

Medicare Advantage

2022 Comprehensive Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 22333, Version Number 19

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact CCA Health MI 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.RelianceMedicareAdvantage.org.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the CCA Health MI Medicare Advantage Comprehensive Formulary?

A formulary is a list of covered drugs selected by CCA Health MI 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. CCA Health MI 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 CCA Health MI 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 CCA Health MI 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.

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- **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 CCA Health MI 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 11/01/2022. To get updated information about the drugs covered by CCA Health MI 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 86. 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?

CCA Health MI 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:** CCA Health MI Medicare Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from CCA Health MI Medicare Advantage before you fill your prescriptions. If you don't get approval, CCA Health MI Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, CCA Health MI Medicare Advantage limits the amount of the drug that CCA Health MI Medicare Advantage will cover. For example, CCA Health MI 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, CCA Health MI 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, CCA Health MI Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCA Health MI 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 CCA Health MI 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 CCA Health MI 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.

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If you learn that CCA Health MI 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 CCA Health MI 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 CCA Health MI Medicare Advantage.
- You can ask CCA Health MI 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 CCA Health MI Medicare Advantage Formulary?

You can ask CCA Health MI 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, CCA Health MI 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, CCA Health MI 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.

CCA Health MI Medicare Advantage LEVEL-OF-CARE CHANGE transition policy:

CCA Health MI 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

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

CCA Health MI 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.

CCA Health MI 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 CCA Health MI Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CCA Health MI 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>.

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CCA Health MI Medicare Advantage's Formulary

The comprehensive formulary below provides coverage information about the drugs covered by CCA Health MI Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

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 CCA Health MI Medicare Advantage has any special requirements for coverage of your drug.

Requirements/Limits	Helpful Tips
B/D	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.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	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 CCA Health MI Medicare Advantage before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
SI	Select Insulin. Our plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$10. Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help").
ST	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
Analgesics					
Nonsteroidal Anti-inflammatory Drugs					
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	2	QL (60 EA per 30 days)	<i>ketorolac tromethamine oral tablet</i>	4	QL (20 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	3	QL (60 EA per 30 days)	<i>lofena oral tablet</i>	5	
<i>diclofenac potassium oral tablet 25 mg</i>	5		<i>meloxicam oral tablet</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	3		<i>nabumetone oral tablet</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	3		<i>naproxen oral tablet</i>	1	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)	<i>naproxen oral tablet delayed release</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	3	PA	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>diclofenac sodium oral tablet delayed release</i>	2		<i>oxaprozin oral tablet</i>	3	
<i>diflunisal oral tablet</i>	3		<i>piroxicam oral capsule</i>	3	
<i>ELYXYB ORAL SOLUTION</i>	4	PA; QL (19.2 ML per 30 days)	<i>sulindac oral tablet</i>	2	
<i>etodolac oral capsule</i>	3		Opioid Analgesics, Long-acting		
<i>etodolac oral tablet</i>	3		<i>buprenorphine transdermal patch weekly</i>	4	QL (4 EA per 28 days); NDS
<i>flurbiprofen oral tablet</i>	2		<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1		<i>methadone hcl intensol oral concentrate</i>	3	NDS
<i>indomethacin er oral capsule extended release</i>	4		<i>methadone hcl oral concentrate</i>	3	NDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4		<i>methadone hcl oral solution</i>	3	NDS
<i>ketorolac tromethamine injection solution</i>	4		<i>methadone hcl oral tablet</i>	2	NDS
<i>ketorolac tromethamine intramuscular solution</i>	4		<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	NDS

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
tramadol hcl er (biphasic) oral tablet extended release 24 hour	4	NDS	hydrocodone- acetaminophen oral tablet 10-325 mg, 2.5- 325 mg, 5-325 mg, 7.5- 325 mg	2	NDS
tramadol hcl er oral tablet extended release 24 hour	4	NDS	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	4	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE- DETERRENT	3	NDS	hydromorphone hcl oral tablet 2 mg, 4 mg	2	NDS
Opioid Analgesics, Short-acting			hydromorphone hcl oral tablet 8 mg	4	NDS
acetaminophen-codeine #3 oral tablet	2	NDS	hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml	4	NDS
acetaminophen-codeine oral solution	2	NDS	lorcet hd oral tablet 10- 325 mg	2	NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	2	NDS	lorcet oral tablet 5-325 mg	2	NDS
CODEINE SULFATE ORAL TABLET 15 MG	3	NDS	lorcet plus oral tablet 7.5-325 mg	2	NDS
codeine sulfate oral tablet 30 mg	3	NDS	morphine sulfate (concentrate) oral solution 20 mg/ml	3	NDS
CODEINE SULFATE ORAL TABLET 60 MG	4	NDS	morphine sulfate oral solution	3	NDS
endocet oral tablet 10- 325 mg, 2.5-325 mg	3	NDS	morphine sulfate oral tablet	2	NDS
endocet oral tablet 5- 325 mg, 7.5-325 mg	2	NDS	oxycodone hcl oral solution	3	NDS
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; NDS	oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	2	NDS
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; NDS	oxycodone hcl oral tablet 20 mg, 30 mg	3	NDS
hydrocodone- acetaminophen oral solution 7.5-325 mg/15ml	3	NDS	oxycodone- acetaminophen oral tablet 10-325 mg, 2.5- 325 mg	3	NDS

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	2	NDS	VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
tramadol hcl oral tablet 50 mg	1	NDS	Opioid Dependence		
tramadol-acetaminophen oral tablet	2	NDS	buprenorphine hcl sublingual tablet sublingual	2	
vicodin hp oral tablet 10-300 mg	4	NDS	buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	2	QL (60 EA per 30 days)
Anesthetics			buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	2	QL (90 EA per 30 days)
Local Anesthetics			buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (360 EA per 30 days)
glydo external prefilled syringe	2	PA; QL (30 ML per 30 days)	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (90 EA per 30 days)
lidocaine external ointment 5 %	4	PA; QL (150 GM per 30 days)	Opioid Reversal Agents		
lidocaine external patch 5 %	4	PA	naloxone hcl injection solution	2	
lidocaine hcl urethral/mucosal external prefilled syringe	2	PA; QL (30 ML per 30 days)	naloxone hcl injection solution cartridge	2	
lidocaine-prilocaine external cream	3	PA; QL (30 GM per 30 days)	naloxone hcl injection solution prefilled syringe	2	
premium lidocaine external ointment	4	PA; QL (150 GM per 30 days)	naloxone hcl nasal liquid	3	
Anti-Addiction/Substance Abuse Treatment Agents			NARCAN NASAL LIQUID	3	
Alcohol Deterrents/Anti-craving			Smoking Cessation Agents		
acamprosate calcium oral tablet delayed release	4		bupropion hcl er (smoking det) oral tablet extended release 12 hour	2	QL (60 EA per 30 days)
disulfiram oral tablet	3				
naltrexone hcl oral tablet	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	QL (504 EA per 365 days)	<i>tobramycin sulfate injection solution reconstituted</i>	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	QL (504 EA per 365 days)	Antibacterials, Other		
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	QL (504 EA per 365 days)	<i>aztreonam injection solution reconstituted</i>	3	
NICOTROL NS NASAL SOLUTION	4	QL (360 ML per 365 days)	<i>clindacin etz external swab</i>	2	
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	4	QL (504 EA per 365 days)	<i>clindacin-p external swab</i>	2	
<i>varenicline tartrate oral tablet</i>	4	QL (504 EA per 365 days)	<i>clindamycin hcl oral capsule</i>	2	
Antibacterials			<i>clindamycin palmitate hcl oral solution reconstituted</i>	4	
Aminoglycosides			<i>clindamycin phosphate external swab</i>	2	
<i>amikacin sulfate injection solution</i>	4		<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	3	
<i>gentamicin sulfate external cream</i>	3		<i>clindamycin phosphate vaginal cream</i>	4	
<i>gentamicin sulfate external ointment</i>	3		<i>colistimethate sodium (cba) injection solution reconstituted</i>	5	
<i>gentamicin sulfate injection solution 10 mg/ml</i>	2		<i>daptomycin intravenous solution reconstituted</i>	5	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	3		<i>fosfomycin tromethamine oral packet</i>	4	
<i>neomycin sulfate oral tablet</i>	2		IMPAVIDO ORAL CAPSULE	5	
<i>paromomycin sulfate oral capsule</i>	4		KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	4		<i>lincomycin hcl injection solution</i>	2	
<i>tobramycin sulfate injection solution</i>	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	5		vancomycin hcl oral capsule 250 mg	4	QL (240 EA per 30 days)
<i>linezolid intravenous solution</i>	4		VOQUEZNA DUAL PAK ORAL THERAPY PACK	4	PA
<i>linezolid oral suspension reconstituted</i>	5	QL (1800 ML per 28 days)	VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	4	PA
<i>linezolid oral tablet</i>	4	QL (56 EA per 28 days)	XENLETA ORAL TABLET	5	
<i>methenamine hippurate oral tablet</i>	2		Beta-lactam, Cephalosporins		
<i>metronidazole intravenous solution</i>	2		cefaclor oral capsule	2	
<i>metronidazole oral tablet</i>	1		cefaclor oral suspension reconstituted	4	
<i>metronidazole vaginal gel</i>	3		cefadroxil oral capsule	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4		cefadroxil oral suspension reconstituted	2	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	2		cefazin sodium injection solution reconstituted 1 gm	4	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	5		CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM	4	
<i>tinidazole oral tablet</i>	3		cefdinir oral capsule	2	
<i>trimethoprim oral tablet</i>	2		cefdinir oral suspension reconstituted	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	3		cefepime hcl injection solution reconstituted	4	
<i>vancomycin hcl intravenous solution reconstituted 250 mg</i>	2		cefepime hcl intravenous solution	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)	cefepime hcl intravenous solution reconstituted	4	
			cefixime oral capsule	4	
			cefotaxime sodium injection solution reconstituted	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefotetan disodium injection solution reconstituted</i>	3		FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>cefoxitin sodium intravenous solution reconstituted</i>	3		<i>tazicef injection solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	3		<i>tazicef intravenous solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral tablet</i>	4		TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>cefprozil oral suspension reconstituted</i>	3		Beta-lactam, Penicillins		
<i>cefprozil oral tablet</i>	3		<i>amoxicillin oral capsule</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>	3		<i>amoxicillin oral suspension reconstituted</i>	1	
<i>ceftazidime injection solution reconstituted</i>	3		<i>amoxicillin oral tablet</i>	1	
<i>ceftazidime intravenous solution reconstituted</i>	3		<i>amoxicillin oral tablet chewable 125 mg</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3		<i>amoxicillin oral tablet chewable 250 mg</i>	2	
<i>cefuroxime axetil oral tablet</i>	2		<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	4	
<i>cefuroxime sodium injection solution reconstituted</i>	3		<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted</i>	3		<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2		<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg</i>	4	
<i>cephalexin oral suspension reconstituted</i>	2				

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amoxicillin-potassium clavulanate oral tablet 500-125 mg, 875-125 mg	2		oxacillin sodium intravenous solution reconstituted	4	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2		penicillin g sodium injection solution reconstituted	5	
ampicillin oral capsule	2		penicillin v potassium oral solution reconstituted	2	
ampicillin sodium injection solution reconstituted 1 gm	3		penicillin v potassium oral tablet	2	
ampicillin-sulbactam sodium injection solution reconstituted	3		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	4	
ampicillin-sulbactam sodium intravenous solution reconstituted	3		Carbapenems		
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	5		ertapenem sodium injection solution reconstituted	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4		imipenem-cilastatin intravenous solution reconstituted	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4		meropenem intravenous solution reconstituted	3	
dicloxacillin sodium oral capsule	2		Macrolides		
nafcillin sodium injection solution reconstituted	4		azithromycin intravenous solution reconstituted	3	
nafcillin sodium intravenous solution reconstituted	4		AZITHROMYCIN ORAL PACKET	2	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4		azithromycin oral suspension reconstituted	3	
oxacillin sodium injection solution reconstituted	4		azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
			azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	3	

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clarithromycin er oral tablet extended release 24 hour	4		ciprofloxacin in d5w intravenous solution 200 mg/100ml	3	
clarithromycin oral suspension reconstituted 125 mg/5ml	2		ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	2	
clarithromycin oral suspension reconstituted 250 mg/5ml	3		levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	4	
clarithromycin oral tablet	3		levofloxacin intravenous solution	4	
DIFICID ORAL SUSPENSION RECONSTITUTED	5		levofloxacin oral solution	4	
DIFICID ORAL TABLET	5		levofloxacin oral tablet	2	
erythromycin base oral tablet delayed release 500 mg	4		moxifloxacin hcl in nacl intravenous solution	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	4		moxifloxacin hcl oral tablet	4	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	5		ofloxacin oral tablet	4	
erythromycin oral tablet delayed release 250 mg, 333 mg	4		Sulfonamides		
Quinolones			sulfadiazine oral tablet	4	
BAXDELA ORAL TABLET	5		sulfamethoxazole-trimethoprim oral suspension	3	
ciprofloxacin hcl oral tablet 100 mg	4		sulfamethoxazole-trimethoprim oral tablet	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1		Tetracyclines		
ciprofloxacin hcl oral tablet 750 mg	2		demeocycline hcl oral tablet	4	
			doxy 100 intravenous solution reconstituted	4	
			doxycycline hyclate intravenous solution reconstituted	4	
			doxycycline hyclate oral capsule 100 mg	2	
			doxycycline hyclate oral capsule 50 mg	3	

