIN R	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	PA
HUMULIN R U-500 KWIKPEN	5	PA
INSULIN LISPRO	4	ST
INSULIN LISPRO JUNIOR KWIKPEN	4	ST
INSULIN LISPRO KWIKPEN	4	ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	4	ST
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
ARGATROBAN INJECTION 50MG/50ML	4	
CEPROTIN	4	
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	
ELIQUIS STARTER PACK	3	
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/4ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
SAVAYSA	4	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
GRANIX	5	
NEULASTA	5	QL(1.2 ML per 28 days); PA
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days); PA
NEUPOGEN	5	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET	5	PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	
<b>Hemostasis Agents</b>		
<i>aminocaproic acid tablet 500mg</i>	2	
ASTRINGYN	4	EX
<i>tranexamic acid tablet</i>	2	QL(90 EA per 63 days)
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>dipyridamole tablet</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	1	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	
<i>guanfacine hydrochloride</i>	2	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin mesylate tablet</i>	2	
<i>phenoxybenzamine hydrochloride</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	4	
<i>valsartan tablet</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE TABLET 2MG, 8MG	1	
<i>perindopril erbumine tablet 4mg</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>Antiarrhythmics</b>		
<i>adenosine injection 12mg/4ml, 6mg/2ml</i>	4	
<i>amiodarone hydrochloride tablet</i>	2	
DIGOXIN SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tablet 250mcg, 62.5mcg</i>	2	
<i>digoxin tablet 125mcg</i>	2	QL(90 EA per 90 days)
<i>disopyramide phosphate capsule</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	4	
<i>lidocaine hcl in d5w injection 5%; 8mg/ml</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABLET	2	
<i>sorine tablet 120mg, 160mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
BREVIBLOC PREMIXED	4	
BREVIBLOC PREMIXED DOUBLESTRENGTH	4	
BREVIBLOC INJECTION 2000MG/100ML; 4.1MG/ML, 2500MG/250ML; 5.9MG/ML	4	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	QL(90 EA per 90 days)
<i>esmolol hcl injection 100mg/10ml</i>	4	
<i>esmolol hydrochloride in sodium chloride</i>	4	
<i>esmolol hydrochloride in sodium chloride double strength</i>	4	
<i>esmolol hydrochloride/sodium chloride injection 10mg/ml; 5.9mg/ml, 20mg/ml; 4.1mg/ml</i>	4	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	1	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tablet 20mg</i>	3	QL(180 EA per 90 days); ST

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Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hydrochloride tablet 10mg</i>	3	QL(360 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	3	QL(90 EA per 90 days); ST
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	2	
<i>propranolol hcl solution 20mg/5ml</i>	2	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL(180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	1	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride injection</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	3	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	1	
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
DOBUTAMINE HCL/D5W INJECTION 5%; 1MG/ML	4	
<i>dobutamine hcl injection 250mg/20ml</i>	4	
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	4	
<i>dopamine hydrochloride</i>	4	
DOPAMINE HYDROCHLORIDE/DEXTROSE	4	
DOPAMINE/D5W INJECTION 5%; 3.2MG/ML	4	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO TABLET	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>mannitol injection 20%, 25%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	
<i>norepinephrine bitartrate injection 1mg/ml</i>	2	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>osmitrol viaflex injection 20%</i>	4	
<i>pentoxifylline er</i>	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	1	
TELMISARTAN/AMLODIPINE	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VECAMYL	5	PA
VYNDAMAX	5	PA
<b>Diuretics, Loop</b>		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	1	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>torseamide tablet</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet</i>	2	
<i>triamterene capsule</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
DIURIL SUSPENSION	4	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	2	QL(90 EA per 90 days)
<i>fenofibrate tablet</i>	2	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	2	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	2	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tablet</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg</i>	1	
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light packet</i>	2	
<i>cholestyramine light powder</i>	3	
<i>cholestyramine packet</i>	2	
<i>cholestyramine powder</i>	3	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl packet, tablet</i>	2	
<i>colestipol hcl granules</i>	3	
<i>colestipol hydrochloride</i>	2	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
<i>niacin er</i>	2	
NIACIN TABLET 500MG	2	
NIACOR	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	PA
<i>prevalite packet</i>	2	
<i>prevalite powder</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA

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REPATHA SURECLICK	3	PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	2	
KERENDIA	4	QL(90 EA per 90 days); PA
<i>spironolactone tablet</i>	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tablet</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
NITROGLYCERIN IN DEXTROSE 5%	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
ADDERALL TABLET 7.5MG; 7.5MG; 7.5MG; 7.5MG	4	QL(180 EA per 90 days)
ADDERALL TABLET 5MG; 5MG; 5MG; 5MG	4	QL(270 EA per 90 days)
ADDERALL TABLET 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.125MG; 3.125MG; 3.125MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG	4	QL(360 EA per 90 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	2	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL(180 EA per 90 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL(270 EA per 90 days)

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<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	4	
<i>lisdexamfetamine dimesylate capsule</i>	4	PA
VYVANSE CAPSULE	4	PA
<i>zenzedi tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
<i>zenzedi tablet 2.5mg, 7.5mg</i>	4	
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL(360 EA per 90 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	2	QL(180 EA per 90 days)
<i>methylphenidate</i>	4	
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 30mg</i>	2	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg</i>	4	
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	2	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 27mg, 36mg, 54mg</i>	2	
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride tablet chewable, solution</i>	2	
<i>methylphenidate hydrochloride tablet</i>	2	QL(270 EA per 90 days)
<b>Central Nervous System, Other</b>		
ADIPEX-P TABLET	4	EX
<i>benzphetamine hcl tablet 50mg</i>	2	EX
<i>butalbital/acetaminophen/caffeine capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	2	QL(1080 EA per 90 days)
<i>butalbital/acetaminophen tablet 300mg; 50mg</i>	4	
<i>butalbital/aspirin/caffeine capsule</i>	2	
<i>caffeine citrate injection</i>	4	
<i>caffeine citrate oral solution 60mg/3ml</i>	4	
<i>diethylpropion hcl</i>	2	EX
DIETHYLPROPION HCL ER	2	EX
<i>esgic capsule</i>	2	
FIRDAPSE	5	PA
<i>flumazenil injection</i>	4	
NUEDEXTA	4	QL(180 EA per 90 days); PA
<i>phendimetrazine tartrate</i>	2	EX
PHENDIMETRAZINE TARTRATE ER	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule</i>	2	EX
<i>riluzole</i>	2	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(124 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin er</i>	4	
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
SAVELLA	3	QL(180 EA per 90 days)
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
COPAXONE INJECTION 40MG/ML	5	QL(12 ML per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
EXTAVIA	5	QL(15 EA per 30 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
PLEGRIDY	5	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK	5	QL(1 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(4.2 ML per 28 days); PA
REBIF TITRATION PACK	5	QL(4.2 ML per 28 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT FLUORIDE	4	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	2	
SODIUM FLUORIDE 5000 PPM SENSITIVE	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>sodium fluoride solution 0.2%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
<b>Dermatological Agents</b>		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin</i>	4	
<i>adapalene gel 0.3%</i>	2	
<i>adapalene gel 0.1%</i>	2	PA
<i>adapalene cream</i>	2	PA
<i>amnestem</i>	2	
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	2	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>isotretinoin capsule</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>neuac</i>	2	
<i>tazarotene cream, gel</i>	4	
TAZORAC CREAM 0.05%	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	
<i>zenatane</i>	2	
<b><i>Dermatitis and Pruritus Agents</i></b>		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, ointment</i>	2	
<i>betamethasone dipropionate augmented lotion</i>	2	QL(360 ML per 90 days)
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>betamethasone valerate foam</i>	4	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate ointment, solution</i>	3	
<i>clobetasol propionate cream</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate foam, liquid, shampoo</i>	4	
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clodan</i>	4	
CORDRAN TAPE	3	
<i>desonide cream, lotion, ointment</i>	3	
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel</i>	2	
<i>desoximetasone ointment 0.25%</i>	4	
<i>fluocinolone acetonide body</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide ointment 0.025%</i>	2	
<i>fluocinolone acetonide solution 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	3	
FLUOCINONIDE GEL	3	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide cream 0.1%</i>	3	
<i>fluocinonide ointment, solution</i>	3	
FLURANDRENOLIDE CREAM	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	
HYDROCORTISONE BUTYRATE (LIPID)	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
HYDROCORTISONE BUTYRATE CREAM, SOLUTION	2	
<i>hydrocortisone butyrate ointment</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
HYDROCORTISONE LOTION 2.5%	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>hydrocortisone ointment 1%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	3	QL(100 GM per 90 days)
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<b><i>Dermatological Agents, Other</i></b>		
ANALPRAM HC	4	EX
<i>anucort-hc</i>	4	EX
<i>calcipotriene/betamethasone dipropionate ointment</i>	4	
CALCIPOTRIENE SOLUTION	2	QL(180 ML per 90 days); PA
<i>calcipotriene cream, ointment</i>	2	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION	2	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
DUOBRII	4	

