

State Health Benefits Program/School Employees' Health Benefits Program Medicare Prescription Drug Plan (PDP)

Your 2024 Comprehensive Formulary

Administered by Optum Rx[®]

Effective January 1, 2024



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

This comprehensive formulary was updated on September 13, 2023, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-844-368-8765
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services 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.

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 Optum Rx. When it refers to "plan" or "our plan," it means SHBP/SEHBP Medicare Prescription Drug Plan.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2025.

Last updated date: September 2023

Formulary ID 24047

Version 6

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What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by State Health Benefits Program/School Employees' Health Benefits Program in consultation with Optum Rx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Optum Rx network pharmacy, and other plan rules are followed.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2024 formulary that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less-expensive generic drug becomes available, or when new adverse information about the safety or effectiveness of a drug is released.

If we make a negative change to our formulary (i.e. add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, when applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 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 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2024. To get updated information about covered drugs, please contact Optum Rx. You may also visit our website at optumrx.com where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab). Our contact information is shown on the front and back cover pages.

How do I use the formulary?

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

- **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then, look under the category name for your drug.

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, and high-cost/specialty drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs.
Tier 4	Drugs listed under Tier 4 include generic and brand-name high-cost/specialty drugs that cost \$950 or more for up to a 30-day maximum supply.

Please refer to your Evidence of Coverage for more information.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
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Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover.
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Step Therapy (ST)	In some cases, it is required that you 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.
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To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 7. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling OptumRx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask OptumRx 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 formulary?” on page 4 for additional information.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If your drug is not covered, you have two options:

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

State Health Benefits Program/School Employees' Health Benefits Program offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. Please contact Optum Rx for any questions regarding your supplemental coverage.

How do I request an exception to the formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if the drug is not in the high-cost drug tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount. If we waive a coverage restriction, it is only effective during the calendar year, and will need to be re-approved annually.

Please Note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan's formulary, or if 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 Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

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

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

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

For each of your drugs not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also visit medicare.gov.

Formulary

The formulary below provides information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The abbreviations in the “Requirements/Limits” column tell you if there are any special requirements for coverage of your drug

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib caps</i>	1	QL(60 EA per 30 days)
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium pack</i>	1	
<i>diclofenac potassium caps</i>	4	NDS
DICLOFENAC POTASSIUM TABS 25MG	4	NDS
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	1	PA
<i>diclofenac sodium external soln 2%</i>	4	PA; NDS
DICLONA	4	NDS
<i>diflunisal tabs 500mg</i>	1	
ELYXYB	3	QL(19.2 ML per 30 days); PA
<i>etodolac caps, tabs</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tabs</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	4	NDS
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
INDOCIN SUPP, SUSP	3	
<i>indomethacin er</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>ketoprofen caps 25mg</i>	1	
KETOROLAC TROMETHAMINE NASAL SOLN 15.75MG/SPRAY	4	QL(5 EA per 30 days); NDS
<i>ketorolac tromethamine tabs 10mg</i>	1	QL(20 EA per 30 days)
<i>klofensaid ii</i>	1	PA
LICART	3	QL(30 EA per 30 days); PA
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	1	
<i>naproxen sodium cr</i>	1	
<i>naproxen sodium er tb24 375mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	4	QL(60 EA per 30 days); PA; NDS
<i>naproxen tbec</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>profeno</i>	1	
RELAFEN DS	4	NDS
SPRIX	4	QL(5 EA per 30 days); NDS
<i>sulindac tabs</i>	1	
VIVLODEX	4	NDS
VOLTAREN GEL	3	QL(1000 GM per 30 days)
<i>Opioid Analgesics, Long-acting</i>		
BELBUCA	3	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
<i>buprenorphine buccal</i>	1	QL(60 EA per 30 days); NDS
CONZIP	3	PA; NDS
DOLOPHINE TABS	3	NDS
DURAGESIC PT72 12MCG/HR, 25MCG/HR	3	NDS
DURAGESIC PT72 100MCG/HR, 50MCG/HR, 75MCG/HR	4	NDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	1	NDS
<i>fentanyl pt72 87.5mcg/hr</i>	4	NDS
<i>hydrocodone bitartrate er cp12</i>	1	NDS
<i>hydrocodone bitartrate er t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	3	ST; NDS
<i>hydrocodone bitartrate er t24a 100mg, 120mg</i>	4	ST; NDS
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tb24 32mg</i>	1	NDS
KADIAN CP24 10MG, 20MG, 30MG	3	NDS
KADIAN CP24 100MG, 40MG, 50MG, 60MG, 80MG	4	NDS
<i>levorphanol tartrate tabs</i>	4	NDS
<i>methadone hcl oral soln, tabs</i>	1	NDS
<i>methadone hcl inj</i>	4	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride conc</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er cp24, tbc</i>	1	NDS
NUCYNTA ER TB12 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TB12 200MG, 250MG	4	NDS
OXYCODONE HCL ER T12A 15MG, 30MG, 40MG, 60MG	3	ST; NDS
OXYCODONE HCL ER T12A 80MG	4	ST; NDS
OXYCODONE HYDROCHLORIDE ER T12A 10MG, 20MG, 40MG	3	ST; NDS
OXYCODONE HYDROCHLORIDE ER T12A 80MG	4	ST; NDS
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	ST; NDS
OXYCONTIN T12A 80MG	4	ST; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochlorideer</i>	1	NDS
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	3	PA; NDS
<i>tramadol hcl er cp24 150mg</i>	3	PA; NDS
<i>tramadol hcl er tb24</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER CP12	3	ST; NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/caffeine/dihydrocodeine caps</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/caffeine/dihydrocodeine tabs</i>	4	NDS
<i>acetaminophen/codeine</i>	1	NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
BENZHYDROCODONE/ACETAMINOPHEN	3	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tabs</i>	1	NDS
DEMEROL INJ 75MG/ML	3	PA; NDS
DILAUDID INJ 0.2MG/ML	3	NDS
<i>duramorph</i>	1	NDS
DVORAH	4	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA; NDS
FENTANYL CITRATE TABS	4	PA; NDS
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA; NDS
FIORINAL/CODEINE #3	4	NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liqd, supp, tabs</i>	1	NDS
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride dosette</i>	1	NDS
<i>hydromorphone hydrochloride inj 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
IBUDONE TABS 10MG; 200MG	3	NDS
<i>ibudone tabs 5mg; 200mg</i>	1	NDS
LAZANDA SOLN 100MCG/ACT, 400MCG/ACT	4	PA; NDS
<i>lorcet</i>	1	NDS
<i>lorcet hd</i>	1	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	NDS
LORTAB ELIX 300MG/15ML; 10MG/15ML	3	NDS
<i>loratab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>meperidine hcl oral soln</i>	1	NDS
<i>meperidine hcl inj 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hcl tabs 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride inj 1mg/ml</i>	1	NDS
<i>morphine sulfate oral soln, supp, tabs</i>	1	NDS
<i>morphine sulfate inj 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	NDS
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	NDS
NALOCET	4	NDS
NORCO	3	NDS
NUCYNTA	3	NDS
OPANA TABS 5MG	3	NDS
OPANA TABS 10MG	4	NDS
OXAYDO TABS 5MG	3	NDS
OXAYDO TABS 7.5MG	4	NDS
<i>oxycodone and acetaminophen</i>	4	NDS
<i>oxycodone hcl caps</i>	1	NDS
<i>oxycodone hydrochloride</i>	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 300MG/5ML; 10MG/5ML	4	NDS
<i>oxycodone hydrochloride/acetaminophen soln 325mg/5ml; 5mg/5ml</i>	1	NDS
OXYCODONE/ACETAMINOPHEN TABS 300MG; 2.5MG	4	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS

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<i>oxycodone/acetaminophen tabs 300mg; 10mg, 300mg; 5mg</i>	4	NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
PRIMLEV	4	NDS
PROLATE	4	NDS
QDOLO	4	NDS
<i>reprexain tabs 10mg; 200mg</i>	1	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
SUBSYS	4	PA; NDS
<i>tramadol hcl tabs</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
TRAMADOL HYDROCHLORIDE SOLN	4	NDS
<i>tramadol hydrochloride tabs 100mg</i>	1	NDS
TYLENOL/CODEINE #3	3	NDS
TYLENOL/CODEINE #4	3	NDS
<i>vicodin es tabs 300mg; 7.5mg</i>	1	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	1	NDS
<i>vicodin tabs 300mg; 5mg</i>	1	NDS
<i>xylon</i>	1	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
LIDOCAINE AND TETRACAINE CREAM	3	QL(30 GM per 30 days); PA
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl external soln 4%</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine-prilocaine-cream base crea</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine crea</i>	1	QL(30 GM per 30 days); PA
LIDOCAINE/TETRACAINE CREA 7%; 7%	3	QL(30 GM per 30 days); PA
<i>lidocaine oint 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine ptch 5%</i>	1	PA
PLIAGLIS CREA	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	4	QL(4 EA per 90 days); PA; NDS
SYNERA	3	
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tabs</i>	1	
<i>naltrexone hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VIVITROL	4	NDS
Opioid Dependence		
BRIXADI	4	NDS
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl subl</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
LUCEMYRA	4	QL(224 EA per 14 days); NDS
SUBLOCADE	4	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	3	QL(180 EA per 30 days); ST
ZUBSOLV SUBL 11.4MG; 2.9MG	3	QL(30 EA per 30 days); ST
ZUBSOLV SUBL 1.4MG; 0.36MG	3	QL(360 EA per 30 days); ST
ZUBSOLV SUBL 8.6MG; 2.1MG	3	QL(60 EA per 30 days); ST
ZUBSOLV SUBL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days); ST
Opioid Reversal Agents		
KLOXXADO	3	ST
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	1	
ZIMHI	3	ST
Smoking Cessation Agents		
<i>buprobán</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	2	QL(504 EA per 365 days)
CHANTIX STARTING MONTH PAK TBPK	2	QL(504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	2	QL(504 EA per 365 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	2	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
ZYBAN	3	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	4	PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	

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<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate external oint 0.1%</i>	1	
HUMATIN	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate inj 1gm</i>	1	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
ZEMDRI	4	NDS
<i>Antibacterials, Other</i>		
AEMCOLO	3	PA
<i>aztreonam</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl caps 150mg, 300mg</i>	1	
<i>clindamycin hydrochloride caps</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	4	NDS
DALVANCE	4	NDS
DAPTOMYCIN/SODIUM CHLORIDE INJ 350MG/50ML; 0.9%, 500MG/50ML; 0.9%	3	
DAPTOMYCIN INJ 350MG	4	NDS
<i>daptomycin inj 500mg</i>	4	NDS
FURADANTIN	4	NDS
IMPAVIDO	4	NDS
KIMYRSA	4	NDS
<i>lincomycin hcl inj</i>	1	
<i>linezolid tabs</i>	1	QL(56 EA per 28 days)
<i>linezolid susr</i>	4	QL(1800 ML per 28 days); NDS
<i>linezolid inj 600mg/300ml</i>	1	
<i>linezolid inj 600mg/300ml; 0.9%</i>	4	NDS
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate caps</i>	1	
NITROFURANTOIN SUSP 50MG/5ML	4	NDS
<i>nitrofurantoin susp 25mg/5ml</i>	4	NDS