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<i>doxycycline hyclate oral tablet 100 mg</i>	2		EPIDIOLEX ORAL SOLUTION	5	PA
<i>doxycycline monohydrate oral capsule 100 mg</i>	2		EPRONTIA ORAL SOLUTION	4	
<i>doxycycline monohydrate oral capsule 50 mg</i>	3		<i>felbamate oral suspension</i>	5	
<i>doxycycline monohydrate oral suspension reconstituted</i>	3		<i>felbamate oral tablet</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2		FINTEPLA ORAL SOLUTION	5	PA
<i>doxycycline monohydrate oral tablet 50 mg</i>	3		FYCOMPA ORAL SUSPENSION	4	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	5		FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
<i>minocycline hcl oral capsule</i>	2		FYCOMPA ORAL TABLET 2 MG	4	
<i>monodoxine nl oral capsule</i>	2		<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>morgidox oral capsule 100 mg</i>	2		<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg</i>	4	
NUZYRA ORAL TABLET	5		<i>lamotrigine oral kit 42 x 50 mg & 14x100 mg</i>	5	
SEYSARA ORAL TABLET	5		<i>lamotrigine oral tablet</i>	1	
<i>tetracycline hcl oral capsule</i>	4		<i>lamotrigine oral tablet chewable</i>	2	
Anticonvulsants			<i>lamotrigine oral tablet dispersible</i>	4	
Anticonvulsants, Other			<i>lamotrigine starter kit-blue oral kit</i>	4	
BRIVIACT ORAL SOLUTION	5	PA	<i>lamotrigine starter kit-green oral kit</i>	4	
BRIVIACT ORAL TABLET	5	PA	<i>lamotrigine starter kit-orange oral kit</i>	4	
			<i>levetiracetam er oral tablet extended release 24 hour</i>	3	
			<i>levetiracetam oral solution</i>	2	
			<i>levetiracetam oral tablet</i>	1	

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NAYZILAM NASAL SOLUTION	5	QL (10 EA per 30 days)	CELONTIN ORAL CAPSULE	4	
roweepra oral tablet	1		ethosuximide oral capsule	3	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	3		ethosuximide oral solution	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4		Gamma-aminobutyric Acid (GABA) Augmenting Agents		
subvenite oral tablet	1		clobazam oral suspension	4	
subvenite starter kit-blue oral kit	4		clobazam oral tablet	4	
subvenite starter kit-green oral kit	4		clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
subvenite starter kit-orange oral kit	4		clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
topiramate oral capsule sprinkle	3		clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3	QL (90 EA per 30 days)
topiramate oral tablet	1		clonazepam oral tablet dispersible 2 mg	3	QL (300 EA per 30 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA	DIACOMIT ORAL CAPSULE	5	PA
XCOPRI ORAL TABLET 200 MG	5	PA	DIACOMIT ORAL PACKET	5	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; (100mg-150mg)	diazepam rectal gel	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA; (12.5mg-25mg)	divalproex sodium er oral tablet extended release 24 hour	2	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	5	PA	divalproex sodium oral capsule delayed release sprinkle	2	
Calcium Channel Modifying Agents			divalproex sodium oral tablet delayed release	2	
			gabapentin oral capsule 100 mg, 300 mg	1	QL (360 EA per 30 days)
			gabapentin oral capsule 400 mg	2	QL (270 EA per 30 days)
			gabapentin oral solution 250 mg/5ml	4	QL (2160 ML per 30 days)

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<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)	<i>oxcarbazepine oral suspension</i>	4	
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)	<i>oxcarbazepine oral tablet</i>	2	
<i>phenobarbital oral elixir</i>	4		PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral tablet</i>	4		<i>phenytoin infatabs oral tablet chewable</i>	2	
<i>primidone oral tablet</i>	2		<i>phenytoin oral suspension 125 mg/5ml</i>	2	
SYMPAZAN ORAL FILM	5		<i>phenytoin oral tablet chewable</i>	2	
<i>tiagabine hcl oral tablet</i>	4		<i>phenytoin sodium extended oral capsule</i>	2	
VALTOCO NASAL LIQUID	5	QL (10 EA per 30 days)	<i>rufinamide oral suspension</i>	5	
VALTOCO NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days)	<i>rufinamide oral tablet 200 mg</i>	3	
<i>vigabatrin oral packet</i>	5	PA	<i>rufinamide oral tablet 400 mg</i>	5	
<i>vigabatrin oral tablet</i>	5	PA	VIMPAT ORAL SOLUTION	5	
<i>vigadronе oral packet</i>	5	PA	VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	
Sodium Channel Agents			VIMPAT ORAL TABLET 50 MG	4	
APTIOM ORAL TABLET	5		ZONISADE ORAL SUSPENSION	4	ST
<i>carbamazepine er oral capsule extended release 12 hour</i>	4		<i>zonisamide oral capsule</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	3		Antidementia Agents		
<i>carbamazepine oral suspension</i>	3		Antidementia Agents, Other		
<i>carbamazepine oral tablet</i>	3		<i>ergoloid mesylates oral tablet</i>	4	
<i>carbamazepine oral tablet chewable</i>	2		NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST; QL (56 EA per 365 days)
<i>dilantin oral capsule 30 mg</i>	4				
<i>epitol oral tablet</i>	3				
<i>lacosamide oral solution</i>	4				
<i>lacosamide oral tablet</i>	3				

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NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (90 EA per 30 days)
Cholinesterase Inhibitors					
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1		<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	4		<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	2		<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4		<i>bupropion hcl oral tablet</i>	2	
<i>galantamine hydrobromide oral solution</i>	4		<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>galantamine hydrobromide oral tablet</i>	4		<i>mirtazapine oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 6 mg</i>	2		<i>mirtazapine oral tablet dispersible</i>	3	
<i>rivastigmine tartrate oral capsule 4.5 mg</i>	3		<i>quetiapine fumarate oral tablet 150 mg</i>	2	QL (90 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	4		SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA
N-methyl-D-aspartate (NMDA) Receptor Antagonist					
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)	SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2		Monoamine Oxidase Inhibitors		
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	2		EMSAM TRANSDERMAL PATCH 24 HOUR	5	ST; QL (30 EA per 30 days)
Antidepressants			MARPLAN ORAL TABLET	4	
Antidepressants, Other			<i>phenelzine sulfate oral tablet</i>	3	
			<i>tranylcypromine sulfate oral tablet</i>	4	

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SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)			FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST; QL (56 EA per 365 days)
citalopram hydrobromide oral solution	3		fluoxetine hcl oral capsule	1	
citalopram hydrobromide oral tablet	1		fluoxetine hcl oral solution	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	2	QL (120 EA per 30 days)	fluvoxamine maleate er oral capsule extended release 24 hour	4	QL (60 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	2	QL (30 EA per 30 days)	fluvoxamine maleate oral tablet 100 mg	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)	fluvoxamine maleate oral tablet 25 mg, 50 mg	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)	nefazodone hcl oral tablet	4	
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	2	QL (60 EA per 30 days)	paroxetine hcl er oral tablet extended release 24 hour	4	
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (90 EA per 30 days)	paroxetine hcl oral suspension	4	
escitalopram oxalate oral solution	2		paroxetine hcl oral tablet	2	
escitalopram oxalate oral tablet	1		PAXIL ORAL SUSPENSION	4	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)	SERTRALINE HCL ORAL CAPSULE	4	ST
			sertraline hcl oral concentrate	3	
			sertraline hcl oral tablet	1	
			trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	2	
			TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
			VENLAFAKINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST

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venlafaxine hcl er oral capsule extended release 24 hour	2		prochlorperazine edisylate injection solution	4	
venlafaxine hcl oral tablet	2		prochlorperazine maleate oral tablet	2	
VIIBRYD ORAL TABLET	4	QL (30 EA per 30 days)	prochlorperazine rectal suppository	4	
VIIBRYD STARTER PACK ORAL KIT	4	QL (60 EA per 365 days)	promethazine hcl oral syrup	3	
vilazodone hcl oral tablet	4	QL (30 EA per 30 days)	promethazine hcl oral tablet	4	
Tricyclics			promethazine hcl rectal suppository	4	
amitriptyline hcl oral tablet	4		promethegan rectal suppository 12.5 mg, 25 mg	4	
amoxapine oral tablet	4		scopolamine transdermal patch 72 hour	4	
clomipramine hcl oral capsule	4		trimethobenzamide hcl oral capsule	4	B/D
desipramine hcl oral tablet	4		Emetogenic Therapy Adjuncts		
doxepin hcl oral capsule	4		AKYNZEO INTRAVENOUS SOLUTION	4	
doxepin hcl oral concentrate	4		AKYNZEO ORAL CAPSULE	4	B/D; QL (2 EA per 30 days)
imipramine hcl oral tablet	4		aprepitant oral capsule 125 mg	4	B/D; QL (2 EA per 30 days)
nortriptyline hcl oral capsule	2		aprepitant oral capsule 40 mg	4	B/D; QL (1 EA per 30 days)
nortriptyline hcl oral solution	3		aprepitant oral capsule 80 & 125 mg	4	B/D; QL (6 EA per 30 days)
protriptyline hcl oral tablet	3		aprepitant oral capsule 80 mg	4	B/D; QL (8 EA per 30 days)
trimipramine maleate oral capsule	4		dronabinol oral capsule	4	PA; QL (60 EA per 30 days)
Antiemetics			ondansetron hcl oral solution	4	B/D; QL (450 ML per 30 days)
Antiemetics, Other					
compro rectal suppository	4				
meclizine hcl oral tablet	4				
phenadotz rectal suppository 12.5 mg, 25 mg	4				

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ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D	fluconazole in dextrose intravenous solution 200 mg/100ml	2	
ondansetron odt oral tablet dispersible	2	B/D	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	3	
SYNDROS ORAL SOLUTION	5	PA; QL (120 ML per 30 days)	fluconazole oral suspension reconstituted	3	
Antifungals					
Antifungals					
ABELCET INTRAVENOUS SUSPENSION	4	B/D	fluconazole oral tablet	2	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	B/D	flucytosine oral capsule	5	
amphotericin b intravenous solution reconstituted	4	B/D	griseofulvin microsize oral suspension	3	
amphotericin b liposome intravenous suspension reconstituted	5	B/D	griseofulvin microsize oral tablet	4	
caspofungin acetate intravenous solution reconstituted 50 mg	5		griseofulvin ultramicrosize oral tablet	4	
caspofungin acetate intravenous solution reconstituted 70 mg	4		itraconazole oral capsule	4	PA
clotrimazole external cream	2		itraconazole oral solution	5	PA
clotrimazole mouth/throat troche	3		JUBLIA EXTERNAL SOLUTION	5	
CRESEMBIA ORAL CAPSULE	5		ketoconazole external cream	2	
econazole nitrate external cream	3		ketoconazole external shampoo	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	5		ketoconazole oral tablet	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>					
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>					
<i>miconazole 3 vaginal suppository</i>					
<i>naftifine hcl external gel 1 %</i>					

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NOXAFIL ORAL SUSPENSION	5	PA	<i>dihydroergotamine mesylate nasal solution</i>	5	PA; QL (8 ML per 30 days)
<i>nyamyc external powder</i>	3		<i>ergotamine-caffeine oral tablet</i>	3	
<i>nystatin external cream</i>	2		Prophylactic		
<i>nystatin external ointment</i>	2		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA; QL (1 ML per 30 days)
<i>nystatin external powder</i>	3		AIMOVIG	4	PA; QL (2 ML per 30 days)
<i>nystatin mouth/throat suspension</i>	2		EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA; QL (1 ML per 30 days)
<i>nystatin oral tablet</i>	3		EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 ML per 30 days)
<i>nystop external powder</i>	3		EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA; QL (1 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	5	PA	<i>timolol maleate oral tablet</i>	3	
<i>terbinafine hcl oral tablet</i>	2	QL (84 EA per 180 days)	UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days)
<i>terconazole vaginal cream</i>	2		Serotonin (5-HT) Receptor Agonist		
<i>voriconazole intravenous solution reconstituted</i>	5	PA	<i>eletriptan hydrobromide oral tablet</i>	4	QL (12 EA per 30 days)
<i>voriconazole oral suspension reconstituted</i>	5		<i>naratriptan hcl oral tablet</i>	3	QL (9 EA per 30 days)
<i>voriconazole oral tablet</i>	4		<i>rizatriptan benzoate oral tablet</i>	2	QL (18 EA per 30 days)
Antigout Agents			<i>rizatriptan benzoate oral tablet dispersible</i>	3	QL (18 EA per 30 days)
Antigout Agents			<i>sumatriptan nasal solution</i>	4	QL (12 EA per 30 days)
<i>allopurinol oral tablet</i>	1				
<i>colchicine oral tablet</i>	3				
<i>colchicine-probenecid oral tablet</i>	2				
<i>febuxostat oral tablet</i>	4				
<i>probenecid oral tablet</i>	2				
Antimigraine Agents					
Ergot Alkaloids					
<i>dihydroergotamine mesylate injection solution</i>	5	PA			

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sumatriptan succinate oral tablet	2	QL (9 EA per 30 days)	pyrazinamide oral tablet	3	
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	4	QL (5 ML per 30 days)	rifampin intravenous solution reconstituted	4	
sumatriptan succinate subcutaneous solution	4	QL (5 ML per 30 days)	rifampin oral capsule 150 mg	3	
sumatriptan succinate subcutaneous solution auto-injector	4	QL (5 ML per 30 days)	rifampin oral capsule 300 mg	2	
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	4	QL (5 ML per 30 days)	SIRTURO ORAL TABLET	5	
zolmitriptan oral tablet	3	QL (12 EA per 30 days)	TRECATOR ORAL TABLET	4	
Antimyasthenic Agents			Antineoplastics		
Parasympathomimetics			Alkylation Agents		
GUANIDINE HCL ORAL TABLET 125 MG	4		CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML	4	
pyridostigmine bromide oral tablet 60 mg	2		cyclophosphamide intravenous solution 2 gm/10ml	5	
Antimycobacterials			CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML	5	
Antimycobacterials, Other			cyclophosphamide oral capsule	3	B/D
dapsone oral tablet	3		GLEOSTINE ORAL CAPSULE	4	
rifabutin oral capsule	4		IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4	
Antituberculars			LEUKERAN ORAL TABLET	5	
cycloserine oral capsule	3		MATULANE ORAL CAPSULE	5	
ethambutol hcl oral tablet	2		thiotepa injection solution reconstituted 100 mg	5	
isoniazid oral syrup	3		VALCHLOR EXTERNAL GEL	5	PA
isoniazid oral tablet	1				
paser oral packet	4				
PRIFTIN ORAL TABLET	4				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	<i>tamoxifen citrate oral tablet</i>	2	
Antiandrogens			<i>toremifene citrate oral tablet</i>	5	
<i>abiraterone acetate oral tablet</i>	5	PA	Antimetabolites		
<i>bicalutamide oral tablet</i>	2		DROXIA ORAL CAPSULE	4	
ERLEADA ORAL TABLET	5	PA	<i>hydroxyurea oral capsule</i>	2	
<i>flutamide oral capsule</i>	3		INFUGEM INTRAVENOUS SOLUTION 1900-0.9 MG/190ML-%	5	
<i>nilutamide oral tablet</i>	5		<i>mercaptopurine oral tablet</i>	3	
NUBEQA ORAL TABLET	5	PA	<i>nelarabine intravenous solution</i>	5	
XTANDI ORAL CAPSULE	5	PA	PURIXAN ORAL SUSPENSION	5	
XTANDI ORAL TABLET	5	PA	TABLOID ORAL TABLET	4	
Antiangiogenic Agents			Antineoplastics		
FOTIVDA ORAL CAPSULE	5	PA	OPDUALAG INTRAVENOUS SOLUTION	5	PA
<i>lenalidomide oral capsule</i>	5	PA	Antineoplastics, Other		
POMALYST ORAL CAPSULE	5	PA	<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	4	
QINLOCK ORAL TABLET	5	PA	ASPARLAS INTRAVENOUS SOLUTION	5	
REVLIMID ORAL CAPSULE	5	PA	BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TABRECTA ORAL TABLET	5	PA; QL (120 EA per 30 days)	GAVRETO ORAL CAPSULE	5	PA
THALOMID ORAL CAPSULE	5	PA	IBRANCE ORAL TABLET	5	PA
Antiestrogens/Modifiers					
EMCYT ORAL CAPSULE	5				
SOLTAMOX ORAL SOLUTION	5				

