

# **Medicare Advantage**

## **2022 Comprehensive Formulary**

### **(List of Covered Drugs)**

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

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This formulary was updated on 07/01/2022. For more recent information or other questions, please contact Medicare Advantage Customer Services at 844-705-7498 or, for TTY users, 711. Our hours of operation are 24 hours a day, 7 days a week. You can also visit our website at [www.ccahealthmi.org](http://www.ccahealthmi.org).

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Medicare Advantage. When it refers to “plan” or “our plan,” it means 2022 Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

## **What is the Medicare Advantage Comprehensive Formulary?**

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

## **Can the Formulary (drug list) change?**

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Medicare Advantage Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Medicare Advantage Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 08/01/2022. To get updated information about the drugs covered by Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical 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 8. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. 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 Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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

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

- **Prior Authorization:** Medicare Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Advantage before you fill your prescriptions. If you don't get approval, Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Advantage limits the amount of the drug that Medicare Advantage will cover. For example, Medicare Advantage provides 90 units per prescription for LYRICA CAPS. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Advantage 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medicare Advantage 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 Advantage's formulary?" on page 5 for information about how to request an exception.

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

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

If you learn that Medicare Advantage does not cover your drug, you have two options:

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

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

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

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

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

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

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

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

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

#### Medicare Advantage LEVEL-OF-CARE CHANGE transition policy:

Medicare Advantage provides transition fills for enrollees who experience a transition characterized as a level-of-care change from one treatment setting to another. Examples of level-of-care changes where a transition may apply include:

1. Enrollees who are discharged from a hospital to a home setting (i.e., assisted living, LTC, or private home) accompanied by a list of medications that may not always consider the formulary of the enrollee's plan due to the short-term nature of the hospital visit
2. Enrollees who end their Skilled Nursing Facility (SNF) Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary
3. Enrollees who give up hospice status to revert to standard Medicare Part A and B benefits
4. Enrollees who end an LTC facility stay and return to the community
5. Enrollees who are discharged from psychiatric hospitals with drug regimens that are highly individualized

Medicare Advantage considers these unplanned transitions and applies the transition fill process as required.

Medicare Advantage understands that while Part A provides reimbursement for "a limited supply" to facilitate enrollee discharge, the enrollee is entitled to a full outpatient supply in order to continue therapy once this limited supply is exhausted. This is particularly true for enrollees using a mail-order pharmacy or home infusion therapy, or for those residing in rural areas where obtaining a continuing supply of drugs may involve certain delays.

Medicare Advantage ensures that enrollees are able to receive their outpatient Part D prescriptions in advance of discharge from a Part A stay through this transition process.

### For more information

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

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

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

## Medicare Advantage's Formulary

The comprehensive formulary below provides coverage information about the drugs covered by Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>					
<b>Nonsteroidal Anti-inflammatory Drugs</b>					
<i>celecoxib oral capsule</i>	1	QL (60 EA per 30 days)	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>diclofenac potassium oral tablet</i>	1		<i>oxaprozin oral tablet</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1		<i>piroxicam oral capsule</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 GM per 30 days)	<i>sulindac oral tablet</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	1	PA	<b>Opioid Analgesics, Long-acting</b>		
<i>diclofenac sodium oral tablet delayed release</i>	1		<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	NDS
<i>diflunisal oral tablet</i>	1		<i>methadone hcl intensol oral concentrate</i>	1	NDS
<i>ec-naproxen oral tablet delayed release 375 mg</i>	1		<i>methadone hcl oral concentrate</i>	1	NDS
<i>ELYXYB ORAL SOLUTION</i>	1	PA; QL (19.2 ML per 30 days)	<i>methadone hcl oral solution</i>	1	NDS
<i>etodolac oral capsule</i>	1		<i>methadone hcl oral tablet</i>	1	NDS
<i>etodolac oral tablet</i>	1		<i>methadose oral concentrate 10 mg/ml</i>	1	NDS
<i>flurbiprofen oral tablet</i>	1		<i>methadose sugar-free oral concentrate</i>	1	NDS
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1		<i>morphine sulfate er oral tablet extended release</i>	1	NDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1		<i>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT</i>	1	NDS
<i>ketorolac tromethamine injection solution</i>	1		<b>Opioid Analgesics, Short-acting</b>		
<i>ketorolac tromethamine intramuscular solution</i>	1		<i>acetaminophen-codeine #3 oral tablet</i>	1	NDS
<i>ketorolac tromethamine oral tablet</i>	1	QL (20 EA per 30 days)	<i>acetaminophen-codeine oral solution</i>	1	NDS
<i>lofena oral tablet</i>	1		<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	NDS
<i>meloxicam oral tablet</i>	1		<i>CODEINE SULFATE ORAL TABLET 15 MG, 60 MG</i>	1	NDS
<i>nabumetone oral tablet</i>	1		<i>codeine sulfate oral tablet 30 mg</i>	1	NDS
<i>naproxen oral tablet</i>	1				
<i>naproxen oral tablet delayed release</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7  
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet</i>	1	NDS	<i>oxycodone hcl oral solution</i>	1	NDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; NDS	<i>oxycodone hcl oral tablet</i>	1	NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	NDS	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NDS	<i>tramadol hcl oral tablet 50 mg</i>	1	NDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	NDS	<i>tramadol-acetaminophen oral tablet</i>	1	NDS
<i>hydromorphone hcl oral tablet</i>	1	NDS	<b>Anesthetics</b>		
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 50 mg/5ml</i>	1	NDS	<b>Local Anesthetics</b>		
<i>loracet hd oral tablet 10-325 mg</i>	1	NDS	<i>glydo external prefilled syringe</i>	1	PA; QL (30 ML per 30 days)
<i>loracet oral tablet 5-325 mg</i>	1	NDS	<i>lidocaine external ointment 5 %</i>	1	PA; QL (150 GM per 30 days)
<i>loracet plus oral tablet 7.5-325 mg</i>	1	NDS	<i>lidocaine external patch 5 %</i>	1	PA
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	1	NDS	<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	PA; QL (30 ML per 30 days)
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	1	NDS	<i>lidocaine-prilocaine external cream</i>	1	PA; QL (30 GM per 30 days)
MORPHINE SULFATE INTRAVENOUS SOLUTION 10 MG/ML	1	NDS	<i>premium lidocaine external ointment</i>	1	PA; QL (150 GM per 30 days)
<i>morphine sulfate intravenous solution 4 mg/ml</i>	1	NDS	<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>morphine sulfate oral solution</i>	1	NDS	<b>Alcohol Deterrents/Anti-craving</b>		
<i>morphine sulfate oral tablet</i>	1	NDS	<i>acamprosate calcium oral tablet delayed release</i>	1	
			<i>disulfiram oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl oral tablet</i>	1		CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	QL (504 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1		CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (504 EA per 365 days)
<b>Opioid Dependence</b>					
<i>buprenorphine hcl sublingual tablet sublingual</i>	1		CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	QL (504 EA per 365 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	1	QL (60 EA per 30 days)	NICOTROL NS NASAL SOLUTION	1	QL (360 ML per 365 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)	<i>varenicline tartrate oral</i>	1	QL (504 EA per 365 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (360 EA per 30 days)	<i>varenicline tartrate oral tablet</i>	1	QL (504 EA per 365 days)
<b>Opioid Reversal Agents</b>					
<i>naloxone hcl injection solution</i>	1		<b>Antibacterials</b>		
<i>naloxone hcl injection solution cartridge</i>	1		<b>Aminoglycosides</b>		
<i>naloxone hcl injection solution prefilled syringe</i>	1		<i>amikacin sulfate injection solution</i>	1	
<i>naloxone hcl nasal liquid</i>	1		<i>gentamicin sulfate external cream</i>	1	
NARCAN NASAL LIQUID	1		<i>gentamicin sulfate external ointment</i>	1	
<b>Smoking Cessation Agents</b>			<i>gentamicin sulfate injection solution</i>	1	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	QL (60 EA per 30 days)	<i>neomycin sulfate oral tablet</i>	1	
<b>Antibacterials, Other</b>			<i>paromomycin sulfate oral capsule</i>	1	
			<i>streptomycin sulfate intramuscular solution reconstituted</i>	1	
			<i>tobramycin sulfate injection solution</i>	1	
			<i>tobramycin sulfate injection solution reconstituted</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clindacin-p external swab	1		<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	1	
clindamycin hcl oral capsule	1		<i>tinidazole oral tablet</i>	1	
clindamycin palmitate hcl oral solution reconstituted	1		<i>trimethoprim oral tablet</i>	1	
clindamycin phosphate external swab	1		<i>vancomycin hcl intravenous solution reconstituted 1 gm, 250 mg, 500 mg, 750 mg</i>	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1		<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (120 EA per 30 days)
clindamycin phosphate vaginal cream	1		<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (240 EA per 30 days)
colistimethate sodium (cba) injection solution reconstituted	1		VOQUEZNA DUAL PAK ORAL THERAPY PACK	1	PA
daptomycin intravenous solution reconstituted	1		VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	1	PA
IMPAVIDO ORAL CAPSULE	1		XENLETA ORAL TABLET	1	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	1		<b>Beta-lactam, Cephalosporins</b>		
linezolid intravenous solution	1		<i>cefaclor oral capsule</i>	1	
linezolid oral suspension reconstituted	1	QL (1800 ML per 28 days)	<i>cefadroxil oral capsule</i>	1	
linezolid oral tablet	1	QL (56 EA per 28 days)	<i>cefadroxil oral suspension reconstituted</i>	1	
methenamine hippurate oral tablet	1		<i>cefazolin sodium injection solution reconstituted 1 gm</i>	1	
metronidazole intravenous solution	1		CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM	1	
metronidazole oral tablet	1		<i>cefdinir oral capsule</i>	1	
metronidazole vaginal gel	1		<i>cefdinir oral suspension reconstituted</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1		<i>cefepime hcl injection solution reconstituted</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
cefepime hcl intravenous solution reconstituted	1		cephalexin oral suspension reconstituted	1	
cefixime oral capsule	1		FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	1	
cefotaxime sodium injection solution reconstituted	1		tazicef injection solution reconstituted	1	
cefotetan disodium injection solution reconstituted	1		tazicef intravenous solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1		TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	1	
cefpodoxime proxetil oral suspension reconstituted	1		<b>Beta-lactam, Penicillins</b>		
cefpodoxime proxetil oral tablet	1		amoxicillin oral capsule	1	
ceprozil oral suspension reconstituted	1		amoxicillin oral suspension reconstituted	1	
ceprozil oral tablet	1		amoxicillin oral tablet	1	
ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)	1		amoxicillin oral tablet chewable	1	
ceftazidime injection solution reconstituted	1		amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	1	
ceftazidime intravenous solution reconstituted	1		amoxicillin-potassium clavulanate oral suspension reconstituted	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1		amoxicillin-potassium clavulanate oral tablet	1	
cefuroxime axetil oral tablet	1		amoxicillin-potassium clavulanate oral tablet chewable	1	
cefuroxime sodium injection solution reconstituted	1		ampicillin oral capsule	1	
cefuroxime sodium intravenous solution reconstituted	1		ampicillin sodium injection solution reconstituted 1 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1		ampicillin-sulbactam sodium injection solution reconstituted	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam sodium intravenous solution reconstituted	1		AZITHROMYCIN ORAL PACKET	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	1		azithromycin oral suspension reconstituted	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		azithromycin oral tablet	1	
dicloxacillin sodium oral capsule	1		clarithromycin er oral tablet extended release 24 hour	1	
nafcillin sodium injection solution reconstituted	1		clarithromycin oral suspension reconstituted	1	
nafcillin sodium intravenous solution reconstituted	1		clarithromycin oral tablet	1	
penicillin g sodium injection solution reconstituted	1		DIFICID ORAL SUSPENSION RECONSTITUTED	1	
penicillin v potassium oral solution reconstituted	1		DIFICID ORAL TABLET	1	
penicillin v potassium oral tablet	1		erythromycin base oral tablet delayed release 333 mg, 500 mg	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
<b>Carbapenems</b>			erythromycin oral tablet delayed release 250 mg	1	
ertapenem sodium injection solution reconstituted	1		<b>Quinolones</b>		
imipenem-cilastatin intravenous solution reconstituted	1		BAXDELA ORAL TABLET	1	
meropenem intravenous solution reconstituted	1		ciprofloxacin hcl oral tablet	1	
<b>Macrolides</b>			ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
azithromycin intravenous solution reconstituted	1		ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1	
			levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	

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<i>levofloxacin intravenous solution</i>	1		<i>morgidox oral capsule 100 mg</i>	1	
<i>levofloxacin oral solution</i>	1		<b>NUZYRA ORAL TABLET</b>	1	
<i>levofloxacin oral tablet</i>	1		<b>SEYSARA ORAL TABLET</b>	1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1		<i>tetracycline hcl oral capsule</i>	1	
<i>moxifloxacin hcl oral tablet</i>	1		<b>Anticonvulsants</b>		
<i>ofloxacin oral tablet</i>	1		<b>Anticonvulsants, Other</b>		
<b>Sulfonamides</b>			<b>BRIVIACT ORAL SOLUTION</b>	1	PA
<i>sulfadiazine oral tablet</i>	1		<b>BRIVIACT ORAL TABLET</b>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1		<b>EPIDIOLEX ORAL SOLUTION</b>	1	PA
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1		<b>EPRONTIA ORAL SOLUTION</b>	1	
<b>Tetracyclines</b>			<i>felbamate oral suspension</i>	1	
<i>demeccyclycline hcl oral tablet</i>	1		<i>felbamate oral tablet</i>	1	
<i>doxy 100 intravenous solution reconstituted</i>	1		<b>FINTEPLA ORAL SOLUTION</b>	1	PA
<i>doxycycline hyclate intravenous solution reconstituted</i>	1		<b>FYCOMPA ORAL SUSPENSION</b>	1	
<i>doxycycline hyclate oral capsule</i>	1		<b>FYCOMPA ORAL TABLET</b>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1		<i>lamotrigine oral kit</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1		<i>lamotrigine oral tablet</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1		<i>lamotrigine oral tablet chewable</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1		<i>lamotrigine starter kit-blue oral kit</i>	1	
<i>minocycline hcl oral capsule</i>	1		<i>lamotrigine starter kit-green oral kit</i>	1	
<i>monodoxine nl oral capsule</i>	1		<i>lamotrigine starter kit-orange oral kit</i>	1	
			<i>levetiracetam er oral tablet extended release 24 hour</i>	1	

