

2024 Cigna Healthcare Drug List (Formulary)

Premier Access 4 Tier (open)

Cigna Rx Medicare (PDP) / Cigna True Choice Medicare (PPO) /
Cigna Preferred Medicare (HMO)

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

This formulary was updated 4/30/2024. For more recent information or other questions, please contact Cigna Healthcare Customer Service. Contact information can be found on the back cover of this document. The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna Healthcare is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna Healthcare. When it refers to “plan” or “our plan,” it means Cigna Rx Medicare (PDP), Cigna True Choice Medicare (PPO) or Cigna Preferred Medicare (HMO). This document includes a list of the drugs (formulary) for our plan which is current as of 4/30/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

Important Message about What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

Important Message about What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.



What is the Cigna Healthcare Drug list?

A drug list is a list of covered drugs selected by Cigna Healthcare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Cigna Healthcare will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna Healthcare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Drug list (formulary) change?

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

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

- › **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Cigna Healthcare Drug list?"
- › **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our drug list to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to members who take the drug.
- › **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the drug list or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our drug list, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section below entitled “How do I request an exception to the Cigna Healthcare Drug list?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed drug list is current as of 4/30/2024. To get updated information about the drugs covered by Cigna Healthcare please contact us. Our contact information appears on the front and back cover pages.

How do I use the Drug list?

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

- › **Medical Condition**

The drug list begins on page 1. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR, HYPERTENSION / LIPIDS”. If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

- › **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins after the List of Covered Drugs. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- › **Prior Authorization:** Cigna Healthcare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill your prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.

- › **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- › **Step Therapy:** In some cases, Cigna Healthcare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- › **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high- cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna Healthcare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Cigna Healthcare drug list?” on the next page for information about how to request an exception.

Options for Maintenance Medications

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

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

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

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

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

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

What if my drug is not on the Drug list?

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

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

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

How do I request an exception to the Cigna Healthcare Drug list?

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

- › You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- › You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna Healthcare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- › You can ask us to cover a drug list drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
 - › If the drug you are taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - › If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - › If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

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

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

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

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

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

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

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

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

Cigna Healthcare's Drug List

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

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

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

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

For more information

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

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

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

Healthcare Drug list

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

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

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

Your Costs

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

- › Your coverage stage. Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your Summary of Benefits or Evidence of Coverage Snapshot for more information about your specific prescription drug benefit.
- › The drug tier for your drug. Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

- › If your plan includes additional benefits as noted on the Summary of Benefits or Evidence of Coverage Snapshot, you can find the lists of those covered benefits in the 2024 Formulary Addendum document included in your Benefits Booklet
- › **If you qualify for Extra Help:** Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

› **Drug Tiers**

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

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

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

List of Abbreviations

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

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

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

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

NDS: Drugs may be limited to a 30-day supply.

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	B/D PA
AMBISOME	4	B/D PA; NDS
<i>amphotericin b</i>	3	B/D PA; MO
<i>amphotericin b liposome</i>	4	B/D PA; NDS
ANCOBON	4	MO; NDS
CANCIDAS	4	NDS
<i>caspofungin</i>	3	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA	4	PA; NDS
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	MO
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	MO
DIFLUCAN ORAL TABLET 150 MG	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO; NDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>flucytosine</i>	4	MO; NDS
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	4	MO; NDS
MYCAMINE	4	MO; NDS

CAPITALIZED = BRAND NAME DRUG

lowercase italic = generic drug

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

This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL INTRAVENOUS	4	PA; NDS
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; MO; QL (32 per 30 days); NDS
NOXAFIL ORAL SUSPENSION	4	PA; MO; QL (630 per 30 days); NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; MO; QL (96 per 30 days); NDS
<i>nystatin oral</i>	1	MO
<i>posaconazole intravenous</i>	4	PA; NDS
<i>posaconazole oral suspension</i>	4	PA; MO; QL (630 per 30 days); NDS
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days); NDS
REZZAYO	4	NDS
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	4	PA; MO; QL (120 per 30 days); NDS
VFEND IV	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; NDS
VFEND ORAL TABLET	3	PA; MO
VIVJOA	4	PA; QL (18 per 84 days); NDS
<i>voriconazole intravenous</i>	4	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO; NDS
<i>voriconazole oral tablet</i>	3	PA; MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir</i>	3	MO
<i>amantadine hcl</i>	1	MO
APRETUDE	4	MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS	4	MO; NDS
<i>atazanavir</i>	3	MO
ATRIPLA	4	NDS
BARACLUDE	4	MO; NDS
BEYFORTUS	3	
BIKTARVY	4	MO; NDS
CABENUVA	4	MO; NDS
<i>cidofovir</i>	4	B/D PA; MO; NDS
CIMDUO	4	MO; NDS
COMBIVIR	3	MO
COMPLERA	4	MO; NDS
<i>darunavir</i>	4	MO; NDS
DELSTRIGO	4	MO; NDS
DESCOVY	4	MO; NDS
DOVATO	4	MO; NDS
EDURANT	4	MO; NDS
<i>efavirenz</i>	3	MO
<i>efavirenz-emtricitabin-tenofov</i>	4	MO; NDS
<i>efavirenz-lamivu-tenofov disop</i>	4	MO; NDS
<i>emtricitabine</i>	3	MO
<i>emtricitabine-tenofov (tdf)</i>	3	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	3	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; MO; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days); NDS
EPIVIR	3	MO
EPZICOM	4	MO; NDS
<i>etravirine</i>	4	MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ	4	MO; NDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	3	MO
<i>foscarnet</i>	3	B/D PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO; NDS
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	4	MO; NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days); NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO; NDS
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD	4	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	4	MO; NDS
ISENTRESS ORAL TABLET	4	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO; NDS
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO; NDS
LAGEVRIO (EUA)	1	QL (40 per 180 days)
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days); NDS
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
LIVTENCITY	4	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc</i>	4	MO; NDS
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	4	MO; NDS
<i>oseltamivir</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG*	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG*	1	QL (30 per 180 days)
PIFELTRO	4	MO; NDS
PREVYMIS INTRAVENOUS	4	PA; NDS
PREVYMIS ORAL	4	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX	4	MO; NDS
PREZISTA ORAL SUSPENSION	4	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO; NDS
RAPIVAB (PF)	4	NDS
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	MO; NDS
REYATAZ ORAL POWDER IN PACKET	4	MO; NDS
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO

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*\$0 cost share for Paxlovid

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	2	MO
RUKOBIA	4	MO; NDS
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO; NDS
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SOFOSBUVIR-VELPATASVIR	4	PA; MO; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days); NDS
STRIBILD	4	MO; NDS
SUNLENCA	4	NDS
SYMFI	4	MO; NDS
SYMFI LO	4	MO; NDS
SYMTUZA	4	MO; NDS
SYNAGIS	4	MO; LA; NDS
TAMIFLU	3	MO
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO; NDS
TIVICAY PD	4	MO; NDS
TRIUMEQ	4	MO; NDS
TRIUMEQ PD	4	MO; NDS
TRIZIVIR	4	NDS
TROGARZO	4	MO; LA; NDS
TRUVADA	4	MO; NDS
TYBOST	3	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE	4	MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir oral recon soln</i>	4	MO; NDS
<i>valganciclovir oral tablet</i>	2	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEKLURY	4	NDS
VEMLIDY	4	MO; NDS
VIRACEPT ORAL TABLET	4	MO; NDS
VIREAD ORAL POWDER	4	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VIREAD ORAL TABLET 300 MG	4	MO; NDS
VOSEVI	4	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days); NDS
ZIAGEN ORAL SOLUTION	3	MO
ZIAGEN ORAL TABLET	3	
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
AVYCAZ	4	PA; MO; NDS
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	3	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
CEFEPIME IN DEXTROSE 5 %	3	MO
<i>cefepime in dextrose,iso-osm</i>	3	
<i>cefepime injection</i>	3	MO
CEFEPIME INTRAVENOUS	3	
<i>cefixime</i>	3	MO
<i>cefotetan injection</i>	3	PA
<i>cefoxitin in dextrose, iso-osm</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime</i>	3	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose,iso-os</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	3	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	3	MO
FETROJA	4	PA; NDS
<i>tazicef injection</i>	3	PA; MO
<i>tazicef intravenous</i>	3	PA
TEFLARO	4	PA; MO; NDS
ZERBAXA	4	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	3	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days); NDS
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days); NDS
<i>e.e.s. 400 oral tablet</i>	3	MO
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin lactobionate</i>	3	PA; MO
<i>erythromycin oral</i>	3	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
<i>albendazole</i>	4	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE	4	PA; LA; NDS
<i>atovaquone</i>	3	MO
<i>atovaquone-proguanil</i>	3	MO
AZACTAM	3	PA; MO
<i>aztreonam</i>	3	PA; MO
<i>bacitracin intramuscular</i>	3	
BENZNIDAZOLE	3	MO
BETHKIS	4	PA; MO; QL (224 per 28 days); NDS
BILTRICIDE	3	MO
CAYSTON	4	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	3	
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN INJECTION	3	PA; MO
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	3	PA
<i>clindamycin in 5 % dextrose</i>	3	PA; MO
<i>clindamycin pediatric</i>	3	MO
<i>clindamycin phosphate injection</i>	3	PA; MO
<i>clindamycin phosphate intravenous</i>	3	PA; MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	3	PA; MO; QL (30 per 10 days)
COLY-MYCIN M PARENTERAL	3	PA; MO; QL (30 per 10 days)
CUBICIN RF	4	MO; NDS
<i>cycloserine</i>	3	MO
DALVANCE	4	PA; MO; NDS
<i>dapsone oral</i>	2	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO; NDS
DARAPRIM	4	PA; NDS
EMVERM	4	MO; NDS
<i>ertapenem</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	2	MO
FIRVANQ	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	3	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	3	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin injection solution 40 mg/ml</i>	3	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	3	PA; MO
HUMATIN	3	MO
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	3	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	3	PA; MO
IMPAVIDO	4	PA; MO; NDS
INVANZ INJECTION	3	PA; QL (14 per 14 days)
<i>isoniazid injection</i>	3	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	2	PA; MO; QL (20 per 30 days)
KIMYRSA	4	PA; NDS
KITABIS PAK	4	PA; MO; QL (280 per 28 days); NDS
KRINTAFEL	3	
LAMPIT	3	MO
LINCOCIN	3	PA; MO
<i>lincomycin</i>	3	PA
<i>linezolid in dextrose 5%</i>	3	PA; MO
<i>linezolid oral suspension for reconstitution</i>	4	MO; NDS
<i>linezolid oral tablet</i>	3	MO
LINEZOLID-0.9% SODIUM CHLORIDE	3	PA
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
<i>mefloquine</i>	1	MO
MEPRON	4	MO; NDS
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	PA; QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	PA; QL (10 per 10 days)
<i>metro i.v.</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os)</i>	3	PA; MO
<i>metronidazole oral capsule</i>	3	MO
<i>metronidazole oral tablet</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	4	MO; NDS
ORBACTIV	4	PA; MO; NDS
<i>paromomycin</i>	3	
PENTAM	3	MO
<i>pentamidine inhalation</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	3	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfite</i>	3	PA; MO
<i>praziquantel</i>	3	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>pyrazinamide</i>	3	MO
<i>pyrimethamine</i>	4	PA; MO; NDS
QUALAQUIN	3	MO
<i>quinine sulfate</i>	3	MO
RECARBRIO	4	NDS
<i>rifabutin</i>	3	MO
RIFADIN INTRAVENOUS	3	MO
<i>rifampin intravenous</i>	3	MO
<i>rifampin oral</i>	2	MO
RIMSO-50	3	MO
SIRTURO	4	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO INTRAVENOUS	4	PA; NDS
SIVEXTRO ORAL	4	MO; NDS
SOLOSEC	3	MO
STREPTOMYCIN	4	PA; MO; QL (60 per 30 days); NDS
STROMECTOL	3	PA; MO; QL (20 per 30 days)
<i>tigecycline</i>	4	PA; MO; NDS
<i>tinidazole</i>	2	MO
TOBI	4	PA; MO; QL (280 per 28 days); NDS
TOBI PODHALER	4	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	4	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	3	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECTOR	3	MO
TYGACIL	4	PA; MO; NDS
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; MO; QL (80 per 10 days); NDS
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJECTION	3	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	PA; MO; QL (20 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	3	PA; QL (16 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	PA; QL (14 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	3	QL (450 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	3	MO; QL (450 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PA; NDS
XENLETA INTRAVENOUS	4	NDS
XENLETA ORAL	4	MO; NDS
XIFAXAN ORAL TABLET 200 MG	2	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days); NDS
ZEMDRI	4	PA; NDS
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	4	PA; NDS
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZYVOX ORAL	4	MO; NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	3	PA; MO
<i>ampicillin sodium intravenous</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous</i>	3	PA
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	2	PA; MO
BICILLIN L-A	3	PA; MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	3	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	4	PA; NDS
<i>oxacillin in dextrose(iso-osm)</i>	3	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	PA
<i>oxacillin injection recon soln 2 gram</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	2	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium</i>	3	PA; MO
<i>penicillin g sodium</i>	3	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	3	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	3	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	3	PA; MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
ZOSYN IN DEXTROSE (ISO-OSM)	3	
QUINOLONES		
BAXDELA INTRAVENOUS	4	PA; NDS
BAXDELA ORAL	4	MO; NDS
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin</i>	3	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	3	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin intravenous</i>	3	PA; MO
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	PA
<i>moxifloxacin-sod.chloride(iso)</i>	3	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	3	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	3	MO
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	3	ST
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxy-100</i>	3	PA; MO
<i>doxycycline hyclate intravenous</i>	3	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	3	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	4	ST; MO; NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	3	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	MO
MINOCIN INTRAVENOUS	3	PA; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>minocycline oral tablet extended release 24 hr</i>	3	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	
MONODOX	3	ST
NUZYRA INTRAVENOUS	4	PA; NDS
NUZYRA ORAL	4	NDS
ORACEA	3	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST; MO
SEYSARA ORAL TABLET 150 MG	4	ST; MO; NDS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX	3	ST; MO
<i>tetracycline oral capsule</i>	3	MO
VIBRAMYCIN (CALCIUM)	3	
VIBRAMYCIN (MONO)	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
XERAVA	3	PA
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG	3	ST