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IDHIFA ORAL TABLET	5	PA; QL (30 EA per 30 days)	SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
INREBIC ORAL CAPSULE	5	PA	TAZVERIK ORAL TABLET	5	PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	5		TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	4	
KIMMTRAK INTRAVENOUS SOLUTION	5	PA	TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
KISQALI FEMARA ORAL TABLET THERAPY PACK	5	PA	TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LONSURF ORAL TABLET	5	PA	TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LUMAKRAS ORAL TABLET	5	PA	TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
NINLARO ORAL CAPSULE	5	PA	TUKYSA ORAL TABLET	5	PA
ONUREG ORAL TABLET	5	PA	VONJO ORAL CAPSULE	5	PA
PEMAZYRE ORAL TABLET	5	PA; QL (30 EA per 30 days)	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
PHESGO SUBCUTANEOUS SOLUTION	5	PA	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
RETEVMO ORAL CAPSULE	5	PA	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA			
RYLAZE INTRAMUSCULAR SOLUTION	5				
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)			
SCEMBLIX ORAL TABLET 40 MG	5	PA			

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XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA	ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 30 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA	ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (60 EA per 365 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA	AYVAKIT ORAL TABLET	5	PA; QL (30 EA per 30 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA	BALVERSA ORAL TABLET	5	PA
ZOLINZA ORAL CAPSULE	5	PA	BOSULIF ORAL TABLET	5	PA
Aromatase Inhibitors, 3rd Generation			BRAFTOVI ORAL CAPSULE	5	PA
<i>anastrozole oral tablet</i>	1		BRUKINSA ORAL CAPSULE	5	PA
<i>exemestane oral tablet</i>	4		CABOMETYX ORAL TABLET	5	PA
<i>letrozole oral tablet</i>	2		CALQUENCE ORAL CAPSULE	5	PA
Enzyme Inhibitors			CALQUENCE ORAL TABLET	5	PA
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	5		CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors			CAPRELSA ORAL TABLET 300 MG	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA	COMETRIQ ORAL KIT	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)	COPIKTRA ORAL CAPSULE	5	PA
ALECensa ORAL CAPSULE	5	PA	COTELLIC ORAL TABLET	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)	DAURISMO ORAL TABLET	5	PA
			ERIVEDGE ORAL CAPSULE	5	PA
			<i>erlotinib hcl oral tablet</i>	5	PA
			<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
			<i>everolimus oral tablet soluble</i>	5	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXKIVITY ORAL CAPSULE	5	PA	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA	LORBRENA ORAL TABLET	5	PA
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA	LYNPARZA ORAL TABLET	5	PA
GILOTRIF ORAL TABLET	5	PA; QL (30 EA per 30 days)	MEKINIST ORAL TABLET	5	PA
IBRANCE ORAL CAPSULE	5	PA	MEKTOVI ORAL TABLET	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (30 EA per 30 days)	NERLYNX ORAL TABLET	5	PA; QL (180 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA	NEXAVAR ORAL TABLET	5	PA
<i>imatinib mesylate oral tablet</i>	5	PA	ODOMZO ORAL CAPSULE	5	PA
IMBRUICA ORAL CAPSULE	5	PA	PIQRAY ORAL TABLET THERAPY PACK	5	PA
IMBRUICA ORAL SUSPENSION	5	PA	ROZLYTREK ORAL CAPSULE	5	PA
IMBRUICA ORAL TABLET	5	PA	RUBRACA ORAL TABLET	5	PA
INLYTA ORAL TABLET	5	PA	RYDAPT ORAL CAPSULE	5	PA
INQOVI ORAL TABLET	5	PA	<i>sorafenib tosylate oral tablet</i>	5	PA
IRESSA ORAL TABLET	5	PA	SPRYCEL ORAL TABLET	5	PA
JAKAFI ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)	STIVARGA ORAL TABLET	5	PA
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	5	PA	<i>sunitinib malate oral capsule</i>	5	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	5	PA	SUTENT ORAL CAPSULE	5	PA
KOSELUGO ORAL CAPSULE	5	PA			
<i>lapatinib ditosylate oral tablet</i>	5	PA			

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TAFINLAR ORAL CAPSULE	5	PA	XALKORI ORAL CAPSULE	5	PA
TAGRISSO ORAL TABLET 40 MG	5	PA; QL (30 EA per 30 days)	XOSPATA ORAL TABLET	5	PA
TAGRISSO ORAL TABLET 80 MG	5	PA	ZEJULA ORAL CAPSULE	5	PA
TALZENNA ORAL CAPSULE	5	PA	ZELBORAF ORAL TABLET	5	PA
TASIGNA ORAL CAPSULE	5	PA	ZYDELIG ORAL TABLET	5	PA
TEPMETKO ORAL TABLET	5	PA	ZYKADIA ORAL CAPSULE 150 MG	5	PA
TIBSOVO ORAL TABLET	5	PA	ZYKADIA ORAL TABLET	5	PA
TURALIO ORAL CAPSULE	5	PA	Monoclonal Antibody/Antibody-Drug Conjugate		
TYKERB ORAL TABLET	5	PA	DANYELZA INTRAVENOUS SOLUTION	5	PA
UKONIQ ORAL TABLET 200 MG	5	PA	DARZALEX FASPRO SUBCUTANEOUS SOLUTION	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA	JEMPERLI INTRAVENOUS SOLUTION	5	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA	KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA	MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VERZENIO ORAL TABLET	5	PA	MVASI INTRAVENOUS SOLUTION	5	PA
VITRAKVI ORAL CAPSULE	5	PA	POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VITRAKVI ORAL SOLUTION	5	PA	RUXIENCE INTRAVENOUS SOLUTION	5	PA
VIZIMPRO ORAL TABLET	5	PA			
VOTRIENT ORAL TABLET	5	PA			
WELIREG ORAL TABLET	5	PA			

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RYBREVANT INTRAVENOUS SOLUTION	5	PA	<i>leucovorin calcium oral tablet</i>	3	
SARCLISA INTRAVENOUS SOLUTION	5	PA	MESNEX ORAL TABLET	5	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	Antiparasitics		
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	Anthelmintics		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	<i>albendazole oral tablet</i>	5	
ZIRABEV INTRAVENOUS SOLUTION	5	PA	<i>ivermectin oral tablet</i>	3	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	<i>praziquantel oral tablet</i>	4	
Retinoids			Antiprotozoals		
<i>bexarotene external gel</i>	5	PA	ALINIA ORAL SUSPENSION RECONSTITUTED	4	
<i>bexarotene oral capsule</i>	5	PA	<i>atovaquone oral suspension</i>	4	
PANRETIN EXTERNAL GEL	5		<i>atovaquone-proguanil hcl oral tablet</i>	3	
TARGRETIN EXTERNAL GEL	5	PA	BENZNIDAZOLE ORAL TABLET	3	
<i>tretinoin oral capsule</i>	5		<i>chloroquine phosphate oral tablet</i>	3	
Treatment Adjuncts			COARTEM ORAL TABLET	4	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	5		<i>hydroxychloroquine sulfate oral tablet</i>	2	
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	4		<i>mefloquine hcl oral tablet</i>	2	
			<i>nitazoxanide oral tablet</i>	5	
			<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
			<i>pentamidine isethionate injection solution reconstituted</i>	3	
			<i>primaquine phosphate oral tablet</i>	3	
			<i>pyrimethamine oral tablet</i>	5	PA
			<i>quinine sulfate oral capsule</i>	3	PA

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Antiparkinson Agents					
Anticholinergics					
<i>benztropine mesylate oral tablet</i>	2		<i>carbidopa-levodopa oral tablet</i>	2	
<i>trihexyphenidyl hcl oral solution</i>	2		<i>carbidopa-levodopa oral tablet dispersible</i>	4	
<i>trihexyphenidyl hcl oral tablet</i>	4		<i>INBRIJA INHALATION CAPSULE</i>	5	PA
Antiparkinson Agents, Other					
<i>entacapone oral tablet</i>	3		<i>RYTARY ORAL CAPSULE EXTENDED RELEASE</i>	4	ST
<i>tolcapone oral tablet</i>	5		Monoamine Oxidase B (MAO-B) Inhibitors		
Dopamine Agonists					
<i>bromocriptine mesylate oral capsule</i>	4		<i>rasagiline mesylate oral tablet</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4		<i>selegiline hcl oral capsule</i>	3	
<i>KYNMOBI SUBLINGUAL FILM</i>	5	PA; QL (150 EA per 30 days)	<i>selegiline hcl oral tablet</i>	3	
<i>KYNMOBI TITRATION KIT SUBLINGUAL KIT</i>	5	PA; QL (20 EA per 365 days)	Antipsychotics		
<i>NEUPRO TRANSDERMAL PATCH 24 HOUR</i>	4	ST	1st Generation/Typical		
<i>pramipexole dihydrochloride oral tablet</i>	2		<i>chlorpromazine hcl oral concentrate</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	4		<i>chlorpromazine hcl oral tablet</i>	4	
<i>ropinirole hcl oral tablet</i>	2		<i>fluphenazine decanoate injection solution</i>	4	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			<i>fluphenazine hcl injection solution</i>	4	
<i>carbidopa oral tablet</i>	4		<i>fluphenazine hcl oral concentrate</i>	4	
<i>carbidopa-levodopa er oral tablet extended release</i>	3		<i>fluphenazine hcl oral elixir</i>	4	
			<i>fluphenazine hcl oral tablet</i>	4	
			<i>haloperidol decanoate intramuscular solution</i>	3	
			<i>haloperidol lactate injection solution</i>	3	
			<i>haloperidol lactate oral concentrate</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	2		ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	
haloperidol oral tablet 20 mg	3		asenapine maleate sublingual tablet sublingual	4	QL (60 EA per 30 days)
loxapine succinate oral capsule	2		CAPLYTA ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
molindone hcl oral tablet	4		FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 8 mg	4		FANAPT ORAL TABLET 4 MG	4	ST; QL (60 EA per 30 days)
perphenazine oral tablet 2 mg, 4 mg	3		FANAPT TITRATION PACK ORAL TABLET	4	ST; QL (8 EA per 180 days)
pimozide oral tablet	4		INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	ST
thioridazine hcl oral tablet	3		INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
thiothixene oral capsule	3		INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg	3		INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	
trifluoperazine hcl oral tablet 10 mg	4		LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 EA per 30 days)
2nd Generation/Atypical			LATUDA ORAL TABLET 80 MG	5	QL (60 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5		LYBALVI ORAL TABLET	5	ST; QL (30 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5				
ariPIPRAZOLE oral solution	4	QL (750 ML per 30 days)			
ariPIPRAZOLE oral tablet	2	QL (30 EA per 30 days)			
ariPIPRAZOLE oral tablet dispersible	5	QL (60 EA per 30 days)			
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5				

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NUPLAZID ORAL CAPSULE	5	PA	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
NUPLAZID ORAL TABLET	5	PA	<i>risperidone oral solution</i>	4	QL (240 ML per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	4		<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)	<i>risperidone oral tablet dispersible 0.25 mg</i>	3	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	3	QL (30 EA per 30 days)	<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)	SECUADO TRANSDERMAL PATCH 24 HOUR	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)	VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5		VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST; QL (14 EA per 365 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)	<i>ziprasidone hcl oral capsule</i>	3	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	3	QL (90 EA per 30 days)	<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	
REXULTI ORAL TABLET	5	QL (30 EA per 30 days)	Treatment-Resistant		
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4		<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
			<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 25 mg</i>	2	QL (270 EA per 30 days)	PREVYMIS ORAL TABLET	5	
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)	<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)	<i>valganciclovir hcl oral tablet</i>	3	
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)	Anti-hepatitis B (HBV) Agents		
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)	<i>adefovir dipivoxil oral tablet</i>	4	
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 EA per 30 days)	BARACLODE ORAL SOLUTION	5	QL (600 ML per 30 days)
VERSACLOZ ORAL SUSPENSION	5	QL (540 ML per 30 days)	<i>entecavir oral tablet</i>	4	QL (30 EA per 30 days)
Antispasticity Agents			EPIVIR HBV ORAL SOLUTION	4	
Antispasticity Agents			<i>lamivudine oral tablet 100 mg</i>	3	
<i>baclofen oral tablet 10 mg, 20 mg</i>	2		VEMLIDY ORAL TABLET	5	
<i>baclofen oral tablet 5 mg</i>	3		Anti-hepatitis C (HCV) Agents		
<i>dantrolene sodium oral capsule</i>	4		MAVYRET ORAL PACKET	5	PA; QL (560 EA per 365 days)
<i>tizanidine hcl oral tablet</i>	2		MAVYRET ORAL TABLET	5	PA; QL (336 EA per 365 days)
Antivirals			REBETOL ORAL SOLUTION 40 MG/ML	5	
Anti-cytomegalovirus (CMV) Agents			<i>ribavirin oral tablet</i>	3	
<i>cidofovir intravenous solution</i>	5		<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; QL (84 EA per 365 days)
<i>ganciclovir sodium intravenous solution</i>	2	B/D	VOSEVI ORAL TABLET	5	PA; QL (84 EA per 365 days)
<i>ganciclovir sodium intravenous solution reconstituted</i>	2	B/D	Antiherpetic Agents		
LIVTENCITY ORAL TABLET	5		<i>acyclovir oral capsule</i>	2	
PREVYMIS INTRAVENOUS SOLUTION	5		<i>acyclovir oral suspension</i>	4	
			<i>acyclovir oral tablet</i>	2	