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Drug Name	Drug Tier	Requirements/Limits
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
FLUOROURACIL CREAM 0.5%	4	
<i>fluorouracil cream 5%</i>	2	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	2	
<i>fluorouracil solution 5%</i>	2	QL(10 ML per 30 days)
<i>hydrocortisone acetate</i>	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 2.5%; 1%	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	2	EX
<i>imiquimod cream 5%</i>	2	
METHOXSALEN CAPSULE	4	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide ointment</i>	2	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	2	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT	4	EX
RENOVA CREAM 0.02%	4	EX
<i>salicylic acid wart remover</i>	2	EX
SALVAX DUO PLUS	4	EX
SANTYL	3	QL(180 GM per 90 days)
SCALACORT DK	4	EX
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
TRI-LUMA	4	EX
VIRASAL	4	EX
<b><i>Pediculicides/Scabicides</i></b>		
<i>ivermectin cream 1%</i>	4	QL(45 GM per 30 days); PA
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
<b><i>Topical Anti-infectives</i></b>		
<i>acyclovir cream 5%</i>	4	
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, shampoo, suspension</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate external solution 1%</i>	2	
<i>dapsone gel 5%</i>	4	
ERY	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin gel 2%</i>	2	
<i>erythromycin solution 2%</i>	2	
<i>mafenide acetate</i>	2	
<i>mupirocin</i>	2	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
<i>carglumic acid</i>	5	
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
<i>dextrose 10%</i>	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
<i>dextrose 5%/sodium chloride 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
DEXTROSE INJECTION 40%	4	
<i>fluoride tablet chewable 1mg</i>	2	
GALZIN	4	EX
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	4	
<i>magnesium sulfate/dextrose injection 5%; 1gm/100ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	4	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride oral solution</i>	2	
<i>potassium chloride packet</i>	3	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL	4	B/D
<i>sodium bicarbonate injection 8.4%</i>	4	
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	3	
<i>deferasirox tablet soluble 125mg</i>	4	
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	
<i>deferasirox tablet 180mg, 90mg</i>	3	
<i>deferasirox tablet 360mg</i>	4	
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLUTION	5	
FERRIPROX TABLET 1000MG	5	
JYNARQUE	5	PA
<i>penicillamine capsule</i>	3	
<i>penicillamine tablet</i>	4	
<i>tolvaptan</i>	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	
<i>trientine hydrochloride capsule 250mg</i>	5	
XPHOZAH	5	QL(62 EA per 31 days); PA
<b>Phosphate Binders</b>		
AURYXIA	4	PA
<i>calcium acetate capsule</i>	2	
<i>calcium acetate tablet 667mg</i>	2	
<i>sevelamer carbonate tablet</i>	2	
<i>sevelamer carbonate packet 0.8gm</i>	2	QL(180 EA per 90 days)
<i>sevelamer carbonate packet 2.4gm</i>	2	QL(270 EA per 90 days)
<b>Potassium Binders</b>		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i>	2	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
<b>Vitamins</b>		
CITRANATAL HARMONY CAPSULE 104MG; 400UNIT; 260MG; 50MG; 0; 1MG; 27MG; 0; 25MG; 30UNIT	2	
DRISDOL CAPSULE	4	EX
<i>folic acid tablet 1mg</i>	2	EX
HYDROXOCOBALAMIN INJECTION	2	EX
M-NATAL PLUS	2	

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
PRENATE	2	
PRENATE DHA CAPSULE 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	
PRENATE ELITE TABLET 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	2	
PRENATE ENHANCE	2	
PRENATE MINI CAPSULE 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	4	
PRENATE PIXIE	4	
PRENATE RESTORE	2	
PROVIDA OB	2	
SELECT-OB TABLET CHEWABLE 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1700UNIT; 1.8MG; 0; 1.6MG; 30UNIT; 15MG	2	
VITAFOL ULTRA	2	
<i>vitamin d capsule 50000unit</i>	2	EX
WESTAB PLUS	2	
<b>Gastrointestinal Agents</b>		
<b><i>Anti-Constipation Agents</i></b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK	4	PA
<b><i>Anti-Diarrheal Agents</i></b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	PA
DIPHENOXYLATE/ATROPINE LIQUID	2	PA
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
<b><i>Antispasmodics, Gastrointestinal</i></b>		
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	QL(240 EA per 30 days); PA; NDS
<i>dicyclomine hcl solution</i>	2	PA
<i>dicyclomine hydrochloride capsule, tablet</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	4	EX
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	4	EX
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	
<i>hyosyne</i>	2	EX
<i>methscopolamine bromide tablet</i>	2	
<i>phenobarbital/hyoscyamine sulfate/atropine sulfate/scopolamine</i>	2	EX
<b>Gastrointestinal Agents, Other</b>		
EDETATE CALCIUM DISODIUM INJECTION	4	
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
METOCLOPRAMIDE ODT TABLET DISINTEGRATING 5MG	2	
MYALEPT	5	PA
<i>nitroglycerin ointment 0.4%</i>	4	
OMECLAMOX-PAK	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
SUTAB	4	
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet</i>	2	
VOWST	5	QL(12 EA per 30 days); PA
XIFAXAN TABLET 550MG	4	QL(93 EA per 31 days)
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	
<i>cimetidine tablet</i>	1	
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
NIZATIDINE CAPSULE	2	
<b>Protectants</b>		
<i>misoprostol</i>	2	
<i>sucralfate tablet</i>	2	
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole</i>	4	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium capsule delayed release</i>	3	
<i>esomeprazole magnesium packet</i>	4	
<i>lansoprazole capsule delayed release</i>	2	
<i>lansoprazole tablet delayed release disintegrating</i>	4	
NEXIUM PACKET 2.5MG, 5MG	4	
<i>omeprazole dr capsule delayed release 10mg</i>	1	
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium tablet delayed release</i>	1	
<i>rabeprazole sodium</i>	2	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	
CYSTAGON	4	
DAYBUE	5	QL(3720 ML per 31 days); PA
ENDARI	5	QL(180 EA per 30 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	
<i>nitisinone</i>	5	
OPFOLDA	4	QL(24 EA per 90 days); PA
OXBRYTA	5	PA
PALYNZIQ	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i>	5	
<i>sodium phenylbutyrate powder, tablet</i>	5	
SUCRAID	5	
VYNDAQEL	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
<i>yargesa</i>	5	
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er</i>	2	QL(90 EA per 90 days); PA
<i>fesoterodine fumarate er</i>	3	
<i>flavoxate hcl</i>	2	
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL(180 EA per 90 days); PA
<i>oxybutynin chloride solution</i>	2	PA
<i>oxybutynin chloride tablet 5mg</i>	2	PA
<i>solifenacin succinate</i>	3	PA
<i>tolterodine tartrate</i>	2	PA
<i>tolterodine tartrate er</i>	2	QL(90 EA per 90 days); PA
<i>tropium chloride</i>	2	QL(180 EA per 90 days); PA
<i>tropium chloride er</i>	2	QL(90 EA per 90 days); PA
<i>urelle</i>	4	EX
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	1	QL(90 EA per 90 days)
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	2	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	
<i>silodosin capsule 4mg</i>	4	QL(180 EA per 90 days)
<i>silodosin capsule 8mg</i>	4	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
<b><i>Genitourinary Agents, Other</i></b>		
<i>bethanechol chloride tablet</i>	2	
CAVERJECT INJECTION 20MCG, 40MCG	3	QL(6 EA per 30 days); EX
CIALIS TABLET 10MG, 20MG	3	QL(6 EA per 30 days); EX