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Drug Name	Drug Tier	Requirements/Limits
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 45 MG, 90 MG	3	ST; MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	3	MO
FURADANTIN	3	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG	3	
MACRODANTIN ORAL CAPSULE 50 MG	3	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	4	NDS
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	4	B/D PA; MO; NDS
ELITEK	4	MO; NDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	4	B/D PA; NDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	3	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	3	B/D PA
<i>leucovorin calcium injection solution</i>	3	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln</i>	4	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA; NDS
<i>mesna</i>	1	B/D PA; MO
MESNEX INTRAVENOUS	3	B/D PA; MO
MESNEX ORAL	4	MO; NDS
VISTOGARD	4	PA; NDS
XGEVA	4	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days); NDS
ABRAXANE	4	B/D PA; MO; NDS
ADAKVEO	4	PA; NDS
ADCETRIS	4	B/D PA; MO; NDS
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA; MO
ADSTILADRIN	4	PA; NDS
AFINITOR	4	PA; MO; QL (30 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; MO; QL (330 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA; MO; QL (240 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA; MO; QL (180 per 30 days); NDS
AKEEGA	4	PA; LA; QL (60 per 30 days); NDS
ALECENSA	4	PA; MO; QL (240 per 30 days); NDS
ALIMTA	4	B/D PA; MO; NDS
ALIQOPA	4	B/D PA; LA; NDS
ALKERAN	3	B/D PA; MO
ALKERAN (AS HCL)	4	B/D PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 180 days); NDS
ALYMSYS	4	PA; MO; NDS
<i>anastrozole</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ARIMIDEX	4	MO; NDS
AROMASIN	4	MO; NDS
ARRANON	4	B/D PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	4	B/D PA; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; MO; NDS
ASPARLAS	4	PA; NDS
ASTAGRAF XL	3	B/D PA; MO
AUGTYRO	4	PA; MO; QL (240 per 30 days); NDS
AVASTIN	4	PA; MO; NDS
AYVAKIT	4	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	4	B/D PA; MO; NDS
AZASAN	3	B/D PA; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	4	PA; LA; NDS
BAVENCIO	4	B/D PA; LA; NDS
BELEODAQ	4	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	4	B/D PA; MO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION	4	B/D PA; NDS
BENDEKA	4	B/D PA; MO; NDS
BESPOUSA	4	B/D PA; MO; LA; NDS
<i>bexarotene</i>	4	PA; MO; NDS
<i>bicalutamide</i>	1	MO
BICNU	4	B/D PA; MO; NDS
<i>bleomycin</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	4	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	4	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA	4	PA; LA; QL (120 per 30 days); NDS
<i>busulfan</i>	4	B/D PA; NDS
BUSULFEX	4	B/D PA; NDS
CABOMETYX	4	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE	4	PA; LA; QL (60 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (60 per 30 days); NDS
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PA
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA; MO; NDS
CASODEX	3	MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
CELLCEPT ORAL CAPSULE	3	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO; NDS
CELLCEPT ORAL TABLET	4	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO; NDS
<i>clofarabine</i>	4	B/D PA; NDS
CLOLAR	4	B/D PA; MO; NDS
COLUMVI	4	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	4	PA; LA; QL (60 per 30 days); NDS
COSELA	4	PA; NDS
COSMEGEN	4	B/D PA; MO; NDS
COTELLIC	4	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	3	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	B/D PA
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	4	B/D PA; MO; NDS
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
DACOGEN	4	B/D PA; MO; NDS
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	4	PA; NDS
DARZALEX	4	B/D PA; MO; LA; NDS
DARZALEX FASPRO	4	B/D PA; MO; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	4	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA; MO; NDS
DOXIL	4	B/D PA; MO; NDS
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	4	B/D PA; MO; NDS
DROXIA	2	MO
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ELLENC	3	B/D PA; MO
ELREXFIO	4	PA; NDS
ELZONRIS	4	PA; LA; NDS
EMCYT	4	MO; NDS
EMPLICITI	4	B/D PA; MO; NDS
ENHERTU	4	PA; MO; NDS
ENSPRYNG	4	PA; MO; NDS
ENVARUSUS XR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	4	PA; NDS
ERBITUX	4	B/D PA; MO; NDS
ERIVEDGE	4	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days); NDS

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<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days); NDS
ERWINASE	4	B/D PA; NDS
ETOPOPHOS	3	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	4	NDS
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; MO; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA; MO; NDS
EVOMELA	3	B/D PA
<i>exemestane</i>	3	MO
EXKIVITY	4	PA; LA; QL (120 per 30 days); NDS
FARESTON	4	MO; NDS
FASLODEX	4	B/D PA; MO; NDS
FEMARA	3	MO
FENSOLVI	4	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA

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FOLOTYN	4	B/D PA; MO; NDS
FOTIVDA	4	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	4	B/D PA; MO; NDS
FYARRO	4	PA; NDS
GAMIFANT	4	PA; LA; NDS
GAVRETO	4	PA; MO; LA; QL (120 per 30 days); NDS
GAZYVA	4	B/D PA; MO; NDS
<i>gefitinib</i>	4	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf</i>	2	B/D PA; MO
GILOTRIF	4	PA; MO; QL (30 per 30 days); NDS
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days); NDS
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days); NDS
GLEOSTINE	4	MO; NDS
HALAVEN	4	B/D PA; MO; NDS
HERCEPTIN HYLECTA	4	PA; MO; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA; MO; NDS
HERZUMA	4	PA; MO; NDS
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days); NDS
ICLUSIG	4	PA; QL (30 per 30 days); NDS
IDAMYCIN PFS	3	B/D PA; MO

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<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	4	PA; MO; LA; QL (30 per 30 days); NDS
IFEX	3	B/D PA; MO
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	4	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days); NDS
IMFINZI	4	B/D PA; MO; LA; NDS
IMJUDO	4	PA; MO; NDS
IMURAN	3	B/D PA; MO
INFUGEM	4	B/D PA; NDS
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days); NDS
INQOVI	4	PA; MO; QL (5 per 28 days); NDS
INREBIC	4	PA; MO; LA; QL (120 per 30 days); NDS
IRESSA	4	PA; MO; QL (30 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	4	B/D PA; MO; NDS
ISTODAX	4	B/D PA; MO; NDS
IWILFIN	4	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	4	B/D PA; MO; NDS
JAKAFI	4	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	4	PA; MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 50 MG	4	PA; MO; QL (30 per 30 days); NDS
JEMPERLI	4	PA; MO; NDS
JEVTANA	4	B/D PA; MO; NDS
KADCYLA	4	PA; MO; NDS
KANJINTI	4	PA; MO; NDS
KEYTRUDA	4	PA; NDS
KIMMTRAK	4	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days); NDS
KLISYRI	4	MO; NDS
KOSELUGO	4	PA; NDS
KRAZATI	4	PA; QL (180 per 30 days); NDS
KYPROLIS	4	B/D PA; NDS
LANREOTIDE	4	PA; MO; NDS
<i>lapatinib</i>	4	PA; MO; QL (180 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole</i>	1	MO
LEUKERAN	4	MO; NDS
LEUPROLIDE (3 MONTH)	4	PA; MO; NDS
<i>leuprolide subcutaneous kit</i>	4	PA; MO; NDS
LIBTAYO	4	PA; LA; NDS
LONSURF	4	PA; MO; NDS
LOQTORZI	4	PA; NDS
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS	4	PA; MO; NDS
LUNSUMIO	4	PA; MO; NDS
LUPKYNIS	4	PA; LA; QL (180 per 30 days); NDS
LUPRON DEPOT	4	PA; MO; NDS
LUPRON DEPOT (3 MONTH)	4	PA; MO; NDS
LUPRON DEPOT (4 MONTH)	4	PA; MO; NDS
LUPRON DEPOT (6 MONTH)	4	PA; MO; NDS
LUPRON DEPOT-PED	4	PA; MO; NDS
LUPRON DEPOT-PED (3 MONTH)	4	PA; MO; NDS
LYNPARZA	4	PA; MO; QL (120 per 30 days); NDS
LYSODREN	4	NDS
LYTGOBI	4	PA; LA; NDS
MARGENZA	4	PA; NDS
MATULANE	4	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL RECON SOLN	4	PA; MO; QL (1200 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	4	B/D PA; NDS
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	4	B/D PA; MO; NDS
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	4	PA; LA; NDS
MVASI	4	PA; MO; NDS
MYCAPSSA	4	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	3	B/D PA; MO
MYFORTIC	3	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA; NDS
<i>nelarabine</i>	4	B/D PA; MO; NDS
NEORAL	3	B/D PA; MO
NERLYNX	4	PA; MO; LA; NDS
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days); NDS
NILANDRON	4	PA; MO; NDS
<i>nilutamide</i>	4	PA; MO; NDS
NINLARO	4	PA; MO; QL (3 per 28 days); NDS
NIPENT	4	B/D PA; MO; NDS
NUBEQA	4	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	4	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	3	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	PA; MO; NDS
ODOMZO	4	PA; MO; LA; QL (30 per 30 days); NDS
OGIVRI	4	PA; MO; NDS
OGSIVEO	4	PA; QL (180 per 30 days); NDS
OJJAARA	4	PA; QL (30 per 30 days); NDS
ONCASPAR	4	B/D PA; NDS
ONIVYDE	4	B/D PA; NDS
ONTRUZANT	4	PA; NDS
ONUREG	4	PA; MO; QL (14 per 28 days); NDS
OPDIVO	4	PA; MO; NDS
OPDUALAG	4	PA; MO; NDS
ORGOVYX	4	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PACLITAXEL PROTEIN-BOUND	4	B/D PA; NDS
PADCEV	4	PA; MO; NDS
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	4	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	4	PA; LA; QL (28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	4	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	3	B/D PA; MO
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	4	B/D PA; NDS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	B/D PA; NDS
PEMETREXED INTRAVENOUS RECON SOLN 100 MG	3	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 500 MG	4	B/D PA; NDS
PEMETREXED INTRAVENOUS SOLUTION	4	B/D PA; NDS
PEMRYDI RTU	4	B/D PA; NDS
PERJETA	4	B/D PA; MO; NDS
PHESGO	4	PA; MO; NDS
PIQRAY	4	PA; MO; NDS
POLIVY	4	PA; MO; NDS
POMALYST	4	PA; MO; LA; NDS
PORTRAZZA	4	B/D PA; MO; NDS
POTELIGEO	4	PA; NDS
PRALATREXATE	4	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PA; MO; NDS
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	4	NDS
QINLOCK	4	PA; LA; QL (90 per 30 days); NDS
RAPAMUNE ORAL SOLUTION	4	B/D PA; NDS
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	B/D PA; MO; NDS
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days); NDS
REVLIMID	4	PA; MO; LA; QL (28 per 28 days); NDS
REZLIDHIA	4	PA; QL (60 per 30 days); NDS
REZUROCK	4	PA; LA; QL (30 per 30 days); NDS
RIABNI	4	PA; MO; NDS
RITUXAN	4	PA; MO; NDS
RITUXAN HYCELA	4	PA; MO; NDS
<i>romidepsin intravenous recon soln</i>	4	B/D PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; QL (336 per 28 days); NDS
RUBRACA	4	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	4	PA; MO; NDS
RYBREVANT	4	PA; MO; NDS
RYDAPT	4	PA; MO; QL (224 per 28 days); NDS
RYLAZE	4	PA; NDS
SANDIMMUNE INTRAVENOUS	3	B/D PA
SANDIMMUNE ORAL CAPSULE	3	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	PA; MO; NDS
SAPHNELO	4	PA; LA; NDS
SARCLISA	4	PA; LA; NDS
SCSEMBLIX ORAL TABLET 20 MG	4	PA; MO; QL (600 per 30 days); NDS
SCSEMBLIX ORAL TABLET 40 MG	4	PA; MO; QL (300 per 30 days); NDS
SIGNIFOR	4	PA; NDS
SIGNIFOR LAR	4	PA; NDS