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levetiracetam oral solution	1		clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
levetiracetam oral tablet	1		clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
NAYZILAM NASAL SOLUTION	1	QL (10 EA per 30 days)	clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
roweepra oral tablet	1		clonazepam oral tablet dispersible 2 mg	1	QL (300 EA per 30 days)
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1		DIACOMIT ORAL CAPSULE	1	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	1		DIACOMIT ORAL PACKET	1	PA
subvenite oral tablet	1		diazepam rectal gel	1	
subvenite starter kit-blue oral kit	1		divalproex sodium er oral tablet extended release 24 hour	1	
subvenite starter kit-green oral kit	1		divalproex sodium oral capsule delayed release sprinkle	1	
subvenite starter kit-orange oral kit	1		divalproex sodium oral tablet delayed release	1	
topiramate oral capsule sprinkle	1		gabapentin oral capsule 100 mg, 300 mg	1	QL (360 EA per 30 days)
topiramate oral tablet	1		gabapentin oral capsule 400 mg	1	QL (270 EA per 30 days)
XCOPRI ORAL TABLET	1	PA	gabapentin oral solution 250 mg/5ml	1	QL (2160 ML per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	1	PA	gabapentin oral tablet 600 mg	1	QL (180 EA per 30 days)
<b>Calcium Channel Modifying Agents</b>			gabapentin oral tablet 800 mg	1	QL (150 EA per 30 days)
CELONTIN ORAL CAPSULE	1		phenobarbital oral elixir	1	PA
ethosuximide oral capsule	1		phenobarbital oral tablet	1	PA
ethosuximide oral solution	1		primidone oral tablet	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>			SYMPAZAN ORAL FILM	1	
clobazam oral suspension	1		tiagabine hcl oral tablet	1	
clobazam oral tablet	1		VALTOCO NASAL LIQUID	1	QL (10 EA per 30 days)

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VALTOCO NASAL LIQUID THERAPY PACK	1	QL (10 EA per 30 days)	VIMPAT ORAL SOLUTION	1		
vigabatrin oral packet	1	PA	VIMPAT ORAL TABLET	1		
vigabatrin oral tablet	1	PA	zonisamide oral capsule	1		
vigadronе oral packet	1	PA	<b>Antidementia Agents</b>			
<b>Sodium Channel Agents</b>			<b>Antidementia Agents, Other</b>			
APTIOM ORAL TABLET	1		ergoloid mesylates oral tablet	1		
carbamazepine er oral capsule extended release 12 hour	1		NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)	
carbamazepine er oral tablet extended release 12 hour	1		NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days)	
carbamazepine oral suspension	1		<b>Cholinesterase Inhibitors</b>			
carbamazepine oral tablet	1		donepezil hcl oral tablet	1		
carbamazepine oral tablet chewable	1		donepezil hcl oral tablet dispersible	1		
dilantin oral capsule 30 mg	1		galantamine hydrobromide er oral capsule extended release 24 hour	1		
epitol oral tablet	1		galantamine hydrobromide oral solution	1		
lacosamide oral solution	1		galantamine hydrobromide oral tablet	1		
lacosamide oral tablet	1		rivastigmine tartrate oral capsule	1		
oxcarbazepine oral suspension	1		rivastigmine transdermal patch 24 hour	1		
oxcarbazepine oral tablet	1		<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>			
PEGANONE ORAL TABLET 250 MG	1		memantine hcl er oral capsule extended release 24 hour	1	QL (30 EA per 30 days)	
phenytoin oral suspension 125 mg/5ml	1		memantine hcl oral tablet 10 mg, 5 mg	1		
phenytoin oral tablet chewable	1					
phenytoin sodium extended oral capsule	1					
rufinamide oral suspension	1					
rufinamide oral tablet	1					

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MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1		<i>tranylcypromine sulfate oral tablet</i>	1	
<b>Antidepressants</b>					
<b>Antidepressants, Other</b>					
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (90 EA per 30 days)	<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)	<i>citalopram hydrobromide oral solution</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)	<i>citalopram hydrobromide oral tablet</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)	<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet</i>	1		<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1		<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</b>	1	QL (60 EA per 30 days)
<i>mirtazapine oral tablet</i>	1		<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</b>	1	QL (90 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	1		<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<b>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK</b>	1	PA	<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (90 EA per 30 days)
<b>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK</b>	1	PA	<i>escitalopram oxalate oral solution</i>	1	
<b>Monoamine Oxidase Inhibitors</b>			<i>escitalopram oxalate oral tablet</i>	1	
<i>EMSAM TRANSDERMAL PATCH 24 HOUR</i>	1	ST; QL (30 EA per 30 days)	<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	1	ST; QL (30 EA per 30 days)
<i>MARPLAN ORAL TABLET</i>	1				
<i>phenelzine sulfate oral tablet</i>	1				

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FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)	<i>amitriptyline hcl oral tablet</i>	1	PA
<i>fluoxetine hcl oral capsule</i>	1		<i>amoxapine oral tablet</i>	1	
<i>fluoxetine hcl oral solution</i>	1		<i>clomipramine hcl oral capsule</i>	1	
<i>fluvoxamine maleate oral tablet</i>	1		<i>desipramine hcl oral tablet</i>	1	
<i>nefazodone hcl oral tablet</i>	1		<i>doxepin hcl oral capsule</i>	1	PA
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1		<i>doxepin hcl oral concentrate</i>	1	PA
<i>paroxetine hcl oral suspension</i>	1		<i>imipramine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet</i>	1		<i>nortriptyline hcl oral capsule</i>	1	
PAXIL ORAL SUSPENSION	1		<i>nortriptyline hcl oral solution</i>	1	
SERTRALINE HCL ORAL CAPSULE	1	ST	<i>protriptyline hcl oral tablet</i>	1	
<i>sertraline hcl oral concentrate</i>	1		<i>trimipramine maleate oral capsule</i>	1	
<i>sertraline hcl oral tablet</i>	1		<b>Antiemetics</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1		<b>Antiemetics, Other</b>		
TRINTELLIX ORAL TABLET	1	QL (30 EA per 30 days)	<i>compro rectal suppository</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1		<i>meclizine hcl oral tablet</i>	1	
<i>venlafaxine hcl oral tablet</i>	1		<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
VIIBRYD ORAL TABLET	1	QL (30 EA per 30 days)	<i>prochlorperazine edisylate injection solution</i>	1	
VIIBRYD STARTER PACK ORAL KIT	1	QL (60 EA per 365 days)	<i>prochlorperazine maleate oral tablet</i>	1	
<i>vilazodone hcl oral tablet</i>	1	QL (30 EA per 30 days)	<i>prochlorperazine rectal suppository</i>	1	
<b>Tricyclics</b>			<i>promethazine hcl oral syrup</i>	1	
			<i>promethazine hcl oral tablet</i>	1	
			<i>promethazine hcl rectal suppository</i>	1	

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<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1		<i>amphotericin b intravenous solution reconstituted</i>	1	B/D
<i>scopolamine transdermal patch 72 hour</i>	1		<i>amphotericin b liposome intravenous suspension reconstituted</i>	1	B/D
<b>Emetogenic Therapy Adjuncts</b>					
<i>AKYNZEO INTRAVENOUS SOLUTION</i>	1		<i>caspofungin acetate intravenous solution reconstituted</i>	1	
<i>AKYNZEO ORAL CAPSULE</i>	1	B/D; QL (2 EA per 30 days)	<i>clotrimazole external cream</i>	1	
<i>aprepitant oral capsule 125 mg</i>	1	B/D; QL (2 EA per 30 days)	<i>clotrimazole mouth/throat troche</i>	1	
<i>aprepitant oral capsule 40 mg</i>	1	B/D; QL (1 EA per 30 days)	<i>CRESEMBA ORAL CAPSULE</i>	1	
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	1	B/D; QL (6 EA per 30 days)	<i>econazole nitrate external cream</i>	1	
<i>aprepitant oral capsule 80 mg</i>	1	B/D; QL (8 EA per 30 days)	<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>dronabinol oral capsule</i>	1	PA; QL (60 EA per 30 days)	<i>fluconazole oral suspension reconstituted</i>	1	
<i>ondansetron hcl oral solution</i>	1	B/D; QL (450 ML per 30 days)	<i>fluconazole oral tablet</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D	<i>flucytosine oral capsule</i>	1	
<i>ondansetron odt oral tablet dispersible</i>	1	B/D	<i>griseofulvin microsize oral suspension</i>	1	
<i>SYNDROS ORAL SOLUTION</i>	1	PA; QL (120 ML per 30 days)	<i>griseofulvin microsize oral tablet</i>	1	
<b>Antifungals</b>					
<b>Antifungals</b>			<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>ABELCET INTRAVENOUS SUSPENSION</i>	1	B/D	<i>itraconazole oral capsule</i>	1	PA
<i>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</i>	1	B/D	<i>itraconazole oral solution</i>	1	PA
			<i>JUBLIA EXTERNAL SOLUTION</i>	1	
			<i>ketoconazole external cream</i>	1	

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ketoconazole external shampoo	1		<b>Antimigraine Agents</b>		
ketoconazole oral tablet	1		<b>Ergot Alkaloids</b>		
miconazole 3 vaginal suppository	1		dihydroergotamine mesylate injection solution	1	PA
naftifine hcl external gel 1 %	1		dihydroergotamine mesylate nasal solution	1	PA; QL (8 ML per 30 days)
NOXAFIL ORAL SUSPENSION	1	PA	ergotamine-caffeine oral tablet	1	
nyamyc external powder	1		<b>Prophylactic</b>		
nystatin external cream	1		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; QL (1 ML per 30 days)
nystatin external ointment	1		AIMOVIG	1	PA; QL (2 ML per 30 days)
nystatin external powder	1		EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 30 days)
nystatin mouth/throat suspension	1		EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (1 ML per 30 days)
nystatin oral tablet	1		EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 30 days)
nystop external powder	1		timolol maleate oral tablet	1	
posaconazole oral tablet delayed release	1	PA	UBRELVY ORAL TABLET	1	PA; QL (16 EA per 30 days)
terbinafine hcl oral tablet	1	QL (84 EA per 180 days)	<b>Serotonin (5-HT) Receptor Agonist</b>		
terconazole vaginal cream	1		eletriptan hydrobromide oral tablet	1	QL (12 EA per 30 days)
voriconazole intravenous solution reconstituted	1	PA	naratriptan hcl oral tablet	1	QL (9 EA per 30 days)
voriconazole oral suspension reconstituted	1		rizatriptan benzoate oral tablet	1	QL (18 EA per 30 days)
voriconazole oral tablet	1		rizatriptan benzoate oral tablet dispersible	1	QL (18 EA per 30 days)
<b>Antigout Agents</b>					
<b>Antigout Agents</b>					
allopurinol oral tablet	1				
colchicine oral tablet	1				
colchicine-probenecid oral tablet	1				
febuxostat oral tablet	1				
probenecid oral tablet	1				

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sumatriptan nasal solution	1	QL (12 EA per 30 days)	pyrazinamide oral tablet	1	
sumatriptan succinate oral tablet	1	QL (9 EA per 30 days)	rifampin intravenous solution reconstituted	1	
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL (5 ML per 30 days)	rifampin oral capsule	1	
sumatriptan succinate subcutaneous solution	1	QL (5 ML per 30 days)	SIRTURO ORAL TABLET	1	
sumatriptan succinate subcutaneous solution auto-injector	1	QL (5 ML per 30 days)	TRECATOR ORAL TABLET	1	
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	QL (5 ML per 30 days)	<b>Antineoplastics</b>		
zolmitriptan oral tablet	1	QL (12 EA per 30 days)	<b>Alkylating Agents</b>		
<b>Antimyasthenic Agents</b>			CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	1	
<b>Parasympathomimetics</b>			cyclophosphamide intravenous solution 2 gm/10ml	1	
guanidine hcl oral tablet 125 mg	1		cyclophosphamide oral capsule	1	B/D
pyridostigmine bromide oral tablet 60 mg	1		GLEOSTINE ORAL CAPSULE	1	
<b>Antimycobacterials</b>			ifosfamide intravenous solution reconstituted 3 gm	1	
<b>Antimycobacterials, Other</b>			LEUKERAN ORAL TABLET	1	
dapsone oral tablet	1		MATULANE ORAL CAPSULE	1	
rifabutin oral capsule	1		thiotepa injection solution reconstituted 100 mg	1	
<b>Antituberculars</b>			VALCHLOR EXTERNAL GEL	1	PA
cycloserine oral capsule	1		ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
ethambutol hcl oral tablet	1		<b>Antiandrogens</b>		
isoniazid oral syrup	1		abiraterone acetate oral tablet	1	PA
isoniazid oral tablet	1		bicalutamide oral tablet	1	
paser oral packet	1				
PRIFTIN ORAL TABLET	1				