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Drug Name	Drug Tier	Requirements/Limits
EDEX INJECTION 10MCG, 20MCG, 40MCG	4	QL(6 EA per 30 days); EX
ELMIRON	3	
LITHOSTAT	4	
MUSE PELLETT 1000MCG, 250MCG, 500MCG	3	QL(6 EA per 30 days); EX
<i>phenazopyridine hydrochloride tablet 0; 100mg, 200mg</i>	2	
RIMSO-50	4	
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	2	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>vardenafil hydrochloride</i>	4	QL(6 EA per 30 days); EX
<i>vardenafil hydrochloride odt</i>	4	QL(6 EA per 30 days); EX
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>dexamethasone 6-day dose pack</i>	2	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	4	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tablet</i>	2	
<i>hidex 6-day</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
MEDROL TABLET 2MG	4	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	1	
PREDNISOLONE SODIUM PHOSPHATE ODT TABLET DISINTEGRATING 15MG, 30MG	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10mg/5ml</i>	4	
<i>prednisolone solution, tablet</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
TAPERDEX 12-DAY	4	
<i>taperdex 6-day</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
TAPERDEX 7-DAY	4	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection, tablet</i>	2	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	EX
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GONAL-F RFF	4	EX
GONAL-F RFF REDIJECT	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
INCRELEX	5	PA
MENOPUR	4	EX
OVIDREL INJECTION 250MCG/0.5ML	4	EX
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Androgens</i>		
AVEED	4	PA
<i>danazol capsule</i>	2	
<i>methyltestosterone capsule</i>	2	
TESTOPEL	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	3	QL(450 GM per 90 days); PA
<i>testosterone pump gel 1%</i>	4	PA
TESTOSTERONE GEL 10MG/ACT	4	PA
<i>testosterone gel 25mg/2.5gm</i>	2	QL(900 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	QL(450 GM per 90 days); PA
<i>testosterone gel 50mg/5gm</i>	3	QL(900 GM per 90 days); PA
<i>testosterone solution</i>	4	PA
<i>Estrogens</i>		
<i>altavera</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	2	QL(91 EA per 91 days)
CLIMARA PRO	4	QL(12 EA per 84 days)
COMBIPATCH	4	QL(24 EA per 84 days)
<i>covaryx hs</i>	2	EX
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg</i>	2	
<i>eemt</i>	2	EX
<i>eemt hs</i>	2	EX
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>esterified estrogens/methyltestosterone</i>	2	EX
<i>esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol cream, oral tablet, vaginal tablet</i>	2	
<i>estradiol patch weekly</i>	2	QL(12 EA per 84 days)
<i>estradiol patch twice weekly</i>	2	QL(24 EA per 84 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	3	
EVAMIST	4	
<i>fyavolv</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>isibloom</i>	2	
<i>jaimiess</i>	2	QL(91 EA per 91 days)
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	2	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	QL(91 EA per 91 days)
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
MENEST	4	
MENOSTAR	4	QL(12 EA per 84 days)
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
NATAZIA	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 1/35</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	3	
PREMPRO	4	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL(91 EA per 91 days)
<i>simliya</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>volnea</i>	2	
<i>vylibra</i>	2	

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<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zumandimine</i>	2	
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	2	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
MIRENA	4	
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
CLOMID	2	PA
DUAVEE	3	
<i>raloxifene hydrochloride</i>	1	QL(90 EA per 90 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA	4	
ARMOUR THYROID	4	
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID	4	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	2	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	
<i>leuprolide acetate injection 1mg/0.2ml</i>	2	
<i>leuprolide acetate injection 22.5mg</i>	4	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
<i>mifepristone tablet 300mg</i>	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	
ORGOVYX	5	QL(30 EA per 28 days); PA
RECORLEV	5	QL(248 EA per 31 days); PA
SIGNIFOR	5	
SOMATULINE DEPOT	5	
SOMAVERT	5	PA
SYNAREL	3	
TRELSTAR MIXJECT	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
CETROTIDE	4	EX
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(27 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sajazir</i>	5	QL(27 ML per 30 days); PA
<b>Immunoglobulins</b>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<b>Immunological Agents, Other</b>		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	PA
BENLYSTA	5	
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TALTZ INJECTION 20MG/0.25ML	5	QL(0.75 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJECTION 40MG/0.5ML	5	QL(1.5 ML per 28 days); PA
TALTZ INJECTION 80MG/ML	5	QL(3 ML per 28 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
<b>Immunostimulants</b>		
ACTIMMUNE	5	
BESREMI	5	QL(2 ML per 28 days); PA
<b>Immunosuppressants</b>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D
CIMZIA	5	QL(6 EA per 28 days); PA
CIMZIA STARTER KIT	5	QL(6 EA per 28 days); PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine capsule</i>	2	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR	4	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	2	B/D
<i>gengraf solution</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	PA
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PEGASYS	5	QL(4 ML per 28 days)
PROGRAF PACKET	3	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	ST
REZUROCK	5	QL(31 EA per 31 days); PA
SANDIMMUNE SOLUTION	4	B/D
SIMPONI INJECTION 50MG/0.5ML	5	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL	3	
XATMEP	4	PA
<b>Vaccines</b>		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	

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Drug Name	Drug Tier	Requirements/Limits
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr capsule delayed release</i>	3	QL(1080 EA per 90 days)
<i>mesalamine dr tablet delayed release 800mg</i>	3	QL(540 EA per 90 days)
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine er capsule extended release 24 hour</i>	4	QL(360 EA per 90 days)
<i>mesalamine suppository</i>	3	QL(90 EA per 90 days)
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet</i>	1	
<i>sulfasalazine tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>anusol-hc suppository 25mg</i>	4	EX
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	3	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
PROCTOCORT SUPPOSITORY	4	EX
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	2	QL(900 ML per 84 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
BINOSTO	4	QL(12 EA per 84 days)
<i>calcitonin-salmon solution</i>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	
<i>cinacalcet hydrochloride tablet 60mg, 90mg</i>	4	
<i>doxercalciferol capsule 2.5mcg</i>	2	
<i>doxercalciferol injection</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	QL(2.4 ML per 28 days); PA
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
<i>paricalcitol capsule</i>	2	
PROLIA	4	PA
<i>risedronate sodium dr</i>	2	QL(12 EA per 84 days)
<i>risedronate sodium tablet 35mg</i>	2	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	2	QL(3 EA per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 30mg, 5mg</i>	2	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	1	ST
ARIDOL	4	EX
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BARIUM SULFATE	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQR SIMPLICITY 2U	3	
CEQR SIMPLICITY INSERTER	3	
COAL TAR SOLUTION	4	EX
CURITY GAUZE PADS 2"X2" 12 PLY	2	ST
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
E-Z-HD	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED	4	EX
E-Z-PASTE	4	EX
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	1	
GASTROGRAFIN	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INPEN 100/BLUE/LILLY/HUMALOG	1	
INPEN 100/BLUE/NOVOLOG/FIASP	1	
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG	2	EX
IODOFLEX	4	EX
IODOSORB	4	EX
<i>levocarnitine solution, tablet</i>	2	
LIQUID E-Z-PAQUE	4	EX
LIQUID POLIBAR PLUS	4	EX
LUGOLS STRONG IODINE	2	EX