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acyclovir sodium <i>intravenous solution</i>	4	B/D	TIVICAY PD ORAL TABLET SOLUBLE	4	
famciclovir oral tablet	3		VOCABRIA ORAL TABLET	5	
valacyclovir hcl oral tablet	3	QL (120 EA per 30 days)	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Anti-HIV Agents, Integrase Inhibitors (INSTI)			COMPLERA ORAL TABLET	5	QL (30 EA per 30 days)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5		DELSTRIGO ORAL TABLET	5	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)	EDURANT ORAL TABLET	5	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5		<i>efavirenz oral capsule</i>	4	
DOVATO ORAL TABLET	5	QL (30 EA per 30 days)	<i>efavirenz oral tablet</i>	4	
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days)	<i>efavirenz-emtricitab-tenofovir oral tablet</i>	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	5		<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	QL (30 EA per 30 days)
ISENTRESS ORAL PACKET	5		<i>etravirine oral tablet 100 mg</i>	4	
ISENTRESS ORAL TABLET	5		<i>etravirine oral tablet 200 mg</i>	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5		INTELENCE ORAL TABLET 100 MG, 25 MG	4	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3		INTELENCE ORAL TABLET 200 MG	5	
JULUCA ORAL TABLET	5	QL (30 EA per 30 days)	<i>nevirapine er oral tablet extended release 24 hour</i>	4	
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days)	<i>nevirapine oral suspension</i>	2	
TIVICAY ORAL TABLET 10 MG	4		<i>nevirapine oral tablet</i>	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5		PIFELTRO ORAL TABLET	5	
			RESCRIPTOR ORAL TABLET 200 MG	4	

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Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			<i>stavudine oral capsule</i>	3	
<i>abacavir sulfate oral solution</i>	4		TEMIXYS ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
<i>abacavir sulfate oral tablet</i>	4		<i>tenofovir disoproxil fumarate oral tablet</i>	4	
<i>abacavir sulfate- lamivudine oral tablet</i>	4	QL (30 EA per 30 days)	TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days)
<i>abacavir-lamivudine- zidovudine oral tablet 300-150-300 mg</i>	5	QL (60 EA per 30 days)	TRIUMEQ PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
CIMDUO ORAL TABLET	5	QL (30 EA per 30 days)	TRIZIVIR ORAL TABLET	5	QL (60 EA per 30 days)
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days)	VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
<i>didanosine oral capsule delayed release 200 mg</i>	2		VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	3		VIREAD ORAL POWDER	5	
<i>emtricitabine oral capsule</i>	2		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>emtricitabine-tenofovir df oral tablet</i>	5	QL (30 EA per 30 days)	<i>zidovudine oral capsule</i>	3	
EMTRIVA ORAL SOLUTION	4		<i>zidovudine oral syrup</i>	3	
<i>lamivudine oral solution</i>	3		<i>zidovudine oral tablet</i>	3	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3		Anti-HIV Agents, Other		
<i>lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days)	<i>maraviroc oral tablet</i>	5	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	4	QL (20 EA per 5 days)	RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
RETROVIR INTRAVENOUS SOLUTION	4		SELZENTRY ORAL SOLUTION	5	
			SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	

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SELZENTRY ORAL TABLET 25 MG	4		PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days)
TROGARZO INTRAVENOUS SOLUTION	5		PREZISTA ORAL SUSPENSION	5	
TYBOST ORAL TABLET	3		PREZISTA ORAL TABLET 150 MG, 75 MG	4	
Anti-HIV Agents, Protease Inhibitors (PI)			PREZISTA ORAL TABLET 600 MG, 800 MG	5	
APTIVUS ORAL CAPSULE	5		REYATAZ ORAL PACKET	5	
APTIVUS ORAL SOLUTION 100 MG/ML	5		<i>ritonavir oral tablet</i>	3	
<i>atazanavir sulfate oral capsule</i>	4		SYMTUZA ORAL TABLET	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3		VIRACEPT ORAL TABLET	5	
CRIXIVAN ORAL CAPSULE 400 MG	4		Anti-influenza Agents		
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days)	<i>amantadine hcl oral capsule</i>	2	
<i>fosamprenavir calcium oral tablet</i>	5		<i>amantadine hcl oral solution</i>	2	
INVIRASE ORAL TABLET 500 MG	5		<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
KALETRA ORAL TABLET 100-25 MG	4		<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 EA per 365 days)
KALETRA ORAL TABLET 200-50 MG	5		<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (110 EA per 365 days)
LEXIVA ORAL SUSPENSION	4		<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (1080 ML per 365 days)
<i>lopinavir-ritonavir oral solution</i>	4		RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	QL (240 EA per 365 days)
<i>lopinavir-ritonavir oral tablet</i>	4		<i>rimantadine hcl oral tablet</i>	3	
NORVIR ORAL PACKET	4		XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (4 EA per 365 days)
NORVIR ORAL SOLUTION	4				

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XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL (2 EA per 365 days)	<i>diazepam oral solution</i>	2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL (4 EA per 365 days)	<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
Anxiolytics			<i>diazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
Anxiolytics, Other			<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1		<i>lorazepam intensol oral concentrate</i>	2	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	4		<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>hydroxyzine pamoate oral capsule</i>	4		<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
Benzodiazepines			Bipolar Agents		
<i>alprazolam intensol oral concentrate</i>	4		Mood Stabilizers		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)	<i>lithium carbonate er oral tablet extended release</i>	2	
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)	<i>lithium carbonate oral capsule</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	2	QL (900 EA per 30 days)	<i>lithium carbonate oral tablet</i>	1	
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	2	QL (360 EA per 30 days)	<i>lithium oral solution 8 meq/5ml</i>	2	
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	2	QL (120 EA per 30 days)	<i>valproic acid oral capsule</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)	<i>valproic acid oral solution</i>	2	
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)	Blood Glucose Regulators		
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)	Antidiabetic Agents		
<i>diazepam injection solution</i>	4		<i>acarbose oral tablet</i>	2	
<i>diazepam intensol oral concentrate</i>	2		<i>CYCLOSET ORAL TABLET</i>	4	
<i>diazepam oral concentrate</i>	2		<i>FARXIGA ORAL TABLET</i>	3	

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glipizide oral tablet	1		MOUNJARO SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	QL (2 ML per 28 days)
glipizide xl oral tablet extended release 24 hour	1		nateglinide oral tablet	1	
glipizide-metformin hcl oral tablet	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
glyburide oral tablet	2		OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	3	QL (3 ML per 28 days)
glyburide-metformin oral tablet	2		pioglitazone hcl oral tablet	1	
GLYXAMBI ORAL TABLET	3		pioglitazone hcl- metformin hcl oral tablet	2	
INVOKAMET ORAL TABLET	4	ST	repaglinide oral tablet	1	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST	RYBELSUS ORAL TABLET 14 MG, 7 MG	3	QL (30 EA per 30 days)
INVOKANA ORAL TABLET	4	ST	RYBELSUS ORAL TABLET 3 MG	3	QL (60 EA per 365 days)
JANUMET ORAL TABLET	3		SOLIQUA SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	SI
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3		SYMLINPEN 120	5	PA
JANUVIA ORAL TABLET	3		SYMLINPEN 60	5	PA
JARDIANCE ORAL TABLET	3		SYNJARDY ORAL TABLET	3	
JENTADUETO ORAL TABLET	3		SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3		tolazamide oral tablet 250 mg, 500 mg	1	
metformin hcl er oral tablet extended release 24 hour	1		tolbutamide oral tablet 500 mg	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		TRADJENTA ORAL TABLET	3	
miglitol oral tablet	3				

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TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3		Insulins		
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2 ML per 28 days)	HUMALOG INJECTION SOLUTION	3	SI
VICTOZA	3	QL (9 ML per 30 days)	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3		HUMALOG MIX 50/50 KWIKPEN	3	SI
Glycemic Agents			HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	3	SI
BAQSIMI ONE PACK NASAL POWDER	3		HUMALOG MIX 75/25 KWIKPEN	3	SI
BAQSIMI TWO PACK NASAL POWDER	3		HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	SI
<i>diazoxide oral suspension</i>	4		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	SI
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	4	ST	HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI
<i>glucagon emergency kit</i>	3		HUMULIN 70/30 KWIKPEN	3	SI
GLUCAGON EMERGENCY KIT	3		HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	SI
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3		HUMULIN N KWIKPEN	3	SI
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3		HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	3	SI
GVOKE KIT SUBCUTANEOUS SOLUTION	3		HUMULIN R U-500 KWIKPEN	3	SI
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3		HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	3	SI
			HUMULIN R VIAL INJECTION SOLUTION	3	SI

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INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	SI	LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI	LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	3	SI
INSULIN ASPART INJECTION SOLUTION	3	SI	LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	SI	LYUMJEV VIAL INJECTION SOLUTION	3	SI
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	SI	NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI	NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	SI
INSULIN LISPRO INJECTION SOLUTION	3	SI	NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI	NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	SI
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	SI	NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
LANTUS U-100 SOLOSTAR	3	SI	NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	SI
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	SI	NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	

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NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	3	SI	Anticoagulants		
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	SI	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN- INJECTOR	3		ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
NOVOLIN R RELION INJECTION SOLUTION	3		ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
NOVOLIN R VIAL INJECTION SOLUTION	3	SI	<i>enoxaparin sodium injection solution</i>	4	QL (105 ML per 90 days)
NOVOLOG U-100 FLEXPEN	3	SI	<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (35 ML per 90 days)
NOVOLOG MIX 70/30 FLEXPEN	3	SI	<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (28 ML per 90 days)
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	SI	<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
NOVOLOG U-100 PENFILL	3	SI	<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (14 ML per 90 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	SI	<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (21 ML per 90 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	SI	<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (28 ML per 90 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	SI	<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
TRESIBA SUBCUTANEOUS SOLUTION	3	SI	<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (14 ML per 90 days)
Blood Products and Modifiers			<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (21 ML per 90 days)

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FRAGMIN SUBCUTANEOUS SOLUTION	5	QL (22.8 ML per 90 days)	XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	5	QL (35 ML per 90 days)	XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	5	QL (17.5 ML per 90 days)	XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	QL (102 EA per 365 days)
Blood Products and Modifiers, Other					
<i>anagrelide hcl oral capsule</i>			NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	5	QL (21 ML per 90 days)	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	5	QL (25.3 ML per 90 days)	OXBRYTA ORAL TABLET SOLUBLE	5	PA; QL (240 EA per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	QL (7 ML per 90 days)	PROCIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	5	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML	5	QL (7 ML per 90 days)	PROCIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	5	QL (10.5 ML per 90 days)	PROMACTA ORAL PACKET	5	PA
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	2		PROMACTA ORAL TABLET	5	PA
<i>jantoven oral tablet</i>	1		PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
<i>warfarin sodium oral tablet</i>	1		PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)

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PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)	<i>guanfacine hcl oral tablet</i>	4	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5		<i>midodrine hcl oral tablet</i>	2	
Hemostasis Agents			Alpha-adrenergic Blocking Agents		
<i>tranexamic acid oral tablet</i>	3		<i>prazosin hcl oral capsule</i>	2	
Platelet Modifying Agents			<i>terazosin hcl oral capsule</i>	1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4		Angiotensin II Receptor Antagonists		
BRILINTA ORAL TABLET	3		<i>candesartan cilexetil oral tablet</i>	1	
CABLIVI INJECTION KIT	5	PA; QL (30 EA per 30 days)	<i>EDARBI ORAL TABLET</i>	4	
<i>cilostazol oral tablet</i>	2		<i>eprosartan mesylate oral tablet 600 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2		<i>irbesartan oral tablet</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1		<i>losartan potassium oral tablet</i>	1	
<i>prasugrel hcl oral tablet 10 mg</i>	2		<i>olmesartan medoxomil oral tablet</i>	2	
<i>prasugrel hcl oral tablet 5 mg</i>	3		<i>telmisartan oral tablet</i>	1	
TAVALISSE ORAL TABLET	5	PA	<i>valsartan oral tablet</i>	1	
Cardiovascular Agents			Angiotensin-converting Enzyme (ACE) Inhibitors		
Alpha-adrenergic Agonists			<i>benazepril hcl oral tablet</i>	1	
<i>clonidine hcl oral tablet</i>	1		<i>captopril oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	3		<i>enalapril maleate oral tablet</i>	1	
<i>droxidopa oral capsule</i>	5	PA	<i>fosinopril sodium oral tablet</i>	1	
			<i>lisinopril oral tablet</i>	1	
			<i>moexipril hcl oral tablet</i>	2	
			<i>perindopril erbumine oral tablet</i>	2	