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ERLEADA ORAL TABLET	1	PA	<i>mercaptopurine oral tablet</i>	1	
<i>flutamide oral capsule</i>	1		<i>nelarabine intravenous solution</i>	1	
<i>nilutamide oral tablet</i>	1		PURIXAN ORAL SUSPENSION	1	
NUBEQA ORAL TABLET	1	PA	TABLOID ORAL TABLET	1	
XTANDI ORAL CAPSULE	1	PA	<b>Antineoplastics</b>		
XTANDI ORAL TABLET	1	PA	OPDUALAG INTRAVENOUS SOLUTION	1	PA
<b>Antiangiogenic Agents</b>			<b>Antineoplastics, Other</b>		
FOTIVDA ORAL CAPSULE	1	PA	BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
<i>lenalidomide oral capsule</i>	1	PA	GAVRETO ORAL CAPSULE	1	PA
POMALYST ORAL CAPSULE	1	PA	IBRANCE ORAL TABLET	1	PA
QINLOCK ORAL TABLET	1	PA	IDHIFA ORAL TABLET	1	PA; QL (30 EA per 30 days)
REVLIMID ORAL CAPSULE	1	PA	INREBIC ORAL CAPSULE	1	PA
TABRECTA ORAL TABLET	1	PA; QL (120 EA per 30 days)	KIMMTRAK INTRAVENOUS SOLUTION	1	PA
THALOMID ORAL CAPSULE	1	PA	KISQALI FEMARA ORAL TABLET THERAPY PACK	1	PA
<b>Antiestrogens/Modifiers</b>			LONSURF ORAL TABLET	1	PA
EMCYT ORAL CAPSULE	1		LUMAKRAS ORAL TABLET	1	PA
SOLTAMOX ORAL SOLUTION	1		NINLARO ORAL CAPSULE	1	PA
<i>tamoxifen citrate oral tablet</i>	1		ONUREG ORAL TABLET	1	PA
<i>toremifene citrate oral tablet</i>	1		PEMAZYRE ORAL TABLET	1	PA; QL (30 EA per 30 days)
<b>Antimetabolites</b>					
DROXIA ORAL CAPSULE	1				
<i>hydroxyurea oral capsule</i>	1				

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PHESGO SUBCUTANEOUS SOLUTION	1	PA	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
RETEVMO ORAL CAPSULE	1	PA	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	1	PA	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
RYLAZE INTRAMUSCULAR SOLUTION	1		XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
SCEMBLIX ORAL TABLET 40 MG	1	PA	XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	ZOLINZA ORAL CAPSULE	1	PA
TAZVERIK ORAL TABLET	1	PA	<b>Aromatase Inhibitors, 3rd Generation</b>		
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA	<i>anastrozole oral tablet</i>	1	
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA	<i>exemestane oral tablet</i>	1	
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA	<i>letrozole oral tablet</i>	1	
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA	<b>Molecular Target Inhibitors</b>		
TUKYSA ORAL TABLET	1	PA	AFINITOR DISPERZ ORAL TABLET SOLUBLE	1	PA
VONJO ORAL CAPSULE	1	PA	AFINITOR ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	ALECensa ORAL CAPSULE	1	PA
			ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)

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ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (120 EA per 30 days)	FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA
ALUNBRIG ORAL TABLET THERAPY PACK	1	PA; QL (60 EA per 365 days)	FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	1	PA
AYVAKIT ORAL TABLET	1	PA; QL (30 EA per 30 days)	GILOTrif ORAL TABLET	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	1	PA	IBRANCE ORAL CAPSULE	1	PA
BOSULIF ORAL TABLET	1	PA	ICLUSIG ORAL TABLET 10 MG, 15 MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE	1	PA	ICLUSIG ORAL TABLET 30 MG, 45 MG	1	PA
BRUKINSA ORAL CAPSULE	1	PA	<i>imatinib mesylate oral tablet</i>	1	PA
CABOMETYX ORAL TABLET	1	PA	IMBRUVICA ORAL CAPSULE	1	PA
CALQUENCE ORAL CAPSULE	1	PA	IMBRUVICA ORAL TABLET	1	PA
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)	INLYTA ORAL TABLET	1	PA
CAPRELSA ORAL TABLET 300 MG	1	PA	INQOVI ORAL TABLET	1	PA
COMETRIQ ORAL KIT	1	PA	IRESSA ORAL TABLET	1	PA
COPIKTRA ORAL CAPSULE	1	PA	JAKAFI ORAL TABLET 10 MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET	1	PA	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	1	PA
DAURISMO ORAL TABLET	1	PA	KISQALI ORAL TABLET THERAPY PACK 200 MG	1	PA
ERIVEDGE ORAL CAPSULE	1	PA	KOSELUGO ORAL CAPSULE	1	PA
<i>erlotinib hcl oral tablet</i>	1	PA	<i>lapatinib ditosylate oral tablet</i>	1	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL (30 EA per 30 days)	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG, 4 MG	1	PA
everolimus oral tablet soluble	1	PA			
EXKIVITY ORAL CAPSULE	1	PA			

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LORBRENA ORAL TABLET	1	PA	TALZENNA ORAL CAPSULE	1	PA
LYNPARZA ORAL CAPSULE 50 MG	1		TASIGNA ORAL CAPSULE	1	PA
LYNPARZA ORAL TABLET	1	PA	TEPMETKO ORAL TABLET	1	PA
MEKINIST ORAL TABLET	1	PA	TIBSOVO ORAL TABLET	1	PA
MEKTOVI ORAL TABLET	1	PA	TURALIO ORAL CAPSULE	1	PA
NERLYNX ORAL TABLET	1	PA; QL (180 EA per 30 days)	TYKERB ORAL TABLET	1	PA
NEXAVAR ORAL TABLET	1	PA	UKONIQ ORAL TABLET 200 MG	1	PA
ODOMZO ORAL CAPSULE	1	PA	VENCLEXTA ORAL TABLET	1	PA
PIQRAY ORAL TABLET THERAPY PACK	1	PA	VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	1	PA
ROZLYTREK ORAL CAPSULE	1	PA	VERZENIO ORAL TABLET	1	PA
RUBRACA ORAL TABLET	1	PA	VITRAKVI ORAL CAPSULE	1	PA
RYDAPT ORAL CAPSULE	1	PA	VITRAKVI ORAL SOLUTION	1	PA
<i>sorafenib tosylate oral tablet</i>	1	PA	VIZIMPRO ORAL TABLET	1	PA
SPRYCEL ORAL TABLET	1	PA	VOTRIENT ORAL TABLET	1	PA
STIVARGA ORAL TABLET	1	PA	WELIREG ORAL TABLET	1	PA
<i>sunitinib malate oral capsule</i>	1	PA	XALKORI ORAL CAPSULE	1	PA
SUTENT ORAL CAPSULE	1	PA	XOSPATA ORAL TABLET	1	PA
TAFINLAR ORAL CAPSULE	1	PA	ZEJULA ORAL CAPSULE	1	PA
TAGRISSO ORAL TABLET 40 MG	1	PA; QL (30 EA per 30 days)	ZELBORAF ORAL TABLET	1	PA
TAGRISSO ORAL TABLET 80 MG	1	PA	ZYDELIG ORAL TABLET	1	PA

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ZYKADIA ORAL CAPSULE 150 MG	1	PA	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
ZYKADIA ORAL TABLET	1	PA	TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>					
DANYELZA INTRAVENOUS SOLUTION	1	PA	ZIRABEV INTRAVENOUS SOLUTION	1	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	1	PA	ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
JEMPERLI INTRAVENOUS SOLUTION	1	PA	<b>Retinoids</b>		
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>bexarotene external gel</i>	1	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>bexarotene oral capsule</i>	1	PA
MVASI INTRAVENOUS SOLUTION	1	PA	PANRETIN EXTERNAL GEL	1	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	TARGRETIN EXTERNAL GEL	1	PA
RUXIENCE INTRAVENOUS SOLUTION	1	PA	<i>tretinoiin oral capsule</i>	1	
RYBREVANT INTRAVENOUS SOLUTION	1	PA	<b>Treatment Adjuncts</b>		
SARCLISA INTRAVENOUS SOLUTION	1	PA	<i>leucovorin calcium injection solution reconstituted 500 mg</i>	1	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>leucovorin calcium oral tablet</i>	1	
<b>Antiparasitics</b>					
<b>Anthelmintics</b>					
			<i>albendazole oral tablet</i>	1	
			<i>ivermectin oral tablet</i>	1	PA
			<i>praziquantel oral tablet</i>	1	
<b>Antiprotozoals</b>					
			ALINIA ORAL SUSPENSION RECONSTITUTED	1	
			<i>atovaquone oral suspension</i>	1	

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atovaquone-proguanil hcl oral tablet	1		KYNMOBI SUBLINGUAL FILM	1	PA; QL (150 EA per 30 days)	
BENZNIDAZOLE ORAL TABLET	1		KYNMOBI TITRATION KIT SUBLINGUAL KIT	1	PA; QL (20 EA per 365 days)	
chloroquine phosphate oral tablet	1		NEUPRO TRANSDERMAL PATCH 24 HOUR	1	ST	
COARTEM ORAL TABLET	1		pramipexole dihydrochloride oral tablet	1		
hydroxychloroquine sulfate oral tablet	1		ropinirole hcl oral tablet	1		
mefloquine hcl oral tablet	1		<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			
nitazoxanide oral tablet	1		carbidopa oral tablet	1		
pentamidine isethionate inhalation solution reconstituted	1	B/D	carbidopa-levodopa er oral tablet extended release	1		
pentamidine isethionate injection solution reconstituted	1		carbidopa-levodopa oral tablet	1		
primaquine phosphate oral tablet	1		carbidopa-levodopa oral tablet dispersible	1		
pyrimethamine oral tablet	1	PA	INBRIJA INHALATION CAPSULE	1	PA	
quinine sulfate oral capsule	1	PA	RYTARY ORAL CAPSULE EXTENDED RELEASE	1	ST	
<b>Antiparkinson Agents</b>			<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			
<b>Anticholinergics</b>			rasagiline mesylate oral tablet	1		
benztropine mesylate oral tablet	1		selegiline hcl oral capsule	1		
trihexyphenidyl hcl oral solution	1		selegiline hcl oral tablet	1		
trihexyphenidyl hcl oral tablet	1		<b>Antipsychotics</b>			
<b>Antiparkinson Agents, Other</b>			<b>1st Generation/Typical</b>			
entacapone oral tablet	1		chlorpromazine hcl oral concentrate	1		
tolcapone oral tablet	1		chlorpromazine hcl oral tablet	1		
<b>Dopamine Agonists</b>						
bromocriptine mesylate oral capsule	1					
bromocriptine mesylate oral tablet	1					

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fluphenazine decanoate injection solution	1		aripiprazole oral tablet dispersible	1	QL (60 EA per 30 days)
fluphenazine hcl injection solution	1		ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	1	
fluphenazine hcl oral concentrate	1		ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	1	
fluphenazine hcl oral elixir	1		asenapine maleate sublingual tablet sublingual	1	QL (60 EA per 30 days)
fluphenazine hcl oral tablet	1		CAPLYTA ORAL CAPSULE	1	ST; QL (30 EA per 30 days)
haloperidol decanoate intramuscular solution	1		FANAPT ORAL TABLET	1	ST; QL (60 EA per 30 days)
haloperidol lactate injection solution	1		FANAPT TITRATION PACK ORAL TABLET	1	ST; QL (8 EA per 180 days)
haloperidol lactate oral concentrate	1		INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	ST
haloperidol oral tablet	1		INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
loxapine succinate oral capsule	1		INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
molindone hcl oral tablet	1		LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 EA per 30 days)
perphenazine oral tablet	1		LATUDA ORAL TABLET 80 MG	1	QL (60 EA per 30 days)
pimozide oral tablet	1		LYBALVI ORAL TABLET	1	ST; QL (30 EA per 30 days)
thioridazine hcl oral tablet	1	PA	NUPLAZID ORAL CAPSULE	1	PA
thiothixene oral capsule	1		NUPLAZID ORAL TABLET	1	PA
trifluoperazine hcl oral tablet	1		olanzapine intramuscular solution reconstituted	1	
<b>2nd Generation/Atypical</b>					
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	1				
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1				
aripiprazole oral solution	1	QL (750 ML per 30 days)			
aripiprazole oral tablet	1	QL (30 EA per 30 days)			