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Drug Name	Drug Tier	Requirements/Limits
METOPIRONE	4	
NEULUMEX	4	EX
NOVOPEN ECHO	1	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PROPECIA	4	EX
PROTOPAM CHLORIDE INJECTION	4	
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SITZMARKS	4	EX
SKYCLARYS	5	QL(93 EA per 31 days); PA
<i>sodium chloride 0.9%</i>	3	
<i>sodium phenylacetate/sodium benzoate</i>	4	
SSKI	4	EX
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Agents, Other</i>		
<i>altacaine</i>	2	
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
CYCLOMYDRIL	4	EX
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>flucaine</i>	2	EX
<i>fluorescein/proparacaine</i>	2	EX
LACRISERT	3	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
OXERVATE	5	PA
<i>phenylephrine hydrochloride solution</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tetracaine hcl</i>	2	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	2	
<b>Ophthalmic Anti-Infectives</b>		
AZASITE	4	
BACITRACIN	2	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	

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Drug Name	Drug Tier	Requirements/Limits
XDEMVY	5	QL(10 ML per 31 days); PA
ZIRGAN	3	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium solution 0.07%</i>	4	
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	2	
PROLENSA	4	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
BETAXOLOL HCL SOLUTION 0.5%	1	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
APRACLONIDINE	2	
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	ST
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
<b>Otic Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
CIPRO HC	4	
CIPROFLOXACIN	2	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatory, Inhaled Corticosteroids</b>		
ALVESCO	3	QL(37 GM per 90 days)
ARNUITY ELLIPTA	3	
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT	3	QL(39 GM per 90 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(3 EA per 90 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
<i>flunisolide solution 0.025%</i>	2	
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	2	
PULMICORT FLEXHALER	3	
QVAR REDHALER	3	QL(64 GM per 90 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride</i>	2	
<i>azelastine hydrochloride/fluticasone propionate</i>	4	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>desloratadine</i>	2	QL(90 EA per 90 days)

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DESLORATADINE ODT	2	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	2	PA
<i>hydroxyzine hydrochloride syrup</i>	2	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	PA
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	PA
<i>levocetirizine dihydrochloride solution</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	2	
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL(90 EA per 90 days)
<i>zafirlukast</i>	3	QL(180 EA per 90 days)
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	
DUAKLIR PRESSAIR	5	QL(1 EA per 31 days)
INCRUSE ELLIPTA	3	QL(90 EA per 90 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	B/D
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(216 GM per 90 days); 18 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>arformoterol tartrate</i>	3	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>isoproterenol hydrochloride</i>	4	
<i>levalbuterol hcl nebulization solution</i>	2	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	2	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 84 days)
<i>terbutaline sulfate tablet</i>	2	
XOPENEX HFA	4	QL(90 GM per 90 days)
<b>Cystic Fibrosis Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml</i>	3	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(62 EA per 31 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	4	
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
<i>theophylline solution</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan</i>	5	PA
OPSUMIT	5	QL(31 EA per 31 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	2	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	PA
TYVASO	5	B/D
TYVASO REFILL KIT	5	B/D
TYVASO STARTER KIT	5	B/D
UPTRAVI TITRATION PACK	5	PA
UPTRAVI TABLET	5	PA
VENTAVIS	5	B/D
WINREVAIR	5	QL(1 EA per 21 days); PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	2	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EX
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREZTRI AEROSPHERE	3	
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	4	EX
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
HYCODAN TABLET	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide solution, tablet</i>	2	EX
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	2	EX
<i>hydrocodone/homatropine solution</i>	2	EX
<i>hydromet solution</i>	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
<i>promethazine dm</i>	2	EX
<i>promethazine/codeine solution</i>	2	EX
<i>promethazine/phenylephrine/codeine</i>	2	EX
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
SYMBICORT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA	3	
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tablet</i>	2	PA
<i>chlorzoxazone tablet</i>	2	
<i>cyclobenzaprine hydrochloride tablet</i>	2	PA
<i>metaxalone</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
EDLUAR	4	QL(90 EA per 90 days)
<i>estazolam tablet 2mg</i>	4	QL(30 EA per 30 days); NDS
<i>estazolam tablet 1mg</i>	4	QL(60 EA per 30 days); NDS
<i>eszopiclone</i>	2	QL(90 EA per 90 days)
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam</i>	2	QL(30 EA per 30 days); NDS
<i>triazolam</i>	3	QL(60 EA per 30 days); NDS
<i>zaleplon</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate er</i>	2	QL(90 EA per 90 days)
ZOLPIDEM TARTRATE TABLET SUBLINGUAL	4	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
SUNOSI	4	QL(90 EA per 90 days); PA

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**OTC products**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>Antihistamines</i>		
<i>alavert allergy/sinus</i>	No Copay	EX
<i>alavert d-12 hour allergy &amp; congestion</i>	No Copay	EX
<i>alavert tablet disintegrating</i>	No Copay	EX
ALLEGRA ALLERGY	No Copay	EX
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	No Copay	EX
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	No Copay	EX
<i>allergy 24-hr</i>	No Copay	EX
<i>allergy relief 24hr tablet 180mg</i>	No Copay	EX
<i>allergy relief nasal decongestant</i>	No Copay	EX
<i>allergy relief/indoor/outdoor</i>	No Copay	EX
<i>allergy relief/nasal decongestant</i>	No Copay	EX
<i>allergy relief capsule 10mg</i>	No Copay	EX
<i>allergy relief tablet 10mg, 180mg, 60mg</i>	No Copay	EX
<i>cetirizine hcl childrens allergy solution</i>	No Copay	EX
<i>cetirizine hcl tablet chewable 5mg</i>	No Copay	EX
<i>cetirizine hcl tablet 5mg</i>	No Copay	EX
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	No Copay	EX
<i>cetirizine hydrochloride tablet 10mg</i>	No Copay	EX
<i>cetirizine hydrochloride tablet chewable</i>	No Copay	EX
<i>childrens loratadine solution</i>	No Copay	EX

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLARITIN ALLERGY CHILDRENS	No Copay	EX
CLARITIN CHILDRENS	No Copay	EX
CLARITIN REDITABS	No Copay	EX
CLARITIN-D 12 HOUR	No Copay	EX
CLARITIN-D 24 HOUR	No Copay	EX
CLARITIN CAPSULE, TABLET	No Copay	EX
<i>fexofenadine hcl/pseudoephedrine hcl er</i>	No Copay	EX
<i>fexofenadine hydrochloride</i>	No Copay	EX
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	No Copay	EX
<i>loratadine-d 12hr</i>	No Copay	EX
<i>loratadine-d 24hr</i>	No Copay	EX
<i>loratadine solution, tablet</i>	No Copay	EX
ZYRTEC ALLERGY CAPSULE	No Copay	EX
ZYRTEC-D ALLERGY/CONGESTION	No Copay	EX
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	2	EX
RYDEX	2	EX