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ORBACTIV	4	NDS
PRIMSOL	3	
SIVEXTRO	4	QL(6 EA per 30 days); NDS
SYNERCID INJ 350MG; 150MG	4	NDS
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl inj 10gm</i>	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solr</i>	1	
<i>vancomycin hydrochloride inj 1gm, 250mg, 500mg, 750mg</i>	1	
VIBATIV INJ 750MG	4	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	4	NDS
XENLETA	4	NDS
ZYVOX INJ 200MG/100ML	4	NDS
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	4	NDS
<i>cefaclor caps</i>	3	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil caps, susr</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin inj 2gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride inj 100gm, 2gm</i>	1	
<i>cefepime/dextrose inj 2gm/50ml; 5%</i>	1	
<i>cefixime caps</i>	1	
<i>cefotaxime sodium inj 1gm, 2gm</i>	1	
<i>cefotetan inj 1gm, 2gm</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	
<i>cephalexin caps, susr</i>	1	
FETROJA	4	NDS
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	

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TEFLARO	4	NDS
ZERBAXA	4	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin caps 500mg</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	4	NDS
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 1gm, 2gm</i>	1	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm</i>	3	
<i>penicillin g sodium</i>	4	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	3	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	3	
MERREM INJ 1GM	3	
RECARBRIO	4	NDS
VABOMERE	3	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
DIFICID	4	NDS
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	1	

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<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	4	NDS
Quinolones		
BAXDELA	4	NDS
CIPRO SUSR	3	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
<i>ofloxacin tabs 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
DORYX MPC TBEC 60MG	4	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate caps 100mg, 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg</i>	1	
<i>doxycycline susr</i>	1	
LYMEPAK	4	NDS
MINOCIN INJ	4	NDS
MINOCIN CAPS 50MG	4	NDS
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>mondoxyne nl caps 100mg, 50mg</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg caps</i>	1	
NUZYRA	4	NDS
<i>okebo caps 100mg</i>	1	
SEYSARA	4	NDS

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<i>tetracycline hydrochloride caps</i>	1	
XERAVA	4	NDS
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	4	PA; NDS
ELEPSIA XR	4	NDS
EPIDIOLEX	4	PA; NDS
EPRONTIA	3	
<i>felbamate tabs</i>	1	
<i>felbamate susp</i>	4	NDS
FINTEPLA	4	PA; NDS
FYCOMPA SUSP	3	
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	NDS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days)
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
<i>topiramate er cp24 100mg</i>	1	
<i>topiramate er cp24 200mg</i>	4	NDS
<i>topiramate er cs24</i>	1	
<i>topiramate csp, tabs</i>	1	
XCOPRI TABS 100MG, 150MG, 50MG	3	PA
XCOPRI TABS 200MG	4	PA; NDS
XCOPRI TBPK 0	3	PA
XCOPRI TBPK 0	4	PA; NDS
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide</i>	1	

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<i>methsuximide</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clobazam</i>	1	
<i>clonazepam odt tbdp 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	4	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium csdr</i>	1	
<i>gabapentin caps 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin soln</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	1	QL(180 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>primidone tabs</i>	1	
SYMPAZAN FILM 5MG	3	
SYMPAZAN FILM 10MG, 20MG	4	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	4	PA; NDS
<i>vigadrone</i>	4	PA; NDS
<i>Sodium Channel Agents</i>		
APTIOM	4	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine chew, susp, tabs</i>	1	
DILANTIN CAPS 30MG	3	
<i>epitol</i>	1	
<i>lacosamide inj, tabs</i>	1	
<i>lacosamide oral soln</i>	3	
<i>oxcarbazepine</i>	1	
OXTELLAR XR TB24 600MG	4	NDS

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<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>rufinamide susp</i>	4	NDS
<i>rufinamide tabs 200mg</i>	1	
<i>rufinamide tabs 400mg</i>	4	NDS
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABS	3	
NAMZARIC CP24	3	QL(30 EA per 30 days); ST
NAMZARIC C4PK	3	QL(56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>		
ADLARITY	3	ST
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide soln, tabs</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride tabs</i>	1	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	4	QL(30 EA per 30 days); ST; NDS
AUVELITY	3	QL(60 EA per 30 days); ST
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	

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<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
SPRAVATO 56MG DOSE	4	PA; NDS
SPRAVATO 84MG DOSE	4	PA; NDS
SYMBYAX CAPS 50MG; 12MG, 50MG; 6MG	3	QL(30 EA per 30 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	4	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
CITALOPRAM HYDROBROMIDE CAPS	3	ST
<i>citalopram hydrobromide soln, tabs</i>	1	
DESVENLAFAXINE ER TB24 100MG	3	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TB24 50MG	3	QL(30 EA per 30 days); ST
<i>desvenlafaxine er tb24 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate soln, tabs</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl soln</i>	1	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln, tabs</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
KHEDEZLA TB24 100MG	3	QL(120 EA per 30 days); ST
KHEDEZLA TB24 50MG	3	QL(30 EA per 30 days); ST
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	1	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	

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<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPS	3	ST
<i>sertraline hydrochloride conc</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
<i>venlafaxine besylate er</i>	3	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	
<i>venlafaxine hcl er tb24 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	
<i>venlafaxine hydrochloride er tb24</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl caps</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	1	
TOFRANIL TABS	4	NDS
<i>trimipramine maleate caps</i>	1	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	1	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tabs</i>	1	
<i>meclizine hydrochloride tabs 25mg</i>	1	
<i>phenadoz</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
TIGAN CAPS 300MG	3	B/D
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJ	3	
AKYNZEO CAPS	3	QL(2 EA per 30 days); B/D
ALOXI INJ 0.25MG/5ML	4	NDS
ANZEMET TABS 50MG	3	QL(5 EA per 30 days); B/D
ANZEMET TABS 100MG	4	QL(5 EA per 30 days); B/D; NDS
APONVIE	3	
<i>aprepitant caps 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant caps 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant caps 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant caps 80mg</i>	1	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND SUSR	3	QL(6 EA per 30 days); B/D
EMEND CAPS 40MG	3	QL(1 EA per 30 days); B/D
EMEND CAPS 125MG	3	QL(2 EA per 30 days); B/D
<i>granisetron hydrochloride tabs</i>	1	QL(30 EA per 30 days); B/D
<i>ondansetron hcl soln</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	1	
SANCUSO	4	QL(2 EA per 30 days); NDS
SUSTOL	4	QL(1.2 ML per 30 days); NDS
SYNDROS	4	QL(120 ML per 30 days); PA; NDS
VARUBI TBPK	3	QL(4 EA per 30 days); B/D
ZOFRAN TABS 4MG, 8MG	4	B/D; NDS
ZUPLENZ FILM 4MG	3	B/D
ZUPLENZ FILM 8MG	4	B/D; NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D

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<i>amphotericin b liposome</i>	4	B/D; NDS
<i>amphotericin b inj</i>	1	B/D
<i>caspofungin acetate inj 50mg</i>	4	NDS
<i>clotrimazole crea, troc</i>	1	
CRESEMBA INJ	4	NDS
CRESEMBA CAPS	4	PA; NDS
<i>econazole nitrate crea</i>	1	
ERAXIS	4	NDS
ERTACZO	4	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	4	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps</i>	1	PA
<i>itraconazole soln</i>	4	PA; NDS
JUBLIA	4	NDS
<i>ketoconazole sham, tabs</i>	1	
<i>ketoconazole crea</i>	1	QL(90 GM per 30 days)
<i>micafungin inj 100mg</i>	1	
<i>micafungin inj 50mg</i>	4	NDS
MYCAMINE	4	NDS
<i>naftifine hydrochloride gel 1%</i>	1	
NOXAFIL PACK, SUSP	4	PA; NDS
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nyata powd</i>	1	QL(120 GM per 30 days)
<i>nystatin crea, oint, susp, tabs</i>	1	
<i>nystatin powd</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
ORAVIG	4	NDS
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
<i>posaconazole</i>	4	PA; NDS
<i>posaconazole dr</i>	4	PA; NDS
REZZAYO	4	NDS
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tabs</i>	1	QL(84 EA per 180 days)
<i>terconazole crea</i>	1	
TOLSURA	4	PA; NDS
VIVJOA	3	PA
<i>voriconazole tabs</i>	1	
<i>voriconazole susr</i>	4	NDS

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<i>voriconazole inj</i>	4	PA; NDS
<i>zazole crea 0.8%</i>	1	
<i>zazole supp</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
COLCHICINE CAPS	2	
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	4	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
CAFERGOT TABS	3	QL(24 EA per 28 days)
<i>dihydroergotamine mesylate nasal soln</i>	1	QL(8 ML per 30 days); PA
<i>dihydroergotamine mesylate inj</i>	4	QL(24 ML per 28 days); PA; NDS
ERGOMAR	4	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	4	QL(20 EA per 28 days); NDS
TRUDHESA	3	QL(12 ML per 28 days); PA
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJ 70MG/ML	3	QL(2 ML per 28 days); PA
AJOVY	3	QL(4.5 ML per 84 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 28 days); PA
NURTEC	4	QL(18 EA per 30 days); PA; NDS
QULIPTA	4	QL(30 EA per 30 days); PA; NDS
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
UBRELVY	4	QL(16 EA per 30 days); PA; NDS
VYEPTI	3	QL(3 ML per 84 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tabs 12.5mg</i>	1	QL(12 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
IMITREX INJ	4	QL(5 ML per 30 days); NDS
MAXALT-MLT TBDP 5MG	3	QL(18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)

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REYVOW TABS 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABS 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate inj</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL(9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL(9 EA per 30 days)
<i>sumatriptan soln</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
ZEMBRACE SYMTOUCH	4	QL(8 ML per 30 days); NDS
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tabs</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan soln 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG ZMT TBDP 2.5MG	4	QL(12 EA per 30 days); NDS
ZOMIG ZMT TBDP 5MG	4	QL(9 EA per 30 days); NDS
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	3	
<i>pyridostigmine bromide soln</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	1	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE	4	NDS
<i>cycloserine</i>	4	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrp, tabs</i>	1	
<i>isoniazid inj</i>	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	1	
<i>rifampin caps, inj</i>	1	
SIRTURO	4	NDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO	4	NDS
BENDAMUSTINE HYDROCHLORIDE INJ 100MG/4ML	4	NDS