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olanzapine oral tablet	1	QL (30 EA per 30 days)	VRAYLAR ORAL CAPSULE THERAPY PACK	1	ST; QL (14 EA per 365 days)
olanzapine oral tablet dispersible	1	QL (30 EA per 30 days)	ziprasidone hcl oral capsule	1	QL (60 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	QL (30 EA per 30 days)	ziprasidone mesylate intramuscular solution reconstituted	1	QL (60 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (60 EA per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	1		<b>Treatment-Resistant</b>		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)	clozapine oral tablet 100 mg, 25 mg	1	QL (270 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	QL (90 EA per 30 days)	clozapine oral tablet 200 mg	1	QL (120 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)	clozapine oral tablet 50 mg	1	QL (180 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (60 EA per 30 days)	clozapine oral tablet dispersible 100 mg, 25 mg	1	QL (270 EA per 30 days)
REXULTI ORAL TABLET	1	QL (30 EA per 30 days)	clozapine oral tablet dispersible 12.5 mg	1	QL (90 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1		clozapine oral tablet dispersible 150 mg	1	QL (180 EA per 30 days)
risperidone oral solution	1	QL (240 ML per 30 days)	clozapine oral tablet dispersible 200 mg	1	QL (120 EA per 30 days)
risperidone oral tablet	1	QL (60 EA per 30 days)	VERSACLOZ ORAL SUSPENSION	1	QL (540 ML per 30 days)
risperidone oral tablet dispersible	1	QL (60 EA per 30 days)	<b>Antispasticity Agents</b>		
SECUADO TRANSDERMAL PATCH 24 HOUR	1	PA; QL (30 EA per 30 days)	baclofen oral tablet	1	
VRAYLAR ORAL CAPSULE	1	ST; QL (30 EA per 30 days)	dantrolene sodium oral capsule	1	
<b>Antivirals</b>			tizanidine hcl oral tablet	1	
<b>Anti-cytomegalovirus (CMV) Agents</b>					
			cidofovir intravenous solution	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium intravenous solution</i>	1	B/D	<b>Antiherpetic Agents</b>		
<i>ganciclovir sodium intravenous solution reconstituted</i>	1	B/D	<i>acyclovir oral capsule</i>	1	
LIVTENCITY ORAL TABLET	1		<i>acyclovir oral suspension</i>	1	
PREVYMIS INTRAVENOUS SOLUTION	1		<i>acyclovir oral tablet</i>	1	
PREVYMIS ORAL TABLET	1		<i>acyclovir sodium intravenous solution</i>	1	B/D
<i>valganciclovir hcl oral solution reconstituted</i>	1		<i>famciclovir oral tablet</i>	1	
<i>valganciclovir hcl oral tablet</i>	1		<i>valacyclovir hcl oral tablet</i>	1	QL (120 EA per 30 days)
<b>Anti-hepatitis B (HBV) Agents</b>			<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
<i>adefovir dipivoxil oral tablet</i>	1		APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	1	
BARACLUDE ORAL SOLUTION	1	QL (600 ML per 30 days)	BIKTARVY ORAL TABLET	1	QL (30 EA per 30 days)
<i>entecavir oral tablet</i>	1	QL (30 EA per 30 days)	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	1	
EPIVIR HBV ORAL SOLUTION	1		DOVATO ORAL TABLET	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1		GENVOYA ORAL TABLET	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET	1		ISENTRESS HD ORAL TABLET	1	
<b>Anti-hepatitis C (HCV) Agents</b>			ISENTRESS ORAL PACKET	1	
MAVYRET ORAL PACKET	1	PA; QL (560 EA per 365 days)	ISENTRESS ORAL TABLET	1	
MAVYRET ORAL TABLET	1	PA; QL (336 EA per 365 days)	ISENTRESS ORAL TABLET CHEWABLE	1	
<i>ribavirin oral tablet</i>	1		JULUCA ORAL TABLET	1	QL (30 EA per 30 days)
<i>sofosbuvir-velpatasvir oral tablet</i>	1	PA; QL (84 EA per 365 days)	STRIBILD ORAL TABLET	1	QL (30 EA per 30 days)
VOSEVI ORAL TABLET	1	PA; QL (84 EA per 365 days)	TIVICAY ORAL TABLET	1	
			TIVICAY PD ORAL TABLET SOLUBLE	1	

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VOCABRIA ORAL TABLET	1		<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (60 EA per 30 days)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			CIMDUO ORAL TABLET	1	QL (30 EA per 30 days)
COMPLERA ORAL TABLET	1	QL (30 EA per 30 days)	DESCOVY ORAL TABLET	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	1	QL (30 EA per 30 days)	<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	
EDURANT ORAL TABLET	1		<i>emtricitabine oral capsule</i>	1	
<i>efavirenz oral capsule</i>	1		<i>emtricitabine-tenofovir df oral tablet</i>	1	QL (30 EA per 30 days)
<i>efavirenz oral tablet</i>	1		EMTRIVA ORAL SOLUTION	1	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	1	QL (30 EA per 30 days)	<i>lamivudine oral solution</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1	QL (30 EA per 30 days)	<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>etravirine oral tablet</i>	1		<i>lamivudine-zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET	1		ODEFSEY ORAL TABLET	1	QL (30 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour</i>	1		PAXLOVID ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 EA per 5 days)
<i>nevirapine oral suspension</i>	1		PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 EA per 5 days)
<i>nevirapine oral tablet</i>	1		RETROVIR INTRAVENOUS SOLUTION	1	
PIFELTRO ORAL TABLET	1		<i>stavudine oral capsule</i>	1	
RESCRIPTOR ORAL TABLET 200 MG	1		TEMIXYS ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			<i>tenofovir disoproxil fumarate oral tablet</i>	1	
<i>abacavir sulfate oral solution</i>	1		TRIUMEQ ORAL TABLET	1	QL (30 EA per 30 days)
<i>abacavir sulfate oral tablet</i>	1		TRIUMEQ PD ORAL TABLET SOLUBLE	1	QL (180 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	1	QL (30 EA per 30 days)			

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TRIZIVIR ORAL TABLET	1	QL (60 EA per 30 days)	<i>atazanavir sulfate oral capsule</i>	1	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1		CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	1		EVOTAZ ORAL TABLET	1	QL (30 EA per 30 days)
VIREAD ORAL POWDER	1		<i>fosamprenavir calcium oral tablet</i>	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1		INVIRASE ORAL TABLET 500 MG	1	
<i>zidovudine oral capsule</i>	1		KALETTRA ORAL TABLET	1	
<i>zidovudine oral syrup</i>	1		LEXIVA ORAL SUSPENSION	1	
<i>zidovudine oral tablet</i>	1		<i>lopinavir-ritonavir oral solution</i>	1	
<b>Anti-HIV Agents, Other</b>			<i>lopinavir-ritonavir oral tablet</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1		NORVIR ORAL PACKET	1	
<i>maraviroc oral tablet</i>	1		NORVIR ORAL SOLUTION	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	1		PREZCOBIX ORAL TABLET	1	QL (30 EA per 30 days)
SELZENTRY ORAL SOLUTION	1		PREZISTA ORAL SUSPENSION	1	
SELZENTRY ORAL TABLET	1		PREZISTA ORAL TABLET	1	
TROGARZO INTRAVENOUS SOLUTION	1		REYATAZ ORAL PACKET	1	
TYBOST ORAL TABLET	1		<i>ritonavir oral tablet</i>	1	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>			SYMTUZA ORAL TABLET	1	QL (30 EA per 30 days)
APTVUS ORAL CAPSULE	1		VIRACEPT ORAL TABLET	1	
APTVUS ORAL SOLUTION 100 MG/ML	1		<b>Anti-influenza Agents</b>		
			<i>amantadine hcl oral capsule</i>	1	
			<i>amantadine hcl oral solution</i>	1	

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oseltamivir phosphate oral capsule 30 mg	1	QL (168 EA per 365 days)	diazepam intensol oral concentrate	1	
oseltamivir phosphate oral capsule 45 mg	1	QL (84 EA per 365 days)	diazepam oral concentrate	1	
oseltamivir phosphate oral capsule 75 mg	1	QL (110 EA per 365 days)	diazepam oral solution	1	
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 ML per 365 days)	diazepam oral tablet 10 mg	1	QL (120 EA per 30 days)
rimantadine hcl oral tablet	1		diazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	1	QL (4 EA per 365 days)	diazepam oral tablet 5 mg	1	QL (240 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	1	QL (2 EA per 365 days)	lorazepam intensol oral concentrate	1	
<b>Anxiolytics</b>					
<b>Anxiolytics, Other</b>					
buspirone hcl oral tablet	1		lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
hydroxyzine pamoate oral capsule	1		lorazepam oral tablet 2 mg	1	QL (150 EA per 30 days)
<b>Benzodiazepines</b>					
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120 EA per 30 days)	<b>Mood Stabilizers</b>		
alprazolam oral tablet 2 mg	1	QL (150 EA per 30 days)	lithium carbonate er oral tablet extended release	1	
chlordiazepoxide hcl oral capsule 10 mg	1	QL (900 EA per 30 days)	lithium carbonate oral capsule	1	
chlordiazepoxide hcl oral capsule 25 mg	1	QL (360 EA per 30 days)	lithium carbonate oral tablet	1	
chlordiazepoxide hcl oral capsule 5 mg	1	QL (120 EA per 30 days)	lithium oral solution 8 meq/5ml	1	
clorazepate dipotassium oral tablet 15 mg	1	QL (180 EA per 30 days)	valproic acid oral capsule	1	
clorazepate dipotassium oral tablet 3.75 mg	1	QL (720 EA per 30 days)	valproic acid oral solution	1	
clorazepate dipotassium oral tablet 7.5 mg	1	QL (360 EA per 30 days)	<b>Blood Glucose Regulators</b>		
diazepam injection solution	1		<b>Antidiabetic Agents</b>		
			acarbose oral tablet	1	
			CYCLOSET ORAL TABLET	1	
			FARXIGA ORAL TABLET	1	
			glimepiride oral tablet	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
glipizide er oral tablet extended release 24 hour	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	QL (3 ML per 28 days)
glipizide oral tablet	1		pioglitazone hcl oral tablet	1	
glipizide xl oral tablet extended release 24 hour	1		pioglitazone hcl-metformin hcl oral tablet	1	
glipizide-metformin hcl oral tablet	1		repaglinide oral tablet	1	
glyburide oral tablet	1		RYBELSUS ORAL TABLET 14 MG, 7 MG	1	QL (30 EA per 30 days)
glyburide-metformin oral tablet	1		RYBELSUS ORAL TABLET 3 MG	1	QL (60 EA per 365 days)
GLYXAMBI ORAL TABLET	1		SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
JANUMET ORAL TABLET	1		SYMLINPEN 120	1	PA
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1		SYMLINPEN 60	1	PA
JANUVIA ORAL TABLET	1		SYNJARDY ORAL TABLET	1	
JARDIANCE ORAL TABLET	1		SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
JENTADUETO ORAL TABLET	1		tolazamide oral tablet 250 mg, 500 mg	1	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1		TRADJENTA ORAL TABLET	1	
metformin hcl er oral tablet extended release 24 hour	1		TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL (2 ML per 28 days)
nateglinide oral tablet	1		VICTOZA	1	QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	QL (1.5 ML per 28 days)	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
<b>Glycemic Agents</b>					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE PACK NASAL POWDER	1		HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	1	
BAQSIMI TWO PACK NASAL POWDER	1		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	1	
<i>diazoxide oral suspension</i>	1		HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	1	ST	HUMULIN 70/30 KWIKPEN	1	
<i>glucagon emergency kit</i>	1		HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	1	
GLUCAGON EMERGENCY KIT	1		HUMULIN N KWIKPEN	1	
GVOKE HYPOPEN 1- PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1		HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	1	
GVOKE HYPOPEN 2- PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1		HUMULIN R U-500 KWIKPEN	1	
GVOKE KIT SUBCUTANEOUS SOLUTION	1		HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1		HUMULIN R VIAL INJECTION SOLUTION	1	
<b>Insulins</b>			INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	
HUMALOG INJECTION SOLUTION	1		INSULIN LISPRO INJECTION SOLUTION	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	1		INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	
HUMALOG MIX 50/50 KWIKPEN	1		INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN- INJECTOR	1	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	1				
HUMALOG MIX 75/25 KWIKPEN	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANTUS U-100 SOLOSTAR	1		ELIQUIS ORAL TABLET 5 MG	1	QL (90 EA per 30 days)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	1		enoxaparin sodium injection solution	1	QL (105 ML per 90 days)
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	1	QL (35 ML per 90 days)
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	1		enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	1	QL (28 ML per 90 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	1	QL (10.5 ML per 90 days)
LYUMJEV VIAL INJECTION SOLUTION	1		enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	1	QL (14 ML per 90 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	1	QL (21 ML per 90 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		fondaparinux sodium subcutaneous solution 10 mg/0.8ml	1	QL (28 ML per 90 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	1	QL (17.5 ML per 90 days)
TRESIBA SUBCUTANEOUS SOLUTION	1		fondaparinux sodium subcutaneous solution 5 mg/0.4ml	1	QL (14 ML per 90 days)
<b>Blood Products and Modifiers</b>			fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	1	QL (21 ML per 90 days)
<b>Anticoagulants</b>			FRAGMIN SUBCUTANEOUS SOLUTION	1	QL (22.8 ML per 90 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	1	QL (148 EA per 365 days)	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	1	QL (35 ML per 90 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)			

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FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	1	QL (17.5 ML per 90 days)	NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	1	QL (21 ML per 90 days)	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	1	QL (25.3 ML per 90 days)	OXBRYTA ORAL TABLET SOLUBLE	1	PA; QL (240 EA per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL (7 ML per 90 days)	PROCRI INJECTION SOLUTION	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	1	QL (10.5 ML per 90 days)	PROMACTA ORAL PACKET	1	PA
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	1		PROMACTA ORAL TABLET	1	PA
<i>jantoven oral tablet</i>	1		PYRUKYND ORAL TABLET 20 MG, 5 MG	1	PA; QL (60 EA per 30 days)
<i>warfarin sodium oral tablet</i>	1		PYRUKYND ORAL TABLET 50 MG	1	PA; QL (120 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)	PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	1	PA; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)	UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	1	QL (102 EA per 365 days)	ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	1	
<b>Blood Products and Modifiers, Other</b>			<b>Hemostasis Agents</b>		
<i>anagrelide hcl oral capsule</i>	1		<i>tranexamic acid oral tablet</i>	1	
			<b>Platelet Modifying Agents</b>		
			<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	
			BRILINTA ORAL TABLET	1	
			CABLIVI INJECTION KIT	1	PA; QL (30 EA per 30 days)