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<i>benazepril hcl</i>	33	BRILINTA	32
<i>benazepril hydrochloride</i>	33	<i>brimonidine tartrate</i>	68
<i>benazepril</i>	36	<i>brimonidine tartrate/timolol maleate</i>	66
<i>hydrochloride/hydrochlorothiazide</i>		<i>brinzolamide</i>	68
BENLYSTA	60	BRIVIACT	9
BENZNIDAZOLE	22	<i>bromfenac sodium</i>	68
<i>benzonatate</i>	72	<i>bromocriptine mesylate</i>	22
<i>benzphetamine hcl</i>	40	<i>bromphen/pseudoephedrine</i>	72
<i>benztropine mesylate</i>	22	<i>hcl/dextromethorphan hbr</i>	
BERINERT	59	BRONCHITOL	72
BESIVANCE	67	BRUKINSA	18
BESREMI	61	<i>budesonide</i>	64
BETADINE OPHTHALMIC PREP	67	<i>budesonide</i>	69
<i>betaine anhydrous</i>	51	<i>budesonide er</i>	64
<i>betamethasone dipropionate</i>	43	<i>bumetanide</i>	37
BETAMETHASONE DIPROPIONATE	43	<i>buprenorphine</i>	2
AUGMENTED		<i>buprenorphine hcl</i>	4
<i>betamethasone valerate</i>	43	<i>buprenorphine hcl/naloxone hcl</i>	4
BETASERON	41	<i>buprenorphine hydrochloride/naloxone</i>	4
<i>betaxolol hcl</i>	34	<i>hydrochloride</i>	
BETAXOLOL HCL	68	<i>bupropion hcl</i>	12
<i>bethanechol chloride</i>	52	<i>bupropion hydrochloride</i>	12
BETOPTIC-S	68	<i>bupropion hydrochloride er (sr)</i>	4
<i>bexarotene</i>	21	<i>bupropion hydrochloride er (sr)</i>	12
BEXSERO	62	<i>bupropion hydrochloride er (xl)</i>	12
<i>bicalutamide</i>	16	<i>buspironone hcl</i>	27

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Drug Name	Page #	Drug Name	Page #
<i>buspirone hydrochloride</i>	27	CEFACTOR ER	6
<i>butalbital/acetaminophen</i>	41	CEFADROXIL	6
<i>butalbital/acetaminophen/caffeine</i>	40	CEFAZOLIN SODIUM	6
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	CEFAZOLIN SODIUM/DEXTROSE	6
<i>butalbital/aspirin/caffeine</i>	41	<i>cefдинир</i>	6
<i>butalbital/aspirin/caffeine/codeine</i>	2	CEFEPIME	6
<i>butorphanol tartrate</i>	2	CEFEPIME/DEXTROSE	6
BYDUREON BCISE	28	<i>cefixime</i>	6
BYETTA	28	CEFOXITIN SODIUM	6
CABENUVA	25	<i>cefподoxime proxetil</i>	6
<i>cabergoline</i>	59	<i>cefprozil</i>	6
CABLIVI	32	<i>ceftazidime</i>	6
CABOMETYX	18	CEFTRIAZONE IN ISO-OSMOTIC	6
<i>caffeine citrate</i>	41	DEXTROSE	
CALCIPOTRIENE	44	CEFTRIAZONE SODIUM	6
<i>calcipotriene/betamethasone dipropionate</i>	44	CEFTRIAZONE/DEXTROSE	6
<i>calcitonin-salmon</i>	64	<i>cefuroxime axetil</i>	6
CALCITRIOL	44	<i>cefuroxime sodium</i>	6
<i>calcitriol</i>	64	<i>celecoxib</i>	1
<i>calcium acetate</i>	48	<i>cephalexin</i>	6
CALQUENCE	18	CEPROTIN	31
<i>camila</i>	58	CEQUR SIMPLICITY 2U	65
<i>camrese</i>	55	CEQUR SIMPLICITY INSERTER	65
<i>camrese lo</i>	55	CERDELGA	51
<i>candesartan cilexetil</i>	33	CEREBYX	10
<i>candesartan cilexetil/hydrochlorothiazide</i>	36	CETACAINE	3
CAPLYTA	23	<i>cetirizine hcl</i>	74
CAPRELSA	18	<i>cetirizine hcl childrens allergy</i>	74
<i>captopril</i>	33	<i>cetirizine hydrochloride</i>	69
CAPTOPRIL/HYDROCHLOROTHIAZID	36	<i>cetirizine hydrochloride</i>	74
E		<i>cetirizine hydrochloride/pseudoephedrine</i>	74
<i>carbamazepine</i>	10	<i>hydrochloride</i>	
<i>carbamazepine er</i>	10	CETROTIDE	59
<i>carbidopa</i>	22	<i>cevimeline hydrochloride</i>	42
<i>carbidopa/levodopa</i>	22	CHEMET	48
<i>carbidopa/levodopa er</i>	22	<i>childrens loratadine</i>	74
CARBIDOPA/LEVODOPA ODT	22	<i>chlordiazepoxide hcl</i>	28
<i>carbidopa/levodopa/entacapone</i>	22	<i>chlordiazepoxide hydrochloride</i>	28
<i>carglumic acid</i>	46	<i>chlordiazepoxide hydrochloride/clidinium</i>	49
<i>carisoprodol</i>	72	<i>bromide</i>	
CARTEOLOL HCL	68	<i>chlorhexidine gluconate</i>	42
<i>cartia xt</i>	35	<i>chloroquine phosphate</i>	22
<i>carvedilol</i>	34	CHLORPROMAZINE	23
<i>carvedilol phosphate er</i>	34	HYDROCHLORIDE	
<i>caspofungin acetate</i>	14	<i>chlorthalidone</i>	37
CAVERJECT	52	<i>chlорzoxazone</i>	72
CAYSTON	71	CHOLBAM	51
CEFACTOR	6	<i>cholestyramine</i>	38

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<i>cholestyramine light</i>	38	<i>clobazam</i>	10
CIALIS	52	<i>clobetasol propionate</i>	43
<i>ciclodan</i>	45	<i>clobetasol propionate e</i>	43
<i>ciclopirox</i>	45	<i>clobetasol propionate emollient</i>	43
<i>ciclopirox nail lacquer</i>	45	<i>clodan</i>	43
<i>ciclopirox olamine</i>	45	CLOMID	58
<i>cilostazol</i>	33	<i>clomipramine hydrochloride</i>	13
CIMDUO	26	<i>clonazepam</i>	10
<i>cimetidine</i>	50	<i>clonazepam odt</i>	10
<i>cimetidine hydrochloride</i>	50	<i>clonidine</i>	33
CIMZIA	61	<i>clonidine hydrochloride</i>	33
CIMZIA STARTER KIT	61	<i>clonidine hydrochloride er</i>	40
<i>cinacalcet hydrochloride</i>	64	<i>clopidogrel</i>	33
CINRYZE	59	<i>clorazepate dipotassium</i>	28
CIPRO HC	69	<i>clotrimazole</i>	14
CIPROFLOXACIN	69	CLOTRIMAZOLE/BETAMETHASONE	44
<i>ciprofloxacin hcl</i>	8	DIPROPIONATE	
<i>ciprofloxacin hydrochloride</i>	8	<i>clozapine</i>	24
<i>ciprofloxacin hydrochloride</i>	67	CLOZAPINE ODT	24
<i>ciprofloxacin i.v.-in d5w</i>	8	COAL TAR	65
<i>ciprofloxacin/dexamethasone</i>	69	COARTEM	22
<i>citalopram hydrobromide</i>	12	CODEINE SULFATE	2
CITRANATAL HARMONY	48	<i>colchicine</i>	15
<i>claravis</i>	43	<i>colesevelam hydrochloride</i>	38
CLARITHROMYCIN	8	<i>colestipol hcl</i>	38
<i>clarithromycin er</i>	8	<i>colestipol hydrochloride</i>	38
CLARITIN	75	<i>colistimethate sodium</i>	5
CLARITIN ALLERGY CHILDRENS	75	COMBIPATCH	55
CLARITIN CHILDRENS	75	COMBIVENT RESPIMAT	72
CLARITIN REDITABS	75	COMETRIQ	18
CLARITIN-D 12 HOUR	75	COMPLERA	25
CLARITIN-D 24 HOUR	75	<i>compro</i>	13
CLIMARA PRO	55	<i>constulose</i>	49
<i>clindacin etz pledgets</i>	5	COPAXONE	41
<i>clindamycin hcl</i>	5	COPIKTRA	18
<i>clindamycin hydrochloride</i>	5	CORDRAN	43
<i>clindamycin palmitate hydrochloride</i>	5	CORLANOR	36
<i>clindamycin phosphate</i>	5	COSENTYX	60
<i>clindamycin phosphate</i>	45	COSENTYX SENSOREADY PEN	60
<i>clindamycin phosphate/benzoyl peroxide</i>	43	COSENTYX UNOREADY	60
<i>clindamycin phosphate/dextrose</i>	5	COTELIC	18
<i>clindamycin/benzoyl peroxide</i>	43	<i>covaryx hs</i>	55
CLINDAMYCIN/SODIUM CHLORIDE	5	CREON	51
CLINIMIX E 2.75%/DEXTROSE 5%	46	<i>cromolyn sodium</i>	51
CLINIMIX E 4.25%/DEXTROSE 5%	46	CROMOLYN SODIUM	67
CLINIMIX E 5%/DEXTROSE 15%	46	<i>cromolyn sodium</i>	71
CLINIMIX E 5%/DEXTROSE 20%	46	CRYODOSE TA	3
<i>clinpro 5000</i>	42	<i>cryselle-28</i>	55