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<i>bendamustine hydrochloride inj 100mg, 25mg</i>	4	NDS
BENDEKA	4	NDS
<i>busulfan</i>	4	NDS
CARMUSTINE INJ 300MG, 50MG	4	NDS
<i>carmustine inj 100mg</i>	4	NDS
CISPLATIN INJ 50MG	4	NDS
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	4	NDS
<i>cyclophosphamide caps, tabs</i>	1	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 2GM/10ML, 500MG/2.5ML	4	NDS
<i>cyclophosphamide inj 1gm, 2gm, 500mg/ml, 500mg</i>	4	NDS
EVOMELA	4	NDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
<i>ifosfamide inj 3gm</i>	1	
LEUKERAN	4	NDS
MATULANE	4	NDS
<i>oxaliplatin inj 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	4	NDS
PEPAXTO	4	NDS
TEMODAR INJ	4	NDS
<i>thiotepa inj 100mg, 15mg</i>	4	NDS
VALCHLOR	4	PA; NDS
VIVIMUSTA	4	NDS
YONDELIS	4	NDS
ZANOSAR	4	NDS
ZEPZELCA	4	PA; NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	1	PA
<i>abiraterone acetate tabs 500mg</i>	4	PA; NDS
<i>bicalutamide</i>	1	
ERLEADA	4	PA; NDS
EULEXIN	4	NDS
<i>flutamide</i>	1	
<i>nilutamide</i>	4	NDS
NUBEQA	4	PA; NDS
XTANDI	4	PA; NDS
YONSA	4	PA; NDS
<i>Antiangiogenic Agents</i>		
FOTIVDA	4	PA; NDS
<i>lenalidomide</i>	4	PA; NDS
POMALYST	4	PA; NDS
QINLOCK	4	PA; NDS
REVLIMID	4	PA; NDS

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TABRECTA	4	QL(120 EA per 30 days); PA; NDS
THALOMID	4	PA; NDS
<i>Antiestrogens/Modifiers</i>		
EMCYT	4	NDS
<i>fulvestrant</i>	4	NDS
SOLTAMOX	4	NDS
<i>tamoxifen citrate tabs</i>	1	
<i>toremifene citrate</i>	4	NDS
<i>Antimetabolites</i>		
<i>adrucil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
ARRANON	4	NDS
<i>cladribine</i>	4	B/D; NDS
<i>clofarabine</i>	4	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	
<i>floxuridine inj</i>	4	B/D; NDS
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	4	PA; NDS
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	4	NDS
<i>hydroxyurea caps</i>	1	
INFUGEM	4	NDS
<i>mercaptapurine tabs</i>	1	
<i>nelarabine</i>	4	NDS
NIPENT	4	NDS
PEMETREXED DISODIUM	4	NDS
PEMETREXED INJ 1GM/40ML, 850MG/34ML	3	
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	4	NDS
<i>pemetrexed inj 1000mg, 100mg, 500mg, 750mg</i>	4	NDS
PEMFEXY	4	NDS
<i>pralatrexate</i>	4	PA; NDS
PURIXAN	4	NDS
SIKLOS TABS 100MG	3	PA
SIKLOS TABS 1000MG	4	PA; NDS
TABLOID	3	
VYXEOS	4	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	4	NDS

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<i>adriamycin inj 10mg, 2mg/ml, 50mg</i>	1	B/D
ADSTILADRIN	4	PA; NDS
<i>arsenic trioxide</i>	4	NDS
ASPARLAS	4	NDS
<i>azacitidine</i>	4	NDS
BESREMI	4	PA; NDS
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJ 3.5MG/1.4ML	3	PA
BORTEZOMIB INJ 3.5MG	4	PA; NDS
<i>bortezomib inj 1mg, 2.5mg</i>	1	PA
<i>bortezomib inj 3.5mg</i>	4	PA; NDS
COLUMVI	4	PA; NDS
<i>dactinomycin</i>	4	NDS
<i>decitabine</i>	4	PA; NDS
<i>docetaxel inj 20mg/2ml</i>	4	NDS
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	4	NDS
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D
ELLENCEN INJ 50MG/25ML	3	
ELREXFIO	4	PA; NDS
ELZONRIS	4	PA; NDS
EPKINLY	4	PA; NDS
ERWINASE	4	NDS
ERWINAZE	4	NDS
ETHYOL	4	NDS
<i>fludarabine phosphate inj 50mg/2ml, 50mg</i>	4	NDS
FUSILEV	4	NDS
GAVRETO	4	PA; NDS
HALAVEN	4	PA; NDS
IBRANCE TABS 100MG, 125MG, 75MG	4	PA; NDS
<i>idarubicin hcl</i>	4	NDS
IDHIFA	4	QL(30 EA per 30 days); PA; NDS
INREBIC	4	PA; NDS
IXEMPRA KIT	4	NDS
JEVTANA	4	PA; NDS
KIMMTRAK	4	PA; NDS
KISQALI FEMARA 200 DOSE	4	PA; NDS
KISQALI FEMARA 400 DOSE	4	PA; NDS
KISQALI FEMARA 600 DOSE	4	PA; NDS
KRAZATI	4	PA; NDS
<i>leucovorin calcium inj 500mg</i>	1	
<i>levoleucovorin inj 50mg</i>	4	NDS

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LONSURF	4	PA; NDS
LUMAKRAS	4	PA; NDS
LUNSUMIO	4	PA; NDS
LYTGOBI	4	PA; NDS
MARQIBO	4	NDS
<i>mitomycin inj 20mg, 40mg, 5mg</i>	4	NDS
<i>mutamycin</i>	4	NDS
NINLARO	4	PA; NDS
ONCASPAR	4	NDS
ONUREG	4	PA; NDS
ORSERDU	4	PA; NDS
<i>paclitaxel protein-bound particles</i>	4	NDS
PEMAZYRE	4	QL(30 EA per 30 days); PA; NDS
PHEGO	4	PA; NDS
PHOTOFRIN	4	NDS
PROLEUKIN	4	NDS
RETEVMO	4	PA; NDS
ROMIDEPSIN	4	PA; NDS
RYLAZE	4	NDS
SCEMBLIX TABS 40MG	4	PA; NDS
SCEMBLIX TABS 20MG	4	QL(60 EA per 30 days); PA; NDS
SYNRIBO	4	PA; NDS
TALVEY	4	PA; NDS
TAXOTERE INJ 20MG/ML, 80MG/4ML	4	NDS
TAZVERIK	4	PA; NDS
TECVAYLI	4	PA; NDS
<i>teniposide</i>	4	NDS
TICE BCG	3	
TRISENOX INJ 10MG/10ML	4	NDS
TRUSELTIQ	4	PA; NDS
TUKYSA	4	PA; NDS
<i>valrubicin</i>	4	NDS
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
VONJO	4	PA; NDS
XPOVIO	4	PA; NDS
XPOVIO 100 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 40 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 40 MG TWICE WEEKLY	4	PA; NDS
XPOVIO 60 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	4	PA; NDS

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XPOVIO 80 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	4	PA; NDS
ZALTRAP	4	PA; NDS
ZOLINZA	4	PA; NDS
Antineoplastics		
OPDUALAG	4	PA; NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	4	NDS
KYPROLIS	4	PA; NDS
ONIVYDE	4	NDS
<i>topotecan hcl inj 4mg</i>	4	NDS
Molecular Target Inhibitors		
ALECENSA	4	PA; NDS
ALIQOPA	4	PA; NDS
ALUNBRIG TBPK	4	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABS 30MG	4	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABS 180MG, 90MG	4	QL(30 EA per 30 days); PA; NDS
AYVAKIT	4	QL(30 EA per 30 days); PA; NDS
BALVERSA	4	PA; NDS
BELEODAQ	4	PA; NDS
BOSULIF	4	PA; NDS
BRAFTOVI CAPS 75MG	4	PA; NDS
BRUKINSA	4	PA; NDS
CABOMETYX	4	PA; NDS
CALQUENCE	4	PA; NDS
CAPRELSA TABS 300MG	4	PA; NDS
CAPRELSA TABS 100MG	4	QL(60 EA per 30 days); PA; NDS
COMETRIQ	4	PA; NDS
COPIKTRA	4	PA; NDS
COTELLIC	4	PA; NDS
DAURISMO	4	PA; NDS
ERIVEDGE	4	PA; NDS
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	1	PA
<i>erlotinib hydrochloride tabs 150mg</i>	4	PA; NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA; NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	4	PA; NDS
EXKIVITY	4	PA; NDS
FARYDAK	4	PA; NDS

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FYARRO	4	PA; NDS
<i>gefitinib</i>	4	PA; NDS
GILOTRIF	4	QL(30 EA per 30 days); PA; NDS
IBRANCE CAPS 100MG, 125MG, 75MG	4	PA; NDS
ICLUSIG TABS 30MG, 45MG	4	PA; NDS
ICLUSIG TABS 10MG, 15MG	4	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	4	PA; NDS
INLYTA	4	PA; NDS
INQOVI	4	PA; NDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	4	PA; NDS
JAKAFI TABS 10MG	4	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABS 100MG	4	PA; NDS
JAYPIRCA TABS 50MG	4	QL(30 EA per 30 days); PA; NDS
KISQALI	4	PA; NDS
KOSELUGO	4	PA; NDS
<i>lapatinib ditosylate</i>	4	PA; NDS
LENVIMA 10 MG DAILY DOSE	4	PA; NDS
LENVIMA 12MG DAILY DOSE	4	PA; NDS
LENVIMA 14 MG DAILY DOSE	4	PA; NDS
LENVIMA 18 MG DAILY DOSE	4	PA; NDS
LENVIMA 20 MG DAILY DOSE	4	PA; NDS
LENVIMA 24 MG DAILY DOSE	4	PA; NDS
LENVIMA 4 MG DAILY DOSE	4	PA; NDS
LENVIMA 8 MG DAILY DOSE	4	PA; NDS
LORBRENA	4	PA; NDS
LYNPARZA TABS	4	PA; NDS
MEKINIST	4	PA; NDS
MEKTOVI	4	PA; NDS
NERLYNX	4	QL(180 EA per 30 days); PA; NDS
ODOMZO	4	PA; NDS
PIQRAY 200MG DAILY DOSE	4	PA; NDS
PIQRAY 250MG DAILY DOSE	4	PA; NDS
PIQRAY 300MG DAILY DOSE	4	PA; NDS
REZLIDHIA	4	PA; NDS
ROZLYTREK	4	PA; NDS
RUBRACA	4	PA; NDS
RYDAPT	4	PA; NDS
<i>sorafenib</i>	4	PA; NDS
<i>sorafenib tosylate</i>	4	PA; NDS
SPRYCEL	4	PA; NDS
STIVARGA	4	PA; NDS

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<i>sunitinib malate</i>	4	PA; NDS
TAFINLAR	4	PA; NDS
TAGRISSE TABS 80MG	4	PA; NDS
TAGRISSE TABS 40MG	4	QL(30 EA per 30 days); PA; NDS
TALZENNA	4	PA; NDS
TASIGNA	4	PA; NDS
<i>temsirolimus</i>	4	NDS
TEPMETKO	4	PA; NDS
TIBSOVO	4	PA; NDS
TURALIO	4	PA; NDS
VANFLYTA	4	PA; NDS
VENCLEXTA STARTING PACK	4	PA; NDS
VENCLEXTA TABS 10MG	2	PA
VENCLEXTA TABS 100MG, 50MG	4	PA; NDS
VERZENIO	4	PA; NDS
VITRAKVI	4	PA; NDS
VIZIMPRO	4	PA; NDS
VOTRIENT	4	PA; NDS
WELIREG	4	PA; NDS
XALKORI	4	PA; NDS
XOSPATA	4	PA; NDS
ZEJULA CAPS	4	PA; NDS
ZEJULA TABS 200MG, 300MG	4	PA; NDS
ZEJULA TABS 100MG	4	QL(30 EA per 30 days); PA; NDS
ZELBORAF	4	PA; NDS
ZYDELIG	4	PA; NDS
ZYKADIA TABS	4	PA; NDS
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	4	PA; NDS
ALYMSYS	4	PA; NDS
ARZERRA	4	PA; NDS
AVASTIN	4	PA; NDS
BAVENCIO	4	PA; NDS
BESPOUSA	4	PA; NDS
BLINCYTO	4	PA; NDS
CYRAMZA	4	PA; NDS
DANYELZA	4	PA; NDS
DARZALEX	4	PA; NDS
DARZALEX FASPRO	4	PA; NDS
ELAHERE	4	PA; NDS
EMPLICITI	4	PA; NDS
ENHERTU	4	PA; NDS