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cilostazol oral tablet	1		benazepril hcl oral tablet	1	
clopidogrel bisulfate oral tablet	1		captopril oral tablet	1	
prasugrel hcl oral tablet	1		enalapril maleate oral tablet	1	
TAVALISSE ORAL TABLET	1	PA	fosinopril sodium oral tablet	1	
<b>Cardiovascular Agents</b>			lisinopril oral tablet	1	
<b>Alpha-adrenergic Agonists</b>			moexipril hcl oral tablet	1	
clonidine hcl oral tablet	1		perindopril erbumine oral tablet	1	
clonidine transdermal patch weekly	1		quinapril hcl oral tablet	1	
droxidopa oral capsule	1	PA	ramipril oral capsule	1	
guanfacine hcl oral tablet	1		trandolapril oral tablet	1	
methyldopa oral tablet	1		<b>Antiarrhythmics</b>		
midodrine hcl oral tablet	1		amiodarone hcl oral tablet	1	
<b>Alpha-adrenergic Blocking Agents</b>			digitek oral tablet	1	
prazosin hcl oral capsule	1		digox oral tablet	1	
terazosin hcl oral capsule	1		digoxin oral solution	1	
<b>Angiotensin II Receptor Antagonists</b>			digoxin oral tablet	1	
candesartan cilexetil oral tablet	1		disopyramide phosphate oral capsule	1	
eprosartan mesylate oral tablet 600 mg	1		dofetilide oral capsule	1	
irbesartan oral tablet	1		flecainide acetate oral tablet	1	
losartan potassium oral tablet	1		mexiletine hcl oral capsule	1	
olmesartan medoxomil oral tablet	1		pacerone oral tablet	1	
telmisartan oral tablet	1		propafenone hcl er oral capsule extended release 12 hour	1	
valsartan oral tablet	1		propafenone hcl oral tablet	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>			quinidine gluconate er oral tablet extended release	1	
			quinidine sulfate oral tablet	1	
			sorine oral tablet	1	

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sotalol hcl (af) oral tablet	1		nifedipine er oral tablet extended release 24 hour	1	
sotalol hcl oral tablet	1		nifedipine er osmotic release oral tablet extended release 24 hour	1	
<b>Beta-adrenergic Blocking Agents</b>					
acebutolol hcl oral capsule	1		nimodipine oral capsule	1	
atenolol oral tablet	1		NYMALIZE ORAL SOLUTION	1	
betaxolol hcl oral tablet	1		<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
bisoprolol fumarate oral tablet	1		cartia xt oral capsule extended release 24 hour	1	
BYSTOLIC ORAL TABLET	1		diltiazem hcl er beads oral capsule extended release 24 hour	1	
carvedilol oral tablet	1		diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
carvedilol phosphate er oral capsule extended release 24 hour	1		diltiazem hcl er coated beads oral tablet extended release 24 hour	1	
labetalol hcl oral tablet	1		diltiazem hcl er oral capsule extended release 12 hour	1	
metoprolol succinate er oral tablet extended release 24 hour	1		diltiazem hcl er oral capsule extended release 24 hour	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		diltiazem hcl oral tablet	1	
nadolol oral tablet	1		dilt-xr oral capsule extended release 24 hour	1	
nebivolol hcl oral tablet	1		matzim la oral tablet extended release 24 hour	1	
pindolol oral tablet	1		taztia xt oral capsule extended release 24 hour	1	
propranolol hcl er oral capsule extended release 24 hour	1				
propranolol hcl oral tablet	1				
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>					
amlodipine besylate oral tablet	1				
felodipine er oral tablet extended release 24 hour	1				
nicardipine hcl oral capsule	1				

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tiadylt er oral capsule extended release 24 hour	1		captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1		CORLANOR ORAL SOLUTION	1	PA; QL (450 ML per 30 days)
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1		CORLANOR ORAL TABLET	1	PA; QL (60 EA per 30 days)
verapamil hcl er oral tablet extended release	1		enalapril-hydrochlorothiazide oral tablet	1	
verapamil hcl oral tablet	1		ENTRESTO ORAL TABLET	1	QL (60 EA per 30 days)
<b>Cardiovascular Agents, Other</b>			fosinopril sodium-hctz oral tablet	1	
acetazolamide oral tablet	1		irbesartan-hydrochlorothiazide oral tablet	1	
aliskiren fumarate oral tablet	1		lisinopril-hydrochlorothiazide oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1		losartan potassium-hctz oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	1		metyrosine oral capsule	1	
amlodipine besylate-valsartan oral tablet	1		olmesartan medoxomil-hctz oral tablet	1	
amlodipine-atorvastatin oral tablet	1		pentoxifylline er oral tablet extended release	1	
amlodipine-valsartan-hctz oral tablet	1		quinapril-hydrochlorothiazide oral tablet	1	
atenolol-chlorthalidone oral tablet	1		ranolazine er oral tablet extended release 12 hour	1	
benazepril-hydrochlorothiazide oral tablet	1		spironolactone-hctz oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1		telmisartan-hctz oral tablet	1	
CAMZYOS ORAL CAPSULE	1	PA; QL (30 EA per 30 days)	trandolapril-verapamil hcl er oral tablet extended release	1	
candesartan cilexetil-hctz oral tablet	1				

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triamterene-hctz oral capsule	1		fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
triamterene-hctz oral tablet	1		fenofibrate oral capsule 200 mg, 67 mg	1	
valsartan-hydrochlorothiazide oral tablet	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
VYNDAMAX ORAL CAPSULE	1	PA; QL (30 EA per 30 days)	fenofibric acid oral capsule delayed release	1	
<b>Diuretics, Loop</b>			gemfibrozil oral tablet	1	
bumetanide injection solution	1		<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
bumetanide oral tablet	1		atorvastatin calcium oral tablet	1	
furosemide injection solution	1		fluvastatin sodium er oral tablet extended release 24 hour	1	
furosemide oral solution	1		fluvastatin sodium oral capsule	1	
furosemide oral tablet	1		LIVALO ORAL TABLET	1	ST
torsemide oral tablet	1		lovastatin oral tablet	1	
<b>Diuretics, Potassium-sparing</b>			pravastatin sodium oral tablet	1	
amiloride hcl oral tablet	1		rosuvastatin calcium oral tablet	1	
epplerenone oral tablet	1		simvastatin oral tablet	1	
spironolactone oral tablet	1		<b>Dyslipidemics, Other</b>		
<b>Diuretics, Thiazide</b>			cholestyramine light oral packet	1	
chlorothiazide oral tablet 250 mg, 500 mg	1		cholestyramine light oral powder	1	
chlorthalidone oral tablet	1		cholestyramine oral packet	1	
DIURIL ORAL SUSPENSION	1		cholestyramine oral powder	1	
hydrochlorothiazide oral capsule	1		colestipol hcl oral granules	1	
hydrochlorothiazide oral tablet	1		colestipol hcl oral packet	1	
indapamide oral tablet	1		colestipol hcl oral tablet	1	
metolazone oral tablet	1				
<b>Dyslipidemics, Fibric Acid Derivatives</b>					

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<i>ezetimibe oral tablet</i>	1		<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1		<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA	<i>isosorbide mononitrate oral tablet</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	1	PA; QL (30 EA per 30 days)	<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)	<i>nitro-bid transdermal ointment</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	1		<i>nitroglycerin sublingual tablet sublingual</i>	1	
<i>omega-3-acid ethyl esters oral capsule</i>	1		<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>prevalite oral packet</i>	1		<b>Central Nervous System Agents</b>		
<i>prevalite oral powder</i>	1		<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA; QL (7 ML per 28 days)	<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	1	QL (60 EA per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 28 days)	<i>amphetamine-dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (3 ML per 28 days)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (180 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial</b>			<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>hydralazine hcl oral tablet</i>	1		<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (60 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>					
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	1				

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dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 EA per 30 days)	INGREZZA ORAL CAPSULE 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 EA per 30 days)	NUEDEXTA ORAL CAPSULE	1	PA
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>					
atomoxetine hcl oral capsule 10 mg	1	QL (60 EA per 30 days)	RADICAVA ORS ORAL SUSPENSION	1	PA; QL (50 ML per 28 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)	RADICAVA ORS STARTER KIT ORAL SUSPENSION	1	PA; QL (140 ML per 365 days)
clonidine hcl er oral tablet extended release 12 hour	1		riluzole oral tablet	1	PA
guanfacine hcl er oral tablet extended release 24 hour	1		tetrabenazine oral tablet	1	PA
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	QL (30 EA per 30 days)	ZTALMY ORAL SUSPENSION	1	PA
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	QL (60 EA per 30 days)	<b>Fibromyalgia Agents</b>		
methylphenidate hcl oral solution 5 mg/5ml	1		pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet	1	QL (90 EA per 30 days)	pregabalin oral capsule 300 mg	1	QL (60 EA per 30 days)
<b>Central Nervous System, Other</b>			pregabalin oral solution	1	QL (900 ML per 30 days)
AUSTEDO ORAL TABLET	1	PA; QL (120 EA per 30 days)	SAVELLA ORAL TABLET	1	QL (60 EA per 30 days)
butalbital-apap-caffeine oral tablet	1	PA	SAVELLA TITRATION PACK ORAL	1	QL (110 EA per 365 days)
EXSERVAN ORAL FILM	1	PA	<b>Multiple Sclerosis Agents</b>		
INGREZZA ORAL CAPSULE 40 MG	1	PA; QL (60 EA per 30 days)	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1	PA; QL (4 EA per 28 days)
			AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1	PA; QL (4 EA per 28 days)
			AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	1	PA; QL (4 EA per 28 days)
			BAFIERTAM ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)

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BETASERON SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days)	PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days)
dalfampridine er oral tablet extended release 12 hour	1	PA; QL (60 EA per 30 days)	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	PA; QL (2 ML per 365 days)
dimethyl fumarate oral capsule delayed release	1	PA; QL (60 EA per 30 days)	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (4 ML per 365 days)
dimethyl fumarate starter pack oral	1	PA; QL (120 EA per 365 days)	PLEGRIDY SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	PA; QL (1 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days)	PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days)
GILENYA ORAL CAPSULE	1	PA; QL (30 EA per 30 days)	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (6 ML per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days)	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (8.4 ML per 365 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days)	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (6 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (0.4 ML per 28 days)	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (8.4 ML per 365 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (120 EA per 30 days)	TYSABRI INTRAVENOUS CONCENTRATE	1	PA
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 EA per 30 days)	VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (212 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	1	PA; QL (14 EA per 365 days)			
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; QL (24 EA per 365 days)			
OCREVUS INTRAVENOUS SOLUTION	1	PA; QL (40 ML per 365 days)			

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VUMERITY ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)	<i>clindamycin phosphbenzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	1	PA; QL (14 EA per 365 days)	FINACEA EXTERNAL FOAM	1	
ZEPOSIA ORAL CAPSULE	1	PA; QL (30 EA per 30 days)	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	1	PA; QL (74 EA per 365 days)	<i>metronidazole external cream</i>	1	
<b>Dental and Oral Agents</b>			<i>metronidazole external gel</i>	1	
<b>Dental and Oral Agents</b>			<i>metronidazole external lotion</i>	1	
<i>chlorhexidine gluconate mouth/throat solution</i>	1		<i>myorisan oral capsule</i>	1	PA
<i>doxycycline hyclate oral tablet 20 mg</i>	1		<i>rosadan external cream</i>	1	
<i>lidocaine viscous hcl mouth/throat solution</i>	1		<i>rosadan external gel</i>	1	
<i>oralone mouth/throat paste</i>	1		<i>tazarotene external cream</i>	1	
<i>paroex mouth/throat solution 0.12 %</i>	1		<i>tretinoin external cream 0.025 %, 0.05 %</i>	1	PA
<i>pilocarpine hcl oral tablet</i>	1		<i>zenatane oral capsule</i>	1	PA
<i>triamcinolone acetonide mouth/throat paste</i>	1		<b>Dermatitis and Pruritus Agents</b>		
<b>Dermatological Agents</b>			<i>ala-cort external cream 2.5 %</i>	1	
<b>Acne and Rosacea Agents</b>			<i>alclometasone dipropionate external cream</i>	1	
<i>acitretin oral capsule</i>	1		<i>alclometasone dipropionate external ointment</i>	1	
<i>amnesteem oral capsule</i>	1	PA	<i>ammonium lactate external cream</i>	1	
<i>azelaic acid external gel</i>	1		<i>ammonium lactate external lotion</i>	1	
<i>benzoyl peroxide-erythromycin external gel</i>	1		<i>betamethasone dipropionate aug external cream</i>	1	
<i>claravis oral capsule</i>	1	PA	<i>betamethasone dipropionate aug external gel</i>	1	

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<i>betamethasone dipropionate aug external ointment</i>	1		<i>fluocinolone acetonide external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1		<i>fluocinolone acetonide external solution</i>	1	
<i>betamethasone dipropionate external lotion</i>	1		<i>fluocinonide external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment</i>	1		<i>fluocinonide external cream 0.1 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate external cream</i>	1		<i>fluocinonide external gel</i>	1	
<i>betamethasone valerate external lotion</i>	1		<i>fluocinonide external ointment</i>	1	
<i>betamethasone valerate external ointment</i>	1		<i>fluocinonide external solution</i>	1	
CIBINQO ORAL TABLET	1	PA; QL (30 EA per 30 days)	<i>fluticasone propionate external cream</i>	1	
<i>clobetasol propionate e external cream</i>	1		<i>fluticasone propionate external ointment</i>	1	
<i>clobetasol propionate external cream</i>	1		<i>halobetasol propionate external cream</i>	1	
<i>clobetasol propionate external gel</i>	1		<i>halobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external ointment</i>	1		<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>clobetasol propionate external solution</i>	1		<i>hydrocortisone external cream 2.5 %</i>	1	
<i>desonide external cream</i>	1		<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>desonide external ointment</i>	1		<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1		<i>hydrocortisone valerate external cream</i>	1	QL (60 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	1		<i>mometasone furoate external cream</i>	1	
EUCRISA EXTERNAL OINTMENT	1	PA	<i>mometasone furoate external ointment</i>	1	
<i>fluocinolone acetonide external cream</i>	1		<i>mometasone furoate external solution</i>	1	
			<i>OPZELURA EXTERNAL CREAM</i>	1	PA; QL (240 GM per 30 days)
			<i>selenium sulfide external lotion</i>	1	