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SIKLOS ORAL TABLET 1,000 MG	4	MO; NDS
SIKLOS ORAL TABLET 100 MG	3	MO
SIMULECT	2	B/D PA; MO
<i>sirolimus oral solution</i>	4	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	3	B/D PA; MO
SOLTAMOX	4	MO; NDS
SOMATULINE DEPOT	4	PA; MO; NDS
<i>sorafenib</i>	4	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days); NDS
STIVARGA	4	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	4	PA; MO; QL (30 per 30 days); NDS
SUPPRELIN LA	4	PA; MO; NDS
SUTENT	4	PA; MO; QL (30 per 30 days); NDS
SYLVANT	4	B/D PA; MO; NDS
TABLOID	3	MO
TABRECTA	4	PA; MO; NDS
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; MO; QL (840 per 28 days); NDS
TAGRISSE	4	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	4	PA; NDS
TALZENNA	4	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; QL (30 per 30 days); NDS
TARCEVA ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); NDS
TARGRETIN	4	PA; MO; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	4	PA; LA; NDS
TECENTRIQ	4	B/D PA; MO; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TECVAYLI	4	PA; NDS
TEMODAR INTRAVENOUS	4	B/D PA; MO; NDS
<i>temsirolimus</i>	4	B/D PA; MO; NDS
TEPADINA	4	B/D PA; NDS
TEPMETKO	4	PA; LA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	4	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	4	B/D PA; MO; NDS
TIBSOVO	4	PA; NDS
TIVDAK	4	PA; MO; NDS
<i>topotecan</i>	4	B/D PA; MO; NDS
<i>toremifene</i>	4	MO; NDS
TORISEL	4	B/D PA; MO; NDS
TRAZIMERA	4	B/D PA; MO; NDS
TREANDA	4	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic)</i>	4	MO; NDS
TREXALL	3	B/D PA; MO
TRIPTODUR	4	PA; NDS
TRISENOX	4	B/D PA; MO; NDS
TRODELVY	4	PA; LA; NDS
TRUQAP	4	PA; QL (64 per 28 days); NDS
TRUXIMA	4	PA; MO; NDS
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 per 30 days); NDS
TYKERB	4	PA; MO; LA; QL (180 per 30 days); NDS
UNITUXIN	4	B/D PA; NDS
UPLIZNA	4	PA; MO; LA; NDS
<i>valrubicin</i>	4	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
VALSTAR	4	B/D PA; MO; NDS
VANFLYTA	4	PA; QL (56 per 28 days); NDS
VECTIBIX	4	B/D PA; MO; NDS
VEGZELMA	4	PA; NDS
VELCADE	4	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 180 days); NDS
VERZENIO	4	PA; MO; LA; QL (60 per 30 days); NDS
VIDAZA	4	B/D PA; MO; NDS
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 28 days); NDS
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	4	PA; MO; QL (30 per 30 days); NDS
VONJO	4	PA; QL (120 per 30 days); NDS
VOTRIENT	4	PA; MO; QL (120 per 30 days); NDS
VYXEOS	4	B/D PA; NDS
WELIREG	4	PA; LA; NDS
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	4	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; MO; QL (120 per 30 days); NDS
XATMEP	3	B/D PA; MO
XERMELO	4	PA; LA; QL (84 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA	4	PA; LA; QL (90 per 30 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; NDS
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days); NDS
YERVOY	4	B/D PA; MO; NDS
YONDELIS	4	B/D PA; NDS
YONSA	4	PA; MO; QL (120 per 30 days); NDS
ZALTRAP	4	B/D PA; MO; NDS
ZANOSAR	3	B/D PA; MO
ZEJULA ORAL CAPSULE	4	PA; MO; LA; QL (90 per 30 days); NDS
ZEJULA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days); NDS
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	4	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA	4	PA; NDS
ZIRABEV	4	B/D PA; MO; NDS
ZOLADEX	3	PA; MO
ZOLINZA	4	PA; MO; QL (120 per 30 days); NDS
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	4	B/D PA; MO; NDS
ZYDELIG	4	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	4	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	4	PA; LA; NDS
ZYNYZ	4	PA; NDS
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days); NDS
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days); NDS
BANZEL	4	PA; MO; NDS
BRIVIACT INTRAVENOUS	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX	3	
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG	3	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	4	PA; LA; NDS
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal</i>	3	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	4	PA; MO; LA; NDS
<i>epitol</i>	1	MO
EPRONTIA	3	PA; MO
EQUETRO	3	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	4	MO; NDS
<i>felbamate oral tablet</i>	3	MO
FELBATOL ORAL TABLET	4	MO; NDS
FINTEPLA	4	PA; LA; QL (360 per 30 days); NDS
<i>fosphephenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	2	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
<i>lacosamide intravenous</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ODT STARTER (BLUE)	3	MO
LAMICTAL ODT STARTER (GREEN)	3	MO
LAMICTAL ODT STARTER (ORANGE)	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	3	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	3	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>methsuximide</i>	3	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	4	ST; MO; QL (60 per 30 days); NDS
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	ST; QL (60 per 30 days); NDS
MYSOLINE	4	MO; NDS
NAYZILAM	4	PA; MO; QL (10 per 30 days); NDS
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days); NDS
ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days); NDS
<i>oxcarbazepine oral suspension</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet</i>	2	MO
OXTELLAR XR	3	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
PHENYTEK	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	3	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	4	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	3	PA; MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO; NDS
SABRIL	4	PA; MO; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SEZABY	3	
SPRITAM	3	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
<i>tiagabine</i>	3	MO
TOPAMAX	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	3	PA; MO
<i>topiramate oral capsule, extended release 24hr 200 mg</i>	4	PA; MO; NDS
<i>topiramate oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; MO; NDS
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	4	PA; MO; QL (10 per 30 days); NDS
<i>vigabatrin</i>	4	PA; MO; LA; NDS
<i>vigadrone</i>	4	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>vigpoder</i>	4	PA; LA; NDS
VIMPAT INTRAVENOUS	3	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days); NDS
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days); NDS
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	MO; QL (28 per 180 days); NDS
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE	4	PA; MO; NDS
<i>zonisamide</i>	1	PA; MO
ZTALMY	4	PA; LA; QL (1080 per 30 days); NDS
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; MO; LA; QL (90 per 30 days); NDS
<i>apomorphine</i>	4	PA; QL (90 per 30 days); NDS
AZILECT	3	MO
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	3	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	3	MO
COMTAN	3	MO
DHIVY	3	MO
DUOPA	4	B/D PA; MO; NDS
<i>entacapone</i>	3	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days); NDS
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days); NDS
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days); NDS
LODOSYN	3	MO
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	
NEUPRO	3	MO
NOURIANZ	4	PA; MO; LA; QL (30 per 30 days); NDS
ONGENTYS	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; QL (30 per 30 days)
PARLODEL	3	MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	3	MO
<i>rasagiline</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
RYTARY	3	MO
<i>selegiline hcl</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO

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Drug Name	Drug Tier	Requirements/Limits
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	4	PA; MO; NDS
<i>tolcapone</i>	4	PA; NDS
XADAGO	4	MO; NDS
ZELAPAR	4	PA; MO; NDS
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	3	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	3	MO; QL (18 per 28 days)
<i>dihydroergotamine injection</i>	4	NDS
<i>dihydroergotamine nasal</i>	4	QL (8 per 28 days); NDS
<i>eletriptan</i>	3	MO; QL (18 per 28 days)
ELYXYB	3	PA; MO; QL (28.8 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days); NDS
ERGOMAR	3	MO
<i>ergotamine-caffeine</i>	2	MO
FROVA	3	MO; QL (27 per 28 days)
<i>frovatriptan</i>	3	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG	3	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE PEN	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
<i>migergot</i>	3	MO
MIGRANAL	4	QL (8 per 28 days); NDS
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
RELPAX	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	3	MO; QL (18 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
TRUDHESA	4	ST; QL (8 per 28 days); NDS
UBRELVY	2	PA; QL (20 per 30 days)
VYEPTI	4	PA; NDS
ZAVZPRET	4	PA; MO; QL (6 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days); NDS
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	3	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	3	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	MO; QL (18 per 28 days)
ZOMIG ORAL	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	MO
AMONDYS-45	4	PA; LA; NDS
AMPYRA	4	PA; MO; LA; QL (60 per 30 days); NDS
AMVUTTRA	4	PA; MO; NDS
ARICEPT	3	MO
AUBAGIO	4	PA; MO; QL (30 per 30 days); NDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; MO; QL (120 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; MO; QL (240 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4)	4	PA; MO; QL (42 per 180 days); NDS
BAFIERTAM	4	PA; MO; QL (120 per 30 days); NDS
BRIUMVI	4	PA; MO; QL (24 per 180 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days); NDS
<i>dalfampridine</i>	2	PA; MO; QL (60 per 30 days)
DAYBUE	4	PA; LA; NDS
<i>dichlorphenamide</i>	4	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; MO; QL (60 per 30 days); NDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
EVRYSDI	4	PA; MO; LA; QL (240 per 30 days); NDS
EXELON PATCH	3	MO
EXONDYS-51	4	PA; NDS
<i>fingolimod</i>	4	PA; MO; QL (30 per 30 days); NDS
FIRDAPSE	4	PA; LA; NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days); NDS
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days); NDS
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	4	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PACK	4	PA; LA; QL (28 per 180 days); NDS
KESIMPTA PEN	4	PA; MO; QL (1.6 per 28 days); NDS
KEVEYIS	4	PA; NDS
LEMTRADA	4	PA; MO; QL (6 per 365 days); NDS
LEQEMBI	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (10 TABLET PACK)	4	PA; MO; LA; QL (40 per 720 days); NDS
MAVENCLAD (4 TABLET PACK)	4	PA; MO; LA; QL (16 per 720 days); NDS
MAVENCLAD (5 TABLET PACK)	4	PA; MO; LA; QL (20 per 720 days); NDS
MAVENCLAD (6 TABLET PACK)	4	PA; MO; LA; QL (24 per 720 days); NDS
MAVENCLAD (7 TABLET PACK)	4	PA; MO; LA; QL (28 per 720 days); NDS
MAVENCLAD (8 TABLET PACK)	4	PA; MO; LA; QL (32 per 720 days); NDS
MAVENCLAD (9 TABLET PACK)	4	PA; MO; LA; QL (36 per 720 days); NDS
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; MO; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; MO; QL (12 per 180 days); NDS
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	3	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA	4	PA; MO; NDS
NULIBRY	4	PA; LA; NDS
OCREVUS	4	PA; MO; LA; QL (20 per 180 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ONPATTRO	4	PA; MO; LA; NDS
PONVORY	4	PA; MO; QL (30 per 30 days); NDS
PONVORY 14-DAY STARTER PACK	4	PA; MO; QL (14 per 180 days); NDS
RADICAVA	4	PA; NDS
RADICAVA ORS	4	PA; MO; NDS
RADICAVA ORS STARTER KIT SUSP	4	PA; MO; NDS
RELYVRIO	4	PA; MO; NDS
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	2	MO
SKYCLARYS	4	PA; LA; NDS
TASCENSO ODT	4	MO; NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (14 per 30 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days); NDS
TEGSEDI	4	PA; MO; LA; NDS
<i>teriflunomide</i>	4	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days); NDS
TYSABRI	4	PA; MO; LA; QL (15 per 28 days); NDS
VILTEPSO	4	PA; LA; NDS
VUMERITY	4	PA; MO; QL (120 per 30 days); NDS
VYONDYS-53	4	PA; LA; NDS
WAINUA	4	PA; LA; QL (0.8 per 28 days); NDS
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days); NDS
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days); NDS
ZEPOSIA	4	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY)	4	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	4	PA; MO; QL (7 per 180 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen intrathecal</i>	3	B/D PA; MO
BACLOFEN ORAL SOLUTION	4	MO; NDS
<i>baclofen oral suspension</i>	4	MO; NDS
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	3	PA; MO
DANTRIUM INTRAVENOUS	3	
DANTRIUM ORAL CAPSULE 25 MG	3	MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	3	MO
FEXMID	3	PA
FLEQSUVY	4	MO; NDS
GABLOFEN	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 5 MG	3	MO
LYVISPAH ORAL GRANULES IN PACKET 20 MG	4	MO; NDS
MESTINON ORAL	4	MO; NDS
MESTINON TIMESPAN	4	MO; NDS
OZOBAX DS	4	NDS
<i>pyridostigmine bromide oral syrup</i>	3	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	
<i>revonto</i>	1	
RYSTIGGO	4	PA; NDS
<i>tizanidine oral capsule</i>	3	MO
<i>tizanidine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
VYVGART	4	PA; MO; LA; NDS
VYVGART HYTRULO	4	PA; MO; LA; NDS
ZANAFLEX	3	MO
ZILBRYSQ	4	PA; LA; NDS
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	3	*; QL (300 per 30 days); NDS
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; *; QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; *; QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; *; QL (180 per 30 days); NDS
BELBUCA	2	PA; MO; *; QL (60 per 30 days); NDS
BRIXADI	4	MO; NDS
<i>buprenorphine hcl injection solution</i>	3	MO; *; NDS
<i>buprenorphine hcl injection syringe</i>	1	*; NDS
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	3	PA; MO; *; QL (4 per 28 days); NDS
BUTRANS	3	PA; MO; *; QL (4 per 28 days); NDS
<i>codeine sulfate</i>	3	MO; *; QL (180 per 30 days); NDS
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	3	*; NDS
DILAUDID ORAL LIQUID	3	MO; *; QL (2400 per 30 days); NDS
DILAUDID ORAL TABLET	3	MO; *; QL (180 per 30 days); NDS
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	MO; *; NDS
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	*; NDS
<i>endocet</i>	2	MO; *; QL (360 per 30 days); NDS
<i>fentanyl</i>	3	PA; MO; *; QL (10 per 30 days); NDS
<i>fentanyl citrate (pf) injection solution</i>	1	*; NDS
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	3	*; NDS
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	3	*; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	*; NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; MO; *; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; MO; *; QL (120 per 30 days); NDS
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 800 MCG	4	PA; *; QL (120 per 30 days); NDS
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG, 600 MCG	4	PA; MO; *; QL (120 per 30 days); NDS
FENTORA	4	PA; MO; *; QL (120 per 30 days); NDS
<i>hydrocodone bitartrate, oral only, er 12hr</i>	3	PA; MO; *; QL (90 per 30 days); NDS
<i>hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg</i>	4	PA; MO; *; QL (60 per 30 days); NDS
<i>hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; MO; *; QL (60 per 30 days); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; *; QL (5550 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; *; QL (390 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; *; QL (360 per 30 days); NDS
<i>hydrocodone-ibuprofen</i>	2	MO; *; QL (50 per 30 days); NDS
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	*; NDS
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	3	*; NDS
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	3	MO; *; NDS
<i>hydromorphone injection solution 1 mg/ml</i>	3	*; NDS
<i>hydromorphone injection solution 2 mg/ml</i>	3	MO; *; NDS
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	*; NDS
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	3	MO; *; NDS

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<i>hydromorphone injection syringe 2 mg/ml</i>	3	*; NDS
<i>hydromorphone oral liquid</i>	3	MO; *; QL (2400 per 30 days); NDS
<i>hydromorphone oral tablet</i>	2	MO; *; QL (180 per 30 days); NDS
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; MO; *; QL (60 per 30 days); NDS
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; *; QL (60 per 30 days); NDS
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; *; QL (60 per 30 days); NDS
INFUMORPH P/F	3	B/D PA; MO; *; NDS
<i>levorphanol tartrate</i>	4	MO; *; QL (120 per 30 days); NDS
<i>methadone injection solution</i>	2	*; NDS
<i>methadone intensol</i>	2	PA; MO; *; QL (90 per 30 days); NDS
<i>methadone oral concentrate</i>	2	PA; *; QL (90 per 30 days); NDS
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; *; QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; *; QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	2	PA; MO; *; QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	2	PA; MO; *; QL (240 per 30 days); NDS
<i>methadose oral concentrate</i>	2	PA; MO; *; QL (90 per 30 days); NDS
MITIGO (PF)	3	*; NDS
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	*; NDS
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO; *; NDS
<i>morphine (pf) intravenous patient control.analgesia soln</i>	3	B/D PA; *; NDS
<i>morphine concentrate oral solution</i>	2	MO; *; QL (900 per 30 days); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	*; NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	3	*; NDS
<i>morphine injection syringe 4 mg/ml</i>	3	MO; *; NDS