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ERBITUX	4	PA; NDS
GAZYVA	4	PA; NDS
HERCEPTIN HYLECTA	4	PA; NDS
HERCEPTIN INJ 150MG	4	PA; NDS
HERZUMA	4	PA; NDS
IMFINZI	4	PA; NDS
IMJUDO	4	PA; NDS
JEMPERLI	4	PA; NDS
KADCYLA	4	PA; NDS
KANJINTI	4	PA; NDS
KEYTRUDA INJ 100MG/4ML	4	PA; NDS
LIBTAYO	4	PA; NDS
LUMOXITI	4	PA; NDS
MARGENZA	4	PA; NDS
MONJUVI	4	PA; NDS
MVASI	4	PA; NDS
MYLOTARG	4	PA; NDS
OGIVRI INJ 1.1%; 420MG, 150MG	4	PA; NDS
ONTRUZANT	4	PA; NDS
OPDIVO	4	PA; NDS
PADCEV	4	PA; NDS
PERJETA	4	PA; NDS
POLIVY	4	PA; NDS
PORTRAZZA	4	PA; NDS
POTELIGEO	4	PA; NDS
RIABNI	4	PA; NDS
RITUXAN	4	PA; NDS
RITUXAN HYCELA	4	PA; NDS
RUXIENCE	4	PA; NDS
RYBREVANT	4	PA; NDS
SARCLISA	4	PA; NDS
TECENTRIQ	4	PA; NDS
TIVDAK	4	PA; NDS
TRAZIMERA	4	PA; NDS
TRODELVY	4	PA; NDS
TRUXIMA	4	PA; NDS
UNITUXIN	4	NDS
VECTIBIX INJ 100MG/5ML, 400MG/20ML	4	NDS
VEGZELMA	4	PA; NDS
YERVOY	4	PA; NDS
ZEVALIN Y-90	4	NDS
ZIRABEV	4	PA; NDS

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ZYNLONTA	4	PA; NDS
ZYNYZ	4	PA; NDS
Retinoids		
<i>bexarotene</i>	4	PA; NDS
PANRETIN	4	NDS
<i>tretinoin caps 10mg</i>	4	NDS
Treatment Adjuncts		
<i>dexrazoxane</i>	4	NDS
ELITEK	4	NDS
KHAPZORY	4	NDS
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	1	
MESNEX TABS	4	NDS
TOTECT	4	NDS
VORAXAZE	4	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	4	NDS
EMVERM	3	
<i>ivermectin tabs 3mg</i>	1	PA
<i>praziquantel tabs</i>	1	
Antiprotozoals		
ALINIA SUSR	4	NDS
ARTESUNATE	4	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
<i>benznidazole</i>	2	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	3	
<i>hydroxychloroquine sulfate tabs 100mg, 200mg</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	4	NDS
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	B/D
<i>primaquine phosphate tabs</i>	1	
PYRIMETHAMINE TABS	4	PA; NDS
<i>quinine sulfate caps 324mg</i>	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Antiparkinson Agents, Other		

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<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
GOCOVRI	4	PA; NDS
NOURIANZ	4	PA; NDS
ONGENTYS	3	ST
OSMOLEX ER	3	PA
<i>tolcapone</i>	4	QL(180 EA per 30 days); NDS
<i>Dopamine Agonists</i>		
<i>apomorphine hydrochloride inj</i>	4	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate caps, tabs</i>	3	
KYNMOBI	4	QL(150 EA per 30 days); PA; NDS
KYNMOBI TITRATION KIT	4	QL(20 EA per 365 days); PA; NDS
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
REQUIP XL TB24 12MG	4	NDS
<i>ropinirole er</i>	1	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tabs</i>	1	
DHIVY	3	ST
DUOPA	4	PA; NDS
INBRIJA	4	PA; NDS
RYTARY	3	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps, tabs</i>	1	
XADAGO	4	QL(30 EA per 30 days); ST; NDS
ZELAPAR	4	NDS
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tabs</i>	1	
<i>chlorpromazine hydrochloride conc</i>	1	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc, inj, tabs</i>	1	
<i>fluphenazine hydrochloride elix</i>	1	
<i>haloperidol decanoate inj</i>	1	

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<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tabs</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	4	NDS
ABILIFY MYCITE	4	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE MAINTENANCE KIT	4	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TBPK 15MG, 20MG, 2MG, 30MG, 5MG	4	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TBPK 10MG	4	ST; NDS
<i>aripiprazole odt</i>	4	QL(60 EA per 30 days); NDS
<i>aripiprazole tabs</i>	1	QL(30 EA per 30 days)
<i>aripiprazole soln</i>	1	QL(750 ML per 30 days)
ARISTADA	4	NDS
ARISTADA INITIO	4	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	4	QL(30 EA per 30 days); PA; NDS
FANAPT TITRATION PACK	3	QL(8 EA per 180 days); ST
FANAPT TABS 4MG	3	QL(60 EA per 30 days); ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	4	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA	4	ST; NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	NDS
INVEGA TRINZA	4	NDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	4	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPS	4	PA; NDS
NUPLAZID TABS 10MG	4	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine inj</i>	1	
<i>olanzapine tabs</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	1	QL(60 EA per 30 days)

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PERSERIS	4	NDS
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	4	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	4	NDS
RISPERDAL TABS 0.25MG	3	QL(60 EA per 30 days)
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone soln</i>	1	QL(240 ML per 30 days)
<i>risperidone tabs</i>	1	QL(60 EA per 30 days)
SECUADO	4	QL(30 EA per 30 days); ST; NDS
UZEDY	4	ST; NDS
VRAYLAR CPPK	3	QL(14 EA per 365 days); ST
VRAYLAR CAPS	4	QL(30 EA per 30 days); ST; NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	4	NDS
<i>Treatment-Resistant</i>		
<i>clozapine odt tbdp 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	4	QL(120 EA per 30 days); NDS
<i>clozapine tabs 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	1	QL(270 EA per 30 days)
FAZACLO TBDP 25MG	3	QL(270 EA per 30 days)
FAZACLO TBDP 12.5MG	3	QL(90 EA per 30 days)
FAZACLO TBDP 200MG	4	QL(120 EA per 30 days); NDS
FAZACLO TBDP 150MG	4	QL(180 EA per 30 days); NDS
FAZACLO TBDP 100MG	4	QL(270 EA per 30 days); NDS
VERSACLOZ	4	QL(540 ML per 30 days); NDS
Antispasticity Agents		
<i>Antispasticity Agents</i>		
BACLOFEN ORAL SOLN, SUSP	4	ST; NDS
<i>baclofen tabs</i>	1	
<i>baclofen inj 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen inj 40mg/20ml, 50mcg/ml</i>	4	B/D; NDS
BOTOX	3	PA
<i>dantrolene sodium caps</i>	1	

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<i>dantrolene sodium inj</i>	4	NDS
DYSPORT	3	PA
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJ 40000MCG/20ML, 50MCG/ML	4	B/D; NDS
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	4	B/D; NDS
LYVISPAH PACK 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACK 10MG	3	QL(90 EA per 30 days); ST
LYVISPAH PACK 20MG	4	QL(120 EA per 30 days); ST; NDS
MYOBLOC	3	PA
OZOBAX	4	ST; NDS
<i>revonto</i>	4	NDS
SOHONOS CAPS 5MG	4	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPS 2.5MG	4	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPS 1.5MG	4	QL(364 EA per 28 days); PA; NDS
SOHONOS CAPS 10MG	4	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPS 1MG	4	QL(560 EA per 28 days); PA; NDS
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
XEOMIN	3	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	4	NDS
CYTOVENE INJ	4	B/D; NDS
<i>foscarnet sodium inj 6000mg/250ml</i>	4	B/D; NDS
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	4	NDS
PREVYMIS	4	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	4	NDS
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE SOLN	3	QL(600 ML per 30 days)
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLN	3	
<i>lamivudine tabs 100mg</i>	1	
VEMLIDY	4	NDS
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACK 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACK 150MG; 37.5MG	4	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABS 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABS 400MG; 100MG	4	QL(84 EA per 365 days); PA; NDS

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HARVONI PACK 33.75MG; 150MG	4	QL(168 EA per 365 days); PA; NDS
HARVONI PACK 45MG; 200MG	4	QL(336 EA per 365 days); PA; NDS
HARVONI TABS 90MG; 400MG	4	QL(168 EA per 365 days); PA; NDS
HARVONI TABS 45MG; 200MG	4	QL(336 EA per 365 days); PA; NDS
LEDIPASVIR/SOFOSBUVIR	4	QL(168 EA per 365 days); PA; NDS
MAVYRET TABS	4	QL(336 EA per 365 days); PA; NDS
MAVYRET PACK	4	QL(560 EA per 365 days); PA; NDS
<i>moderiba tabs</i>	1	
<i>ribasphere caps</i>	1	
<i>ribasphere tabs 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR	4	QL(84 EA per 365 days); PA; NDS
SOVALDI TABS	4	QL(336 EA per 365 days); PA; NDS
SOVALDI PACK 150MG	4	QL(168 EA per 365 days); PA; NDS
SOVALDI PACK 200MG	4	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	4	QL(672 EA per 365 days); PA; NDS
VOSEVI	4	QL(84 EA per 365 days); PA; NDS
ZEPATIER	4	QL(112 EA per 365 days); PA; NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	4	NDS
BIKTARVY	4	QL(30 EA per 30 days); NDS
CABENUVA	4	NDS
DOVATO	4	QL(30 EA per 30 days); NDS
GENVOYA	4	QL(30 EA per 30 days); NDS
ISENTRESS HD	4	NDS
ISENTRESS PACK, TABS	4	NDS
ISENTRESS CHEW 25MG	2	
ISENTRESS CHEW 100MG	4	NDS
JULUCA	4	QL(30 EA per 30 days); NDS
STRIBILD	4	QL(30 EA per 30 days); NDS
TIVICAY PD	3	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	4	NDS
VOCABRIA	4	NDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
ATRIPLA	4	QL(30 EA per 30 days); NDS
COMPLERA	4	QL(30 EA per 30 days); NDS
DELSTRIGO	4	QL(30 EA per 30 days); NDS
EDURANT	4	NDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)