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CYANOKIT	65	DEXAMETHASONE INTENSOL	53
<i>cyclobenzaprine hydrochloride</i>	72	DEXAMETHASONE SODIUM	53
CYCLOMYDRIL	66	PHOSPHATE	
<i>cyclophosphamide</i>	16	DEXAMETHASONE SODIUM	68
CYCLOSET	28	PHOSPHATE	
<i>cyclosporine</i>	61	DEXAMETHASONE SODIUM	53
<i>cyclosporine modified</i>	61	PHOSPHATE +RFID	
<i>cyred eq</i>	55	<i>dexlansoprazole</i>	50
CYSTAGON	51	<i>dexmethylphenidate hcl</i>	40
CYSTARAN	66	<i>dexmethylphenidate hcl er</i>	40
CYSTO-CONRAY II	65	<i>dexmethylphenidate hydrochloride</i>	40
<i>dabigatran etexilate</i>	31	<i>dexmethylphenidate hydrochloride er</i>	40
<i>dalfampridine er</i>	41	<i>dextroamphetamine sulfate</i>	39
<i>danazol</i>	54	<i>dextroamphetamine sulfate er</i>	39
<i>dantrolene sodium</i>	24	DEXTROSE	46
DANYELZA	21	<i>dextrose 10%</i>	46
<i>dapsone</i>	16	DEXTROSE 10%/SODIUM CHLORIDE	46
<i>dapsone</i>	45	0.45%	
DAPTACEL	62	DEXTROSE 2.5%/SODIUM CHLORIDE	46
<i>daptomycin</i>	5	0.45%	
<i>darifenacin hydrobromide er</i>	52	<i>dextrose 5%</i>	46
<i>darunavir</i>	27	<i>dextrose 5%/sodium chloride 0.2%</i>	46
<i>dasatinib</i>	18	<i>dextrose 5%/sodium chloride 0.3%</i>	46
DAURISMO	18	<i>dextrose 5%/sodium chloride 0.33%</i>	46
DAYBUE	51	<i>dextrose 5%/sodium chloride 0.45%</i>	46
<i>daysee</i>	55	<i>dextrose 5%/sodium chloride 0.9%</i>	46
<i>deblitane</i>	58	<i>dextrose 50%</i>	46
<i>deferasirox</i>	48	<i>dextrose 70%</i>	46
<i>deferiprone</i>	48	<i>dextrose/sodium chloride</i>	46
DELSTRIGO	25	DIACOMIT	10
<i>demeclocycline hcl</i>	8	<i>diazepam</i>	28
DEMEROL	2	<i>diazepam intensol</i>	28
DENGVAXIA	62	DIAZEPAM RECTAL GEL	10
<i>denta 5000 plus</i>	42	<i>diazoxide</i>	30
<i>dentagel</i>	42	DICLOFENAC EPOLAMINE	1
DEPO-ESTRADIOL	55	<i>diclofenac potassium</i>	1
DEPO-SUBQ PROVERA 104	58	<i>diclofenac sodium</i>	1
DESCOVY	26	<i>diclofenac sodium</i>	68
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium dr</i>	1
<i>desloratadine</i>	69	<i>diclofenac sodium er</i>	1
DESLORATADINE ODT	70	<i>diclofenac sodium/misoprostol</i>	1
<i>desmopressin acetate</i>	54	<i>dicloxacillin sodium</i>	7
<i>desogestrel/ethinyl estradiol</i>	55	<i>dicyclomine hcl</i>	49
<i>desonide</i>	43	<i>dicyclomine hydrochloride</i>	49
<i>desoximetasone</i>	43	<i>diethylpropion hcl</i>	41
DESVENLAFAXINE ER	12	DIETHYLPROPION HCL ER	41
DEXAMETHASONE	53	DIFICID	8

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<i>difluprednate</i>	68	<i>doxercalciferol</i>	64
DIGOXIN	33	DOXORUBICIN HYDROCHLORIDE	17
<i>dihydroergotamine mesylate</i>	15	<i>doxy 100</i>	8
DILANTIN	10	<i>doxycycline</i>	9
<i>diltiazem hcl</i>	35	<i>doxycycline hyclate</i>	8
<i>diltiazem hcl cd</i>	35	<i>doxycycline hyclate</i>	42
<i>diltiazem hcl er</i>	35	<i>doxycycline hyclate dr</i>	8
<i>diltiazem hydrochloride</i>	35	<i>doxycycline monohydrate</i>	9
<i>diltiazem hydrochloride er</i>	35	DRISDOL	48
<i>dilt-xr</i>	35	DRIZALMA SPRINKLE	12
DIMENHYDRINATE	14	<i>dronabinol</i>	14
<i>dimethyl fumarate</i>	41	<i>drospirenone/ethinyl estradiol</i>	55
<i>dimethyl fumarate starterpack</i>	41	<i>drospirenone/ethinyl estradiol/levomefolate</i>	55
<i>diphenhydramine hcl</i>	70	<i>calcium</i>	
<i>diphenoxylate hydrochloride/atropine</i>	49	DROXIA	17
<i>sulfate</i>		<i>droxidopa</i>	33
DIPHENOXYLATE/ATROPINE	49	DUAKLIR PRESSAIR	70
DIPHThERIA/TETANUS TOXOIDS	63	DUAVEE	58
ADSORBED PEDIATRIC		DULERA	72
<i>dipyridamole</i>	33	<i>duloxetine hcl</i>	12
<i>disopyramide phosphate</i>	34	<i>duloxetine hydrochloride</i>	12
<i>disulfiram</i>	4	DUOBRII	44
DIURIL	37	DUPIXENT	60
<i>divalproex sodium</i>	10	<i>dutasteride</i>	52
<i>divalproex sodium dr</i>	10	<i>dutasteride/tamsulosin hydrochloride</i>	52
<i>divalproex sodium er</i>	10	E.E.S. 400	8
<i>dobutamine hcl</i>	36	<i>easy comfort insulin syringe/0.3ml/31g x</i>	65
DOBUTAMINE HCL/D5W	36	<i>1/2"</i>	
DOBUTAMINE	36	<i>ec-naproxen</i>	1
HYDROCHLORIDE/DEXTROSE 5%		<i>econazole nitrate</i>	14
DOCETAXEL	17	EDARBI	33
<i>dofetilide</i>	34	EDARBYCLOR	36
<i>donepezil hcl</i>	11	EDETATE CALCIUM DISODIUM	50
<i>donepezil hydrochloride</i>	11	EDEX	53
DONNATAL	50	EDLUAR	73
<i>dopamine hydrochloride</i>	36	EDURANT	25
DOPAMINE	36	<i>eemt</i>	55
HYDROCHLORIDE/DEXTROSE		<i>eemt hs</i>	55
DOPAMINE/D5W	36	EFAVIRENZ	25
DOPTLET	33	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	25
<i>dorzolamide hcl/timolol maleate</i>	66	<i>fumarate</i>	
<i>dorzolamide hydrochloride</i>	68	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	25
<i>dorzolamide hydrochloride/timolol maleate</i>	66	<i>fumarate</i>	
<i>pf</i>		<i>eletriptan hydrobromide</i>	15
DOVATO	25	<i>elinest</i>	55
<i>doxazosin mesylate</i>	33	ELIQUIS	31
<i>doxepin hcl</i>	13	ELIQUIS STARTER PACK	31