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<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	3	MO; *; NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	MO; *; NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	3	*; NDS
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	3	*; NDS
<i>morphine oral capsule, er multiphase 24 hr</i>	3	PA; MO; *; QL (60 per 30 days); NDS
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PA; MO; *; QL (90 per 30 days); NDS
<i>morphine oral solution</i>	2	MO; *; QL (900 per 30 days); NDS
<i>morphine oral tablet</i>	2	MO; *; QL (180 per 30 days); NDS
<i>morphine oral tablet extended release</i>	2	PA; MO; *; QL (120 per 30 days); NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; *; QL (120 per 30 days); NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; *; QL (120 per 30 days); NDS
NALOCET	3	MO; *; QL (390 per 30 days); NDS
<i>oxycodone oral capsule</i>	2	MO; *; QL (360 per 30 days); NDS
<i>oxycodone oral concentrate</i>	3	MO; *; QL (180 per 30 days); NDS
<i>oxycodone oral solution</i>	2	MO; *; QL (1200 per 30 days); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; *; QL (180 per 30 days); NDS
<i>oxycodone oral tablet 5 mg</i>	2	MO; *; QL (360 per 30 days); NDS
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; *; QL (90 per 30 days); NDS
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; *; QL (60 per 30 days); NDS
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	4	*; QL (2000 per 30 days); NDS
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	3	*; QL (1860 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	*; QL (390 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; *; QL (360 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	3	*; QL (390 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	*; QL (360 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; *; QL (90 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; MO; *; QL (60 per 30 days); NDS
<i>oxymorphone oral tablet 10 mg</i>	3	MO; *; QL (360 per 30 days); NDS
<i>oxymorphone oral tablet 5 mg</i>	3	MO; *; QL (180 per 30 days); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; *; QL (90 per 30 days); NDS
PERCOCET	3	MO; *; QL (360 per 30 days); NDS
PROLATE ORAL SOLUTION	4	MO; *; QL (2000 per 30 days); NDS
<i>prolate oral tablet</i>	3	MO; *; QL (390 per 30 days); NDS
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; *; QL (180 per 30 days); NDS
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	MO; *; QL (180 per 30 days); NDS
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	MO; *; QL (360 per 30 days); NDS
SEGLENTIS	3	ST; MO; QL (120 per 30 days)
SUBLOCADE	4	MO; NDS
TREZIX	3	*; QL (300 per 30 days); NDS
XTAMPZA ER	3	PA; MO; *; QL (90 per 30 days); NDS
NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	3	MO
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO; *; NDS
<i>butorphanol nasal</i>	3	MO; *; QL (10 per 28 days); NDS
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	3	MO
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
COMBOGESIC IV	3	
CONZIP	3	PA; MO; *; QL (30 per 30 days); NDS
DAYPRO	3	ST; MO
DICLOFENAC EPOLAMINE	3	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	3	MO
<i>diclofenac potassium oral powder in packet</i>	3	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	4	MO; NDS
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	3	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	MO; QL (224 per 28 days); NDS
<i>diclofenac-misoprostol</i>	3	MO
<i>diflunisal</i>	2	MO
DUEXIS	3	ST
<i>ec-naproxen</i>	1	
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
FELDENE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen oral capsule 400 mg</i>	3	MO
<i>fenoprofen oral tablet</i>	3	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	3	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen-famotidine</i>	3	MO
INDOCIN RECTAL	4	MO; NDS
<i>indomethacin rectal suppository 50 mg</i>	4	NDS
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	3	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	MO
KETOROLAC NASAL	3	ST
KLOXXADO	3	MO
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
<i>lofena</i>	4	MO; NDS
LUCEMYRA	4	PA; MO; NDS
<i>meclofenamate</i>	3	MO
<i>mefenamic acid</i>	3	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized</i>	3	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	*; NDS
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	3	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	ST
NAPROSYN ORAL SUSPENSION	4	ST; NDS
<i>naproxen oral suspension</i>	3	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	3	MO
<i>naproxen-esomeprazole</i>	4	MO; NDS
NARCAN	3	MO
NEOPROFEN (IBUPROFEN LYSN)(PF)	3	
NUCYNTA ER	3	PA; MO; *; QL (60 per 30 days); NDS
NUCYNTA ORAL TABLET 100 MG	3	MO; *; QL (181 per 30 days); NDS
NUCYNTA ORAL TABLET 50 MG	3	MO; *; QL (362 per 30 days); NDS
NUCYNTA ORAL TABLET 75 MG	3	MO; *; QL (242 per 30 days); NDS
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	B/D PA
OLINVYK INTRAVENOUS SOLUTION	3	
OPVEE	3	
<i>oxaprozin oral tablet</i>	3	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; QL (224 per 28 days); NDS
<i>piroxicam</i>	2	MO
PRIALT	3	B/D PA
QDOLO	4	MO; QL (2400 per 30 days); NDS
RELAFEN DS	4	ST; MO; NDS
<i>salsalate</i>	1	MO
SPRIX	4	ST; NDS
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	3	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; *; QL (30 per 30 days); NDS
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; *; QL (30 per 30 days); NDS
TRAMADOL ORAL SOLUTION	4	QL (2400 per 30 days); NDS
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	MO; *; QL (120 per 30 days); NDS
<i>tramadol oral tablet 50 mg</i>	1	MO; *; QL (240 per 30 days); NDS
<i>tramadol oral tablet extended release 24 hr</i>	3	PA; MO; *; QL (30 per 30 days); NDS
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	PA; *; QL (30 per 30 days); NDS
<i>tramadol-acetaminophen</i>	1	MO; *; QL (240 per 30 days); NDS
VIMOVO	4	ST; MO; NDS
VIVITROL	4	MO; NDS
VIVLODEX	3	ST; MO; QL (30 per 30 days)
ZIMHI	3	
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	4	MO; QL (1 per 28 days); NDS
ABILIFY MYCITE MAINTENANCE KIT	4	QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	4	QL (30 per 30 days); NDS
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	QL (30 per 180 days); NDS
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL	3	MO
ADDERALL XR	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	2	MO
<i>amphetamine sulfate</i>	3	PA; MO
ANAFRANIL	3	MO
APLENZIN	4	MO; QL (30 per 30 days); NDS
APTENSIO XR	3	ST; MO
<i>aripiprazole oral solution</i>	3	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	3	MO; QL (60 per 30 days)
ARISTADA INITIO	4	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days); NDS
<i>armodafinil</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATIVAN INJECTION	3	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
AUVELITY	4	ST; MO; QL (60 per 30 days); NDS
AZSTARYS	3	ST; MO
BELSOMRA	3	PA; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO
CAPLYTA	3	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	1	MO
<i>chlorpromazine oral</i>	3	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	3	
CLOZARIL ORAL TABLET 100 MG	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	3	
CONCERTA	3	ST; MO
COTEMPLA XR-ODT	3	ST; MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	ST; MO
DAYVIGO	3	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; MO
<i>dexmethylphenidate</i>	3	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	3	MO
<i>dextroamphetamine sulfate oral solution</i>	3	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	3	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
DOPRAM	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
DYANAVEL XR	3	ST; MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	4	MO; NDS
<i>ergoloid</i>	3	
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	3	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
EVEKEO ODT	3	PA; MO
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; QL (5 per 180 days); NDS
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days); NDS
JORNAY PM	3	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days); NDS
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days); NDS
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lisdexamfetamine</i>	3	MO
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
LITHOBID	3	MO
<i>lorazepam injection solution</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	3	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	3	PA; MO; QL (90 per 30 days)
<i>loxapine succinate</i>	1	MO
LUMRYZ	4	PA; MO; QL (30 per 30 days); NDS
LUNESTA	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days); NDS
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days); NDS
LYBALVI	4	ST; MO; QL (30 per 30 days); NDS
MARPLAN	3	MO
METADATE CD	3	ST
<i>methamphetamine</i>	3	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate</i>	3	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	3	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
<i>methylphenidate hcl oral tablet, chewable</i>	3	MO
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	3	
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	3	
<i>molindone oral tablet 5 mg</i>	3	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
<i>nefazodone</i>	3	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	3	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	
<i>perphenazine</i>	3	MO
PERSERIS	4	MO; QL (1 per 30 days); NDS
<i>phenelzine</i>	2	MO
<i>pimozide</i>	3	MO
PRISTIQ	3	MO; QL (30 per 30 days)
<i>procentra</i>	3	MO
<i>protriptyline</i>	3	MO
PROVIGIL ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days); NDS
PROVIGIL ORAL TABLET 200 MG	4	PA; MO; QL (60 per 30 days); NDS
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER	3	ST; MO
QUILLIVANT XR	3	ST; MO
QUVIVIQ	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	MO; QL (2 per 28 days); NDS
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	4	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	ST; MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
SECUADO	4	MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	3	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SODIUM OXYBATE	4	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; MO; NDS
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
SUNOSI	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); NDS
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	3	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	3	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	4	MO; QL (0.28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	4	MO; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	4	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	MO; QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	MO; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	MO; QL (0.21 per 28 days); NDS
VALIUM	3	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	3	MO; QL (30 per 30 days)
VERSACLOZ	4	NDS
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
<i>vilazodone</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 per 180 days)
VYVANSE	3	ST; MO
WAKIX	4	PA; MO; LA; QL (60 per 30 days); NDS
WELLBUTRIN SR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XELSTRYM	3	ST; MO
XYREM	4	PA; LA; QL (540 per 30 days); NDS
XYWAV	4	PA; LA; QL (540 per 30 days); NDS
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	3	MO
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	3	MO; QL (30 per 30 days)
ZURZUVAE	4	PA; MO; NDS
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	MO; QL (1 per 28 days); NDS
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral</i>	1	MO
BETAPACE AF	3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
CORVERT	3	
<i>dofetilide</i>	3	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	3	
<i>mexiletine</i>	2	MO
MULTAQ	3	MO
NEXTERONE	3	B/D PA
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
PROCAINAMIDE INTRAVENOUS	3	
<i>propafenone oral capsule, extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral</i>	3	MO
<i>quinidine sulfate oral tablet</i>	1	MO
RYTHMOL SR	3	
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO
<i>sorine oral tablet 80 mg</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
SOTYLIZE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
<i>acebutolol</i>	1	MO
ALDACTONE	3	MO
<i>aliskiren</i>	3	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG	3	MO
ALTACE ORAL CAPSULE 5 MG	3	
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE ORAL TABLET 150-12.5 MG	3	ST
AVALIDE ORAL TABLET 300-12.5 MG	3	ST; MO
AVAPRO ORAL TABLET 150 MG	3	ST
AVAPRO ORAL TABLET 300 MG, 75 MG	3	ST; MO
AZOR	3	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NAACL (ISO-OSM)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	1	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV IN SODIUM CHLORIDE	3	
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	3	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX	3	
<i>clonidine</i>	3	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	4	MO; NDS
CONJUPRI	3	
COREG	3	MO
COREG CR	3	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	
COZAAR	3	ST; MO
DEMSER	4	PA; MO; NDS
DIBENZYLINE	4	PA; MO; NDS
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral</i>	1	MO
<i>dilt-xr</i>	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECIN	3	MO
<i>enalapril maleate oral solution</i>	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
EPANED	3	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol</i>	3	B/D PA; MO
<i>esmolol in nacl (iso-osm)</i>	3	
<i>esmolol intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynate sodium</i>	4	NDS
<i>ethacrynic acid</i>	3	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
<i>felodipine</i>	1	MO
FLOLAN	3	B/D PA; MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FUROSCIX	4	ST; NDS
<i>furosemide injection solution</i>	3	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
HEMANGEOL	3	
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	ST; MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INDERAL XL	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	2	MO; QL (180 per 30 days)
<i>isradipine</i>	1	MO
KAPSPARGO SPRINKLE	3	MO
KATERZIA	3	MO
KERENDIA	2	PA; QL (30 per 30 days)
LABETALOL IN DEXTROSE,ISO-OSM	3	
LABETALOL IN NAACL (ISO-OSMOT)	3	
<i>labetalol intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
LASIX	3	MO
LEVAMLODIPINE	3	
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR ORAL	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
LOTENSIN HCT ORAL TABLET 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL	3	MO
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	4	PA; MO; NDS
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS ORAL CAPSULE 1 MG, 2 MG	3	
MINIPRESS ORAL CAPSULE 5 MG	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol</i>	3	MO
<i>nebivolol</i>	1	MO
NEXICLON XR	4	NDS
NICARDIPINE IN NAACL (ISO-OS)	3	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	3	MO
<i>nisoldipine</i>	3	MO
NORLIQVA	3	MO
NORVASC	3	MO
NYMALIZE ORAL SOLUTION	4	MO; NDS
NYMALIZE ORAL SYRINGE	4	NDS
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT	4	PA; MO; NDS
ORENITRAM MONTH 2 TITRATION KT	4	PA; MO; NDS
ORENITRAM MONTH 3 TITRATION KT	4	PA; MO; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; MO; NDS
OSMITROL 10 %	3	
<i>osmitrol 20 %</i>	3	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	PA; MO; NDS
<i>phentolamine</i>	1	
<i>pindolol</i>	2	MO
<i>prazosin</i>	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG, 90 MG	3	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
QBRELIS	3	MO
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	MO
REMODULIN	4	PA; MO; LA; NDS
SOAAZ	3	ST; MO
SODIUM EDECIN	4	NDS
<i>spironolactone oral suspension</i>	3	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 300 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 180 mg, 240 mg, 360 mg</i>	1	MO
TEKTURNA	3	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
THALITONE	3	MO
<i>tiadylt er</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TIAZAC	3	MO
<i>timolol maleate oral</i>	3	MO
TOPROL XL	3	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	4	PA; MO; LA; NDS
<i>triamterene</i>	3	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI INTRAVENOUS	4	PA; LA; NDS
UPTRAVI ORAL	4	PA; MO; LA; NDS
VALSARTAN ORAL SOLUTION	4	ST; MO; NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN	3	
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC ORAL TABLET 10-6.25 MG	3	
ZIAC ORAL TABLET 2.5-6.25 MG, 5-6.25 MG	3	MO
COAGULATION THERAPY		
ADZYNMA	4	PA; LA; NDS
AGGRASTAT CONCENTRATE	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
AGGRASTAT IN SODIUM CHLORIDE	3	B/D PA
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	4	MO; NDS
ANDEXXA	4	NDS
ARGATROBAN	4	NDS
<i>argatroban in 0.9 % sod chlor</i>	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO; NDS
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<i>aspirin-dipyridamole</i>	3	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	4	PA; LA; NDS
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg</i>	3	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	3	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	3	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA; NDS
DOPTELET (15 TAB PACK)	4	PA; MO; LA; NDS
DOPTELET (30 TAB PACK)	4	PA; MO; LA; NDS
EFFIENT	3	MO
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; NDS
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO; NDS
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	MO
HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	3	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	MO
<i>jantoven</i>	1	MO
LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA	4	PA; MO; NDS
NPLATE	4	PA; MO; NDS
OCTAPLAS (BLOOD GROUP A)	3	
OCTAPLAS (BLOOD GROUP AB)	3	
OCTAPLAS (BLOOD GROUP B)	3	
OCTAPLAS (BLOOD GROUP O)	3	
<i>pentoxifylline</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	PA; MO
PRADAXA ORAL PELLETS IN PACKET	4	PA; NDS
<i>prasugrel</i>	2	MO
PRAXBIND	4	NDS
PROMACTA	4	PA; MO; LA; NDS
<i>protamine</i>	1	
SAVAYSA	3	PA; MO
TAVALISSE	4	PA; LA; QL (60 per 30 days); NDS
THROMBATE III	3	