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<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days); NDS
<i>etravirine tabs 100mg</i>	1	
<i>etravirine tabs 200mg</i>	4	NDS
INTELENCE TABS 25MG	3	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	4	NDS
VIRAMUNE TABS	4	NDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	QL(60 EA per 30 days); NDS
CIMDUO	4	QL(30 EA per 30 days); NDS
DESCOVY	4	QL(30 EA per 30 days); NDS
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	4	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	4	QL(30 EA per 30 days); NDS
EMTRIVA SOLN	3	
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	1	
<i>lamivudine tabs 150mg, 300mg</i>	1	
ODEFSEY	4	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION	3	
<i>stavudine caps</i>	3	
TEMIXYS	4	QL(30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	4	QL(30 EA per 30 days); NDS
TRIUMEQ PD	4	QL(180 EA per 30 days); NDS
TRIZIVIR	4	QL(60 EA per 30 days); NDS
VIREAD POWD	4	NDS
VIREAD TABS 150MG, 200MG, 250MG	4	NDS
<i>zidovudine</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON	4	NDS
<i>maraviroc</i>	4	NDS
RUKOBIA	4	NDS
SELZENTRY SOLN	4	NDS
SELZENTRY TABS 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 75MG	4	NDS
SUNLENCA	4	NDS
TROGARZO	4	NDS
TYBOST	3	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	4	NDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate caps 300mg</i>	1	
<i>darunavir</i>	4	NDS
EVOTAZ	4	QL(30 EA per 30 days); NDS
FOSAMPRENAVIR CALCIUM	4	NDS
INVIRASE TABS	4	NDS
LEXIVA SUSP	3	
<i>lopinavir/ritonavir</i>	1	
NORVIR PACK, SOLN	3	
PREZCOBIX	4	QL(30 EA per 30 days); NDS
PREZISTA SUSP	4	NDS
PREZISTA TABS 150MG, 75MG	3	
REYATAZ PACK	4	NDS
REYATAZ CAPS 150MG	4	NDS
<i>ritonavir</i>	1	
SYMTUZA	4	QL(30 EA per 30 days); NDS
VIRACEPT	4	NDS
<i>Anti-influenza Agents</i>		
<i>amantadine hcl caps, soln</i>	1	
<i>oseltamivir phosphate caps 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	1	QL(1080 ML per 365 days)
RAPIVAB	4	NDS
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TBPk 80MG	2	QL(2 EA per 365 days)
XOFLUZA TBPk 20MG, 40MG	2	QL(4 EA per 365 days)
<i>Antiherpetic Agents</i>		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs</i>	1	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hcl tabs 1gm</i>	1	QL(120 EA per 30 days)

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<i>valacyclovir hydrochloride tabs 500mg</i>	1	QL(120 EA per 30 days)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tabs 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>Benzodiazepines</i>		
<i>alprazolam er tb24 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tb24 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tb24 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam conc 5mg/ml</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam oral soln 5mg/5ml</i>	1	
<i>diazepam tabs 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tabs 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
LOREEV XR CS24 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CS24 1MG	3	QL(30 EA per 30 days)
LOREEV XR CS24 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
DEPAKENE SOLN	4	NDS
<i>lithium carbonate er</i>	1	

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<i>lithium carbonate caps, tabs</i>	1	
<i>valproic acid caps, soln</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs</i>	1	
ADLYXIN	3	QL(6 ML per 28 days); PA
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days); PA
<i>alogliptin</i>	3	QL(30 EA per 30 days); ST
<i>alogliptin/metformin hcl</i>	3	ST
<i>alogliptin/metformin hydrochloride</i>	3	ST
<i>alogliptin/pioglitazone</i>	3	ST
BRENZAVVY	3	ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
BYETTA INJ 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJ 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	
FARXIGA	2	
FORTAMET	4	NDS
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tabs 625mg</i>	4	PA; NDS
<i>miglitol</i>	1	

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MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
ONGLYZA	3	QL(30 EA per 30 days); ST
OSENI	3	ST
OZEMPIC INJ 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJ 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
PRANDIN TABS 2MG	4	NDS
QTERN	3	ST
<i>repaglinide</i>	1	
RYBELSUS TABS 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABS 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	3	QL(30 EA per 30 days); ST
SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	3	ST
SEGLUROMET	3	ST
SOLIQUA 100/33	2	PA
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYMLINPEN 120	4	PA; NDS
SYMLINPEN 60	4	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
<i>tolbutamide</i>	1	
TRADJENTA	2	QL(30 EA per 30 days)
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
ZEGALOGUE	3	ST
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	2	

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GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWD 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWD 0	4	PA; NDS
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	

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NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	4	NDS
<i>argatroban inj 250mg/2.5ml, 50mg/50ml</i>	4	NDS
CEPROTIN	4	NDS
<i>dabigatran etexilate</i>	3	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	2	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	NDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	NDS
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	
<i>jantoven</i>	1	
TISSEEL KIT	4	NDS
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)

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XARELTO SUSR	4	QL(600 ML per 30 days); NDS
XARELTO TABS 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	4	PA; NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	4	PA; NDS
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJ 20000UNIT/ML	4	PA; NDS
FULPHILA	4	PA; NDS
FYLNETRA	4	PA; NDS
GRANIX	4	ST; NDS
LEUKINE INJ 250MCG	4	PA; NDS
MOZOBIL	4	QL(38.4 ML per 365 days); PA; NDS
MULPLETA	4	PA; NDS
NEULASTA	4	PA; NDS
NEULASTA ONPRO KIT	4	PA; NDS
NEUPOGEN	4	ST; NDS
NIVESTYM	4	ST; NDS
NPLATE	4	PA; NDS
NYVEPRIA	4	PA; NDS
OXBRYTA TBSO	4	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABS 500MG	4	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABS 300MG	4	QL(240 EA per 30 days); PA; NDS
PLERIXAFOR	4	QL(38.4 ML per 365 days); PA; NDS
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	4	PA; NDS
PROMACTA	4	PA; NDS
PYRUKYND TAPER PACK	4	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABS 50MG	4	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABS 20MG, 5MG	4	QL(60 EA per 30 days); PA; NDS
REBLOZYL	4	PA; NDS
RELEUKO	4	ST; NDS

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RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	4	PA; NDS
ROLVEDON	4	PA; NDS
STIMUFEND	4	PA; NDS
UDENYCA	4	PA; NDS
ZARXIO	4	NDS
ZIEXTENZO	4	PA; NDS
Hemostasis Agents		
<i>aminocaproic acid soln, tabs</i>	4	NDS
<i>tranexamic acid tabs</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
ASPIRIN/OMEPRAZOLE	3	QL(30 EA per 30 days)
BRILINTA	2	
CABLIVI	4	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	4	PA; NDS
<i>eptifibatide inj 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	4	NDS
INTEGRILIN	4	NDS
KENGREAL	4	NDS
<i>prasugrel</i>	1	
TAVALISSE	4	PA; NDS
YOSPRALA	3	QL(30 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CLONIDINE ER	3	ST
<i>clonidine hcl ptwk</i>	1	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	4	PA; NDS
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NEXICLON XR TB24	3	ST
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	4	PA; NDS
<i>prazosin hydrochloride caps</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	

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Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
<i>valsartan soln</i>	4	ST; NDS
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate soln, tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs</i>	1	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin soln</i>	1	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate caps</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	3	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	

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<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
SOTALOL HYDROCHLORIDE INJ	4	NDS
<i>sotalol hydrochloride tabs 160mg, 80mg</i>	1	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hcl caps 400mg</i>	1	
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	4	NDS
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>nebivolol tabs 10mg, 20mg, 5mg</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl er cp24 120mg, 160mg</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate tabs</i>	1	
CLEVIPREX	4	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
LEVAMLODIPINE	3	ST
<i>nicardipine hcl caps</i>	3	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine caps</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLN 6MG/ML	4	NDS
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		

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<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er cp12, tb24</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er cp24</i>	1	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tabs 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er tbc</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tbc 180mg</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	4	NDS
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	4	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CONSENSI	4	QL(30 EA per 30 days); NDS
CORLANOR SOLN	3	QL(450 ML per 30 days); PA
CORLANOR TABS	3	QL(60 EA per 30 days); PA
DEFITELIO	4	NDS
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	2	QL(60 EA per 30 days)
<i>epinephrine inj 1mg/ml</i>	1	
EVKEEZA	4	PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	4	NDS
<i>metyrosine</i>	4	PA; NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate inj 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VECAMYL	4	NDS
VYNDAMAX	4	QL(30 EA per 30 days); PA; NDS
<i>Diuretics, Loop</i>		
<i>bumetanide inj, tabs</i>	1	
<i>ethacrynate sodium</i>	4	NDS
<i>ethacrynic acid tabs</i>	1	
FUROSCIX	3	PA
<i>furosemide inj, oral soln, tabs</i>	1	
SOANZ	3	ST
<i>toremide tabs</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tabs</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tabs</i>	1	
<i>Diuretics, Thiazide</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	1	
<i>Dyslipidemics, Fibrin Acid Derivatives</i>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TB24 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	ST
<i>lovastatin tabs</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
SIMVASTATIN SUSP	3	ST
<i>simvastatin tabs</i>	1	
ZYPITAMAG TABS 2MG, 4MG	3	ST
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tabs</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/rosuvastatin</i>	3	ST
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPS 10MG, 5MG	4	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPS 20MG, 30MG	4	QL(60 EA per 30 days); PA; NDS
LEQVIO	3	QL(3 ML per 180 days); PA
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
ROSZET	3	ST
VASCEPA CAPS 0.5GM	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR	3	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl inj</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	3	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine cp24</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	1	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANAVEL XR CHER	3	QL(30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
ZENZEDI TABS 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride caps 100mg, 18mg, 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride caps 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	1	QL(60 EA per 30 days)
COTEMPLA XR-ODT TBED 25.9MG	3	QL(60 EA per 30 days)