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quinapril hcl oral tablet	1		sorine oral tablet	2	
ramipril oral capsule	1		sotalol hcl (af) oral tablet	2	
trandolapril oral tablet	1		sotalol hcl oral tablet	2	
Antiarrhythmics					
amiodarone hcl oral tablet 100 mg, 400 mg	3		Beta-adrenergic Blocking Agents		
amiodarone hcl oral tablet 200 mg	1		acebutolol hcl oral capsule	2	
digitek oral tablet	2		atenolol oral tablet	1	
digox oral tablet	2		betaxolol hcl oral tablet	3	
digoxin oral solution	4		bisoprolol fumarate oral tablet	2	
digoxin oral tablet	2		BYSTOLIC ORAL TABLET	3	
disopyramide phosphate oral capsule	4		carvedilol oral tablet	1	
dofetilide oral capsule	4		carvedilol phosphate er oral capsule extended release 24 hour	4	
flecainide acetate oral tablet	2		labetalol hcl oral tablet	2	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml	2		metoprolol succinate er oral tablet extended release 24 hour	2	
mexiletine hcl oral capsule	3		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
MULTAQ ORAL TABLET	3		nadolol oral tablet 20 mg, 40 mg	2	
pacerone oral tablet 100 mg, 400 mg	3		nadolol oral tablet 80 mg	3	
pacerone oral tablet 200 mg	1		nebivolol hcl oral tablet	2	
propafenone hcl er oral capsule extended release 12 hour	4		pindolol oral tablet	3	
propafenone hcl oral tablet	2		propranolol hcl er oral capsule extended release 24 hour	2	
quinidine gluconate er oral tablet extended release	4		propranolol hcl oral tablet	2	
quinidine sulfate oral tablet	2		Calcium Channel Blocking Agents, Dihydropyridines		

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amlodipine besylate oral tablet	1		diltiazem hcl er oral capsule extended release 24 hour	2	
felodipine er oral tablet extended release 24 hour	2		diltiazem hcl oral tablet	2	
isradipine oral capsule	4		dilt-xr oral capsule extended release 24 hour	2	
nicardipine hcl oral capsule	4		matzim la oral tablet extended release 24 hour	3	
nifedipine er oral tablet extended release 24 hour	2		taztia xt oral capsule extended release 24 hour	2	
nifedipine er osmotic release oral tablet extended release 24 hour	2		tiadylt er oral capsule extended release 24 hour	2	
nimodipine oral capsule	4		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
NYMALIZE ORAL SOLUTION	5		VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	3	
Calcium Channel Blocking Agents, Nondihydropyridines			verapamil hcl er oral tablet extended release	2	
cartia xt oral capsule extended release 24 hour	2		verapamil hcl oral tablet	1	
diltiazem hcl er beads oral capsule extended release 24 hour	2		Cardiovascular Agents, Other		
diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral	4		acetazolamide oral tablet	3	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2		ADRENALIN INJECTION SOLUTION 1 MG/ML	4	
diltiazem hcl er coated beads oral tablet extended release 24 hour	3		aliskiren fumarate oral tablet	2	
diltiazem hcl er oral capsule extended release 12 hour	4		amiloride-hydrochlorothiazide oral tablet	2	
			amlodipine besylate-benazepril hcl oral capsule	1	

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amlodipine besylate-valsartan oral tablet	1		irbesartan-hydrochlorothiazide oral tablet	1	
amlodipine-atorvastatin oral tablet	2		isosorb dinitrate-hydralazine oral tablet	3	
amlodipine-olmesartan oral tablet	2		lisinopril-hydrochlorothiazide oral tablet	1	
amlodipine-valsartan-hctz oral tablet	2		losartan potassium-hctz oral tablet	1	
atenolol-chlorthalidone oral tablet	2		metyrosine oral capsule	5	
benazepril-hydrochlorothiazide oral tablet	1		olmesartan medoxomil-hctz oral tablet	2	
BIDIL ORAL TABLET	3		pentoxifylline er oral tablet extended release	2	
bisoprolol-hydrochlorothiazide oral tablet	2		quinapril-hydrochlorothiazide oral tablet	1	
CAMZYOS ORAL CAPSULE	5	PA; QL (30 EA per 30 days)	ranolazine er oral tablet extended release 12 hour	2	
candesartan cilexetil-hctz oral tablet	1		spironolactone-hctz oral tablet	2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2		telmisartan-amlodipine oral tablet	2	
CORLANOR ORAL SOLUTION	4	PA; QL (450 ML per 30 days)	telmisartan-hctz oral tablet	1	
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)	trandolapril-verapamil hcl er oral tablet extended release	1	
EDARBYCLOR ORAL TABLET	4		triamterene-hctz oral capsule	2	
enalapril-hydrochlorothiazide oral tablet	1		triamterene-hctz oral tablet	1	
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)	valsartan-hydrochlorothiazide oral tablet	1	
fosinopril sodium-hctz oral tablet	2		VYNDAMAX ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
icosapent ethyl oral capsule 0.5 gm	4	PA	Diuretics, Loop		

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<i>bumetanide injection solution</i>	2		<i>gemfibrozil oral tablet</i>	2	
<i>bumetanide oral tablet</i>	1		Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>furosemide injection solution</i>	3		<i>atorvastatin calcium oral tablet</i>	1	
<i>furosemide oral solution</i>	2		<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	4	
<i>furosemide oral tablet</i>	1		<i>fluvastatin sodium oral capsule</i>	4	
<i>torsemide oral tablet</i>	1		LIVALO ORAL TABLET	4	ST
Diuretics, Potassium-sparing			<i>lovastatin oral tablet</i>	1	
<i>amiloride hcl oral tablet</i>	2		<i>pravastatin sodium oral tablet</i>	1	
<i>eplerenone oral tablet</i>	3		<i>rosuvastatin calcium oral tablet</i>	1	
<i>spironolactone oral tablet</i>	1		<i>simvastatin oral tablet</i>	1	
Diuretics, Thiazide			Dyslipidemics, Other		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2		<i>cholestyramine light oral packet</i>	3	
<i>chlorthalidone oral tablet</i>	2		<i>cholestyramine light oral powder</i>	3	
DIURIL ORAL SUSPENSION	4		<i>cholestyramine oral packet</i>	3	
<i>hydrochlorothiazide oral capsule</i>	1		<i>cholestyramine oral powder</i>	3	
<i>hydrochlorothiazide oral tablet</i>	1		<i>colesevelam hcl oral tablet</i>	4	
<i>indapamide oral tablet</i>	1		<i>colestipol hcl oral granules</i>	3	
<i>metolazone oral tablet</i>	2		<i>colestipol hcl oral packet</i>	3	
Dyslipidemics, Fibric Acid Derivatives			<i>colestipol hcl oral tablet</i>	3	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2		<i>ezetimibe oral tablet</i>	2	
<i>fenofibrate oral capsule 50 mg</i>	2		<i>ezetimibe-simvastatin oral tablet</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2		<i>icosapent ethyl oral capsule 1 gm</i>	4	PA
<i>fenofibric acid oral capsule delayed release</i>	3				

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JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	5	PA; QL (30 EA per 30 days)	Vasodilators, Direct-acting Arterial/Venous		
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)	DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	4	
NEXLETOL ORAL TABLET	4	PA; QL (30 EA per 30 days)	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
NEXLIZET ORAL TABLET	4	PA; QL (30 EA per 30 days)	<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3		<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule</i>	4		<i>isosorbide mononitrate oral tablet</i>	2	
<i>prevalite oral packet</i>	3		<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>prevalite oral powder</i>	3		<i>nitro-bid transdermal ointment</i>	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL (7 ML per 28 days)	<i>nitroglycerin sublingual tablet sublingual</i>	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days)	<i>nitroglycerin transdermal patch 24 hour</i>	2	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)	<i>nitroglycerin translingual solution</i>	4	
Vasodilators, Direct-acting Arterial			Central Nervous System Agents		
<i>hydralazine hcl injection solution</i>	4		Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1		<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	3	QL (60 EA per 30 days)
<i>hydralazine hcl oral tablet 100 mg</i>	2		<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (90 EA per 30 days)
<i>minoxidil oral tablet</i>	2				

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dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	4	QL (180 EA per 30 days)	methylphenidate hcl oral solution 5 mg/5ml	4	
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	QL (120 EA per 30 days)	methylphenidate hcl oral tablet	2	QL (90 EA per 30 days)
Central Nervous System, Other					
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	4	QL (60 EA per 30 days)	AUSTEDO ORAL TABLET	5	PA; QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	3	QL (180 EA per 30 days)	butalbital-apap-caffeine oral tablet	3	
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg	3	QL (90 EA per 30 days)	EXSERVAN ORAL FILM	5	PA
dextroamphetamine sulfate oral tablet 30 mg	3	QL (60 EA per 30 days)	INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
atomoxetine hcl oral capsule 10 mg	4	QL (60 EA per 30 days)	NUEDEXTA ORAL CAPSULE	5	PA
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)	RADICAVA ORS ORAL SUSPENSION	5	PA
clonidine hcl er oral tablet extended release 12 hour	4		RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
guanfacine hcl er oral tablet extended release 24 hour	3		riluzole oral tablet	4	PA
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	4	QL (30 EA per 30 days)	tetrabenazine oral tablet	5	PA
methylphenidate hcl er (osm) oral tablet extended release 36 mg	4	QL (60 EA per 30 days)	ZTALMY ORAL SUSPENSION	5	PA
Fibromyalgia Agents			Fibromyalgia Agents		
			pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	2	QL (90 EA per 30 days)
			pregabalin oral capsule 300 mg	2	QL (60 EA per 30 days)
			pregabalin oral solution	4	QL (900 ML per 30 days)
			SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)

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SAVELLA TITRATION PACK ORAL	3	QL (110 EA per 365 days)	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
Multiple Sclerosis Agents					
AUBAGIO ORAL TABLET	5	PA; QL (30 EA per 30 days)	KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.4 ML per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-Injector KIT	5	PA; QL (4 EA per 28 days)	MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days)	MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	5	PA; QL (4 EA per 28 days)	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA; QL (14 EA per 365 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days)	OCREVUS INTRAVENOUS SOLUTION	5	PA; QL (40 ML per 365 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	5	PA; QL (60 EA per 30 days)	PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	PA; QL (1 ML per 28 days)
<i>dimethyl fumarate oral capsule delayed release</i>	5	PA; QL (60 EA per 30 days)	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 365 days)
<i>dimethyl fumarate starter pack oral</i>	5	PA; QL (120 EA per 365 days)	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 365 days)
EXTAVIA SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days)	PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (1 ML per 28 days)
<i> fingolimod hcl oral capsule</i>	5	PA; QL (30 EA per 30 days)			
GILENYA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)			
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)			

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PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 ML per 28 days)	Dental and Oral Agents		
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (6 ML per 28 days)	<i>chlorhexidine gluconate mouth/throat solution</i>	1	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8.4 ML per 365 days)	<i>doxycycline hyclate oral tablet 20 mg</i>	2	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 28 days)	KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (8.4 ML per 365 days)	<i>lidocaine viscous hcl mouth/throat solution</i>	2	
TYSABRI INTRAVENOUS CONCENTRATE	5	PA	<i>oralone mouth/throat paste</i>	3	
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; QL (212 EA per 365 days)	<i>paroex mouth/throat solution 0.12 %</i>	1	
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)	<i>pilocarpine hcl oral tablet</i>	3	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days)	<i>triamcinolone acetonide mouth/throat paste</i>	3	
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)	Dermatological Agents		
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; QL (74 EA per 365 days)	Acne and Rosacea Agents		
Dental and Oral Agents			<i>accutane oral capsule</i>	4	PA
			<i>acitretin oral capsule</i>	4	
			<i>amnesteem oral capsule</i>	4	PA
			<i>azelaic acid external gel</i>	4	
			<i>benzoyl peroxide-erythromycin external gel</i>	4	
			<i>claravis oral capsule</i>	4	PA
			<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	4	
			FINACEA EXTERNAL FOAM	3	
			<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA

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<i>metronidazole external cream</i>	3		<i>betamethasone dipropionate aug external gel</i>	3	
<i>metronidazole external gel 0.75 %</i>	3		<i>betamethasone dipropionate aug external ointment</i>	3	
<i>metronidazole external gel 1 %</i>	4		<i>betamethasone dipropionate external cream</i>	3	
<i>metronidazole external lotion</i>	4		<i>betamethasone dipropionate external lotion</i>	3	
<i>myorisan oral capsule</i>	4	PA	<i>betamethasone dipropionate external ointment</i>	3	
<i>plexion ns external shampoo</i>	2		<i>betamethasone valerate external cream</i>	3	
<i>rosadan external cream</i>	3		<i>betamethasone valerate external lotion</i>	3	
<i>rosadan external gel</i>	3		<i>betamethasone valerate external ointment</i>	3	
<i>sodium sulfacetamide external shampoo 9.8 %</i>	2		<i>CIBINQO ORAL TABLET</i>	5	PA; QL (30 EA per 30 days)
<i>tazarotene external cream</i>	4		<i>clobetasol propionate e external cream</i>	3	
<i>tazarotene external gel</i>	4		<i>clobetasol propionate external cream</i>	2	
<i>tretinoin external cream 0.025 %</i>	2	PA	<i>clobetasol propionate external gel</i>	3	
<i>tretinoin external cream 0.05 %</i>	4	PA	<i>clobetasol propionate external ointment</i>	2	
<i>zenatane oral capsule</i>	4	PA	<i>clobetasol propionate external shampoo</i>	4	
Dermatitis and Pruritus Agents			<i>clobetasol propionate external solution</i>	3	
<i>ala-cort external cream 2.5 %</i>	2		<i>desonide external cream</i>	3	
<i>alclometasone dipropionate external cream</i>	3		<i>desonide external ointment</i>	3	
<i>alclometasone dipropionate external ointment</i>	3		<i>desoximetasone external cream 0.25 %</i>	3	
<i>ammonium lactate external cream</i>	2				
<i>ammonium lactate external lotion</i>	2				
<i>betamethasone dipropionate aug external cream</i>	2				