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Drug Name	Drug Tier	Requirements/Limits
THROMBIN-JMI NASAL	3	
<i>tirofiban-0.9% sodium chloride</i>	3	B/D PA
<i>warfarin</i>	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	2	MO
ZONTIVITY	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	4	ST; MO; QL (30 per 30 days); NDS
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	1	QL (30 per 30 days)
ATORVALIQ	3	ST; MO; QL (600 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	
<i>colesevelam</i>	3	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	
<i>colestipol oral tablet</i>	3	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EVKEEZA	4	PA; LA; NDS
EZALLOR SPRINKLE	3	ST; QL (30 per 30 days)
<i>ezetimibe</i>	1	MO
EZETIMIBE-ROSUVASTATIN	3	ST; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	3	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
FLOLIPID	3	ST; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO
JUXTAPID	4	PA; MO; LA; NDS
LEQVIO	4	PA; QL (3 per 180 days); NDS
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	3	ST; MO; QL (30 per 30 days)
LOPID	3	
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR	3	MO
<i>omega-3 acid ethyl esters</i>	1	MO

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<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
ROSZET	3	ST; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA	3	ST; MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG	3	MO
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 500 MG	3	
CAMZYOS	4	PA; MO; QL (30 per 30 days); NDS
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	2	MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
FILSPARI	4	PA; MO; QL (30 per 30 days); NDS
<i>isoproterenol hcl</i>	3	
LANOXIN ORAL	3	MO
LEVOPHED (BITARTRATE)	3	
LODOCO	3	PA; MO
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>nitroprusside in 0.9 % nacl</i>	3	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)</i>	3	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	1	B/D PA
VECAMYL	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO; NDS
VYNDAQEL	3	PA; MO
NITRATES		
ISORDIL	4	MO; NDS
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	3	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	3	MO
ANALPRAM-HC TOPICAL	3	MO
BIMZELX	4	PA; MO; QL (2 per 21 days); NDS
BIMZELX AUTOINJECTOR	4	PA; MO; QL (2 per 21 days); NDS
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone</i>	3	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	3	
COSENTYX (2 SYRINGES)	4	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	4	PA; QL (20 per 28 days); NDS
COSENTYX PEN	4	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	4	PA; MO; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	4	PA; MO; QL (10 per 28 days); NDS
ENSTILAR	4	MO; QL (400 per 30 days); NDS
EPIFOAM	3	MO
ILUMYA	4	PA; MO; QL (2 per 28 days); NDS
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	4	PA; MO; QL (6 per 28 days); NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days); NDS
SORILUX	3	MO; QL (120 per 30 days)
SOTYKTU	4	PA; MO; NDS
SPEVIGO INTRAVENOUS	4	PA; MO; LA; QL (30 per 365 days); NDS
STELARA INTRAVENOUS	4	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days); NDS
TACLONEX	4	MO; QL (400 per 30 days); NDS
TALTZ AUTOINJECTOR	4	PA; MO; QL (1 per 28 days); NDS

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TALTZ AUTOINJECTOR (2 PACK)	4	PA; MO; QL (4 per 28 days); NDS
TALTZ AUTOINJECTOR (3 PACK)	4	PA; MO; QL (3 per 180 days); NDS
TALTZ SYRINGE	4	PA; MO; QL (1 per 28 days); NDS
TREMFYA	4	PA; MO; QL (2 per 28 days); NDS
VECTICAL	3	
VTAMA	4	PA; MO; NDS
ZORYVE TOPICAL CREAM	3	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; MO; QL (6 per 28 days); NDS
<i>ammonium lactate</i>	1	MO
CARAC	4	NDS
<i>chloroprocaine (pf)</i>	1	
CIBINQO	4	PA; MO; QL (30 per 30 days); NDS
CITANEST PLAIN DENTAL	3	
CONDYLOX TOPICAL GEL	3	
<i>dermacinrx lidocan</i>	3	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	3	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days); NDS
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	4	NDS

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<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
HYFTOR	4	PA; NDS
<i>imiquimod topical cream in metered-dose pump</i>	4	MO; NDS
<i>imiquimod topical cream in packet 3.75 %</i>	4	MO; NDS
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	3	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii</i>	3	PA; QL (90 per 30 days)
<i>lidocan iv</i>	3	PA; QL (90 per 30 days)
<i>lidocan v</i>	3	PA; QL (90 per 30 days)
LIDODERM	3	PA; QL (90 per 30 days)
<i>methoxsalen</i>	4	MO; NDS
NESACAINE	3	
NESACAINE-MPF	3	
OPZELURA	4	PA; MO; QL (240 per 28 days); NDS
PANRETIN	4	PA; MO; NDS
<i>pimecrolimus</i>	3	PA; MO; QL (100 per 30 days)

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PLIAGLIS	3	PA; QL (30 per 30 days)
<i>podofilox topical gel</i>	3	
<i>podofilox topical solution</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
POLOCAINE INJECTION SOLUTION 2 %	3	
<i>polocaine-mpf</i>	1	
<i>pradoxin</i>	3	MO; QL (45 per 30 days)
QBREXZA	3	MO
QUTENZA	4	QL (1 per 90 days); NDS
REGRANEX	4	QL (15 per 30 days); NDS
SANTYL	2	MO; QL (180 per 30 days)
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
TOLAK	3	
VALCHLOR	4	PA; MO; NDS
VEREGEN	3	MO; QL (30 per 30 days)
VYJUVEK	4	PA; NDS
<i>xylocaine dental-epinephrine</i>	3	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	
XYLOCAINE WITH EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
YCANTH	4	NDS
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA	4	MO; NDS
THERAPY FOR ACNE		
ABSORICA	4	NDS
ABSORICA LD	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane</i>	3	
ACZONE	3	MO
<i>adapalene topical cream</i>	3	PA; MO
<i>adapalene topical gel 0.3 %</i>	3	PA; MO
<i>adapalene topical gel with pump</i>	3	PA; MO
<i>adapalene topical solution</i>	3	PA
<i>adapalene topical swab</i>	3	PA
<i>adapalene-benzoyl peroxide</i>	3	PA; MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
<i>amnesteem</i>	3	
AMZEEQ	3	MO
ARAZLO	3	PA; MO
ATRALIN	3	PA; MO
<i>azelaic acid</i>	3	MO
AZELEX	3	MO
BENZAMYCIN	3	MO
<i>brimonidine topical</i>	3	PA; MO
CABTREO	4	MO; NDS
<i>claravis</i>	3	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
<i>clindacin</i>	3	QL (100 per 30 days)
<i>clindacin etz topical swab</i>	3	MO; QL (69 per 30 days)
<i>clindacin p</i>	3	MO; QL (69 per 30 days)
CLINDAGEL	4	QL (150 per 30 days); NDS
<i>clindamycin phosphate topical foam</i>	3	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide</i>	3	MO
<i>clindamycin-tretinoin</i>	3	PA; MO
<i>dapsone topical</i>	3	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA
EPSOLAY	3	ST; MO
<i>ery pads</i>	2	MO
<i>erygel</i>	3	MO
<i>erythromycin with ethanol topical gel</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO
FABIOR	3	PA
FINACEA TOPICAL FOAM	3	ST; MO
FINACEA TOPICAL GEL	3	ST
<i>isotretinoin</i>	3	
<i>ivermectin topical cream</i>	1	MO; QL (90 per 30 days)
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST
<i>metronidazole topical</i>	3	MO
MIRVASO	3	PA; MO
<i>neuac</i>	3	MO
NORITATE	4	ST; MO; NDS
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.1 %	3	PA