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<i>dexmethylphenidate hcl er cp24 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	QL(60 EA per 30 days)
<i>guanfacine er</i>	1	
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	1	
<i>metadate er tbc 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hcl sr</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	1	
<i>methylphenidate hydrochloride tabs</i>	1	QL(90 EA per 30 days)
RELEXXII	3	QL(30 EA per 30 days)
Central Nervous System, Other		
ALLZITAL	3	
AUSTEDO	4	QL(120 EA per 30 days); PA; NDS
BUTALBITAL/ACETAMINOPHEN CAPS	4	NDS
<i>butalbital/acetaminophen tabs</i>	1	
<i>butalbital/aspirin/caffeine caps</i>	1	
<i>caffeine citrate soln 60mg/3ml</i>	4	NDS
<i>clonidine hydrochloride inj 100mcg/ml, 500mcg/ml</i>	1	B/D
DAYBUE	4	QL(3600 ML per 30 days); PA; NDS
EXSERVAN	4	PA; NDS
FIORINAL CAPS	3	
FIRDAPSE	4	QL(240 EA per 30 days); PA; NDS
INGREZZA CPPK	4	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPS 60MG, 80MG	4	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 40MG	4	QL(60 EA per 30 days); PA; NDS
<i>marten-tab</i>	1	
NUEDEXTA	4	PA; NDS
PRIALT	4	B/D; NDS
QALSODY	4	PA; NDS
QUVIVIQ	3	QL(30 EA per 30 days); PA
RADICAVA	4	PA; NDS
RADICAVA ORS	4	PA; NDS
RADICAVA ORS STARTER KIT	4	PA; NDS
RELYVRIO	4	QL(60 EA per 30 days); PA; NDS
<i>riluzole</i>	1	PA
<i>tencon tabs 325mg; 50mg</i>	1	
<i>tetrabenazine</i>	1	PA
TIGLUTIK	4	PA; NDS
VANATOL LQ	4	NDS
VANATOL S	4	NDS
VTOL LQ	4	NDS
ZTALMY	4	PA; NDS
<i>Fibromyalgia Agents</i>		
<i>pregabalin caps 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin soln</i>	1	QL(900 ML per 30 days)
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	4	QL(4 EA per 28 days); PA; NDS
AVONEX INJ 30MCG/0.5ML	4	QL(4 EA per 28 days); PA; NDS
BAFIERTAM	4	QL(120 EA per 30 days); PA; NDS
BETASERON	4	QL(15 EA per 30 days); PA; NDS
BRIUMVI	4	PA; NDS
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA; NDS
EXTAVIA	4	QL(15 EA per 30 days); PA; NDS
<i>fingolimod</i>	4	QL(30 EA per 30 days); PA; NDS
GILENYA CAPS 0.25MG	4	QL(30 EA per 30 days); PA; NDS
<i>glatiramer acetate inj 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate inj 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
GLATOPA INJ 40MG/ML	4	QL(12 ML per 28 days); PA; NDS
<i>glatopa inj 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
KESIMPTA	4	QL(0.4 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD	4	PA; NDS
MAYZENT STARTER PACK TBPk 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TBPk 0.25MG	4	QL(24 EA per 365 days); PA; NDS
MAYZENT TABS 0.25MG	4	QL(120 EA per 30 days); PA; NDS
MAYZENT TABS 1MG, 2MG	4	QL(30 EA per 30 days); PA; NDS
<i>mitoxantrone hcl inj 2mg/ml</i>	1	PA
OCREVUS	4	QL(40 ML per 365 days); PA; NDS
PLEGRIDY	4	QL(1 ML per 28 days); PA; NDS
PLEGRIDY STARTER PACK INJ 0	4	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJ 0	4	QL(4 ML per 365 days); PA; NDS
PONVORY	4	QL(30 EA per 30 days); PA; NDS
PONVORY 14-DAY STARTER PACK	4	QL(28 EA per 365 days); PA; NDS
REBIF	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
REBIF TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
TASCENSO ODT	4	QL(30 EA per 30 days); PA; NDS
<i>teriflunomide</i>	1	QL(30 EA per 30 days); PA
TYSABRI	4	PA; NDS
VUMERITY	4	QL(120 EA per 30 days); PA; NDS
ZEPOSIA	4	QL(30 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	4	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CPPK 0	4	QL(56 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CPPK 0	4	QL(74 EA per 365 days); PA; NDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	4	NDS
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
KEPIVANCE	4	NDS
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD	4	NDS

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ABSORICA CAPS 20MG, 30MG, 40MG	4	NDS
<i>acutane</i>	1	
<i>acitretin</i>	1	
ADAPALENE/BENZOYL PEROXIDE PADS	4	NDS
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
ADAPALENE PADS	3	
ADAPALENE SOLN	4	NDS
<i>amnesteem</i>	1	
<i>avita</i>	3	PA
<i>azelaic acid</i>	1	
BENZOLYL PEROXIDE FORTE- HC	4	NDS
<i>benzoyl peroxide- hc</i>	3	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA FOAM	2	QL(50 GM per 30 days)
<i>isotretinoin caps</i>	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NORITATE	4	NDS
RETIN-A MICRO PUMP GEL 0.08%	3	PA
RETIN-A MICRO GEL 0.06%	3	PA
<i>rosadan</i>	1	
SORIATANE CAPS 10MG, 25MG	4	NDS
<i>tazarotene crea, gel</i>	1	
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotn</i>	1	
<i>ammonium lactate crea, lotn</i>	1	
APEXICON E	4	NDS
<i>betamethasone dipropionate augmented crea, gel, oint</i>	1	
<i>betamethasone dipropionate crea, lotn, oint</i>	1	
<i>betamethasone valerate crea, lotn, oint</i>	1	

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CIBINQO	4	QL(30 EA per 30 days); PA; NDS
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, oint, sham, soln</i>	1	
CORDRAN TAPE	3	
CORDRAN OINT 0.05%	3	
<i>cormax scalp application</i>	1	
<i>desonide crea</i>	1	
<i>desonide oint</i>	1	QL(120 GM per 30 days)
<i>desoximetasone crea</i>	1	QL(100 GM per 30 days)
<i>desoximetasone oint 0.25%</i>	1	
<i>doxepin hydrochloride crea 5%</i>	1	QL(90 GM per 30 days); PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide crea 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	1	
<i>flurandrenolide oint</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone 1% in absorbase</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone butyrate lotn</i>	1	
<i>hydrocortisone in absorbase</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone valerate crea</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL(100 GM per 30 days)
HYFTOR	4	PA; NDS
IMPOYZ	4	NDS
LEXETTE	4	NDS
<i>lokara</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
OPZELURA	4	QL(240 GM per 30 days); PA; NDS
PANDEL	4	NDS
<i>selenium sulfide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SERNIVO	3	
SPEVIGO	4	QL(300 ML per 84 days); PA; NDS
<i>tacrolimus oint 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
ULTRAVATE LOTN	3	
VERDESO	4	NDS
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene crea, oint</i>	1	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	1	QL(60 ML per 30 days)
CARAC	4	NDS
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>diclofenac sodium gel 3%</i>	3	QL(300 GM per 30 days); ST
DUOBRII	4	PA; NDS
ENSTILAR	4	QL(420 GM per 28 days); NDS
FLUROPLEX CREA	4	NDS
FLUOROURACIL CREA 0.5%	4	NDS
<i>fluorouracil crea 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external soln 2%, 5%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPP	4	NDS
<i>imiquimod pump</i>	4	NDS
<i>imiquimod crea 5%</i>	1	
<i>imiquimod crea 3.75%</i>	4	NDS
KLISYRI	4	ST; NDS
<i>methoxsalen caps</i>	4	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide oint</i>	1	
OTEZLA TABS 30MG	4	QL(60 EA per 30 days); PA; NDS
OXSORALEN ULTRA	4	NDS
<i>podofilox</i>	1	
RADIAURA	4	NDS
REGRANEX	4	PA; NDS
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SORILUX	3	
SOTYKTU	4	QL(30 EA per 30 days); PA; NDS

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<i>ssd</i>	1	
<i>urea lotn 40%</i>	1	
VEREGEN	4	NDS
VTAMA	4	PA; NDS
WINLEVI	3	PA
WYNZORA	4	QL(420 GM per 28 days); NDS
XERESE	4	NDS
ZORYVE	3	PA
ZYCLARA PUMP CREA 2.5%	4	NDS
<i>Dermatological Agents</i>		
UVADEX	4	NDS
<i>Pediculicides/Scabicides</i>		
<i>ivermectin crea 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin crea</i>	1	
<i>Topical Anti-infectives</i>		
<i>acyclovir crea 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir oint 5%</i>	1	
BENZOYL PEROXIDE GEL 6.5%	4	NDS
<i>ciclodan crea</i>	1	
<i>ciclodan soln</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, sham, susp</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
EPSOLAY	3	PA
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin oint</i>	1	QL(110 GM per 30 days)
PENLAC NAIL LACQUER	4	PA; NDS
SULFAMYLON PACK 5%	4	NDS
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

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AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
<i>carglumic acid</i>	4	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D

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<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>effe-r-k tbe-f 25meq</i>	1	
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
<i>k-sol soln 10%</i>	1	
KABIVEN	3	B/D
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
PERIKABIVEN	4	B/D; NDS
<i>plenamine</i>	1	B/D
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tbc-r 8meq</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate inj 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride inj 0.45%, 0.9%</i>	1	
SYNTHAMIN 17	3	B/D

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TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME	4	PA; NDS
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	4	NDS
<i>clovique</i>	4	PA; NDS
CUVRIOR	4	PA; NDS
DEFERASIROX PACK	4	PA; NDS
<i>deferasirox tabs 90mg</i>	1	PA
<i>deferasirox tabs 180mg, 360mg</i>	4	PA; NDS
<i>deferasirox tbso 125mg</i>	1	PA
<i>deferasirox tbso 250mg, 500mg</i>	4	PA; NDS
<i>deferiprone</i>	4	PA; NDS
FERRIPROX TWICE-A-DAY	4	PA; NDS
FERRIPROX SOLN	4	PA; NDS
JYNARQUE TBPK	4	QL(56 EA per 28 days); PA; NDS
JYNARQUE TABS 15MG	4	QL(120 EA per 30 days); PA; NDS
<i>jynarque tabs 30mg</i>	4	QL(120 EA per 30 days); PA; NDS
<i>kionex powd 0</i>	1	
<i>penicillamine caps 250mg</i>	4	PA; NDS
<i>sodium polystyrene sulfonate powd 0</i>	1	
TOLVAPTAN TABS 15MG	4	QL(30 EA per 30 days); PA; NDS
<i>tolvaptan tabs 30mg</i>	4	QL(60 EA per 30 days); PA; NDS
<i>trientine hydrochloride</i>	4	PA; NDS
<i>Phosphate Binders</i>		
AURYXIA	4	PA; NDS
<i>calcium acetate caps</i>	1	
FOSRENOL PACK	4	NDS
<i>lanthanum carbonate</i>	3	
<i>sevelamer carbonate</i>	1	
VELPHORO	4	NDS

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Potassium Binders		
<i>kionex susp 15gm/60ml</i>	1	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
<i>sps</i>	1	
VELTASSA	3	
Vitamins		
PRENATAL TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	4	QL(60 EA per 30 days); PA; NDS
<i>lactulose soln</i>	1	
LINZESS	2	QL(30 EA per 30 days)
LUBIPROSTONE	2	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
<i>polyethylene glycol 3350 pack 17gm</i>	1	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1	
RELISTOR TABS	4	QL(90 EA per 30 days); ST; NDS
RELISTOR INJ 8MG/0.4ML	4	QL(12 ML per 30 days); ST; NDS
RELISTOR INJ 12MG/0.6ML	4	QL(18 ML per 30 days); ST; NDS
SYMPROIC	3	QL(30 EA per 30 days); ST
TRULANCE	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA
<i>alosetron hydrochloride tabs 1mg</i>	4	PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl caps</i>	1	
MYTESI	3	QL(60 EA per 30 days)
VIBERZI	4	QL(60 EA per 30 days); PA; NDS
XERMELO	4	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
<i>belladonna/opium</i>	1	NDS
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
DARTISLA ODT	3	PA
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
GLYCATE	3	PA