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tacrolimus external ointment	1		SSD EXTERNAL CREAM	1	
triamcinolone acetonide external cream	1		urea external lotion	1	
triamcinolone acetonide external lotion	1		<b>Pediculicides/Scabicides</b>		
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		malathion external lotion	1	
triderm external cream	1		permethrin external cream	1	
<b>Dermatological Agents, Other</b>			<b>Topical Anti-infectives</b>		
calcipotriene external cream	1	QL (120 GM per 30 days)	acyclovir external ointment	1	
calcipotriene external ointment	1	QL (120 GM per 30 days)	BACTROBAN NASAL NASAL OINTMENT 2 %	1	
calcipotriene external solution	1	QL (60 ML per 30 days)	cyclodan external solution	1	PA
clotrimazole-betamethasone external cream	1		ciclopirox external gel	1	
diclofenac sodium external gel 3 %	1	ST; QL (300 GM per 30 days)	ciclopirox external shampoo	1	
fluorouracil external cream	1		ciclopirox external solution	1	PA
fluorouracil external solution	1		ciclopirox olamine external cream	1	
imiquimod external cream 5 %	1		ciclopirox olamine external suspension	1	
nystatin-triamcinolone external cream	1		clindamycin phosphate external solution	1	
nystatin-triamcinolone external ointment	1		ery external pad	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	ST	erythromycin external gel	1	
podofilox external solution	1		erythromycin external pad 2 %	1	
SANTYL EXTERNAL OINTMENT	1		erythromycin external solution	1	
silver sulfadiazine external cream	1		mupirocin external ointment	1	
<b>Electrolytes/Minerals/Metals/Vitamins</b>			<b>Electrolyte/Mineral Replacement</b>		

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AMINOSYN II INTRAVENOUS SOLUTION	1	B/D	<i>potassium chloride oral packet</i>	1	
AMINOSYN-PF INTRAVENOUS SOLUTION	1	B/D	<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
CARBAGLU ORAL TABLET SOLUBLE	1		<i>potassium citrate er oral tablet extended release</i>	1	
<i>carglumic acid oral tablet soluble</i>	1		<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	
<i>clinisol sf intravenous solution</i>	1	B/D	<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>dextrose intravenous solution 5 %</i>	1		<i>CHEMET ORAL CAPSULE</i>	1	
<i>dextrose-nad intravenous solution 5-0.45 %, 5-0.9 %</i>	1		<i>clovique oral capsule 250 mg</i>	1	PA
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1		<i>deferasirox granules oral packet</i>	1	PA
<i>klor-con m10 oral tablet extended release</i>	1		<i>deferasirox oral tablet</i>	1	PA
<i>klor-con m15 oral tablet extended release</i>	1		<i>deferasirox oral tablet soluble</i>	1	PA
<i>klor-con m20 oral tablet extended release</i>	1		<i>deferiprone oral tablet</i>	1	PA
<i>klor-con oral packet</i>	1		<i>sodium polystyrene sulfonate oral powder</i>	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1		<i>trientine hcl oral capsule</i>	1	PA
<i>klor-con sprinkle oral capsule extended release 10 meq, 8 meq</i>	1		<b>Phosphate Binders</b>		
<i>plenamine intravenous solution</i>	1	B/D	<i>AURYXIA ORAL TABLET</i>	1	PA
<i>potassium chloride crys er oral tablet extended release</i>	1		<i>calcium acetate (phos binder) oral capsule</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1		<i>calcium acetate oral tablet 667 mg</i>	1	
<i>potassium chloride er oral tablet extended release</i>	1		<i>lanthanum carbonate oral tablet chewable</i>	1	
			<i>sevelamer carbonate oral packet</i>	1	
			<i>sevelamer carbonate oral tablet</i>	1	
			<i>VELPHORO ORAL TABLET CHEWABLE</i>	1	
			<b>Potassium Binders</b>		

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kionex oral suspension 15 gm/60ml	1		RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	ST; QL (18 ML per 30 days)
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1		RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	ST; QL (12 ML per 30 days)
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	1		<b>Anti-Diarrheal Agents</b>		
sps oral suspension	1		alosetron hcl oral tablet	1	PA
VELTASSA ORAL PACKET	1		diphenoxylate-atropine oral tablet	1	
<b>Vitamins</b>			loperamide hcl oral capsule	1	
prenatal oral tablet 27-1 mg	1		XERMELO ORAL TABLET	1	PA; QL (90 EA per 30 days)
<b>Gastrointestinal Agents</b>			<b>Antispasmodics, Gastrointestinal</b>		
constulose oral solution	1		CUVPOSA ORAL SOLUTION	1	
enulose oral solution	1		dicyclomine hcl oral capsule	1	
generlac oral solution	1		dicyclomine hcl oral tablet	1	
lactulose encephalopathy oral solution	1		glycopyrrolate oral solution	1	
lactulose oral solution 10 gm/15ml	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
LINZESS ORAL CAPSULE	1	QL (30 EA per 30 days)	<b>Gastrointestinal Agents, Other</b>		
lubiprostone oral capsule	1	QL (60 EA per 30 days)	CLENPIQ ORAL SOLUTION	1	
MOTEGRITY ORAL TABLET	1	QL (30 EA per 30 days)	GATTEX SUBCUTANEOUS KIT	1	PA
polyethylene glycol 3350 oral packet 17 gm	1		gavilyte-c oral solution reconstituted	1	
polyethylene glycol 3350 oral powder	1		gavilyte-g oral solution reconstituted	1	
RELISTOR ORAL TABLET	1	ST; QL (90 EA per 30 days)	gavilyte-h oral kit 5-210 mg-gm	1	

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gavilyte-n with flavor pack oral solution reconstituted	1		nizatidine oral solution 15 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5ml	1		<b>Protectants</b>		
metoclopramide hcl oral tablet	1		misoprostol oral tablet	1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	sucralfate oral suspension	1	
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION	1		sucralfate oral tablet	1	
peg 3350/electrolytes oral solution reconstituted 240 gm	1		<b>Proton Pump Inhibitors</b>		
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1		esomeprazole magnesium oral capsule delayed release	1	QL (60 EA per 30 days)
peg-3350/electrolytes oral solution reconstituted	1		lansoprazole oral capsule delayed release	1	QL (60 EA per 30 days)
RECTIV RECTAL OINTMENT	1		omeprazole oral capsule delayed release	1	QL (60 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION	1		pantoprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
trilyte oral solution reconstituted 420 gm	1		rabeprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
ursodiol oral tablet	1		<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
XIFAXAN ORAL TABLET	1	PA	<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	ALDURAZYME INTRAVENOUS SOLUTION	1	PA
<b>Histamine2 (H2) Receptor Antagonists</b>			ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
famotidine oral suspension reconstituted	1		betaine oral powder	1	
famotidine oral tablet 20 mg, 40 mg	1		CERDELGA ORAL CAPSULE	1	PA
			CHOLBAM ORAL CAPSULE	1	PA

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CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	1		REVCVI INTRAMUSCULAR SOLUTION	1	PA
cromolyn sodium oral concentrate	1		sapropterin dihydrochloride oral packet	1	PA
CYSTAGON ORAL CAPSULE	1		sapropterin dihydrochloride oral tablet	1	PA
ELAPRASE INTRAVENOUS SOLUTION	1	PA	sodium phenylbutyrate oral powder	1	
EVRYSDI ORAL SOLUTION RECONSTITUTED	1	PA; QL (240 ML per 30 days)	STRENQI SUBCUTANEOUS SOLUTION	1	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	1	PA	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
GALAFOLD ORAL CAPSULE	1	PA; QL (14 EA per 28 days)	VIMIZIM INTRAVENOUS SOLUTION	1	PA
KANUMA INTRAVENOUS SOLUTION	1	PA	VYNDAQEL ORAL CAPSULE	1	PA; QL (120 EA per 30 days)
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
miglustat oral capsule	1	PA	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	1	
NAGLAZYME INTRAVENOUS SOLUTION	1	PA	ZOKINVY ORAL CAPSULE	1	PA; QL (120 EA per 30 days)
nitisinone oral capsule	1		<b>Genitourinary Agents</b>		
ORFADIN ORAL CAPSULE 20 MG	1		<b>Antispasmodics, Urinary</b>		
ORFADIN ORAL SUSPENSION	1		<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	1	PA	<i>flavoxate hcl oral tablet</i>	1	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</i>	1	
RAVICTI ORAL LIQUID	1	PA			

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MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	1		d-penamine oral tablet 125 mg	1	
oxybutynin chloride er oral tablet extended release 24 hour	1		ELMIRON ORAL CAPSULE	1	
oxybutynin chloride oral syrup	1		penicillamine oral tablet	1	
oxybutynin chloride oral tablet	1		THIOLA EC ORAL TABLET DELAYED RELEASE	1	
solifenacin succinate oral tablet	1		<b>Hormonal Agents, Stimulant/Replacer t/Modifying (Adrenal)</b>		
tolterodine tartrate er oral capsule extended release 24 hour	1		<b>Hormonal Agents, Stimulant/Replacer t/Modifying (Adrenal)</b>		
tolterodine tartrate oral tablet	1		cortisone acetate oral tablet 25 mg	1	
trospium chloride er oral capsule extended release 24 hour	1		dexamethasone oral elixir	1	
trospium chloride oral tablet	1		dexamethasone oral solution	1	
<b>Benign Prostatic Hypertrophy Agents</b>			dexamethasone oral tablet	1	
alfuzosin hcl er oral tablet extended release 24 hour	1		fludrocortisone acetate oral tablet	1	
doxazosin mesylate oral tablet	1		hydrocortisone oral tablet	1	
dutasteride oral capsule	1		methylprednisolone oral tablet	1	
finasteride oral tablet 5 mg	1		methylprednisolone oral tablet therapy pack	1	
silodosin oral capsule	1		prednisolone oral solution	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 EA per 30 days)	prednisolone sodium phosphate oral solution	1	
tamsulosin hcl oral capsule	1		prednisone oral solution	1	
<b>Genitourinary Agents, Other</b>			prednisone oral tablet	1	
acetic acid irrigation solution	1		prednisone oral tablet therapy pack	1	
bethanechol chloride oral tablet	1		<b>Hormonal Agents, Stimulant/Replacer t/Modifying (Pituitary)</b>		

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<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>					<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>
desmopressin ace spray refrig nasal solution	1		ANADROL-50 ORAL TABLET 50 MG	1	PA
desmopressin acetate injection solution	1		oxandrolone oral tablet 10 mg	1	PA; QL (60 EA per 30 days)
desmopressin acetate nasal solution	1		oxandrolone oral tablet 2.5 mg	1	PA; QL (240 EA per 30 days)
desmopressin acetate oral tablet	1		<b>Androgens</b>		
desmopressin acetate pf injection solution	1		ANDRODERM TRANSDERMAL PATCH 24 HOUR	1	PA
desmopressin acetate spray nasal solution	1		danazol oral capsule	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	1	PA	testosterone cypionate intramuscular solution	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	1	PA	testosterone enanthate intramuscular solution	1	PA
INCRELEX SUBCUTANEOUS SOLUTION	1	PA	testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	1	PA	<b>Estrogens</b>		
STIMATE NASAL SOLUTION	1		afirmelle oral tablet	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			altavera oral tablet	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			alyacen 1/35 oral tablet	1	
KORLYM ORAL TABLET	1	PA; QL (120 EA per 30 days)	alyacen 7/7/7 oral tablet	1	
			amabelz oral tablet	1	
			amethyst oral tablet	1	
			aubra eq oral tablet	1	
			aubra oral tablet	1	
			aurovela 1.5/30 oral tablet	1	
			aurovela 1/20 oral tablet	1	
			aurovela 24 fe oral tablet	1	

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aurovela fe 1.5/30 oral tablet	1		elinest oral tablet	1	
aurovela fe 1/20 oral tablet	1		enpresse-28 oral tablet	1	
aviane oral tablet	1		estarrylla oral tablet	1	
ayuna oral tablet	1		estradiol oral tablet	1	
azurette oral tablet	1		estradiol transdermal patch twice weekly	1	
balziva oral tablet	1		estradiol transdermal patch weekly	1	
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	1		estradiol vaginal cream	1	
blisovi 24 fe oral tablet	1		estradiol vaginal tablet	1	
blisovi fe 1.5/30 oral tablet	1		estradiol-norethindrone acet oral tablet	1	
blisovi fe 1/20 oral tablet	1		ESTRING VAGINAL RING	1	QL (1 EA per 90 days)
briellyn oral tablet	1		ethynodiol diac-eth estradiol oral tablet	1	
chateal eq oral tablet	1		falmina oral tablet	1	
chateal oral tablet	1		femynor oral tablet	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	1		fyavolv oral tablet	1	
cryselle-28 oral tablet	1		hailey 1.5/30 oral tablet	1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	1		hailey 24 fe oral tablet	1	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1		hailey fe 1.5/30 oral tablet	1	
dasetta 1/35 oral tablet	1		hailey fe 1/20 oral tablet	1	
dasetta 7/7/7 oral tablet	1		jinteli oral tablet	1	
delyla oral tablet	1		junel 1.5/30 oral tablet	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1		junel 1/20 oral tablet	1	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	1		junel fe 1.5/30 oral tablet	1	
dolishale oral tablet	1		junel fe 1/20 oral tablet	1	
dotti transdermal patch twice weekly	1		junel fe 24 oral tablet	1	
			kariva oral tablet	1	
			kelnor 1/35 oral tablet	1	
			kelnor 1/50 oral tablet	1	
			kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	1	
			kurvelo oral tablet	1	