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Drug Name	Drug Tier	Requirements/Limits
SOOLANTRA	3	ST; MO; QL (90 per 30 days)
<i>tazarotene topical cream</i>	3	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	3	PA; MO
TAZORAC	3	PA; MO
<i>tretinoin microspheres</i>	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
TWYNEO	3	PA; MO
VELTIN	3	PA
WINLEVI	3	PA; MO
<i>zenatane</i>	3	
ZIANA	3	PA
ZILXI	3	ST; MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO; QL (30 per 30 days)
<i>gentamicin topical</i>	2	MO; QL (60 per 30 days)
KLARON	3	MO
<i>mafenide acetate</i>	3	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	3	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	3	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole</i>	3	MO; QL (85 per 28 days)
ERTACZO	3	QL (60 per 28 days)
EXELDERM	3	MO; QL (60 per 28 days)
JUBLIA	3	MO; QL (8 per 30 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	3	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	3	MO; QL (100 per 28 days)
<i>klayesta</i>	2	QL (180 per 30 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL (60 per 28 days)
LOPROX TOPICAL SHAMPOO	3	QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET	3	QL (50 per 28 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO; QL (180 per 30 days)
<i>oxiconazole</i>	3	MO; QL (90 per 28 days)
OXISTAT TOPICAL CREAM	3	QL (90 per 28 days)
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)
<i>tavaborole</i>	3	MO; QL (10 per 30 days)
VUSION	3	MO; QL (50 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	3	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO; QL (5 per 30 days)
<i>penciclovir</i>	3	MO; QL (5 per 30 days)
XERESE	4	MO; NDS
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP	3	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical ointment</i>	4	NDS
<i>apexicon e</i>	3	MO; QL (120 per 30 days)
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical foam</i>	3	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	3	MO
CAPEX	3	
<i>clobetasol scalp</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	3	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-emollient topical foam</i>	3	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	QL (125 per 28 days)
<i>clocortolone pivalate</i>	3	MO
<i>clodan</i>	3	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM 0.05 %	3	QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	QL (120 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL	3	MO
DERMA-SMOOTHIE/FS SCALP OIL	3	MO
<i>desonide</i>	3	MO
DESOWEN TOPICAL CREAM	3	
<i>desoximetasone</i>	3	MO
<i>diflorasone</i>	3	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap</i>	3	MO
<i>fluocinolone topical cream 0.01 %</i>	3	MO
<i>fluocinolone topical cream 0.025 %</i>	3	
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical cream</i>	3	QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	3	MO
<i>halcinonide</i>	3	MO
<i>halobetasol propionate topical cream</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical foam</i>	3	
<i>halobetasol propionate topical ointment</i>	3	MO
HALOG TOPICAL CREAM	3	MO
HALOG TOPICAL OINTMENT	3	
HALOG TOPICAL SOLUTION	3	
<i>hydrocortisone butyrate topical cream</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	3	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	3	MO
KENALOG TOPICAL	3	QL (126 per 28 days)
LEXETTE	3	
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
<i>mometasone topical</i>	1	MO
PANDEL	3	MO
<i>prednicarbate topical ointment</i>	3	
PROCTOCORT TOPICAL	3	MO
SYNALAR	3	
TEXACORT	3	MO
TOPICORT	3	
<i>tovet emollient</i>	3	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	3	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.05 %</i>	3	MO
<i>triderm topical cream</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ULTRAVATE TOPICAL LOTION	4	NDS
VANOS	4	MO; QL (120 per 30 days); NDS
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>malathion</i>	3	MO
NATROBA	3	MO
OVIDE	3	MO
<i>permethrin</i>	2	MO; QL (60 per 30 days)
<i>spinosad</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ORLISTAT	3	PA
XENICAL	3	PA; MO
ANTIDOTES		
ACETADOTE	3	
<i>acetylcysteine intravenous</i>	2	
PROTOPAM CHLORIDE	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	3	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
<i>ringer's irrigation</i>	3	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>tis-u-sol pentalyte</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	MO
<i>acetic acid irrigation</i>	1	MO
AGRYLIN	3	MO
AMMONUL	4	NDS
<i>anagrelide</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ARALAST NP	4	PA; MO; LA; NDS
AURYXIA	4	PA; MO; NDS
BUPHENYL	4	PA; NDS
CAFCIT	3	
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	4	PA; MO; LA; NDS
<i>carglumic acid</i>	4	PA; NDS
CARNITOR	3	MO
CARNITOR (SUGAR-FREE)	3	MO
<i>cevimeline</i>	3	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE	3	B/D PA
CUVRIOR	4	PA; LA; NDS
<i>d10 %-0.45 % sodium chloride</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i>	3	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>deferasirox oral granules in packet</i>	4	PA; MO; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA; MO; NDS
<i>deferasirox oral tablet 90 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	4	PA; MO; NDS
<i>deferiprone</i>	4	PA; MO; NDS
<i>deferoxamine</i>	1	B/D PA; MO
DESFERAL	4	B/D PA; MO; NDS
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	
<i>dextrose 25 % in water (d25w)</i>	3	
<i>dextrose 5 % in water (d5w)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5 %-lactated ringers</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	3	
<i>dextrose 5%-0.3 % sod.chloride</i>	3	
<i>dextrose 50 % in water (d50w)</i>	3	
<i>dextrose 70 % in water (d70w)</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	4	PA; MO; NDS
EMPAVELI	4	PA; LA; NDS
ENDARI	4	PA; MO; NDS
ENJAYMO	4	PA; LA; NDS
EVOXAC	3	MO
EXJADE	4	PA; MO; LA; NDS
EXSERVAN	4	PA; NDS
FABHALTA	4	PA; NDS
FERRIPROX	4	PA; NDS
FERRIPROX (2 TIMES A DAY)	4	PA; NDS
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GIVLAARI	4	PA; MO; LA; NDS
GLASSIA	4	PA; MO; LA; NDS
INCRELEX	4	MO; LA; NDS
JADENU	4	PA; MO; NDS
JADENU SPRINKLE	4	PA; MO; NDS
JOENJA	4	PA; LA; QL (60 per 30 days); NDS
LAMZEDE	4	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum oral tablet,chewable 1,000 mg</i>	3	MO; QL (135 per 30 days)
<i>lanthanum oral tablet,chewable 500 mg</i>	3	MO; QL (270 per 30 days)
<i>lanthanum oral tablet,chewable 750 mg</i>	3	MO; QL (180 per 30 days)
<i>levocarnitine (with sugar)</i>	3	MO
<i>levocarnitine intravenous</i>	3	
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LITFULO	4	PA; MO; QL (28 per 28 days); NDS
LITHOSTAT	3	
LOKELMA	2	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	4	PA; MO; NDS
NITYR	3	PA; MO; LA
NORTHERA	4	PA; MO; NDS
OLPRUVA	4	PA; LA; NDS
ORFADIN	4	PA; LA; NDS
OXBRYTA ORAL TABLET 300 MG	4	PA; MO; LA; QL (150 per 30 days); NDS
OXBRYTA ORAL TABLET 500 MG	4	PA; MO; LA; QL (90 per 30 days); NDS
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (150 per 30 days); NDS
PANHEMATIN	4	NDS
PEDMARK	4	B/D PA; NDS
PHEBURANE	4	PA; MO; NDS
<i>pilocarpine hcl oral</i>	3	MO
PROLASTIN-C	4	PA; LA; NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days); NDS
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (7 per 180 days); NDS
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 180 days); NDS
RAVICTI	4	PA; MO; NDS
RECLAST	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; QL (180 per 30 days); NDS
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; QL (90 per 30 days); NDS
RENVELA ORAL TABLET	4	MO; QL (270 per 30 days); NDS
REVCOVI	4	PA; LA; NDS
RILUTEK	4	PA; NDS
<i>riluzole</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	MO; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (270 per 30 days)
<i>sevelamer hcl</i>	3	MO
<i>sodium benzoate-sod phenylacet</i>	4	NDS
<i>sodium chloride 0.9 % intravenous</i>	3	MO
<i>sodium chloride irrigation</i>	3	
<i>sodium phenylbutyrate oral powder</i>	4	PA; MO; NDS
<i>sodium phenylbutyrate oral tablet</i>	4	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	4	PA; LA; QL (112 per 28 days); NDS
SOHONOS ORAL CAPSULE 10 MG	4	PA; LA; QL (56 per 28 days); NDS
SOHONOS ORAL CAPSULE 2.5 MG	4	PA; LA; QL (140 per 28 days); NDS
SOHONOS ORAL CAPSULE 5 MG	4	PA; LA; QL (84 per 28 days); NDS
SOLIRIS	4	PA; MO; NDS
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SURVANTA	3	
SYPRINE	4	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
TAVNEOS	4	PA; LA; QL (180 per 30 days); NDS
TEGLUTIK	4	PA; NDS
THIOLA	4	PA; NDS
THIOLA EC	4	PA; NDS
TIGLUTIK	4	PA; NDS
<i>tiopronin oral tablet</i>	4	PA; MO; NDS
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	4	PA; NDS
<i>trientine oral capsule 250 mg</i>	4	PA; MO; NDS
TRIENTINE ORAL CAPSULE 500 MG	4	PA; MO; NDS
TZIELD	4	NDS
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; MO; NDS
VELPHORO	4	MO; QL (180 per 30 days); NDS
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	3	MO
XENPOZYME	4	PA; MO; NDS
XIAFLEX	4	PA; NDS
XPHOZAH	4	PA; NDS
XURIDEN	4	PA; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	3	PA; MO; LA
ZOKINVY	4	PA; LA; QL (120 per 30 days); NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX ORAL TABLET 1 MG	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	
NICOTROL NS	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline</i>	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	4	MO; NDS
<i>azelastine nasal aerosol,spray</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	2	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CLINPRO 5000	3	MO
<i>denta 5000 plus</i>	1	MO
<i>denta 5000 plus sensitive</i>	3	
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fluoride (sodium) dental solution</i>	3	MO
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
JUST RIGHT 5000	3	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	3	MO; QL (30.5 per 30 days)
<i>oralone</i>	1	
PATANASE	3	QL (30.5 per 30 days)
<i>periogard</i>	1	MO
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 SENSITIVE	3	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
CETRAXAL	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
DERMOTIC OIL	3	MO
<i>flac otic oil</i>	3	
<i>fluocinolone acetonide oil</i>	3	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
<i>ciprofloxacin-dexamethasone</i>	2	MO; QL (7.5 per 7 days)
CIPROFLOXACIN-FLUOCINOLONE	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; MO; NDS
AGAMREE	4	PA; LA; NDS
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	NDS
<i>betamethasone acet,sod phos</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CELESTONE SOLUSPAN	3	MO
CORTEF	3	MO
<i>cortisone</i>	1	
CORTROPHIN GEL	4	PA; MO; NDS
<i>deflazacort</i>	4	PA; MO; NDS
DEPO-MEDROL	3	MO
<i>dexabliss</i>	3	
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	3	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
DEXAMETHASONE SODIUM PHOS (PF) INJECTION SYRINGE	3	
<i>dexamethasone sodium phosphate injection</i>	1	MO
EMFLAZA	4	PA; MO; LA; NDS
<i>fludrocortisone</i>	1	MO
HEMADY	3	
HEXATRIONE	4	NDS
<i>hydrocortisone oral</i>	1	MO
KENALOG INJECTION	3	MO
KENALOG-80	3	MO
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	B/D PA; MO
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>millipred oral tablet</i>	3	B/D PA; MO
ORAPRED ODT	3	B/D PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone oral tablet</i>	3	B/D PA; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	3	B/D PA; MO
<i>prednisone intensol</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack</i>	1	MO
RAYOS	4	MO; NDS
SOLU-CORTEF	3	
SOLU-CORTEF ACT-O-VIAL (PF)	3	MO
SOLU-MEDROL (PF)	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
TARPEYO	4	PA; QL (120 per 30 days); NDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
TRIESENCE (PF)	3	
XIPERE (PF)	4	MO; NDS
ZILRETTA	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	PA; MO
AFREZZA	3	MO
<i>alcohol pads</i>	2	
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	PA; MO
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BASAGLAR TEMPO PEN(U-100) INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	3	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	3	ST; MO; QL (60 per 30 days)
<i>diazoxide</i>	3	MO
DROPSAFE ALCOHOL PREP PADS	2	
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	PA; MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	3	MO; QL (30 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	ST; MO
GLUCAGON (HCL) EMERGENCY KIT	3	ST
<i>glucagon emergency kit (human)</i>	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	ST; QL (60 per 30 days); NDS
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	ST; QL (120 per 30 days); NDS
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULIN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULIN	2	MO
HUMALOG TEMPO PEN(U-100)INSULIN	3	ST; MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULIN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA ORAL TABLET 200 MG	2	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INSULIN ASP PRT-INSULIN ASPART	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	PA; MO
INSULIN DEGLUDEC	3	ST; MO
INSULIN GLARGINE	2	
INSULIN GLARGINE U-300 CONC	3	ST
INSULIN GLARGINE-YFGN	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
KAZANO ORAL TABLET 12.5-500 MG	3	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXPEN	3	ST; MO
LEVEMIR U-100 INSULIN	3	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV TEMPO PEN(U-100)INSULIN	3	ST; MO
LYUMJEV U-100 INSULIN	2	MO
<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	4	MO; QL (120 per 30 days); NDS
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	3	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	3	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	3	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	3	MO; QL (180 per 30 days)
MOUNJARO	2	PA; MO; QL (2 per 28 days)
MYXREDLIN	3	
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U100 INSULIN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	PA; MO
ONGLYZA ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
OSENI ORAL TABLET 12.5-30 MG	3	MO; QL (30 per 30 days)
OSENI ORAL TABLET 25-15 MG, 25-30 MG, 25-45 MG	3	QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	3	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	3	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
REZVOGLAR KWIKPEN	3	ST; MO
RIOMET	3	QL (765 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	2	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEGLUOMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUOMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	ST; MO
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (10.8 per 30 days); NDS
SYMLINPEN 60	4	PA; MO; QL (6 per 30 days); NDS
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	ST; MO; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE AUTOINJECTOR	2	MO
ZEGALOGUE SYRINGE	2	MO
ZITUVIO	3	ST; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA; MO; NDS
ANDRODERM	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
AVEED	3	PA; LA
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) injection</i>	4	MO; NDS
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	3	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
CERDELGA	4	PA; MO; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; MO
<i>cinacalcet</i>	3	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA
CRYSVITA	4	PA; MO; LA; NDS
<i>danazol</i>	3	MO
DDAVP INJECTION	3	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	3	MO
ELAPRASE	4	PA; MO; NDS
ELELYSO	4	PA; MO; NDS
ELFABRIO	4	PA; LA; NDS
FABRAZYME	4	PA; MO; NDS
FORTESTA	3	PA; QL (120 per 30 days)
GALAFOLD	4	PA; MO; LA; QL (15 per 30 days); NDS
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days); NDS
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (60 per 30 days); NDS
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days); NDS
<i>javygtor oral powder in packet 100 mg</i>	3	PA; MO
<i>javygtor oral powder in packet 500 mg</i>	4	PA; MO; NDS
<i>javygtor oral tablet, soluble</i>	4	PA; MO; NDS
JYNARQUE	4	PA; LA; NDS
KANUMA	4	PA; MO; NDS
KORLYM	4	PA; NDS
KUVAN	4	PA; MO; NDS
LUMIZYME	4	PA; MO; NDS
MEPSEVII	4	PA; MO; NDS
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
MIACALCIN INJECTION	4	MO; NDS
<i>mifepristone oral tablet 300 mg</i>	4	PA; NDS
<i>miglustat</i>	4	PA; MO; LA; NDS
MYALEPT	4	PA; MO; LA; NDS
NAGLAZYME	4	PA; MO; LA; NDS
NATESTO	3	PA; MO; QL (21.96 per 30 days)
NEXVIAZYME	4	PA; MO; NDS
NOCDURNA (MEN)	3	PA; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PA; MO
OPFOLDA	3	PA; MO; QL (8 per 28 days)
ORILISSA	4	MO; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days); NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days); NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days); NDS
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	3	MO
POMBILITI	4	PA; MO; NDS
PREGNYL	3	PA; MO
RAYALDEE	4	MO; NDS
RECORLEV	4	PA; NDS
ROCALTROL	3	
SAMSCA	4	PA; MO; NDS
<i>sapropterin</i>	4	PA; MO; NDS
SENSIPAR ORAL TABLET 30 MG	3	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO; NDS
SOMAVERT	4	PA; MO; NDS
STRENSIQ	4	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SYNAREL	4	PA; MO; NDS
TEPEZZA	4	PA; MO; LA; NDS
TESTIM	3	PA; MO; QL (300 per 30 days)
TESTOPEL	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i>	2	PA
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
TLANDO	3	PA; MO; QL (120 per 30 days)
<i>tolvaptan</i>	4	PA; MO; NDS
<i>vasopressin</i>	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	3	
VASOSTRICT	3	
VIMIZIM	4	PA; MO; LA; NDS
VOGELXO	3	PA; QL (300 per 30 days)
VOXZOGO	4	PA; MO; NDS
VPRIV	4	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
XYOSTED	3	PA; MO; QL (2 per 28 days)
<i>yargesa</i>	4	PA; LA; NDS
ZAVESCA	4	PA; MO; LA; NDS
ZEMPLAR INTRAVENOUS	3	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NAACL	3	B/D PA; MO
THYROID HORMONES		
CYTOMEL	3	MO
ERMEZA	3	MO
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	4	NDS
LEVOTHYROXINE ORAL CAPSULE	3	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	1	MO
SYNTHROID	3	ST; MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>atropine intravenous solution 1 mg/ml</i>	3	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	3	
BENTYL INTRAMUSCULAR	3	MO
CUVPOSA	3	MO
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
GLYCATE	3	
<i>glycopyrrolate (pf)</i>	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	3	MO
MOTOFEN	3	MO
MYTESI	3	MO
<i>opium tincture</i>	1	MO
ROBINUL FORTE	3	MO
ROBINUL ORAL	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	4	MO; NDS
<i>alosetron oral tablet 0.5 mg</i>	3	PA; MO
<i>alosetron oral tablet 1 mg</i>	4	PA; MO; NDS
AMITIZA	3	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	
ANUSOL-HC TOPICAL	3	MO
ANZEMET ORAL TABLET 50 MG	3	B/D PA; MO
<i>aprepitant</i>	3	B/D PA; MO
APRISO	3	MO
AVSOLA	4	PA; MO; QL (20 per 28 days); NDS
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	2	MO
<i>betaine</i>	4	MO; NDS
BONJESTA	3	MO
<i>budesonide oral capsule,delayed,extend.release</i>	3	MO
<i>budesonide oral tablet,delayed and ext.release</i>	4	MO; NDS
<i>budesonide rectal</i>	3	MO
BYLVAY	4	PA; MO; LA; NDS
CANASA	3	MO
CHENODAL	4	PA; LA; NDS
CHOLBAM ORAL CAPSULE 250 MG	4	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days); NDS
CIMZIA	4	PA; MO; QL (2 per 28 days); NDS
CIMZIA POWDER FOR RECONST	4	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	4	PA; MO; QL (3 per 180 days); NDS
CINVANTI	2	MO
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	3	ST