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<i>glycopyrrolate oral soln, tabs</i>	1	PA
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>Gastrointestinal Agents, Other</i>		
ACTIGALL	3	
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	4	PA; NDS
BYLVAY (PELLETS)	4	PA; NDS
CALCIUM DISODIUM VERSENATE	4	NDS
CHENODAL	4	PA; NDS
CLENPIQ	2	
<i>edetate calcium disodium inj</i>	4	NDS
GATTEX	4	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	4	ST; NDS
HELIDAC THERAPY	3	
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride inj</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt</i>	1	
MYALEPT	4	PA; NDS
OICALIVA	4	QL(30 EA per 30 days); PA; NDS
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
RECTIV	3	
RELTONE	4	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUTAB	2	
<i>trilyte</i>	1	
URSODIOL CAPS 200MG, 400MG	4	NDS
<i>ursodiol tabs</i>	1	
VOWST	4	PA; NDS
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	4	PA; NDS
ZELNORM TABS 6MG	3	QL(60 EA per 30 days); PA
ZINPLAVA	4	NDS
ZORBTIVE	4	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		

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<i>famotidine susr</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine</i>	1	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate susp, tabs</i>	1	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP 10MG	3	QL(60 EA per 30 days)
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
KONVOMEPE	3	QL(600 ML per 30 days)
<i>lansoprazole cpdr</i>	1	QL(60 EA per 30 days)
<i>omeppi</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole dr cpdr 10mg</i>	1	QL(60 EA per 30 days)
OMEPRAZOLE/SODIUM BICARBONATE CAPS	3	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole cpdr 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium pack, tbec</i>	1	QL(60 EA per 30 days)
PREVACID CPDR 15MG	3	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium dr sprinkle</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	4	PA; NDS
AMONDYS 45	4	PA; NDS
AMVUTTRA	4	QL(0.5 ML per 90 days); PA; NDS
ARALAST NP INJ 500MG	3	PA
ARALAST NP INJ 1000MG	4	PA; NDS
<i>betaine anhydrous</i>	4	NDS
CERDELGA	4	PA; NDS
CEREZYME	4	PA; NDS
CHOLBAM	4	PA; NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CRYSVITA	4	PA; NDS
CYSTAGON	3	
<i>dichlorphenamide</i>	4	QL(120 EA per 30 days); PA; NDS

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ELAPRASE	4	PA; NDS
ELELYSO	4	PA; NDS
ELFABRIO	4	PA; NDS
ENDARI	4	PA; NDS
EVRYSDI	4	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	4	PA; NDS
FABRAZYME	4	PA; NDS
GALAFOLD	4	QL(14 EA per 28 days); PA; NDS
GLASSIA	4	PA; NDS
KANUMA	4	PA; NDS
KEVEYIS	4	QL(120 EA per 30 days); PA; NDS
LAMZEDE	4	PA; NDS
LUMIZYME	4	PA; NDS
MEPSEVII	4	PA; NDS
<i>miglustat</i>	4	PA; NDS
NAGLAZYME	4	PA; NDS
NEXVIAZYME	4	PA; NDS
<i>nitisinone</i>	4	NDS
NITYR	4	NDS
OLPRUVA	4	PA; NDS
ONPATTRO	4	PA; NDS
ORFADIN SUSP	4	NDS
PALYNZIQ INJ 10MG/0.5ML	4	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJ 20MG/ML	4	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJ 2.5MG/0.5ML	4	QL(8 ML per 28 days); PA; NDS
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CPEP 83900UNIT; 21000UNIT; 54700UNIT	4	ST; NDS
PERTZYE CPEP 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CPEP 60500UNIT; 16000UNIT; 57500UNIT	4	ST; NDS
PHEBURANE	4	NDS
PROCYSBI	4	PA; NDS
PROLASTIN-C	4	PA; NDS
RAVICTI	4	PA; NDS
REVCOVI	4	PA; NDS
<i>sapropterin dihydrochloride</i>	4	PA; NDS
<i>sodium phenylbutyrate powd, tabs</i>	4	NDS

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SPINRAZA	4	PA; NDS
STRENSIQ	4	PA; NDS
SUCRAID	4	PA; NDS
TEGSEDI	4	PA; NDS
VILTEPSO	4	PA; NDS
VIMIZIM	4	PA; NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	4	ST; NDS
VPRIV	4	PA; NDS
VYNDAQEL	4	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	4	PA; NDS
XIAFLEX	4	PA; NDS
XURIDEN	4	QL(120 EA per 30 days); PA; NDS
ZEMAIRA	4	PA; NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE PUMP	3	
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride soln, syrp</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride caps</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tabs</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	1	
ELMIRON	3	
LITHOSTAT	3	
<i>penicillamine tabs 250mg</i>	4	NDS
THIOLA EC	4	NDS
<i>tiopronin</i>	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	4	PA; NDS
ALKINDI SPRINKLE CPSP 1MG, 2MG, 5MG	4	NDS
<i>baycadron</i>	1	
<i>cortisone acetate tabs 25mg</i>	1	
CORTROPHIN	4	PA; NDS
<i>deltasone tabs 20mg</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	4	PA; NDS
<i>fludrocortisone acetate tabs</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL(28 EA per 28 days); PA
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone sodium succinate inj 500mg</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>prednisolone sodium phosphate soln 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln</i>	1	
<i>prednisone soln, tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	4	PA; NDS
<i>triamcinolone acetonide inj 10mg/ml</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	3	PA
DDAVP SOLN	3	
<i>desmopressin acetate tabs</i>	1	

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<i>desmopressin acetate inj</i>	4	NDS
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	4	NDS
<i>desmopressin acetate nasal soln 0.01%, 0.1mg/ml</i>	1	
EGRIFTA SV	4	QL(30 EA per 30 days); PA; NDS
EGRIFTA INJ 2MG	4	QL(30 EA per 30 days); PA; NDS
FENSOLVI	4	QL(1 EA per 168 days); PA; NDS
GENOTROPIN	4	PA; NDS
GENOTROPIN MINIQUICK	4	PA; NDS
HUMATROPE INJ 12MG, 24MG, 6MG	4	PA; NDS
INCRELEX	4	PA; NDS
LUPRON DEPOT-PED	4	QL(1 EA per 168 days); PA; NDS
NGENLA	4	PA; NDS
NORDITROPIN FLEXPRO	4	PA; NDS
NOVAREL INJ 5000UNIT	3	PA
<i>novarel inj 10000unit</i>	3	PA
NUTROPIN AQ NUSPIN 10	4	PA; NDS
NUTROPIN AQ NUSPIN 20	4	PA; NDS
NUTROPIN AQ NUSPIN 5	4	PA; NDS
OMNITROPE	4	PA; NDS
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	3	PA
SAIZEN	4	PA; NDS
SAIZEN CLICK.EASY	4	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	4	PA; NDS
SEROSTIM	4	PA; NDS
SKYTROFA	4	PA; NDS
SOGROYA	4	PA; NDS
STIMATE SOLN	4	NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	4	NDS
KORLYM	4	QL(120 EA per 30 days); PA; NDS
<i>mifepristone</i>	1	
PROSTIN E2	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
AVEED	3	PA
<i>danazol caps</i>	1	

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JATENZO CAPS 158MG, 198MG	3	PA
JATENZO CAPS 237MG	4	PA; NDS
KYZATREX	3	PA
METHITEST	3	PA
<i>methyltestosterone caps</i>	4	PA; NDS
NATESTO	3	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate inj</i>	1	PA
<i>testosterone pump gel 1.62%</i>	1	PA
<i>testosterone pump gel 1%</i>	2	PA
<i>testosterone topical solution</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	1	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone soln</i>	1	PA
XYOSTED	3	PA
Estrogens		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethia lo</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol crea, gel, pttw, ptwk, oral tabs, vaginal tabs</i>	1	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jevantique lo</i>	1	
<i>jinteli</i>	1	

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<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lomedica 24 fe</i>	1	
<i>lopreeza</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	2	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
<i>quasense</i>	1	QL(91 EA per 91 days)
<i>rivelsa</i>	1	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvafem</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate inj</i>	4	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
MAKENA	4	PA; NDS
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	QL(1 ML per 90 days)
MEGACE ES	4	PA; NDS
<i>megestrol acetate susp, tabs</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone acetate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tabs</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	1	PA
<i>clomiphene citrate tabs</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium inj</i>	4	NDS
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tabs</i>	1	
<i>liothyronine sodium inj</i>	4	NDS
SYNTHROID TABS	3	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	4	PA; NDS
LYSODREN	4	NDS
RECORLEV	4	QL(240 EA per 30 days); PA; NDS
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	4	PA; NDS
<i>cabergoline</i>	1	
ELIGARD INJ 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJ 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJ 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJ 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJ 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	4	QL(4 EA per 365 days); PA; NDS
LANREOTIDE ACETATE	4	PA; NDS

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LEUPROLIDE ACETATE INJ 22.5MG	3	QL(1 EA per 84 days); PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA; NDS
LUPANETA PACK KIT 3.75MG; 5MG	4	QL(1 EA per 28 days); PA; NDS
LUPANETA PACK KIT 11.25MG; 5MG	4	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	4	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH)	4	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
MYCAPSSA	4	PA; NDS
MYFEMBREE	4	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate inj 500mcg/ml</i>	4	PA; NDS
ORGOVYX	4	PA; NDS
ORIAHNN	4	QL(56 EA per 28 days); PA; NDS
ORILISSA TABS 150MG	4	QL(30 EA per 30 days); PA; NDS
ORILISSA TABS 200MG	4	QL(60 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	4	PA; NDS
SIGNIFOR	4	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	4	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	4	PA; NDS
SOMAVERT	4	PA; NDS
SUPPRELIN LA	4	QL(1 EA per 365 days); PA; NDS
SYNAREL	4	NDS
TRELSTAR MIXJECT INJ 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	4	QL(1 EA per 168 days); PA; NDS
VANTAS	4	QL(1 EA per 365 days); PA; NDS
ZOLADEX INJ 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJ 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	4	PA; NDS
CINRYZE	4	PA; NDS
HAEGARDA	4	PA; NDS