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desoximetasone external ointment 0.25 %	3		hydrocortisone valerate external cream	3	QL (60 GM per 30 days)
EUCRISA EXTERNAL OINTMENT	4	PA	mometasone furoate external cream	2	
fluocinolone acetonide body external oil	3		mometasone furoate external ointment	2	
fluocinolone acetonide external cream	3		mometasone furoate external solution	2	
fluocinolone acetonide external ointment	3		OPZELURA EXTERNAL CREAM	5	PA; QL (240 GM per 30 days)
fluocinolone acetonide external solution	3		selenium sulfide external lotion	2	
fluocinolone acetonide scalp external oil	3		tacrolimus external ointment	4	
fluocinonide external cream 0.05 %	3		triamcinolone acetonide external cream	2	
fluocinonide external cream 0.1 %	3	QL (120 GM per 30 days)	triamcinolone acetonide external lotion	2	
fluocinonide external gel	3		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
fluocinonide external ointment	3		triderm external cream	2	
fluocinonide external solution	3		Dermatological Agents, Other		
fluticasone propionate external cream	2		calcipotriene external cream	4	QL (120 GM per 30 days)
fluticasone propionate external ointment	2		calcipotriene external ointment	4	QL (120 GM per 30 days)
halobetasol propionate external cream	3		calcipotriene external solution	3	QL (60 ML per 30 days)
halobetasol propionate external ointment	3		clotrimazole- betamethasone external cream	2	
hydrocortisone (perianal) external cream 2.5 %	2		diclofenac sodium external gel 3 %	4	ST; QL (300 GM per 30 days)
hydrocortisone external cream 2.5 %	2		fluorouracil external cream 0.5 %	4	
hydrocortisone external lotion 2.5 %	2		fluorouracil external cream 5 %	2	
hydrocortisone external ointment 2.5 %	2				

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<i>fluorouracil external solution 2 %</i>	3		<i>ciclopirox olamine external cream</i>	2	
<i>fluorouracil external solution 5 %</i>	4		<i>ciclopirox olamine external suspension</i>	3	
<i>imiquimod external cream 5 %</i>	3		<i>clindamycin phosphate external lotion</i>	4	
<i>nystatin-triamcinolone external cream</i>	3		<i>clindamycin phosphate external solution</i>	2	
<i>nystatin-triamcinolone external ointment</i>	3		<i>ery external pad</i>	3	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	5	ST	<i>erythromycin external gel</i>	2	
<i>podofilox external solution</i>	3		<i>erythromycin external pad 2 %</i>	3	
SANTYL EXTERNAL OINTMENT	4		<i>erythromycin external solution</i>	3	
<i>silver sulfadiazine external cream</i>	2		<i>mupirocin external ointment</i>	2	
SSD EXTERNAL CREAM	2		Electrolytes/Minerals/Metals/Vitamins		
<i>urea external lotion</i>	4		Electrolyte/Mineral Replacement		
Pediculicides/Scabicides			<i>aminosyn ii intravenous solution 15 %</i>	4	B/D
<i>malathion external lotion</i>	4		CARBAGLU ORAL TABLET SOLUBLE	5	
<i>permethrin external cream</i>	3		<i>carglumic acid oral tablet soluble</i>	5	
Topical Anti-infectives			<i>clinisol sf intravenous solution</i>	4	B/D
<i>acyclovir external ointment</i>	4		<i>dextrose intravenous solution 5 %</i>	2	
BACTROBAN NASAL NASAL OINTMENT 2 %	4		<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	2	
<i>ciclodan external solution</i>	3	PA	KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
<i>ciclopirox external gel</i>	3		<i>klor-con m10 oral tablet extended release</i>	2	
<i>ciclopirox external shampoo</i>	3		<i>klor-con m15 oral tablet extended release</i>	3	
<i>ciclopirox external solution</i>	3	PA			

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klor-con m20 oral tablet extended release	2		CLOVIQUE ORAL CAPSULE 250 MG	5	PA
klor-con oral packet	4		deferasirox granules oral packet	5	PA
KLOR-CON ORAL TABLET EXTENDED RELEASE	2		deferasirox oral tablet	5	PA
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	2		deferasirox oral tablet soluble	5	PA
plenamine intravenous solution	4	B/D	deferiprone oral tablet	5	PA
potassium chloride cycler oral tablet extended release 10 meq, 20 meq	2		sodium polystyrene sulfonate oral powder	3	
potassium chloride cycler oral tablet extended release 15 meq	3		trientine hcl oral capsule	5	PA
potassium chloride er oral capsule extended release	2		Phosphate Binders		
potassium chloride er oral tablet extended release	2		AURYXIA ORAL TABLET	5	PA
potassium chloride oral packet	4		calcium acetate (phos binder) oral capsule	4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4		calcium acetate oral tablet 667 mg	3	
potassium citrate er oral tablet extended release	4		lanthanum carbonate oral tablet chewable	5	
sodium chloride intravenous solution 0.45 %, 0.9 %	2		sevelamer carbonate oral packet	5	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	sevelamer carbonate oral tablet	4	
Electrolyte/Mineral/Metal Modifiers			VELPHORO ORAL TABLET CHEWABLE	5	
CHEMET ORAL CAPSULE	5		Potassium Binders		
			kionex oral suspension 15 gm/60ml	3	
			sodium polystyrene sulfonate oral suspension 15 gm/60ml	3	
			sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	3	
			sps oral suspension	3	
			VELTASSA ORAL PACKET	5	
			Vitamins		

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prenatal oral tablet 27-1 mg	2		diphenoxylate-atropine oral tablet	3			
Gastrointestinal Agents							
Anti-Constipation Agents							
constulose oral solution	2		XERMELO ORAL TABLET	5	PA; QL (90 EA per 30 days)		
enulose oral solution	2		Antispasmodics, Gastrointestinal				
generlac oral solution	2		CUVPOSA ORAL SOLUTION	4			
lactulose encephalopathy oral solution	2		dicyclomine hcl oral capsule	2			
lactulose oral solution 10 gm/15ml	2		dicyclomine hcl oral solution	4			
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)	dicyclomine hcl oral tablet	2			
lubiprostone oral capsule	3	QL (60 EA per 30 days)	glycopyrrolate injection solution	4			
MOTEGRITY ORAL TABLET	3	QL (30 EA per 30 days)	glycopyrrolate oral solution	4			
pegylax oral powder 17 gm/scoop	2		glycopyrrolate oral tablet 1 mg, 2 mg	3			
polyethylene glycol 3350 oral packet 17 gm	2		Gastrointestinal Agents, Other				
polyethylene glycol 3350 oral powder	2		CLENPIQ ORAL SOLUTION	3			
RELISTOR ORAL TABLET	5	ST; QL (90 EA per 30 days)	GATTEX SUBCUTANEOUS KIT	5	PA		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	ST; QL (18 ML per 30 days)	gavilyte-c oral solution reconstituted	2			
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	ST; QL (12 ML per 30 days)	gavilyte-g oral solution reconstituted	2			
Anti-Diarrheal Agents			gavilyte-h oral kit 5-210 mg-gm	2			
alosetron hcl oral tablet	5	PA	gavilyte-n with flavor pack oral solution reconstituted 420 gm	2			
			metoclopramide hcl oral solution 5 mg/5ml	2			
			metoclopramide hcl oral tablet	1			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA	<i>misoprostol oral tablet 100 mcg</i>	2	
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION	3		<i>misoprostol oral tablet 200 mcg</i>	3	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	2		<i>sucralfate oral suspension</i>	4	
<i>peg 3350-kcl-na bicarb- nacl oral solution reconstituted</i>	2		<i>sucralfate oral tablet</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2		Proton Pump Inhibitors		
RECTIV RECTAL OINTMENT	4		<i>DEXILANT ORAL CAPSULE DELAYED RELEASE</i>	4	QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION	3		<i>dexlansoprazole oral capsule delayed release</i>	4	QL (30 EA per 30 days)
<i>trilyte oral solution reconstituted 420 gm</i>	2		<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	4		<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>ursodiol oral tablet</i>	2		<i>omeprazole oral capsule delayed release 10 mg</i>	2	QL (60 EA per 30 days)
XIFAXAN ORAL TABLET	5	PA	<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA	<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
Histamine2 (H2) Receptor Antagonists			<i>rabeprazole sodium oral tablet delayed release</i>	3	QL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	4		Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>famotidine oral tablet 20 mg, 40 mg</i>	2		Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>nizatidine oral solution 15 mg/ml</i>	4		ALDURAZYME INTRAVENOUS SOLUTION	5	PA
Protectants					

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ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA	<i>miglustat oral capsule</i>	5	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	PA	NAGLAZYME INTRAVENOUS SOLUTION	5	PA
<i>betaine oral powder</i>	5		<i>nitisinone oral capsule</i>	5	
CERDELGA ORAL CAPSULE	5	PA	ORFADIN ORAL CAPSULE 20 MG	5	
CHOLBAM ORAL CAPSULE	5	PA	ORFADIN ORAL SUSPENSION	5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3		PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA
<i>cromolyn sodium oral concentrate</i>	4		PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
CYSTADANE ORAL POWDER	5		RAVICTI ORAL LIQUID	5	PA
CYSTAGON ORAL CAPSULE	4		<i>sapropterin dihydrochloride oral packet</i>	5	PA
ELAPRASE INTRAVENOUS SOLUTION	5	PA	<i>sapropterin dihydrochloride oral tablet</i>	5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (240 ML per 30 days)	<i>sodium phenylbutyrate oral powder</i>	5	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	<i>sodium phenylbutyrate oral tablet</i>	5	
GALAFOLD ORAL CAPSULE	5	PA; QL (14 EA per 28 days)	STRENSIQ SUBCUTANEOUS SOLUTION	5	PA
KANUMA INTRAVENOUS SOLUTION	5	PA	SUCRAID ORAL SOLUTION	5	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
			VIMIZIM INTRAVENOUS SOLUTION	5	PA
			VYndaqel ORAL CAPSULE	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits			
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	<i>trospium chloride er oral capsule extended release 24 hour</i>	4				
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3		<i>trospium chloride oral tablet</i>	3				
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days)	Benign Prostatic Hypertrophy Agents					
Genitourinary Agents								
Antispasmodics, Urinary								
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	4		<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2				
<i>flavoxate hcl oral tablet</i>	3		<i>doxazosin mesylate oral tablet</i>	2				
GELNIQUE PUMP TRANSDERMAL GEL 10 %	4		<i>dutasteride oral capsule</i>	2				
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3		<i>dutasteride-tamsulosin hcl oral capsule</i>	4				
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3		<i>finasteride oral tablet 5 mg</i>	1				
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2		<i>silodosin oral capsule</i>	4				
<i>oxybutynin chloride oral syrup</i>	2		<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)			
<i>oxybutynin chloride oral tablet</i>	2		<i>tamsulosin hcl oral capsule</i>	2				
<i>solifenacin succinate oral tablet</i>	2		Genitourinary Agents, Other					
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	3		<i>acetic acid irrigation solution</i>	1				
<i>tolterodine tartrate oral tablet</i>	3		<i>bethanechol chloride oral tablet</i>	2				
Hormonal Agents, Stimulant/Replace- ment/Modifying (Adrenal)								
<i>d-penamine oral tablet 125 mg</i>								
ELMIRON ORAL CAPSULE								
<i>penicillamine oral tablet</i>								
THIOLA EC ORAL TABLET DELAYED RELEASE								

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Hormonal Agents, Stimulant/Replace ment/Modifying (Adrenal)					
cortisone acetate oral tablet 25 mg	3		desmopressin ace spray refrig nasal solution	4	
dexamethasone oral elixir	3		desmopressin acetate injection solution	5	
dexamethasone oral solution	3		desmopressin acetate nasal solution	5	
dexamethasone oral tablet	2		desmopressin acetate oral tablet	3	
fludrocortisone acetate oral tablet	2		desmopressin acetate pf injection solution	5	
hydrocortisone oral tablet	2		desmopressin acetate spray nasal solution	4	
methylprednisolone oral tablet	2		FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	5	PA; QL (1 EA per 168 days)
methylprednisolone oral tablet therapy pack	2		GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	5	PA
prednisolone oral solution	2		GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
prednisolone oral syrup 15 mg/5ml	2		INCRELEX SUBCUTANEOUS SOLUTION	5	PA
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	4		SKYTROFA SUBCUTANEOUS CARTRIDGE	5	PA
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	2		STIMATE NASAL SOLUTION 1.5 MG/ML	5	
prednisolone sodium phosphate oral solution 25 mg/5ml	3		Hormonal Agents, Stimulant/Replace ment/Modifying (Prostaglandins)		
prednisone oral solution	3		Hormonal Agents, Stimulant/Replace ment/Modifying (Prostaglandins)		
prednisone oral tablet	1				
prednisone oral tablet therapy pack	2				
Hormonal Agents, Stimulant/Replace ment/Modifying (Pituitary)					

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KORLYM ORAL TABLET	5	PA; QL (120 EA per 30 days)	<i>amethyst oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			<i>aubra eq oral tablet</i>	3	
Anabolic Steroids			<i>aurovela 1.5/30 oral tablet</i>	3	
ANADROL-50 ORAL TABLET 50 MG	5	PA	<i>aurovela 1/20 oral tablet</i>	3	
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 EA per 30 days)	<i>aurovela 24 fe oral tablet</i>	3	
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (240 EA per 30 days)	<i>aurovela fe 1.5/30 oral tablet</i>	3	
Androgens			<i>aurovela fe 1/20 oral tablet</i>	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA	<i>aviane oral tablet</i>	3	
<i>danazol oral capsule</i>	3		<i>ayuna oral tablet</i>	3	
STRIANT BUCCAL 30 MG	4	PA	<i>azurette oral tablet</i>	3	
<i>testosterone cypionate intramuscular solution</i>	2	PA	<i>balziva oral tablet</i>	3	
<i>testosterone enanthate intramuscular solution</i>	3	PA	<i>bekyree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA	<i>blisovi 24 fe oral tablet</i>	3	
Estrogens			<i>blisovi fe 1.5/30 oral tablet</i>	3	
<i>afirmelle oral tablet</i>	3		<i>blisovi fe 1/20 oral tablet</i>	3	
<i>altavera oral tablet</i>	3		<i>briellyn oral tablet</i>	3	
<i>alyacen 1/35 oral tablet</i>	3		<i>chateal eq oral tablet</i>	3	
<i>alyacen 7/7/7 oral tablet</i>	3		<i>chateal oral tablet</i>	3	
<i>amabelz oral tablet</i>	4		CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	
			<i>cryselle-28 oral tablet</i>	3	
			<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	3	
			<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	3	
			<i>dasetta 1/35 oral tablet</i>	3	
			<i>dasetta 7/7/7 oral tablet</i>	3	
			<i>delyla oral tablet</i>	3	
			<i>depo-estradiol intramuscular oil</i>	4	