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Drug Name	Drug Tier	Requirements/Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST; MO
COLAZAL	4	MO; NDS
COMPAZINE RECTAL	3	
<i>compro</i>	3	MO
<i>constulose</i>	1	MO
CORTENEMA	3	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	3	MO
CYSTADANE	4	NDS
DELZICOL	3	MO
DICLEGIS	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	4	MO; NDS
<i>doxylamine-pyridoxine (vit b6)</i>	3	MO
<i>dronabinol</i>	3	B/D PA
<i>droperidol injection solution</i>	1	MO
EMEND (FOSAPREPITANT)	3	MO
EMEND ORAL CAPSULE 80 MG	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO	4	PA; MO; QL (2 per 28 days); NDS
ENTYVIO PEN	4	PA; MO; QL (1.36 per 28 days); NDS
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PA; MO; NDS
GATTEX ONE-VIAL	4	PA; MO; NDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
GIMOTI	4	NDS
GOLYTELY	3	ST; MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	3	MO
IBSRELA	4	ST; MO; QL (60 per 30 days); NDS
INFLECTRA	4	PA; MO; QL (20 per 28 days); NDS
INFLIXIMAB	4	PA; QL (20 per 28 days); NDS
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	3	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LIVMARLI	4	PA; LA; NDS
LOTRONEX	4	PA; MO; NDS
<i>lubiprostone</i>	3	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	B/D PA; NDS
MARINOL ORAL CAPSULE 2.5 MG	3	B/D PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
MECLIZINE ORAL TABLET 50 MG	3	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	4	NDS
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	3	
MOTEGRITY	3	ST; MO; QL (30 per 30 days)
MOVANTIK	2	MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
<i>nitroglycerin rectal</i>	2	MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days); NDS
OMVOH	4	PA; MO; QL (45 per 180 days); NDS
OMVOH PEN	4	PA; MO; QL (2 per 28 days); NDS
<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	4	ST; MO; NDS
<i>peg 3350-electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	3	MO
<i>peg-electrolyte</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO; NDS
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 24,000-86,250- 90,750 UNIT	4	ST; MO; NDS
PLENVU	3	ST; MO
<i>prochlorperazine</i>	3	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
PROCTOFOAM HC	3	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	
REBYOTA	4	MO; NDS
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	4	MO; QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION	4	MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	MO; QL (12 per 30 days); NDS
RELTONE	4	NDS
REMICADE	4	PA; MO; QL (20 per 28 days); NDS
RENFLEXIS	4	PA; MO; QL (20 per 28 days); NDS
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	MO; NDS
<i>scopolamine base</i>	3	MO
SFROWASA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INTRAVENOUS	4	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; MO; QL (2.4 per 56 days); NDS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	
SUCRAID	4	PA; NDS
SUFLAVE	3	ST; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUSTOL	3	
SUTAB	3	ST; MO
SYMPROIC	3	MO; QL (30 per 30 days)
SYNDROS	4	B/D PA; MO; NDS
TRANSDERM-SCOP	3	MO
TRULANCE	2	MO; QL (30 per 30 days)
UCERIS ORAL	4	MO; NDS
UCERIS RECTAL	3	MO
URSO 250	3	
URSO FORTE	3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	NDS
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI	2	B/D PA
VELSIPITY	4	PA; MO; QL (30 per 30 days); NDS
VIBERZI	4	MO; QL (60 per 30 days); NDS
VIOKACE	2	MO

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	4	MO; NDS
ZYMFENTRA	4	PA; QL (2 per 28 days); NDS
ULCER THERAPY		
ACIPHEX	3	MO; QL (60 per 30 days)
<i>amoxicil-clarithromy-lansopraz</i>	3	MO; QL (112 per 180 days)
<i>bismuth subcit k-metronidz-tcn</i>	3	MO; QL (120 per 180 days)
CARAFATE	3	MO
<i>cimetidine</i>	1	MO
CYTOTEC	3	MO
DEXILANT	3	QL (30 per 30 days)
<i>dexlansoprazole</i>	3	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral suspension for reconstitution</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
KONVOMEPE	3	QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol</i>	2	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	MO; QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO; QL (60 per 30 days)
<i>nizatidine oral capsule</i>	2	MO
OMECLAMOX-PAK	3	QL (80 per 180 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	4	MO; QL (30 per 30 days); NDS
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral granules dr for susp in packet</i>	3	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO; QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO; QL (60 per 30 days)
PYLERA	3	MO; QL (120 per 180 days)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	3	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
TALICIA	3	MO; QL (168 per 180 days)
VOQUEZNA	3	ST; MO; QL (30 per 30 days)
VOQUEZNA DUAL PAK	3	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	3	MO; QL (112 per 180 days)
ZEGERID	4	MO; QL (30 per 30 days); NDS

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	4	B/D PA; MO; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	4	PA; MO; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO; NDS
ARCALYST	4	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days); NDS
BESREMI	4	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days); NDS
EGRIFTA SV	4	PA; MO; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO; NDS
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days); NDS
FULPHILA	4	PA; MO; NDS
FYLNETRA	4	PA; NDS
GENOTROPIN	4	PA; MO; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML	4	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO; NDS
GRANIX	4	PA; MO; NDS
HUMATROPE INJECTION CARTRIDGE	4	PA; MO; NDS
ILARIS (PF)	4	PA; MO; LA; QL (2 per 28 days); NDS
LEUKINE INJECTION RECON SOLN	4	PA; MO; NDS
MOZOBIL	4	B/D PA; MO; NDS
NEULASTA	4	PA; MO; NDS
NEULASTA ONPRO	4	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN	4	PA; MO; NDS
NGENLA	4	PA; MO; NDS
NIVESTYM	4	PA; MO; NDS
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO; NDS
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	4	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	4	PA; MO; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	4	PA; NDS
NYVEPRIA	4	PA; MO; NDS
OMNITROPE	4	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR	4	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days); NDS
<i>plerixafor</i>	4	B/D PA; MO; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO; NDS
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days); NDS
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days); NDS
REBLOZYL	4	PA; NDS
RELEUKO SUBCUTANEOUS	4	PA; MO; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO; NDS
ROLVEDON	4	PA; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO; NDS
SKYTROFA	4	PA; MO; NDS
SOGROYA	4	PA; MO; NDS
STIMUFEND	4	PA; MO; NDS
UDENYCA	4	PA; MO; NDS
UDENYCA AUTOINJECTOR	4	PA; MO; NDS
UDENYCA ONBODY	4	PA; MO; NDS
ZARXIO	4	PA; MO; NDS
ZIEXTENZO	4	PA; MO; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
ASCENIV	4	PA; MO; NDS
ATGAM	4	B/D PA; NDS
BCG VACCINE, LIVE (PF)	1	V

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Drug Name	Drug Tier	Requirements/Limits
BEXSERO	1	V
BIVIGAM	4	PA; MO; NDS
BOOSTRIX TDAP	1	V
BOTOX	3	PA; MO
CUTAQUIG	4	B/D PA; MO; NDS
CUVITRU	4	B/D PA; MO; NDS
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	B/D PA; MO; NDS
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAXIA (PF)	2	
DYSPORT	3	PA; MO
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
FLEBOGAMMA DIF	4	PA; NDS
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GAMMAGARD LIQUID	4	PA; MO; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA; MO; NDS
GAMMAKED	4	PA; MO; NDS
GAMMAPLEX	4	PA; MO; NDS
GAMMAPLEX (WITH SORBITOL)	4	PA; MO; NDS
GAMUNEX-C	4	PA; MO; NDS
GARDASIL 9 (PF)	1	V
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPAGAM B	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	2	
HIZENTRA	4	B/D PA; MO; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B NEONATAL	2	
HYQVIA	4	B/D PA; MO; NDS
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL	1	V
IXCHIQ	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MYOBLOC	3	PA; MO
NABI-HB	3	
OCTAGAM	4	PA; MO; NDS
ODACTRA	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	
PALFORZIA (LEVEL 1)	3	PA
PALFORZIA (LEVEL 2)	3	PA
PALFORZIA (LEVEL 3)	3	PA
PALFORZIA (LEVEL 4)	3	PA
PALFORZIA (LEVEL 5)	3	PA
PALFORZIA (LEVEL 6)	3	PA
PALFORZIA (LEVEL 7)	3	PA
PALFORZIA (LEVEL 8)	3	PA
PALFORZIA (LEVEL 9)	3	PA
PALFORZIA (LEVEL 10)	3	PA
PALFORZIA (LEVEL 11 UP-DOSE)	4	PA; NDS
PALFORZIA INITIAL DOSE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; NDS
PANZYGA	4	PA; MO; NDS
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	4	PA; MO; NDS
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	V
RAGWITEK	3	MO
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHThERIA TOX PED(PF)	2	
THYMOGLOBULIN	4	B/D PA; MO; NDS
TICE BCG	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	2	
XEMBIFY	4	B/D PA; MO; LA; NDS
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; MO; NDS
YF-VAX (PF)	1	V
ZINPLAVA	4	NDS
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	MO
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD INSULIN SYRINGE (HALF UNIT)	2	MO
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN SYRINGE	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO
BD ULTRA-FINE NANO PEN NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT)	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
CEQR SIMPLICITY	2	MO
CEQR SIMPLICITY INSERTER	2	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	3	ST

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE	3	ST; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 32 GAUGE X 5/16"	3	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST
GAUZE PADS 2 X 2	2	
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	2	MO
NOVO PEN NEEDLE	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD CLASSIC PODS (GEN 3)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
BD PEN NEEDLE	2	
PEN NEEDLES (NON-PREFERRED BRANDS)	3	ST
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; MO
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	ST; MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS MAXFLOW	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS PLUS	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	3	ST
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 5/16"	3	ST; MO
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	ST
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ALLOPURINOL ORAL TABLET 200 MG	3	
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	1	MO
COLCRYS	3	ST; MO
<i>febuxostat</i>	2	MO
GLOPERBA	3	ST
KRYSTEXXA	4	PA; MO; NDS
MITIGARE	3	ST
<i>probenecid</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	MO
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; QL (2.34 per 30 days); NDS
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days); NDS
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days); NDS
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; MO; QL (2.4 per 28 days); NDS
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS	4	PA; MO; QL (1.56 per 30 days); NDS
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	4	PA; QL (6 per 28 days); NDS
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days); NDS
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days); NDS
ACTEMRA ACTPEN	4	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	4	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	4	PA; MO; QL (3.6 per 28 days); NDS
ADALIMUMAB-AACF	4	PA; MO; QL (4 per 28 days); NDS
ADALIMUMAB-ADAZ	4	PA; MO; QL (1.6 per 28 days); NDS
ADALIMUMAB-ADBМ SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days); NDS
ADALIMUMAB-ADBМ SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days); NDS
ADALIMUMAB-ADBМ SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days); NDS
ADALIMUMAB-ADBМ(CF) PEN CROHNS	4	PA; QL (6 per 180 days); NDS
ADALIMUMAB-ADBМ(CF) PEN PS-UV	4	PA; QL (4 per 180 days); NDS
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days); NDS
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days); NDS
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; MO; QL (4.8 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	4	PA; MO; QL (0.8 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (2.4 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; MO; QL (4.8 per 28 days); NDS
ARAVA	4	MO; QL (30 per 30 days); NDS
BENLYSTA	4	PA; MO; NDS
CUPRIMINE	4	PA; NDS
CYLTEZO(CF) PEN	4	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days); NDS
DEPEN TITRATABS	4	PA; MO; NDS
ENBREL MINI	4	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	4	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days); NDS
HADLIMA	4	PA; MO; QL (4.8 per 28 days); NDS
HADLIMA PUSHTOUCH	4	PA; MO; QL (4.8 per 28 days); NDS
HADLIMA(CF)	4	PA; MO; QL (2.4 per 28 days); NDS
HADLIMA(CF) PUSHTOUCH	4	PA; MO; QL (2.4 per 28 days); NDS
HULIO(CF) PEN	4	PA; QL (6 per 28 days); NDS
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days); NDS
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 per 180 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 per 180 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 180 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (4 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (3 per 180 days); NDS
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 per 28 days); NDS
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 per 28 days); NDS
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (2.4 per 180 days); NDS
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (1.6 per 180 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	4	PA; MO; QL (0.2 per 28 days); NDS
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days); NDS
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days); NDS
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 180 days); NDS
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (1.2 per 180 days); NDS
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (1.6 per 28 days); NDS
IDACIO(CF)	4	PA; MO; QL (4 per 28 days); NDS
IDACIO(CF) PEN	4	PA; MO; QL (4 per 28 days); NDS
IDACIO(CF) PEN CROHN-UC STARTR	4	PA; MO; QL (6 per 180 days); NDS
IDACIO(CF) PEN PSORIASIS START	4	PA; MO; QL (4 per 180 days); NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	4	PA; QL (2.28 per 28 days); NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (2.28 per 28 days); NDS
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.28 per 28 days); NDS
KINERET	4	PA; QL (20.1 per 30 days); NDS
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
OLUMIANT	4	PA; MO; QL (30 per 30 days); NDS
ORENCIA (WITH MALTOSE)	4	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	4	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA	4	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days); NDS
OTREXUP (PF)	3	MO
<i>penicillamine</i>	4	PA; MO; NDS
RASUVO (PF)	3	MO
RIDAURA	4	MO; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)
SIMPONI ARIA	4	PA; MO; QL (64 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days); NDS
XELJANZ ORAL SOLUTION	4	PA; MO; QL (300 per 30 days); NDS
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	4	PA; MO; QL (30 per 30 days); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	4	PA; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days); NDS
YUSIMRY(CF) PEN	4	PA; QL (4.8 per 28 days); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA	3	PA; MO
<i>amabelz</i>	2	PA
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
<i>camila</i>	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	PA; MO; QL (37.5 per 30 days)
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (70 per 30 days)
<i>errin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	3	ST; MO
<i>estradiol oral</i>	3	PA; MO
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)</i>	3	PA; MO; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	3	MO
<i>estradiol valerate</i>	3	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
ESTROGEL	3	MO; QL (50 per 30 days)
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMRING	3	ST; MO
<i>fyavolv</i>	3	PA; MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	4	NDS
IMVEXXY MAINTENANCE PACK	2	MO
IMVEXXY STARTER PACK	2	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	3	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
MENEST	2	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	2	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
PREFEST	3	PA
PREMARIN INJECTION	3	
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
<i>sharobel</i>	1	MO
VAGIFEM	3	ST; MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	3	MO
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO
CLEOCIN VAGINAL	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	3	MO
<i>eluryng</i>	3	MO
<i>enilloring</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
GYNAZOLE-1	3	MO
<i>haloette</i>	3	MO
INTRAROSA	3	MO
KYLEENA	3	
LILETTA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MIRENA	3	
MYFEMBREE	4	PA; MO; NDS
NEXPLANON	3	
<i>norelgestromin-ethin.estradiol</i>	3	
NUVARING	3	MO
NUVESSA	3	MO
ORIAHNN	4	PA; MO; NDS
OSPHENA	3	MO
PHEXXI	3	MO
SKYLA	3	
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
VEOZAH	3	PA; MO
XACIATO	3	ST; MO
<i>xulane</i>	3	MO
<i>zafemy</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	3	
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	3	
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	3	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30 (21)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 1/20 (21)</i>	3	
<i>aurovela 24 fe</i>	3	
<i>aurovela fe 1.5/30 (28)</i>	3	MO
<i>aurovela fe 1-20 (28)</i>	3	
<i>aviane</i>	1	MO
<i>ayuna</i>	3	MO
<i>azurette (28)</i>	1	MO
BALCOLTRA	3	MO
<i>balziva (28)</i>	3	MO
BEYAZ	3	MO
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30 (28)</i>	3	MO
<i>blisovi fe 1/20 (28)</i>	3	MO
<i>briellyn</i>	3	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	3	MO
<i>charlotte 24 fe</i>	3	MO
<i>chateal eq (28)</i>	3	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	3	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	3	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	3	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>finzala</i>	3	MO
<i>gemmily</i>	3	MO
<i>hailey</i>	3	MO
<i>hailey 24 fe</i>	3	MO
<i>hailey fe 1.5/30 (28)</i>	3	MO
<i>hailey fe 1/20 (28)</i>	3	MO
<i>iclevia</i>	3	
<i>isibloom</i>	1	MO
<i>jaimiess</i>	3	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>joyeaux</i>	3	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	3	MO
<i>junel 1/20 (21)</i>	3	MO
<i>junel fe 1.5/30 (28)</i>	3	MO
<i>junel fe 1/20 (28)</i>	3	MO
<i>junel fe 24</i>	3	MO
<i>kaitlib fe</i>	3	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>layolis fe</i>	3	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgest-eth.estradiol-iron</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO
<i>levora-28</i>	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>lojaimiess</i>	3	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutra (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>merzee</i>	3	MO
<i>mibelas 24 fe</i>	3	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin 24 fe</i>	3	
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-lynyah</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	3	MO
NEXTSTELLIS	3	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	3	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 1/35 (28)</i>	3	MO
<i>nylia 7/7/7 (28)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nymyo</i>	3	MO
<i>ocella</i>	3	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
QUARTETTE	3	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	3	MO
SAFYRAL	3	MO
SEASONIQUE	3	
<i>setlakin</i>	1	MO
<i>simliya (28)</i>	3	MO
<i>simpesse</i>	3	MO
SLYND	3	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>taysofy</i>	3	MO
TAYTULLA	3	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	3	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	3	MO
<i>tri-vylibra lo</i>	3	MO
<i>turqoz (28)</i>	1	MO
TYBLUME	3	MO
<i>tydemy</i>	3	
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>volnea (28)</i>	3	MO
<i>vyfemla (28)</i>	3	MO
<i>vylibra</i>	3	MO
<i>wera (28)</i>	1	MO
<i>wymzya fe</i>	3	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OXYTOCICS