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ELMIRON	53	<i>erythromycin</i>	67
<i>eluryng</i>	55	<i>erythromycin base</i>	8
EMCYT	17	ERYTHROMYCIN DR	8
EMGALITY	15	ERYTHROMYCIN ETHYLSUCCINATE	8
EMSAM	12	<i>erythromycin lactobionate</i>	8
<i>emtricitabine</i>	26	<i>erythromycin/benzoyl peroxide</i>	43
<i>emtricitabine/tenofovir disoproxil</i>	26	<i>escitalopram oxalate</i>	12
<i>emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>esgic</i>	41
EMTRIVA	26	<i>esmolol hcl</i>	34
<i>enalapril maleate</i>	33	<i>esmolol hydrochloride in sodium chloride</i>	34
<i>enalapril maleate/hydrochlorothiazide</i>	36	<i>esmolol hydrochloride in sodium chloride</i>	34
ENBREL	61	<i>double strength</i>	
ENBREL MINI	61	<i>esmolol hydrochloride/sodium chloride</i>	34
ENBREL SURECLICK	61	<i>esomeprazole magnesium</i>	51
ENDARI	51	<i>estarylla</i>	55
<i>endocet</i>	2	<i>estazolam</i>	73
ENGERIX-B	63	<i>esterified estrogens/methyltestosterone</i>	55
ENHERTU	21	<i>esterified estrogens/methyltestosterone hs</i>	55
<i>enilloring</i>	55	<i>estradiol</i>	55
<i>enoxaparin sodium</i>	31	<i>estradiol valerate</i>	55
<i>enskyce</i>	55	<i>estradiol/norethindrone acetate</i>	55
<i>entacapone</i>	22	<i>eszopiclone</i>	73
<i>entecavir</i>	25	<i>ethambutol hydrochloride</i>	16
ENTRESTO	36	<i>ethosuximide</i>	10
<i>enulose</i>	49	<i>ethynodiol diacetate/ethinyl estradiol</i>	55
ENVARUSUS XR	61	<i>etodolac</i>	1
EPCLUSA	25	<i>etodolac er</i>	1
EPIDIOLEX	9	<i>etonogestrel/ethinyl estradiol</i>	55
<i>epinastine hcl</i>	67	<i>etravirine</i>	26
EPINEPHRINE	70	EULEXIN	17
<i>epitol</i>	10	<i>euthyrox</i>	58
<i>eplerenone</i>	39	EVAMIST	55
EPOGEN	32	<i>everolimus</i>	18
EPRONTIA	9	<i>everolimus</i>	61
ERAXIS	14	EVOTAZ	27
ERGOLOID MESYLATES	11	<i>exemestane</i>	18
ERIVEDGE	18	EXKIVITY	19
ERLEADA	16	EXTAVIA	41
<i>erlotinib hydrochloride</i>	18	<i>ezetimibe</i>	38
<i>errin</i>	58	<i>ezetimibe/simvastatin</i>	38
<i>ertapenem</i>	7	E-Z-HD	65
<i>ertapenem sodium</i>	7	E-Z-PAQUE	65
ERY	45	E-Z-PASTE	65
<i>ery-tab</i>	8	<i>famciclovir</i>	27
ERYTHROCIN LACTOBIONATE	8	<i>famotidine</i>	50
ERYTHROCIN STEARATE	8	FANAPT	23
<i>erythromycin</i>	8	FANAPT TITRATION PACK	23