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desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	3		jinteli oral tablet	4	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	4		junel 1.5/30 oral tablet	3	
dolishale oral tablet	3		junel 1/20 oral tablet	3	
dotti transdermal patch twice weekly	4		junel fe 1.5/30 oral tablet	3	
elinest oral tablet	3		junel fe 1/20 oral tablet	3	
enpresse-28 oral tablet	3		junel fe 24 oral tablet	3	
estarylla oral tablet	3		kariva oral tablet	3	
estradiol oral tablet	2		kelnor 1/35 oral tablet	3	
estradiol transdermal patch twice weekly	4		kelnor 1/50 oral tablet	3	
estradiol transdermal patch weekly	4		kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	3	
estradiol vaginal cream	2		kurvelo oral tablet	3	
estradiol vaginal tablet	4		larin 1.5/30 oral tablet	3	
estradiol-norethindrone acet oral tablet	4		larin 1/20 oral tablet	3	
ESTRING VAGINAL RING	4	QL (1 EA per 90 days)	larin 24 fe oral tablet	3	
ethynodiol diac-eth estradiol oral tablet	3		larin fe 1.5/30 oral tablet	3	
falmina oral tablet	3		larin fe 1/20 oral tablet	3	
FEMRING VAGINAL RING	4	QL (1 EA per 90 days)	larissia oral tablet 0.1-20 mg-mcg	3	
femynor oral tablet	3		lessina oral tablet	3	
fyavolv oral tablet	4		levonest oral tablet	3	
hailey 1.5/30 oral tablet	3		levonorgestrel-ethinyl estrad oral tablet	3	
hailey 24 fe oral tablet	3		levonorg-eth estrad triphasic oral tablet	3	
hailey fe 1.5/30 oral tablet	3		levora 0.15/30 (28) oral tablet	3	
hailey fe 1/20 oral tablet	3		lillow oral tablet 0.15-30 mg-mcg	3	
			lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	4	
			low-ogestrel oral tablet	3	
			lutera oral tablet	3	
			lyllana transdermal patch twice weekly	4	

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marlissa oral tablet	3		nortrel 1/35 (28) oral tablet	3	
menest oral tablet	4		nortrel 7/7/7 oral tablet	3	
microgestin 1.5/30 oral tablet	3		nylia 1/35 oral tablet	3	
microgestin 1/20 oral tablet	3		nylia 7/7/7 oral tablet	3	
microgestin 24 fe oral tablet	3		nymyo oral tablet	3	
microgestin fe 1.5/30 oral tablet	3		orsythia oral tablet	3	
microgestin fe 1/20 oral tablet	3		philith oral tablet	3	
mili oral tablet	3		pimtrea oral tablet	3	
mimvey lo oral tablet 0.5-0.1 mg	4		pirmella 1/35 oral tablet	3	
mimvey oral tablet	4		pirmella 7/7/7 oral tablet	3	
mono-linyah oral tablet	3		portia-28 oral tablet	3	
mononessa oral tablet 0.25-35 mg-mcg	3		PREMARIN ORAL TABLET	4	
necon 0.5/35 (28) oral tablet	3		PREMARIN VAGINAL CREAM	4	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	3		PREMPHASE ORAL TABLET	4	
norethin ace-eth estrad-fe oral tablet	3		PREMPRO ORAL TABLET	4	
norethindrone acet-ethinyl est oral tablet	3		previfem oral tablet 0.25-35 mg-mcg	3	
norethindrone-eth estradiol oral tablet	4		simliya oral tablet	3	
norgestimate-eth estradiol oral tablet	3		sprintec 28 oral tablet	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	3		sronyx oral tablet	3	
nortrel 0.5/35 (28) oral tablet	3		tarina 24 fe oral tablet	3	
nortrel 1/35 (21) oral tablet	3		tarina fe 1/20 eq oral tablet	3	
			tri femynor oral tablet	3	
			tri-estarrylla oral tablet	3	
			tri-linyah oral tablet	3	
			tri-mili oral tablet	3	
			trinessa (28) oral tablet	3	
			tri-nymyo oral tablet	3	

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<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3		MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
<i>tri-sprintec oral tablet</i>	3		<i>medroxyprogesterone acetate intramuscular suspension</i>	2	QL (1 ML per 90 days)
<i>trivora (28) oral tablet</i>	3		<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	QL (1 ML per 90 days)
<i>tri-vylibra oral tablet</i>	3		<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>vienna oral tablet</i>	3		<i>megestrol acetate oral suspension 40 mg/ml</i>	3	PA
<i>viorele oral tablet</i>	3		<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA
<i>volnea oral tablet</i>	3		<i>megestrol acetate oral tablet</i>	2	PA
<i>vyfemla oral tablet</i>	3		<i>nora-be oral tablet</i>	3	
<i>vylibra oral tablet</i>	3		<i>norethindrone acetate oral tablet</i>	2	
<i>wera oral tablet</i>	3		<i>norethindrone oral tablet</i>	3	
<i>yuvafem vaginal tablet</i>	4		<i>norlyda oral tablet</i>	3	
<i>zovia 1/35 (28) oral tablet</i>	3		<i>norlyroc oral tablet</i>	3	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	3		<i>progesterone oral capsule</i>	2	
Progestins			<i>sharobel oral tablet</i>	3	
<i>camila oral tablet</i>	3		<i>tulana oral tablet 0.35 mg</i>	3	
<i>deblitane oral tablet</i>	3		Selective Estrogen Receptor Modifying Agents		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	QL (10 ML per 28 days)	<i>OSPHENA ORAL TABLET</i>	3	PA; QL (30 EA per 30 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	QL (0.65 ML per 90 days)	<i>raloxifene hcl oral tablet</i>	2	
<i>errin oral tablet</i>	3		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>heather oral tablet</i>	3				
<i>incassia oral tablet</i>	3				
<i>jencycla oral tablet</i>	3				
<i>jolivette oral tablet 0.35 mg</i>	3				
<i>lyleq oral tablet</i>	3				
<i>lyza oral tablet</i>	3				

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Hormonal Agents, Stimulant/Replace- ment/Modifying (Thyroid)			Hormonal Agents, Suppressant (Pituitary)		
EUTHYROX ORAL TABLET	4			<i>cabergoline oral tablet</i>	
LEVO-T ORAL TABLET	4			ELIGARD SUBCUTANEOUS KIT 22.5 MG	4 PA; QL (1 EA per 84 days)
<i>levothyroxine sodium oral tablet</i>	2			ELIGARD SUBCUTANEOUS KIT 30 MG	4 PA; QL (1 EA per 112 days)
LEVOXYL ORAL TABLET	4			ELIGARD SUBCUTANEOUS KIT 45 MG	4 PA; QL (1 EA per 168 days)
<i>liothyronine sodium oral tablet</i>	2			ELIGARD SUBCUTANEOUS KIT 7.5 MG	4 PA; QL (1 EA per 28 days)
SYNTHROID ORAL TABLET	4			FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5 PA; QL (4 EA per 365 days)
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	4			FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4 PA; QL (1 EA per 28 days)
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	4			LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	5 PA
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	4			<i>leuprolide acetate injection kit</i>	5 PA
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	4			LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5 PA; QL (1 EA per 28 days)
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	4			LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5 PA; QL (1 EA per 84 days)
UNITHROID ORAL TABLET	4				
Hormonal Agents, Suppressant (Adrenal)					
Hormonal Agents, Suppressant (Adrenal)					
ISTURISA ORAL TABLET	5	PA			
LYSODREN ORAL TABLET	5				
RECORLEV ORAL TABLET	5	PA; QL (240 EA per 30 days)			

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LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	5	PA; QL (1 EA per 112 days)	SUPPRELIN LA SUBCUTANEOUS KIT	5	PA; QL (1 EA per 365 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	5	PA; QL (1 EA per 168 days)	SYNAREL NASAL SOLUTION	5	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 28 days)	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA; QL (1 EA per 84 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 84 days)	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA; QL (1 EA per 168 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA	TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; QL (1 EA per 168 days)
MYFEMBREE ORAL TABLET	5	PA; QL (30 EA per 30 days)	ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; QL (1 EA per 84 days)
<i>octreotide acetate injection solution</i>	4	PA	ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; QL (1 EA per 28 days)
ORGOVYX ORAL TABLET	5	PA	Hormonal Agents, Suppressant (Thyroid)		
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)	Antithyroid Agents		
ORILISSA ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)	<i>methimazole oral tablet</i>	2	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; QL (1 EA per 28 days)	<i>propylthiouracil oral tablet</i>	2	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)	Immunological Agents		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA	Angioedema Agents		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA	<i>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED</i>	5	PA
			<i>icatibant acetate subcutaneous solution</i>	5	PA
			<i>sajazir subcutaneous solution</i>	5	PA
			Immunoglobulins		

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ASCENIV INTRAVENOUS SOLUTION	5	PA	HIZENTRA SUBCUTANEOUS SOLUTION	5	PA
BIVIGAM INTRAVENOUS SOLUTION	5	PA	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>carimune nf intravenous solution reconstituted 12 gm, 6 gm</i>	5	PA	HYPERHEP B INTRAMUSCULAR SOLUTION	3	B/D
CUTAQUIG SUBCUTANEOUS SOLUTION	5	PA	HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D
CUVITRU SUBCUTANEOUS SOLUTION	5	PA	HYPERRAB INJECTION SOLUTION	4	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	5	PA	HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	4	B/D
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA	HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
<i>gammagard injection solution 1 gm/10ml, 10 gm/100ml, 20 gm/200ml, 5 gm/50ml</i>	5	PA	IMOGLAM RABIES-HT INJECTION SOLUTION	4	B/D
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	5	PA	KEDRAB INJECTION SOLUTION	4	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	NABI-HB INTRAMUSCULAR SOLUTION	3	B/D
GAMMAKED INJECTION SOLUTION	5	PA	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION	5	PA			
GAMUNEX-C INJECTION SOLUTION	5	PA			
HEPAGAM B INJECTION SOLUTION	5	B/D			

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PANZYGA INTRAVENOUS SOLUTION	5	PA	BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
PRIVIGEN INTRAVENOUS SOLUTION	5	PA	COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	5		COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA
VARIZIG INTRAMUSCULAR SOLUTION	3	PA	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA
XEMBIFY SUBCUTANEOUS SOLUTION	5	PA	DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
Immunological Agents, Other			DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3.6 ML per 28 days)	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA			
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA			

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DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA	SAPHNELO INTRAVENOUS SOLUTION	5	PA
ENJAYMO INTRAVENOUS SOLUTION	5	PA	SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	SKYRIZI INTRAVENOUS SOLUTION	5	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA
ILARIS SUBCUTANEOUS SOLUTION	5	PA; QL (2 ML per 28 days)	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
LEMTRADA INTRAVENOUS SOLUTION	5	PA	STELARA INTRAVENOUS SOLUTION	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (4 ML per 28 days)	STELARA SUBCUTANEOUS SOLUTION	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA	TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA

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TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	PEGASYS SUBCUTANEOUS SOLUTION	5	PA	
TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA	
XELJANZ ORAL SOLUTION	5	PA	Immunosuppressants			
XELJANZ ORAL TABLET	5	PA	<i>azathioprine oral tablet</i> 100 mg, 75 mg	4	B/D	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA	<i>azathioprine oral tablet</i> 50 mg	2	B/D	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA	CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA	
Immunostimulants			CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA	<i>cyclosporine modified oral capsule</i>	4	B/D	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	PA	<i>cyclosporine modified oral solution</i>	4	B/D	
INTRON A INJECTION SOLUTION RECONSTITUTED	5	PA	<i>cyclosporine oral capsule</i>	4	B/D	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 180 MCG/0.5ML	5	PA	ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA	
			ENBREL SUBCUTANEOUS SOLUTION	5	PA	

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ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA	INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA	INFILIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>everolimus oral tablet 0.25 mg</i>	4	B/D	<i>leflunomide oral tablet</i>	2	
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D	<i>methotrexate oral tablet</i>	2	
<i>gengraf oral capsule</i>	4	B/D	<i>methotrexate sodium (pf) injection solution</i>	2	
<i>gengraf oral solution</i>	4	B/D	<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA	<i>methotrexate sodium oral tablet</i>	2	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA	<i>mycophenolate mofetil oral capsule</i>	4	B/D
HUMIRA PEN- CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA	<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D
HUMIRA PEN- PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	5	PA	<i>mycophenolate mofetil oral tablet</i>	4	B/D
HUMIRA PEN- PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	5	PA	<i>mycophenolate sodium oral tablet delayed release</i>	4	B/D
HUMIRA PEN- PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA	ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
			PROGRAF ORAL PACKET 0.2 MG	4	B/D
			PROGRAF ORAL PACKET 1 MG	5	B/D

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REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	BOOSTRIX INTRAMUSCULAR SUSPENSION	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
REZUROCK ORAL TABLET	5	PA; QL (60 EA per 30 days)	DAPTACEL INTRAMUSCULAR SUSPENSION	3	
SANDIMMUNE ORAL SOLUTION	4	B/D	DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA	DIPHTHERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	
<i>sirolimus oral solution</i>	5	B/D	ENGERIX-B INJECTION SUSPENSION	3	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D	GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
<i>sirolimus oral tablet 2 mg</i>	5	B/D	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>tacrolimus oral capsule</i>	4	B/D	HAVRIX INTRAMUSCULAR SUSPENSION	3	
XATMEP ORAL SOLUTION	4		HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	3	B/D
ZORTRESS ORAL TABLET 1 MG	5	B/D	HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
Vaccines			IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3				
ADACEL INTRAMUSCULAR SUSPENSION	3				
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3				
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3				

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INFANRIX INTRAMUSCULAR SUSPENSION	3		PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3		PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3		QUADRACEL INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION	3		QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D
MENACTRA INTRAMUSCULAR SOLUTION	3		RECOMBIVAX HB INJECTION SUSPENSION	3	B/D
MENQUADFI INTRAMUSCULAR SOLUTION	3		ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3		ROTAQUE ORAL SOLUTION	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3		SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3		TDVAX INTRAMUSCULAR SUSPENSION	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3		TENIVAC INTRAMUSCULAR INJECTABLE	3	
PREHEVBRIA INTRAMUSCULAR SUSPENSION	3	B/D			