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larin 1.5/30 oral tablet	1		mononessa oral tablet 0.25-35 mg-mcg	1	
larin 1/20 oral tablet	1		necon 0.5/35 (28) oral tablet	1	
larin 24 fe oral tablet	1		necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
larin fe 1.5/30 oral tablet	1		norethrin ace-eth estrad-fe oral tablet	1	
larin fe 1/20 oral tablet	1		norethindrone acet-ethinyl est oral tablet	1	
larissia oral tablet	1		norethindrone-eth estradiol oral tablet	1	
lessina oral tablet	1		norgestimate-eth estradiol oral tablet	1	
levonest oral tablet	1		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
levonorgestrel-ethinyl estrad oral tablet	1		nortrel 0.5/35 (28) oral tablet	1	
levonorg-eth estrad triphasic oral tablet	1		nortrel 1/35 (21) oral tablet	1	
levora 0.15/30 (28) oral tablet	1		nortrel 1/35 (28) oral tablet	1	
lillow oral tablet	1		nortrel 7/7/7 oral tablet	1	
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	1		nylia 1/35 oral tablet	1	
low-ogestrel oral tablet	1		nylia 7/7/7 oral tablet	1	
lutera oral tablet	1		nymyo oral tablet	1	
lyllana transdermal patch twice weekly	1		orsythia oral tablet	1	
marlissa oral tablet	1		philith oral tablet	1	
menest oral tablet	1		pimtrea oral tablet	1	
microgestin 1.5/30 oral tablet	1		pirmella 1/35 oral tablet	1	
microgestin 1/20 oral tablet	1		pirmella 7/7/7 oral tablet	1	
microgestin 24 fe oral tablet	1		portia-28 oral tablet	1	
microgestin fe 1.5/30 oral tablet	1		PREMARIN ORAL TABLET	1	
microgestin fe 1/20 oral tablet	1		PREMARIN VAGINAL CREAM	1	
mili oral tablet	1		PREMPHASE ORAL TABLET	1	
mimvey lo oral tablet 0.5-0.1 mg	1				
mimvey oral tablet	1				
mono-linyah oral tablet	1				

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PREMPRO ORAL TABLET	1		DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	QL (10 ML per 28 days)
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1		DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	QL (0.65 ML per 90 days)
<i>simliya oral tablet</i>	1		<i>errin oral tablet</i>	1	
<i>sprintec 28 oral tablet</i>	1		<i>heather oral tablet</i>	1	
<i>sronyx oral tablet</i>	1		<i>incassia oral tablet</i>	1	
<i>tarina 24 fe oral tablet</i>	1		<i>jencycla oral tablet</i>	1	
<i>tarina fe 1/20 eq oral tablet</i>	1		<i>jolivette oral tablet 0.35 mg</i>	1	
<i>tarina fe 1/20 oral tablet</i>	1		<i>lyleq oral tablet</i>	1	
<i>tri-femynor oral tablet</i>	1		<i>lyza oral tablet</i>	1	
<i>tri-estarrylla oral tablet</i>	1		MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
<i>tri-linyah oral tablet</i>	1		<i>medroxyprogesterone acetate intramuscular suspension</i>	1	QL (1 ML per 90 days)
<i>tri-mili oral tablet</i>	1		<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	QL (1 ML per 90 days)
<i>trinessa (28) oral tablet</i>	1		<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>tri-nymyo oral tablet</i>	1		<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	PA
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1		<i>megestrol acetate oral tablet</i>	1	PA
<i>tri-sprintec oral tablet</i>	1		<i>nora-be oral tablet</i>	1	
<i>trivora (28) oral tablet</i>	1		<i>norethindrone acetate oral tablet</i>	1	
<i>tri-vylibra oral tablet</i>	1		<i>norethindrone oral tablet</i>	1	
<i>vienna oral tablet</i>	1		<i>norlyda oral tablet</i>	1	
<i>viovere oral tablet</i>	1		<i>norlyroc oral tablet</i>	1	
<i>volnea oral tablet</i>	1				
<i>vyfemla oral tablet</i>	1				
<i>vylibra oral tablet</i>	1				
<i>wera oral tablet</i>	1				
<i>yuvafem vaginal tablet</i>	1				
<i>zovia 1/35 (28) oral tablet</i>	1				
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1				
<b>Progestins</b>					
<i>camila oral tablet</i>	1				
<i>deblitane oral tablet</i>	1				

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progesterone oral capsule	1		FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (4 EA per 365 days)
sharobel oral tablet	1		FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (1 EA per 28 days)
tulana oral tablet 0.35 mg	1		<i>lanreotide acetate subcutaneous solution</i>	1	PA
<b>Selective Estrogen Receptor Modifying Agents</b>			<i>leuprolide acetate injection kit</i>	1	PA
OSPHENA ORAL TABLET	1	PA; QL (30 EA per 30 days)	LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days)
raloxifene hcl oral tablet	1		LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 112 days)
levothyroxine sodium oral tablet	1		LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 168 days)
LEVOXYL ORAL TABLET	1		LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days)
<i>liothyronine sodium oral tablet</i>	1		LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days)
UNITHROID ORAL TABLET	1		MYCAPSSA ORAL CAPSULE DELAYED RELEASE	1	PA
<b>Hormonal Agents, Suppressant (Adrenal)</b>			MYFEMBREE ORAL TABLET	1	PA; QL (30 EA per 30 days)
<b>Hormonal Agents, Suppressant (Adrenal)</b>			<i>octreotide acetate injection solution</i>	1	PA
ISTURISA ORAL TABLET	1	PA	ORGOVYX ORAL TABLET	1	PA
LYSODREN ORAL TABLET	1				
RECORLEV ORAL TABLET	1	PA; QL (240 EA per 30 days)			
<b>Hormonal Agents, Suppressant (Pituitary)</b>					
<b>Hormonal Agents, Suppressant (Pituitary)</b>					
cabergoline oral tablet	1				

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ORILISSA ORAL TABLET 150 MG	1	PA; QL (30 EA per 30 days)	<b>Immunological Agents</b>		
ORILISSA ORAL TABLET 200 MG	1	PA; QL (60 EA per 30 days)	<b>Angioedema Agents</b>		
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	PA; QL (1 EA per 28 days)	CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; QL (60 ML per 30 days)	<i>icatibant acetate subcutaneous solution</i>	1	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	1	PA	<i>sajazir subcutaneous solution</i>	1	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	<b>Immunoglobulins</b>		
SUPPRELIN LA SUBCUTANEOUS KIT	1	PA; QL (1 EA per 365 days)	ASCENIV INTRAVENOUS SOLUTION	1	PA
SYNAREL NASAL SOLUTION	1		BIVIGAM INTRAVENOUS SOLUTION	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	1	PA; QL (1 EA per 84 days)	<i>carimune nf intravenous solution reconstituted 12 gm, 6 gm</i>	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	1	PA; QL (1 EA per 168 days)	CUTAQIG SUBCUTANEOUS SOLUTION	1	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	PA; QL (1 EA per 168 days)	CUVITRU SUBCUTANEOUS SOLUTION	1	PA
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	PA; QL (1 EA per 28 days)	FLEBOGAMMA DIF INTRAVENOUS SOLUTION	1	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>			GAMASTAN INTRAMUSCULAR INJECTABLE	1	PA
<b>Antithyroid Agents</b>			<i>gammagard injection solution 1 gm/10ml, 10 gm/100ml, 20 gm/200ml, 5 gm/50ml</i>	1	PA
<i>methimazole oral tablet</i>	1		GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	1	PA
<i>propylthiouracil oral tablet</i>	1				

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GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	PRIVIGEN INTRAVENOUS SOLUTION	1	PA
GAMMAKED INJECTION SOLUTION	1	PA	SYNAGIS INTRAMUSCULAR SOLUTION	1	PA
GAMMAPLEX INTRAVENOUS SOLUTION	1	PA	VARIZIG INTRAMUSCULAR SOLUTION	1	PA
GAMUNEX-C INJECTION SOLUTION	1	PA	XEMBIFY SUBCUTANEOUS SOLUTION	1	PA
HEPAGAM B INJECTION SOLUTION	1	B/D	<b>Immunological Agents, Other</b>		
HIZENTRA SUBCUTANEOUS SOLUTION	1	PA	ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3.6 ML per 28 days)
HYPERHEP B INTRAMUSCULAR SOLUTION	1	B/D	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D	ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
HYPERRAB INJECTION SOLUTION	1	B/D	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	PA	BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
NABI-HB INTRAMUSCULAR SOLUTION	1	B/D	COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
OCTAGAM INTRAVENOUS SOLUTION	1	PA			
PANZYGA INTRAVENOUS SOLUTION	1	PA			

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COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)	LETRADA INTRAVENOUS SOLUTION	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA; QL (8 ML per 28 days)	ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; QL (1.34 ML per 28 days)	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days)	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
EMPAVELI SUBCUTANEOUS SOLUTION	1	PA	SAPHNELO INTRAVENOUS SOLUTION	1	PA
ENJAYMO INTRAVENOUS SOLUTION	1	PA	SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
			SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA

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<b>Immunostimulants</b>					
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	ACTIMMUNE SUBCUTANEOUS SOLUTION	1	PA
STELARA INTRAVENOUS SOLUTION	1	PA	INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA
STELARA SUBCUTANEOUS SOLUTION	1	PA	INTRON A INJECTION SOLUTION RECONSTITUTED	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	1	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	PEGASYS SUBCUTANEOUS SOLUTION	1	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA	SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	<b>Immunosuppressants</b>		
XELJANZ ORAL SOLUTION	1	PA	azathioprine oral tablet	1	B/D
XELJANZ ORAL TABLET	1	PA	BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	PA	CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	cyclosporine modified oral capsule	1	B/D
			cyclosporine modified oral solution	1	B/D

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cyclosporine oral capsule	1	B/D	HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA	HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
ENBREL SUBCUTANEOUS SOLUTION	1	PA	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	<i>infliximab intravenous solution reconstituted</i>	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	<i>leflunomide oral tablet</i>	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D	<i>methotrexate oral tablet</i>	1	
gengraf oral capsule	1	B/D	<i>methotrexate sodium (pf) injection solution</i>	1	
gengraf oral solution	1	B/D	<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA	<i>methotrexate sodium oral tablet</i>	1	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	1	PA	<i>mycophenolate mofetil oral capsule</i>	1	B/D
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA	<i>mycophenolate mofetil oral suspension reconstituted</i>	1	B/D
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA	<i>mycophenolate mofetil oral tablet</i>	1	B/D
			<i>mycophenolate sodium oral tablet delayed release</i>	1	B/D
			ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
			PROGRAF ORAL PACKET	1	B/D

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REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	DAPTACEL INTRAMUSCULAR SUSPENSION	1	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
REZUROCK ORAL TABLET	1	PA; QL (60 EA per 30 days)	DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
SANDIMMUNE ORAL SOLUTION	1	B/D	ENGERIX-B INJECTION SUSPENSION	1	B/D
SIMPONI ARIA INTRAVENOUS SOLUTION	1	PA	GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
<i>sirolimus oral solution</i>	1	B/D	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>sirolimus oral tablet</i>	1	B/D	HAVRIX INTRAMUSCULAR SUSPENSION	1	
<i>tacrolimus oral capsule</i>	1	B/D	HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
XATMEP ORAL SOLUTION	1		IMOVAX RABIES INTRAMUSCULAR INJECTABLE	1	B/D
ZORTRESS ORAL TABLET 1 MG	1	B/D	INFANRIX INTRAMUSCULAR SUSPENSION	1	
<b>Vaccines</b>			IPOL INJECTION INJECTABLE	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1		IXIARO INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION	1		KINRIX INTRAMUSCULAR SUSPENSION	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1		KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1				
BOOSTRIX INTRAMUSCULAR SUSPENSION	1				
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1				

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MENACTRA INTRAMUSCULAR SOLUTION	1		ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1		ROTAQUE ORAL SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1		SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1		STAMARIL INJECTION SUSPENSION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		TDVAX INTRAMUSCULAR SUSPENSION	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1		TENIVAC INTRAMUSCULAR INJECTABLE	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1		TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	1	
PREHEVBRIOD INTRAMUSCULAR SUSPENSION	1	B/D	TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1		TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1		TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>quadracel intramuscular suspension prefilled syringe</i>	1		TYPHIM VI INTRAMUSCULAR SOLUTION	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D	TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D	VAQTA INTRAMUSCULAR SUSPENSION	1	