<i>methylergonovine oral</i>	3	PA
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OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	2	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	3	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX	3	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf)</i>	3	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	3	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	3	MO
TIMOPTIC OCUDOSE (PF)	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		

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Drug Name	Drug Tier	Requirements/Limits
ALOCRIL	3	
ALOMIDE	3	MO
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
ATROPINE SULFATE (PF)	3	
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
BEOVU INTRAVITREAL SYRINGE	4	PA; MO; NDS
<i>bepotastine besilate</i>	2	MO
BEPREVE	3	MO
<i>bss</i>	1	
BSS PLUS	3	
BYOOVIZ	4	PA; MO; NDS
CEQUA	3	MO; QL (60 per 30 days)
CIMERLI	4	PA; MO; NDS
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	2	MO; QL (60 per 30 days)
CYSTADROPS	4	PA; NDS
CYSTARAN	4	PA; NDS
<i>epinastine</i>	2	MO
EYLEA	4	PA; MO; NDS
EYLEA HD	4	PA; MO; NDS
IZERVAY	4	PA; NDS
LACRISERT	3	PA
LUCENTIS INTRAVITREAL SYRINGE	4	PA; MO; NDS
MIEBO	4	MO; NDS
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	MO
OMIDRIA	3	
OXERVATE	4	PA; MO; NDS
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	
SYFOVRE	4	PA; MO; NDS
TYRVAYA	3	MO; QL (8.4 per 30 days)
VABYSMO	4	PA; MO; NDS
VERKAZIA	4	PA; QL (120 per 30 days); NDS
VEVYE	3	MO; QL (2 per 30 days)
VUITY	3	PA; MO
XDEMVY	4	PA; QL (10 per 42 days); NDS
XIIDRA	2	MO; QL (60 per 30 days)
ZERVIATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; MO
ACULAR LS	3	ST; MO
ACUVAIL (PF)	3	ST; MO
<i>bromfenac</i>	2	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	3	ST; MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	3	ST; MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	3	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
<i>bimatoprost ophthalmic (eye)</i>	3	MO
<i>brimonidine-timolol</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide</i>	3	MO
COMBIGAN	3	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
DURYSTA	3	PA; MO; LA
IYUZEH	3	ST; MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>tafluprost (pf)</i>	2	MO
TRAVATAN Z	3	ST; MO
<i>travoprost</i>	2	MO
VYZULTA	3	ST; MO
XALATAN	3	ST; MO
XELPROS	3	ST
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)
ZYLET	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
DEXTENZA	3	
DEXYCU (PF)	4	NDS
<i>difluprednate</i>	3	MO
DUREZOL	3	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO
<i>fluorometholone</i>	2	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
INVELTYS	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	3	MO
OZURDEX	4	MO; NDS
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
RETISERT	3	
YUTIQ	4	NDS
SYMPATHOMIMETICS		
ALPHAGAN P	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q	3	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>desloratadine</i>	3	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	3	
EPIPEN	3	QL (2 per 30 days)
EPIPEN 2-PAK	3	QL (2 per 30 days)
EPIPEN JR	3	QL (2 per 30 days)
EPIPEN JR 2-PAK	3	QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	3	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	3	MO
<i>promethazine injection solution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral</i>	3	PA; MO
QUZYTTR	3	
SYMJEPI	3	QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG	3	MO
ACCOLATE ORAL TABLET 20 MG	3	
<i>acetylcysteine</i>	2	B/D PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days); NDS
ADEMPAS	4	PA; MO; LA; NDS
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRDUO DIGIHALER	3	ST; MO; QL (1 per 30 days)
AIRDUO RESPICLICK	3	ST; MO; QL (1 per 30 days)
AIRSUPRA	3	ST; MO; QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq</i>	4	PA; QL (60 per 30 days); NDS
<i>ambrisentan</i>	4	PA; MO; LA; NDS
<i>aminophylline intravenous</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
<i>arformoterol</i>	3	B/D PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER	3	ST; MO; QL (1 per 30 days)
ARNUITY ELLIPTA	3	ST; MO; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	2	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	3	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO; NDS
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	4	PA; MO; LA; NDS
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>breynd</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
BRONCHITOL	4	PA; MO; NDS
BROVANA	4	B/D PA; MO; QL (120 per 30 days); NDS
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	2	QL (10.2 per 30 days)
CINQAIR	4	PA; LA; NDS
CINRYZE	4	PA; MO; NDS
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
CUROSURF	3	
DALIRESP	3	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	4	ST; MO; QL (1 per 30 days); NDS
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN	3	
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days); NDS
FASENRA	4	PA; MO; QL (1 per 28 days); NDS
FASENRA PEN	4	PA; MO; QL (1 per 28 days); NDS
FIRAZYR	4	PA; MO; NDS
<i>flunisolide</i>	2	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; MO; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (12 per 30 days)
<i>formoterol fumarate</i>	3	B/D PA; MO; QL (120 per 30 days)
HAEGARDA	4	PA; MO; LA; NDS
<i>icatibant</i>	4	PA; MO; NDS
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALBITOR	4	PA; MO; NDS
KALYDECO	4	PA; MO; QL (56 per 28 days); NDS
LETAIRIS	4	PA; MO; LA; NDS
<i>levalbuterol hcl</i>	3	B/D PA; MO
LEVALBUTEROL TARTRATE	3	ST; QL (30 per 30 days)
LIQREV	4	PA; MO; QL (180 per 30 days); NDS
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet,chewable</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; QL (0.4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
OFEV	4	PA; MO; QL (60 per 30 days); NDS
OMNARIS	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days); NDS
ORLADEYO	4	PA; LA; NDS
PERFOROMIST	4	B/D PA; MO; QL (120 per 30 days); NDS
<i>pirfenidone oral capsule</i>	4	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days); NDS
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (90 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days); NDS
PROAIR DIGIHALER	3	ST; MO; QL (2 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO; QL (60 per 30 days)
PULMOZYME	4	B/D PA; MO; NDS
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVATIO INTRAVENOUS	4	PA; MO; NDS
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days); NDS
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days); NDS
<i>roflumilast</i>	3	PA; MO; QL (30 per 30 days)
RUCONEST	4	PA; MO; NDS
RYALTRIS	3	ST; MO; QL (29 per 30 days)
<i>sajazir</i>	4	PA; MO; NDS
SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	4	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; MO; QL (224 per 30 days); NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	3	ST; MO; QL (10.2 per 30 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days); NDS
TADLIQ	4	PA; MO; QL (300 per 30 days); NDS
TAKHZYRO	4	PA; MO; LA; NDS
<i>terbutaline oral</i>	3	MO
<i>terbutaline subcutaneous</i>	1	MO
TEZSPIRE	4	PA; MO; QL (1.91 per 30 days); NDS
THEO-24	2	MO
<i>theophylline oral elixir</i>	3	MO
<i>theophylline oral solution</i>	3	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	2	QL (90 per 90 days)
TRACLEER	4	PA; MO; LA; NDS
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (84 per 28 days); NDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO	4	B/D PA; MO; NDS
TYVASO DPI	4	PA; MO; NDS
TYVASO INSTITUTIONAL START KIT	4	B/D PA; NDS
TYVASO REFILL KIT	4	B/D PA; MO; NDS
TYVASO STARTER KIT	4	B/D PA; MO; NDS
VENTAVIS	4	B/D PA; MO; NDS
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
<i>wixela inhub</i>	2	QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days); NDS
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YUPELRI	4	B/D PA; MO; QL (90 per 30 days); NDS
<i>zafirlukast</i>	3	MO
ZETONNA	3	ST; MO; QL (6.1 per 30 days)
<i>zileuton</i>	4	MO; NDS
ZYFLO	4	MO; NDS

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	3	MO
DETROL	3	MO
DETROL LA	3	MO
<i>fesoterodine</i>	2	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL (30 per 30 days)
GEMTESA	3	ST; MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium oral capsule,extended release 24hr</i>	3	MO
<i>trospium oral tablet</i>	1	MO
VESICARE	3	MO
VESICARE LS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
AVODART	3	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	3	MO
ENTADFI	3	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	3	ST; MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
<i>silodosin</i>	3	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG	3	PA; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL	2	MO
OXLUMO	4	PA; LA; NDS
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI	4	PA; MO; NDS
PROSTIN VR PEDIATRIC	3	
RENACIDIN	2	MO
RIVFLOZA	4	PA; NDS
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO

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Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25	3	
ALBUKED-5	3	
<i>albumin, human 25 %</i>	3	
ALBUMIN, HUMAN 5 %	3	
ALBUMINEX 25 %	3	
ALBUMINEX 5 %	3	
<i>alburx (human) 25 %</i>	3	
ALBURX (HUMAN) 5 %	3	
ALBUTEIN 25 %	3	
ALBUTEIN 5 %	3	
FLEXBUMIN 25 %	3	
FLEXBUMIN 5 %	3	
RYPLAZIM	4	PA; NDS
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	2	MO; QL (360 per 30 days)
<i>calcium chloride</i>	1	
CALCIUM GLUC IN NAACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	3	
<i>calcium gluconate intravenous</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
GLYCOPHOS	3	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con oral packet 20</i>	3	MO
<i>klor-con/ef</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<i>lactated ringers intravenous</i>	3	MO
<i>magnesium chloride injection</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water</i>	3	
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
<i>potassium acetate</i>	3	
<i>potassium chlorid-d5-0.45%nacl</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous</i>	3	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)	3	
<i>ringer's intravenous</i>	3	
<i>sodium acetate</i>	3	
<i>sodium bicarbonate intravenous</i>	3	
<i>sodium chloride 0.45 % intravenous</i>	3	MO
<i>sodium chloride 3 % hypertonic</i>	3	
<i>sodium chloride 5 % hypertonic</i>	3	MO
<i>sodium chloride intravenous</i>	3	
<i>sodium phosphate</i>	3	MO
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	3	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA
CLINOLIPID	3	B/D PA
DOJOLVI	4	PA; MO; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
EDETATE CALCIUM DISODIUM INJECTION	4	NDS
<i>electrolyte-148</i>	2	
<i>electrolyte-48 in d5w</i>	3	
<i>electrolyte-a</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
KABIVEN	3	B/D PA
NUTRILIPID	3	B/D PA
OMEGAVEN	3	B/D PA; MO
PERIKABIVEN	3	B/D PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A	2	
PLENAMINE	3	B/D PA
<i>premasol 10 %</i>	3	B/D PA
PROSOL 20 %	3	B/D PA
SMOFLIPID	3	B/D PA
THAM	3	
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TROPHAMINE 10 %	3	B/D PA
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<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
NESTABS ONE	3	MO
<i>prenatal vitamin oral tablet</i>	1	
<i>wescap-c dha</i>	3	MO
<i>wescap-pn dha</i>	1	MO

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<i>potassium chloride in</i>	PLUS	<i>promethazine</i>
0.9%nacl.....	PREVIDENT 5000 DRY	PROMETRIUM
<i>potassium chloride in 5 % dex</i>	MOUTH	<i>propafenone</i>
.....	PREVIDENT 5000 ENAMEL	<i>propranolol</i>
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<i>potassium chloride in water</i>	PREVIDENT 5000 ORTHO	PROQUAD (PF).....
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nacl.....	PREVIDENT 5000 PLUS..	PROSOL 20 %
<i>potassium chloride-d5-</i>	PREVIDENT 5000	PROSTIN VR PEDIATRIC
0.2%nacl.....	SENSITIVE.....
<i>potassium chloride-d5-</i>	PREVYMIS.....	<i>protamine</i>
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<i>potassium citrate</i>	PREZISTA	PROTOPAM CHLORIDE .
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PREMPHASE	<i>progesterone micronized</i>	QUESTRAN LIGHT.....
PREMPRO	PROGLYCEM	<i>quetiapine</i>
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CAPITALIZED = BRAND NAME DRUG

lowercase *italic* = generic drug

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

This drug list was last updated on 04/12/2024.



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