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TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3		ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		Inflammatory Bowel Disease Agents		
Aminosalicylates			<i>balsalazide disodium oral capsule</i>	4	
			<i>mesalamine er oral capsule 0.375 gm</i>	4	
			<i>mesalamine oral tablet delayed release</i>	4	
			<i>mesalamine rectal enema</i>	4	
			<i>mesalamine rectal suppository</i>	4	
			<i>mesalamine-cleanser rectal kit</i>	4	
			<i>sulfasalazine oral tablet</i>	2	
			<i>sulfasalazine oral tablet delayed release</i>	2	
Glucocorticoids					
			<i>budesonide er oral tablet extended release 24 hour</i>	5	
			<i>budesonide oral capsule delayed release particles</i>	4	
			<i>cocolort rectal enema 100 mg/60ml</i>	4	
			<i>hydrocortisone rectal enema</i>	4	
			<i>procto-med hc external cream</i>	2	
			<i>proctosol hc external cream</i>	2	
			<i>proctozone-hc external cream</i>	2	

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TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)	risedronate sodium oral tablet 30 mg, 5 mg	4	
Metabolic Bone Disease Agents			risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	4	QL (4 EA per 28 days)
Metabolic Bone Disease Agents			risedronate sodium oral tablet delayed release	4	QL (4 EA per 28 days)
alendronate sodium oral solution	4		TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg	1		TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
alendronate sodium oral tablet 70 mg	1	QL (4 EA per 28 days)	XGEVA SUBCUTANEOUS SOLUTION	5	PA
calcitonin (salmon) nasal solution	2	QL (3.7 ML per 30 days)	Miscellaneous Therapeutic Agents		
calcitriol oral capsule	2		Miscellaneous Therapeutic Agents		
cinacalcet hcl oral tablet 30 mg, 60 mg	4		alcohol prep pads pad 70 %	3	
cinacalcet hcl oral tablet 90 mg	5		bd ultra-fine insulin syringes	2	QL (200 EA per 30 days)
doxercalciferol oral capsule	4		cvs gauze sterile pad 2"x2"	3	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA	ELLA ORAL TABLET	3	
ibandronate sodium oral tablet	2	QL (1 EA per 28 days)	IGALMI SUBLINGUAL FILM	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; QL (2 EA per 28 days)	insulin pen needles 29g x 12mm , 32g x 4 mm , 32g x 6 mm	2	QL (200 EA per 30 days)
paricalcitol oral capsule	3		insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	2	QL (200 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)	KORSUVA INTRAVENOUS SOLUTION	5	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5				
risedronate sodium oral tablet 150 mg	2	QL (1 EA per 28 days)			

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LAGEVRIA ORAL CAPSULE	4	QL (40 EA per 5 days)	VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
LIVMARLI ORAL SOLUTION	5	PA; QL (90 ML per 30 days)	VISTOGARD ORAL PACKET	5	
NUTRILIPID INTRAVENOUS EMULSION	2	B/D	VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (30 EA per 30 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	QL (1 EA per 365 days)	VYVGART INTRAVENOUS SOLUTION	5	PA
OMNIPOD 5 G6 POD (GEN 5)	3	QL (30 EA per 30 days)	Ophthalmic Agents		
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 EA per 365 days)	Ophthalmic Agents, Other		
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)	ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	2	
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)	<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)	<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	3	
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)	<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
OXLUMO SUBCUTANEOUS SOLUTION	5	PA	COMBIGAN OPHTHALMIC SOLUTION	3	
PALFORZIA ORAL PACKET 300 MG	5	PA	CYSTARAN OPHTHALMIC SOLUTION	5	PA; QL (60 ML per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	4	QL (30 EA per 5 days)	<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
SODIUM CHLORIDE IRRIGATION SOLUTION	2		<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	4	
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)	<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	3	
V-GO 20 KIT	3				
V-GO 30 KIT	3				
V-GO 40 KIT	3				
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)			

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neomycin-polymyxin-dexameth ophthalmic ointment	2		TOBRADEX ST OPHTHALMIC SUSPENSION	4		
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2		tobramycin-dexamethasone ophthalmic suspension	3		
neomycin-polymyxin-gramicidin ophthalmic solution	3		VABYSMO INTRAVITREAL SOLUTION	5	PA	
neo-polycin hc ophthalmic ointment	3		XIIDRA OPHTHALMIC SOLUTION	4	QL (60 EA per 30 days)	
neo-polycin ophthalmic ointment	3		ZYLET OPHTHALMIC SUSPENSION	4		
polycin ophthalmic ointment	2		Ophthalmic Anti-allergy Agents			
polymyxin b-trimethoprim ophthalmic solution	1		azelastine hcl ophthalmic solution	2		
PRED-G S.O.P. OPHTHALMIC OINTMENT	4		bepotastine besilate ophthalmic solution	4		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	3		cromolyn sodium ophthalmic solution	2		
RESTASIS OPHTHALMIC EMULSION	3		epinastine hcl ophthalmic solution	3		
ROCKLATAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)	olopatadine hcl ophthalmic solution	3		
SIMBRINZA OPHTHALMIC SUSPENSION	3		Ophthalmic Anti-Infectives			
sulfacetamide-prednisolone ophthalmic solution	2		bacitracin ophthalmic ointment	4		
TOBRADEX OPHTHALMIC OINTMENT	4		BESIVANCE OPHTHALMIC SUSPENSION	4		
			CILOXAN OPHTHALMIC OINTMENT	4		
			ciprofloxacin hcl ophthalmic solution	2		
			erythromycin ophthalmic ointment	2		
			gatifloxacin ophthalmic solution	3		

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gentak ophthalmic ointment	2		FML OPHTHALMIC OINTMENT	3	
gentamicin sulfate ophthalmic solution	2		ILEVRO OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)
levofloxacin ophthalmic solution 0.5 %	3		ketorolac tromethamine ophthalmic solution	2	
moxifloxacin hcl ophthalmic solution	3		LOTEMAX SM OPHTHALMIC GEL	4	QL (20 GM per 365 days)
NATACYN OPHTHALMIC SUSPENSION	4		loteprednol etabonate ophthalmic gel	4	QL (20 GM per 365 days)
ofloxacin ophthalmic solution	2		loteprednol etabonate ophthalmic suspension	4	
sulfacetamide sodium ophthalmic ointment	3		PRED MILD OPHTHALMIC SUSPENSION	3	
sulfacetamide sodium ophthalmic solution	2		prednisolone acetate ophthalmic suspension	2	
tobramycin ophthalmic solution	1		PROLENSA OPHTHALMIC SOLUTION	4	QL (12 ML per 365 days)
trifluridine ophthalmic solution	4		Ophthalmic Beta-Adrenergic Blocking Agents		
ZIRGAN OPHTHALMIC GEL	4		betaxolol hcl ophthalmic solution	3	
Ophthalmic Anti-inflammatories			carteolol hcl ophthalmic solution	2	
dexamethasone sodium phosphate ophthalmic solution	3		levobunolol hcl ophthalmic solution	2	
diclofenac sodium ophthalmic solution	2		timolol maleate (once-daily) ophthalmic solution	4	
diloprednate ophthalmic emulsion	4		timolol maleate ophthalmic gel forming solution	4	
FLAREX OPHTHALMIC SUSPENSION	3		timolol maleate ophthalmic solution	1	
fluorometholone ophthalmic suspension	3		Ophthalmic Intraocular Pressure Lowering Agents, Other		
flurbiprofen sodium ophthalmic solution	2				
FML FORTE OPHTHALMIC SUSPENSION	3				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acetazolamide er oral capsule extended release 12 hour	3		CIPROFLOXACIN HCL OTIC SOLUTION	3	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	3		ciprofloxacin-dexamethasone otic suspension	4	
apraclonidine hcl ophthalmic solution	3		flac otic oil	3	
BRIMONIDINE TARTRATE OPTHALMIC SOLUTION 0.15 %	4		fluocinolone acetonide otic oil	3	
brimonidine tartrate ophthalmic solution 0.2 %	2		hydrocortisone-acetic acid otic solution	4	
brinzolamide ophthalmic suspension	3		neomycin-polymyxin-hc otic solution 1 %	3	
dorzolamide hcl ophthalmic solution	2		neomycin-polymyxin-hc otic suspension	3	
methazolamide oral tablet	4		ofloxacin otic solution	3	
pilocarpine hcl ophthalmic solution	3		Respiratory Tract/Pulmonary Agents		
RHOPRESSA OPTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)	Antihistamines		
Ophthalmic Prostaglandin and Prostamide Analogs			azelastine hcl nasal solution 0.1 %	2	QL (60 ML per 30 days)
latanoprost ophthalmic solution	1		azelastine hcl nasal solution 0.15 %	3	QL (60 ML per 30 days)
LUMIGAN OPTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)	cypheptadine hcl oral tablet	4	
VYZULTA OPTHALMIC SOLUTION	4	QL (5 ML per 25 days)	diphenhydramine hcl injection solution	4	
Otic Agents			hydroxyzine hcl oral tablet	4	
Otic Agents			levocetirizine dihydrochloride oral tablet	2	
acetic acid otic solution	2		Anti-inflammatories, Inhaled Corticosteroids		
CIPRO HC OTIC SUSPENSION	4		ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	QL (1 EA per 30 days)	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	QL (1 EA per 30 days)	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	4	QL (1 EA per 30 days)	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	QL (1 EA per 30 days)	FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	4	QL (1 EA per 30 days)	<i>flunisolide nasal solution</i>	4	QL (50 ML per 30 days)
ASMANEX HFA INHALATION AEROSOL	4	QL (13 GM per 30 days)	<i>fluticasone propionate nasal suspension</i>	1	
BREZTRI AEROSPHERE INHALATION AEROSOL	3	QL (23.6 GM per 28 days)	<i>mometasone furoate nasal suspension</i>	4	QL (34 GM per 30 days)
<i>budesonide inhalation suspension</i>	4	B/D; QL (120 ML per 30 days)	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	4	ST; QL (21.2 GM per 30 days)
Antileukotrienes					
		<i>montelukast sodium oral packet</i>	2		
		<i>montelukast sodium oral tablet</i>	1		
		<i>montelukast sodium oral tablet chewable</i>	2		
		<i>zafirlukast oral tablet</i>	4		
Bronchodilators, Anticholinergic					
		ATROVENT HFA INHALATION AEROSOL SOLUTION	4	QL (25.8 GM per 30 days)	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)	<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>	2	QL (48 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D; QL (312.5 ML per 30 days)	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	B/D; QL (525 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	2		<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	B/D; QL (375 ML per 30 days)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	5	QL (60 ML per 30 days)	<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	B/D; QL (100 EA per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days)	<i>albuterol sulfate oral syrup</i>	4	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	QL (8 GM per 30 days)	<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3		<i>epinephrine injection solution auto-injector</i>	3	
YUPELRI INHALATION SOLUTION	5	B/D; QL (90 ML per 30 days)	<i>formoterol fumarate inhalation nebulization solution</i>	5	B/D; QL (120 ML per 30 days)
Bronchodilators, Sympathomimetic			<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	4	B/D; QL (540 ML per 30 days)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	4		<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	4	B/D; QL (90 EA per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)	<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	B/D; QL (270 ML per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	2	QL (13.4 GM per 30 days)	<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	3	QL (30 GM per 30 days)
			PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	B/D; QL (120 ML per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (17 GM per 30 days)	TOBI PODHALER INHALATION CAPSULE	5	QL (224 EA per 56 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)	<i>tobramycin inhalation nebulization solution</i>	5	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)	TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days)
<i>terbutaline sulfate oral tablet</i>	4		Mast Cell Stabilizers		
Cystic Fibrosis Agents			<i>cromolyn sodium inhalation nebulization solution</i>	5	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA	Phosphodiesterase Inhibitors, Airways Disease		
KALYDECO ORAL PACKET	5	PA	DALIRESP ORAL TABLET	4	PA
KALYDECO ORAL TABLET	5	PA	<i>theophylline er oral tablet extended release 12 hour</i>	4	
ORKAMBI ORAL PACKET	5	PA; QL (56 EA per 28 days)	<i>theophylline er oral tablet extended release 24 hour</i>	2	
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days)	Pulmonary Antihypertensives		
PULMOZYME INHALATION SOLUTION	5	PA	ADEMPAS ORAL TABLET	5	PA; QL (90 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA; QL (56 EA per 28 days)	<i>alyq oral tablet</i>	5	PA; QL (60 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA; QL (60 EA per 30 days)	<i>ambrisentan oral tablet</i>	5	PA; QL (30 EA per 30 days)
			<i>bosentan oral tablet</i>	5	PA; QL (60 EA per 30 days)
			<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg</i>	4	B/D
			<i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>	5	B/D
			OPSUMIT ORAL TABLET	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA	DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	QL (17.6 GM per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)	DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	QL (13 GM per 30 days)
<i>tadalafil (pah) oral tablet</i>	5	PA; QL (60 EA per 30 days)	FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VENTAVIS INHALATION SOLUTION	5	PA; QL (270 ML per 30 days)	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
Pulmonary Fibrosis Agents			<i>ipratropium-albuterol inhalation solution</i>	2	B/D; QL (540 ML per 30 days)
ESBRIET ORAL CAPSULE	5	PA	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 ML per 28 days)
ESBRIET ORAL TABLET	5	PA	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
OFEV ORAL CAPSULE	5	PA	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
<i>pirfenidone oral tablet</i>	5	PA	NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 EA per 28 days)
Respiratory Tract Agents, Other					
<i>acetylcysteine inhalation solution</i>	4	B/D			
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)			
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)			
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	3	QL (13.8 GM per 30 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
wixela inhalation aerosol powder breath activated	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 350 mg	4	PA
chlorzoxazone oral tablet 500 mg	4	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	4	
methocarbamol oral tablet 500 mg, 750 mg	4	
orphenadrine citrate er oral tablet extended release 12 hour	4	

Drug Name	Drug Tier	Requirements/ Limits
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	4	QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg</i>	3	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 200 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet</i>	3	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; QL (540 ML per 30 days)

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