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FASENRA	72	<i>fluocinolone acetonide</i>	69
FASENRA PEN	72	<i>fluocinolone acetonide body</i>	43
<i>febuxostat</i>	15	<i>fluocinolone acetonide scalp</i>	44
<i>felbamate</i>	9	<i>fluocinolone acetonide topical</i>	44
<i>felodipine er</i>	35	FLUOCINONIDE	44
FEM PH	5	<i>fluocinonide emulsified base</i>	44
<i>fenofibrate</i>	37	<i>fluorescein/proparacaine</i>	66
<i>fenofibrate micronized</i>	37	<i>fluoride</i>	46
<i>fenofibric acid dr</i>	37	<i>fluoridex daily defense</i>	42
<i>fenoprofen calcium</i>	1	<i>fluoridex enhanced whitening</i>	42
<i>fentanyl</i>	2	<i>fluorimax 5000</i>	42
FENTANYL CITRATE	3	<i>fluorometholone</i>	68
<i>fentanyl citrate oral transmucosal</i>	2	FLUOROURACIL	45
FENTORA	3	FLUOXETINE DR	13
FERRIPROX	48	<i>fluoxetine hydrochloride</i>	13
FERRIPROX TWICE-A-DAY	48	<i>fluphenazine decanoate</i>	23
<i>fesoterodine fumarate er</i>	52	FLUPHENAZINE HCL	23
FETZIMA	12	FLUPHENAZINE HYDROCHLORIDE	23
FETZIMA TITRATION PACK	12	FLURANDRENOLIDE	44
<i>fexofenadine hcl/pseudoephedrine hcl er</i>	75	<i>flurbiprofen</i>	1
<i>fexofenadine hydrochloride</i>	75	FLURBIPROFEN SODIUM	68
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	75	<i>fluticasone propionate</i>	44
FIASP	30	<i>fluticasone propionate</i>	69
FIASP FLEXTOUCH	30	FLUTICASONE PROPIONATE DISKUS	69
FIASP PENFILL	30	FLUTICASONE PROPIONATE HFA	69
FILSUVEZ	45	<i>fluticasone propionate/salmeterol</i>	72
<i>finasteride</i>	52	<i>fluticasone propionate/salmeterol diskus</i>	72
<i> fingolimod hydrochloride</i>	41	<i>fluvastatin</i>	38
FINTEPLA	9	<i>fluvastatin sodium er</i>	38
FIRDAPSE	41	<i>flvoxamine maleate</i>	13
FIRMAGON	59	FML FORTE	68
FIRVANQ	5	<i>folic acid</i>	48
<i>flac</i>	69	FOLLISTIM AQ	54
<i>flavoxate hcl</i>	52	FOLOTYN	17
FLEBOGAMMA DIF	60	<i>fondaparinux sodium</i>	31
<i>flecainide acetate</i>	34	<i>formoterol fumarate</i>	70
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<i>fluconazole</i>	14	<i>fosfomycin tromethamine</i>	5
<i>fluconazole in sodium chloride</i>	14	<i>fosinopril sodium</i>	33
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<i>flucytosine</i>	14	<i>fosphenytoin sodium</i>	11
<i>fludrocortisone acetate</i>	53	FOTIVDA	19
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GALANTAMINE HYDROBROMIDE	12	<i>griseofulvin ultramicrosize</i>	14
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GALZIN	46	<i>guanfacine hydrochloride</i>	33
GAMUNEX-C	60	<i>guanfacine hydrochloride er</i>	40
GARDASIL 9	63	GVOKE HYPOPEN 1-PACK	30
GASTROGRAFIN	65	GVOKE HYPOPEN 2-PACK	30
<i>gatifloxacin</i>	67	GVOKE KIT	30
GATTEX	50	GVOKE PFS	30
GAVILYTE-C	50	HAEGARDA	59
<i>gavilyte-g</i>	50	<i>hailey 1.5/30</i>	55
<i>gavilyte-n/fluor pack</i>	50	<i>hailey fe 1.5/30</i>	55
GAVRETO	19	<i>hailey fe 1/20</i>	55
<i>gefitinib</i>	19	<i>halobetasol propionate</i>	44
GEMCITABINE HYDROCHLORIDE	17	<i>haloette</i>	55
<i>gemfibrozil</i>	38	<i>haloperidol</i>	23
GEMTESA	52	<i>haloperidol decanoate</i>	23
<i>generlac</i>	49	<i>haloperidol lactate</i>	23
<i>gengraf</i>	61	HARVONI	25
GENOTROPIN	54	HAVRIX	63
GENOTROPIN MINIQUICK	54	<i>heather</i>	58
<i>gentamicin sulfate</i>	5	<i>heparin sodium</i>	32
<i>gentamicin sulfate</i>	67	<i>heparin sodium/sodium chloride 0.9%</i>	32
GENTAMICIN SULFATE/0.9% SODIUM	4	<i>heparin sodium/sodium chloride 0.9%</i>	32
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<i>hydralazine hydrochloride</i>	39	<i>imatinib mesylate</i>	19
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<i>hydrocodone bitartrate/acetaminophen</i>	3	IMIPENEM/CILASTATIN	7
<i>hydrocodone bitartrate/homatropine</i>	72	<i>imipramine hcl</i>	13
<i>methylbromide</i>		<i>imipramine hydrochloride</i>	13
HYDROCODONE	72	<i>imipramine pamoate</i>	13
POLISTIREX/CHLORPHENIRAMINE		<i>imiquimod</i>	45
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<i>hydrocodone/acetaminophen</i>	3	IMPAVIDO	5
<i>hydrocodone/homatropine</i>	72	IMVEXXY MAINTENANCE PACK	56
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<i>hydrocortisone</i>	53	INCRELEX	54
<i>hydrocortisone</i>	64	INCRUSE ELLIPTA	70
<i>hydrocortisone acetate</i>	45	<i>indapamide</i>	37
HYDROCORTISONE	45	INDOCIN	1
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<i>hydrocortisone/acetic acid</i>	69	INPEN 100/GREY/LILLY/HUMALOG	65
<i>hydrocortisone/iodoquinol</i>	14	INPEN 100/GREY/NOVOLOG/FIASP	65
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<i>hydromorphone hcl</i>	3	INPEN 100/PINK/NOVOLOG/FIASP	65
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<i>hydroxyzine pamoate</i>	70	KWIKPEN	
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ISENTRESS HD	25	<i>kalliga</i>	56
<i>isibloom</i>	56	KALYDECO	71
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ISOLYTE-S PH 7.4	46	<i>kcl 0.15%/d5w/nacl 0.2%</i>	46
<i>isoniazid</i>	16	<i>kcl 0.15%/d5w/nacl 0.45%</i>	46
<i>isoproterenol hydrochloride</i>	70	<i>kcl 0.15%/d5w/nacl 0.9%</i>	46
<i>isosorbide dinitrate</i>	39	<i>kcl 0.3%/d5w/nacl 0.45%</i>	46
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<i>mili</i>	56	<i>naloxone hydrochloride</i>	4
<i>mimvey</i>	56	<i>naltrexone hcl</i>	4
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<i>minoxidil</i>	39	<i>naproxen sodium</i>	1
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<i>tramadol hydrochloride er</i>	2	<i>tri-vylibra lo</i>	57
<i>tramadol hydrochloride/acetaminophen</i>	3	TRODELVY	21
<i>trandolapril</i>	33	TROGARZO	26
TRANDOLAPRIL/VERAPAMIL HCL ER	37	<i>trospium chloride</i>	52
<i>tranexamic acid</i>	32	<i>trospium chloride er</i>	52
<i>tranylcyromine sulfate</i>	12	TRULICITY	30
TRAVASOL	48	TRUMENBA	63
<i>travoprost</i>	68	TRUQAP	20
<i>trazodone hydrochloride</i>	13	TUKYSA	20
TRECTOR	16	TURALIO	21
TRELEGY ELLIPTA	72	<i>turqoz</i>	57
TRELSTAR MIXJECT	59	TWINRIX	63
<i>tretinoin</i>	21	TYBOST	26
<i>tretinoin</i>	43	<i>tydemy</i>	57
TREXALL	62	TYENNE	61
<i>tri femynor</i>	57	TYMLOS	65
<i>triamcinolone acetonide</i>	44	TYPHIM VI	63
<i>triamcinolone acetonide</i>	54	TYRVAYA	4
<i>triamcinolone acetonide dental paste</i>	42	TYVASO	71
<i>triamterene</i>	37	TYVASO REFILL KIT	71
<i>triamterene/hydrochlorothiazide</i>	37	TYVASO STARTER KIT	71
<i>triazolam</i>	73	UBRELVY	15
<i>triderm</i>	44	<i>unithroid</i>	59
TRIENTINE HYDROCHLORIDE	48	UPTRAVI	71
<i>tri-estarylla</i>	57	UPTRAVI TITRATION PACK	71
<i>trifluoperazine hcl</i>	23	<i>urelle</i>	52
<i>trifluoperazine hydrochloride</i>	23	<i>ursodiol</i>	50
TRIFLURIDINE	67	<i>valacyclovir hydrochloride</i>	27
TRIHENYPHENIDYL HCL	22	VALCHLOR	16
<i>trihexyphenidyl hydrochloride</i>	22	<i>valganciclovir</i>	25
TRIJARDY XR	30	<i>valganciclovir hydrochloride</i>	25
TRIKAFTA	71	<i>valproic acid</i>	9
<i>tri-linyah</i>	57	<i>valrubicin</i>	18
<i>tri-lo-estarylla</i>	57	VALSARTAN	33
<i>tri-lo-marzia</i>	57	<i>valsartan/hydrochlorothiazide</i>	37
<i>tri-lo-mili</i>	57	VALTOCO 10 MG DOSE	10
<i>tri-lo-sprintec</i>	57	VALTOCO 15 MG DOSE	10
TRI-LUMA	45	VALTOCO 20 MG DOSE	10
<i>trimethobenzamide hydrochloride</i>	14	VALTOCO 5 MG DOSE	10
<i>trimethoprim</i>	6	VANCOMYCIN	6
<i>tri-mili</i>	57	<i>vancomycin hcl</i>	6
<i>trimipramine maleate</i>	13	<i>vancomycin hydrochloride</i>	6
TRINTELLIX	13	VANCOMYCIN	6
<i>tri-nymyo</i>	57	HYDROCHLORIDE/DEXTROSE	

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<i>vardenafil hydrochloride odt</i>	53	VYNDAMAX	37
<i>varenicline starting month</i>	4	VYNDAQEL	52
<i>varenicline tartrate</i>	4	VYVANSE	40
VARIVAX	63	<i>warfarin sodium</i>	32
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VENCLEXTA	21	XARELTO	32
VENCLEXTA STARTING PACK	21	XARELTO STARTER PACK	32
<i>venlafaxine hydrochloride</i>	13	XATMEP	62
<i>venlafaxine hydrochloride er</i>	13	XCOPRI	11
VENTAVIS	71	XDEMVI	68
VEOZAH	41	XELJANZ	61
<i>verapamil hcl</i>	36	XELJANZ XR	61
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<i>verapamil hydrochloride</i>	36	XIFAXAN	50
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VERQUVO	39	XOLAIR	61
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<i>vestura</i>	57	XPHOZAH	48
V-GO 20	66	XPOVIO	21
V-GO 30	66	XPOVIO 60 MG TWICE WEEKLY	21
V-GO 40	66	XPOVIO 80 MG TWICE WEEKLY	21
<i>vienna</i>	57	XTANDI	17
<i>vigabatrin</i>	10	<i>xulane</i>	58
<i>vigadrone</i>	10	XYLOCAINE-MPF/EPINEPHRINE	4
<i>vilazodone hydrochloride</i>	13	<i>yargesa</i>	52
VINCRISTINE SULFATE	18	YF-VAX	64
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This formulary was updated on September 18, 2024. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

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## Medicare PLUS Blue<sup>SM</sup> Group PPO



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## Prescription Blue<sup>SM</sup> Group PDP



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