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VARIVAX SUBCUTANEOUS INJECTABLE	1		<i>cocolcort rectal enema 100 mg/60ml</i>	1	
VAXELIS INTRAMUSCULAR SUSPENSION	1		<i>hydrocortisone rectal enema</i>	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		<i>procto-med hc external cream</i>	1	
YF-VAX SUBCUTANEOUS INJECTABLE	1		<i>proctosol hc external cream</i>	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1		<i>proctozone-hc external cream</i>	1	
<b>Inflammatory Bowel Disease Agents</b>			TARPEYO ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)
<b>Aminosalicylates</b>			<b>Metabolic Bone Disease Agents</b>		
<i>balsalazide disodium oral capsule</i>	1		<i>alendronate sodium oral solution</i>	1	
<i>mesalamine er oral capsule extended release 24 hour</i>	1		<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>mesalamine oral tablet delayed release</i>	1		<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
<i>mesalamine rectal enema</i>	1		<i>calcitonin (salmon) nasal solution</i>	1	QL (3.7 ML per 30 days)
<i>mesalamine rectal/ suppository</i>	1		<i>calcitriol oral capsule</i>	1	
<i>mesalamine-cleanser rectal kit</i>	1		<i>cinacalcet hcl oral tablet</i>	1	
<i>sulfasalazine oral tablet</i>	1		<i>doxercalciferol oral capsule</i>	1	
<i>sulfasalazine oral tablet delayed release</i>	1		<b>FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	1	PA
<b>Glucocorticoids</b>			<i>ibandronate sodium oral tablet</i>	1	QL (1 EA per 28 days)
<i>budesonide er oral tablet extended release 24 hour</i>	1		<b>NATPARA SUBCUTANEOUS CARTRIDGE</b>	1	PA; QL (2 EA per 28 days)
<i>budesonide oral capsule delayed release particles</i>	1		<i>paricalcitol oral capsule</i>	1	

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PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	QL (2 ML per 365 days)	LIVMARLI ORAL SOLUTION	1	PA; QL (90 ML per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	1		NUTRILIPID INTRAVENOUS EMULSION	1	B/D
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA	OMNIPOD 5 G6 INTRO (GEN 5) KIT	1	QL (1 EA per 365 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA	OMNIPOD 5 G6 POD (GEN 5)	1	QL (30 EA per 30 days)
XGEVA SUBCUTANEOUS SOLUTION	1	PA	OMNIPOD CLASSIC PDM (GEN 3) KIT	1	QL (1 EA per 365 days)
<b>Miscellaneous Therapeutic Agents</b>			OMNIPOD CLASSIC PODS (GEN 3)	1	QL (30 EA per 30 days)
<b>Miscellaneous Therapeutic Agents</b>			OMNIPOD DASH INTRO (GEN 4) KIT	1	QL (1 EA per 365 days)
alcohol prep pads pad 70 %	1		OMNIPOD DASH PDM (GEN 4) KIT	1	QL (1 EA per 365 days)
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML	1	QL (200 EA per 30 days)	OMNIPOD DASH PODS (GEN 4)	1	QL (30 EA per 30 days)
cvs gauze sterile pad 2"x2"	1		OXLUMO SUBCUTANEOUS SOLUTION	1	PA
ELLA ORAL TABLET	1		SODIUM CHLORIDE IRRIGATION SOLUTION	1	
IGALMI SUBLINGUAL FILM	1	PA	TAVNEOS ORAL CAPSULE	1	PA; QL (180 EA per 30 days)
insulin pen needles 29g x 12mm	1	QL (200 EA per 30 days)	V-GO 20 KIT	1	
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	1	QL (200 EA per 30 days)	V-GO 30 KIT	1	
KORSUVA INTRAVENOUS SOLUTION	1	PA	V-GO 40 KIT	1	
LAGEVRIO ORAL CAPSULE	1	QL (40 EA per 5 days)	VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	1	PA; QL (28 EA per 28 days)
			VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; QL (56 EA per 28 days)
			VISTOGARD ORAL PACKET	1	
			VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VYVGART INTRAVENOUS SOLUTION	1	PA	<i>neo-polycin ophthalmic ointment</i>	1	
<b>Ophthalmic Agents</b>			<i>polycin ophthalmic ointment</i>	1	
<b>Ophthalmic Agents, Other</b>			<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1		PRED-G S.O.P. OPHTHALMIC OINTMENT	1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1		RESTASIS MULTIDOSE OPHTHALMIC EMULSION	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1		RESTASIS OPHTHALMIC EMULSION	1	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1		ROCKLATAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)
COMBIGAN OPHTHALMIC SOLUTION	1		SIMBRINZA OPHTHALMIC SUSPENSION	1	
CYSTARAN OPHTHALMIC SOLUTION	1	PA; QL (60 ML per 28 days)	<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1		TOBRADEX OPHTHALMIC OINTMENT	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1		TOBRADEX ST OPHTHALMIC SUSPENSION	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1		<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1		VABYSMO INTRAVITREAL SOLUTION	1	PA
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1		XIIDRA OPHTHALMIC SOLUTION	1	QL (60 EA per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1		ZYLET OPHTHALMIC SUSPENSION	1	
<i>neo-polycin hc ophthalmic ointment</i>	1		<b>Ophthalmic Anti-allergy Agents</b>		

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azelastine hcl ophthalmic solution	1		trifluridine ophthalmic solution	1	
bepotastine besilate ophthalmic solution	1		ZIRGAN OPHTHALMIC GEL	1	
cromolyn sodium ophthalmic solution	1		<b>Ophthalmic Anti-inflammatories</b>		
epinastine hcl ophthalmic solution	1		dexamethasone sodium phosphate ophthalmic solution	1	
olopatadine hcl ophthalmic solution	1		diclofenac sodium ophthalmic solution	1	
<b>Ophthalmic Anti-Infectives</b>			FLAREX OPHTHALMIC SUSPENSION	1	
bacitracin ophthalmic ointment	1		flurbiprofen sodium ophthalmic solution	1	
BESIVANCE OPHTHALMIC SUSPENSION	1		FML FORTE OPHTHALMIC SUSPENSION	1	
ciprofloxacin hcl ophthalmic solution	1		ketorolac tromethamine ophthalmic solution	1	
erythromycin ophthalmic ointment	1		LOTEMAX SM OPHTHALMIC GEL	1	QL (20 GM per 365 days)
gatifloxacin ophthalmic solution	1		loteprednol etabonate ophthalmic gel	1	QL (20 GM per 365 days)
gentak ophthalmic ointment	1		loteprednol etabonate ophthalmic suspension	1	
gentamicin sulfate ophthalmic solution	1		prednisolone acetate ophthalmic suspension	1	
levofloxacin ophthalmic solution	1		PROLENSA OPHTHALMIC SOLUTION	1	QL (12 ML per 365 days)
moxifloxacin hcl ophthalmic solution	1		<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
NATACYN OPHTHALMIC SUSPENSION	1		betaxolol hcl ophthalmic solution	1	
ofloxacin ophthalmic solution	1		carteolol hcl ophthalmic solution	1	
sulfacetamide sodium ophthalmic ointment	1		levobunolol hcl ophthalmic solution	1	
sulfacetamide sodium ophthalmic solution	1		timolol maleate (once-daily) ophthalmic solution	1	
tobramycin ophthalmic solution	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>timolol maleate ophthalmic gel forming solution</i>	1		VYZULTA OPHTHALMIC SOLUTION	1	QL (5 ML per 25 days)	
<i>timolol maleate ophthalmic solution</i>	1		<b>Otic Agents</b>			
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>			<b>Otic Agents</b>			
<i>acetazolamide er oral capsule extended release 12 hour</i>	1		<i>acetic acid otic solution</i>	1		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1		CIPROFLOXACIN HCL OTIC SOLUTION	1		
<i>apraclonidine hcl ophthalmic solution</i>	1		<i>ciprofloxacin-dexamethasone otic suspension</i>	1		
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1		<i>flac otic oil</i>	1		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1		<i>fluocinolone acetonide otic oil</i>	1		
<i>brinzolamide ophthalmic suspension</i>	1		<i>hydrocortisone-acetic acid otic solution</i>	1		
<i>dorzolamide hcl ophthalmic solution</i>	1		<i>neomycin-polymyxin-hc otic solution 1 %</i>	1		
<i>methazolamide oral tablet</i>	1		<i>neomycin-polymyxin-hc otic suspension</i>	1		
<i>pilocarpine hcl ophthalmic solution</i>	1		<i>ofloxacin otic solution</i>	1		
RHOPRESSA OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)	<b>Respiratory Tract/Pulmonary Agents</b>			
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>			<b>Antihistamines</b>			
<i>latanoprost ophthalmic solution</i>	1		<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QL (60 ML per 30 days)	
LUMIGAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)	<i>cypreheptadine hcl oral tablet</i>	1		
			<i>diphenhydramine hcl injection solution</i>	1		
			<i>hydroxyzine hcl oral tablet</i>	1		
			<i>levocetirizine dihydrochloride oral tablet</i>	1		
			<b>Anti-inflammatories, Inhaled Corticosteroids</b>			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (30 EA per 30 days)	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	1	QL (240 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	QL (24 GM per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	QL (21.2 GM per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	<i>fluticasone propionate nasal suspension</i>	1	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	<i>mometasone furoate nasal suspension</i>	1	QL (34 GM per 30 days)
<b>Antileukotrienes</b>					
			<i>montelukast sodium oral packet</i>	1	
			<i>montelukast sodium oral tablet</i>	1	
			<i>montelukast sodium oral tablet chewable</i>	1	
			<i>zafirlukast oral tablet</i>	1	
<b>Bronchodilators, Anticholinergic</b>					
ASMANEX HFA INHALATION AEROSOL	1	QL (13 GM per 30 days)	ATROVENT HFA INHALATION AEROSOL SOLUTION	1	QL (25.8 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	1	QL (23.6 GM per 28 days)	INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (30 EA per 30 days)
<i>budesonide inhalation suspension</i>	1	B/D; QL (120 ML per 30 days)	<i>ipratropium bromide inhalation solution</i>	1	B/D; QL (312.5 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	1	QL (60 EA per 30 days)	<i>ipratropium bromide nasal solution</i>	1	
			LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	1	QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER INHALATION CAPSULE	1	QL (30 EA per 30 days)	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	Applies to products manufactured by Impax or Lineage Therapeutics
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	1	QL (8 GM per 30 days)	<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml</i>	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1		<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	1	Applies to product manufactured by Mylan Specialty L.P. Only
YUPELRI INHALATION SOLUTION	1	B/D; QL (90 ML per 30 days)	<i>formoterol fumarate inhalation nebulization solution</i>	1	B/D; QL (120 ML per 30 days)
<b>Bronchodilators, Sympathomimetic</b>			<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	B/D; QL (540 ML per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 GM per 30 days)	<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	B/D; QL (90 EA per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	1	QL (13.4 GM per 30 days)	<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	B/D; QL (270 ML per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>	1	QL (48 GM per 30 days)	<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	1	QL (30 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D; QL (525 ML per 30 days)	PERFOROMIST INHALATION NEBULIZATION SOLUTION	1	B/D; QL (120 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D; QL (375 ML per 30 days)	PROAIR HFA INHALATION AEROSOL SOLUTION	1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	B/D; QL (100 EA per 30 days)	PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (2 EA per 30 days)
<i>albuterol sulfate oral syrup</i>	1				

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SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)	<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>terbutaline sulfate oral tablet</i>	1		DALIRESP ORAL TABLET	1	PA
<b>Cystic Fibrosis Agents</b>					
CAYSTON INHALATION SOLUTION RECONSTITUTED	1	PA	<i>theophylline er oral tablet extended release 12 hour</i>	1	
KALYDECO ORAL PACKET	1	PA	<i>theophylline er oral tablet extended release 24 hour</i>	1	
KALYDECO ORAL TABLET	1	PA	<b>Pulmonary Antihypertensives</b>		
ORKAMBI ORAL PACKET	1	PA; QL (56 EA per 28 days)	ADEMPAS ORAL TABLET	1	PA; QL (90 EA per 30 days)
ORKAMBI ORAL TABLET	1	PA; QL (112 EA per 28 days)	<i>alyq oral tablet</i>	1	PA; QL (60 EA per 30 days)
PULMOZYME INHALATION SOLUTION	1	PA	<i>ambrisentan oral tablet</i>	1	PA; QL (30 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA; QL (56 EA per 28 days)	<i>bosentan oral tablet</i>	1	PA; QL (60 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	1	PA; QL (60 EA per 30 days)	<i>epoprostenol sodium intravenous solution reconstituted</i>	1	B/D
TOBI PODHALER INHALATION CAPSULE	1	QL (224 EA per 56 days)	OPSUMIT ORAL TABLET	1	PA; QL (30 EA per 30 days)
<i>tobramycin inhalation nebulization solution</i>	1	B/D	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA
TRIKAFTA ORAL TABLET THERAPY PACK	1	PA; QL (84 EA per 28 days)	<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<b>Mast Cell Stabilizers</b>			<i>tadalafil (pah) oral tablet</i>	1	PA; QL (60 EA per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	1	B/D	UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
<b>Pulmonary Fibrosis Agents</b>					
VENTAVIS INHALATION SOLUTION					

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ESBRIET ORAL CAPSULE	1	PA	<i>ipratropium-albuterol inhalation solution</i>	1	B/D; QL (540 MIL per 30 days)
ESBRIET ORAL TABLET	1	PA	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (3 ML per 28 days)
OFEV ORAL CAPSULE	1	PA	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)
<i>pirfenidone oral tablet</i>	1	PA	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 ML per 28 days)
<b>Respiratory Tract Agents, Other</b>			NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (3 EA per 28 days)
<i>acetylcysteine inhalation solution</i>	1	B/D	STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (24 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)	SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	1	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)	SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	1	QL (13.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (8 GM per 30 days)	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1.91 ML per 28 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	1	QL (17.6 GM per 30 days)	TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	1	QL (13 GM per 30 days)	<i>wixela inhlu inhalation aerosol powder breath activated</i>	1	QL (60 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	<b>Skeletal Muscle Relaxants</b>		
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA			
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 EA per 30 days)			

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<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>methocarbamol oral tablet</i>	1	PA
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
<i>BELSOMRA ORAL TABLET</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	1	QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet</i>	1	PA; QL (30 EA per 30 days)
<i>XYREM ORAL SOLUTION</i>	1	PA; QL (540 ML per 30 days)

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