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<i>icatibant acetate</i>	4	PA; NDS
KALBITOR	4	PA; NDS
RUCONEST	4	PA; NDS
<i>sajazir</i>	4	PA; NDS
TAKHZYRO	4	PA; NDS
<i>Immunoglobulins</i>		
ASCENIV	4	PA; NDS
ATGAM	4	NDS
BEYFORTUS	3	
BIVIGAM INJ 10%, 5GM/50ML	4	PA; NDS
CUTAQUIG	4	PA; NDS
CUVITRU	4	PA; NDS
CYTOGAM INJ 50MG/ML	4	PA; NDS
FLEBOGAMMA DIF	4	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	4	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA; NDS
GAMMAKED	4	PA; NDS
GAMMAPLEX	4	PA; NDS
GAMUNEX-C	4	PA; NDS
HEPAGAM B INJ 312UNIT/ML	4	B/D; NDS
HIZENTRA	4	PA; NDS
HYPERHEP B	3	B/D
HYQVIA	4	PA; NDS
NABI-HB INJ 312UNIT/ML	4	B/D; NDS
OCTAGAM	4	PA; NDS
PANZYGA	4	PA; NDS
PRIVIGEN	4	PA; NDS
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	4	PA; NDS
THYMOGLOBULIN	4	NDS
VARIZIG INJ 125UNIT/1.2ML	4	PA; NDS
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	4	NDS
XEMBIFY	4	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	4	PA; NDS
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA; NDS
ACTEMRA INJ 162MG/0.9ML	4	QL(3.6 ML per 28 days); PA; NDS
ADBRY	4	QL(4 ML per 28 days); PA; NDS
ARCALYST	4	PA; NDS
BENLYSTA INJ 200MG/ML	4	PA; NDS
COSENTYX	4	QL(10 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN	4	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	4	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJ 100MG/0.67ML	4	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	4	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
EMPAVELI	4	PA; NDS
ENJAYMO	4	PA; NDS
ENSPRYNG	4	PA; NDS
ENTYVIO	4	PA; NDS
GAMIFANT	4	PA; NDS
ILARIS INJ 150MG/ML	4	QL(2 ML per 28 days); PA; NDS
ILUMYA	4	QL(1 ML per 28 days); PA; NDS
JOENJA	4	QL(60 EA per 30 days); PA; NDS
KEVZARA	4	QL(2.28 ML per 28 days); PA; NDS
KINERET	4	PA; NDS
LEMTRADA	4	PA; NDS
LITFULO	4	QL(30 EA per 30 days); PA; NDS
ORENCIA CLICKJECT	4	QL(4 ML per 28 days); PA; NDS
ORENCIA INJ 50MG/0.4ML	4	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJ 87.5MG/0.7ML	4	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJ 125MG/ML	4	QL(4 ML per 28 days); PA; NDS
OTEZLA TBPK 0	4	QL(110 EA per 365 days); PA; NDS
RIDAURA	4	NDS
RINVOQ	4	QL(30 EA per 30 days); PA; NDS
RYSTIGGO	4	PA; NDS
SAPHNELO	4	PA; NDS
SILIQ	4	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	4	NDS
SKYRIZI PEN	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 600MG/10ML, 75MG/0.83ML	4	PA; NDS
SKYRIZI INJ 150MG/ML	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 180MG/1.2ML	4	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJ 360MG/2.4ML	4	QL(2.4 ML per 56 days); PA; NDS
SOLIRIS	4	PA; NDS
STELARA INJ 130MG/26ML	4	PA; NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
SYLVANT	4	PA; NDS
TALTZ	4	QL(4 ML per 28 days); PA; NDS
TEPEZZA	4	PA; NDS
TREMFYA	4	QL(2 ML per 56 days); PA; NDS
ULTOMIRIS	4	PA; NDS
VEOPOZ	4	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
VYVGART	4	PA; NDS
VYVGART HYTRULO	4	PA; NDS
XELJANZ XR	4	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLN	4	QL(300 ML per 30 days); PA; NDS
XELJANZ TABS	4	QL(60 EA per 30 days); PA; NDS
XOLAIR	4	PA; NDS
<i>Immunostimulants</i>		
ACTIMMUNE	4	PA; NDS
INTRON A	4	PA; NDS
INTRON A W/DILUENT INJ 10MU	4	PA; NDS
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	4	PA; NDS
PEGASYS	4	PA; NDS
PEGINTRON INJ 50MCG/0.5ML	4	PA; NDS
<i>Immunosuppressants</i>		
ASTAGRAF XL	3	B/D
AVSOLA	4	PA; NDS
<i>azathioprine tabs</i>	1	B/D
<i>azathioprine inj</i>	4	B/D; NDS
BENLYSTA INJ 120MG, 400MG	4	PA; NDS
CIMZIA STARTER KIT	4	QL(6 EA per 365 days); PA; NDS
CIMZIA INJ 200MG	4	QL(1 EA per 28 days); PA; NDS
CIMZIA INJ 200MG/ML	4	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine caps 100mg, 25mg</i>	1	B/D
<i>cyclosporine inj 50mg/ml</i>	4	NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	4	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	4	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
ENBREL MINI	4	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	4	QL(8 ML per 28 days); PA; NDS
ENBREL INJ 25MG	4	PA; NDS
ENBREL INJ 25MG/0.5ML	4	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 50MG/ML	4	QL(8 ML per 28 days); PA; NDS
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	4	B/D; NDS
EVEROLIMUS TABS 0.5MG, 0.75MG	4	B/D; NDS
<i>everolimus tabs 0.25mg</i>	1	B/D
<i>everolimus tabs 1mg</i>	4	B/D; NDS
<i>gengraf</i>	1	B/D
<i>hecoria caps 0.5mg, 1mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	4	QL(2 EA per 28 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	4	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 0	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJ 40MG/0.4ML, 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJ 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	4	QL(2 EA per 28 days); PA; NDS
HUMIRA INJ 40MG/0.4ML	4	QL(4 EA per 28 days); PA; NDS
INFLECTRA	4	PA; NDS
<i>infliximab</i>	4	PA; NDS
<i>leflunomide</i>	1	
LUPKYNIS	4	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tabs</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate tabs</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps, tabs</i>	1	B/D
<i>mycophenolate mofetil inj, susr</i>	4	B/D; NDS
<i>mycophenolic acid dr</i>	1	B/D
NULOJIX	4	NDS
ORENCIA INJ 250MG	4	PA; NDS
OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PROGRAF PACK	3	B/D
RASUVO INJ 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJ 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJ 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJ 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJ 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJ 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJ 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJ 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJ 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJ 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
REDITREX INJ 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJ 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJ 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJ 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJ 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJ 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJ 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	4	PA; NDS
RENFLEXIS	4	PA; NDS
REZUROCK	4	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLN	3	B/D
SIMPONI ARIA	4	PA; NDS
SIMPONI INJ 50MG/0.5ML	4	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJ 100MG/ML	4	QL(3 ML per 28 days); PA; NDS
<i>sirolimus soln, tabs</i>	1	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	
YUFLYMA 1-PEN KIT	4	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT	4	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT	4	QL(6 EA per 28 days); PA; NDS
<i>Vaccines</i>		
ABRYSVO	2	
ACTHIB INJ 0	2	
ADACEL	2	
AREXVY	2	
BCG VACCINE INJ 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JYNNEOS	3	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	
STAMARIL	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXELIS	2	
YF-VAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
DIPENTUM	4	NDS
<i>mesalamine dr tbec</i>	1	
<i>mesalamine er cp24</i>	1	
<i>mesalamine enem, kit, supp</i>	1	
SFROWASA	4	NDS
<i>sulfasalazine tabs, tbec</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide cpep 3mg</i>	1	
<i>colocort</i>	1	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
ORTIKOS	4	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	4	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon inj</i>	4	NDS
<i>calcitonin-salmon soln</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol caps</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol caps</i>	1	
EVENITY	4	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJ 600MCG/2.4ML	4	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
<i>ibandronate sodium tabs</i>	1	QL(1 EA per 28 days)
NATPARA	4	QL(2 EA per 28 days); PA; NDS
<i>paricalcitol caps</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	4	NDS
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	1	
<i>risedronate sodium tabs 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	1	QL(4 EA per 28 days)
TERIPARATIDE	4	PA; NDS
TYMLOS	4	PA; NDS
XGEVA	4	PA; NDS
<i>zoledronic acid inj 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	4	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate inj 2gm</i>	1	B/D
<i>deferoxamine mesylate inj 500mg</i>	4	B/D; NDS
DOJOLVI	4	PA; NDS
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	2	
FILSPARI	4	QL(30 EA per 30 days); PA; NDS
<i>fomepizole inj 1.5gm/1.5ml</i>	4	NDS
GIVLAARI	4	PA; NDS
IGALMI	3	PA
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
KORSUVA	4	PA; NDS
LAGEVRIO	2	QL(40 EA per 5 days)
LIVMARLI	4	QL(90 ML per 30 days); PA; NDS
LODOCO	3	PA
<i>methergine tabs</i>	4	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tabs</i>	4	QL(56 EA per 365 days); NDS
METOPIRONE	4	NDS
NULIBRY	4	PA; NDS
NUTRILIPID	3	B/D
ODACTRA	3	QL(30 EA per 30 days); PA
OMEGAVEN	4	B/D; NDS
OMNIPOD 10 PACK	2	QL(30 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)

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OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
ORLADEYO	4	QL(30 EA per 30 days); PA; NDS
ORLISTAT CAPS	3	PA
OXLUMO	4	PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	4	PA; NDS
PALFORZIA LEVEL 1	4	PA; NDS
PALFORZIA LEVEL 10	4	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	4	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	4	PA; NDS
PALFORZIA LEVEL 2	4	PA; NDS
PALFORZIA LEVEL 3	4	PA; NDS
PALFORZIA LEVEL 4	4	PA; NDS
PALFORZIA LEVEL 5	4	PA; NDS
PALFORZIA LEVEL 6	4	PA; NDS
PALFORZIA LEVEL 7	4	PA; NDS
PALFORZIA LEVEL 8	4	PA; NDS
PALFORZIA LEVEL 9	4	PA; NDS
PAXLOVID TBPK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	2	QL(30 EA per 5 days)
PEDMARK	4	NDS
REMDESIVIR INJ 150MG	4	NDS
REMDESIVIR INJ 100MG	4	QL(4 EA per 3 days); NDS
SKYCLARYS	4	QL(90 EA per 30 days); PA; NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	4	NDS
TACHOSIL	4	NDS
TAVNEOS	4	QL(180 EA per 30 days); PA; NDS
THYROGEN INJ 0.9MG	4	PA; NDS
TYRVAYA	3	QL(8.4 ML per 30 days); PA
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VEKLURY INJ 100MG	4	QL(4 EA per 3 days); NDS
VEKLURY INJ 100MG/20ML	4	QL(80 ML per 3 days); NDS
VIJOICE TBPK 125MG, 50MG	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TBPK 0	4	QL(56 EA per 28 days); PA; NDS
VISTOGARD	4	NDS
VOXZOGO	4	QL(30 EA per 30 days); PA; NDS

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VYJUVEK	4	PA; NDS
XENICAL	3	PA
ZOKINVY	4	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	4	PA; NDS
<i>brimonidine tartrate/timolol maleate</i>	2	
BYOOVIZ	4	PA; NDS
CEQUA	3	PA
CIMERLI SOLN 0.3MG/0.05ML	3	PA
CIMERLI SOLN 0.5MG/0.05ML	4	PA; NDS
COMBIGAN	2	
CYCLOSPORINE IN KLARITY	4	QL(120 ML per 30 days); PA; NDS
<i>cyclosporine emul 0.05%</i>	2	
CYSTADROPS	4	QL(20 ML per 28 days); NDS
CYSTARAN	4	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
EYLEA	4	PA; NDS
LUCENTIS	4	PA; NDS
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
OXERVATE	4	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	4	PA; NDS
SYFOVRE	4	PA; NDS
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	1	

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VABYSMO	4	PA; NDS
VERKAZIA	4	QL(120 EA per 30 days); PA; NDS
VISUDYNE	4	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	1	
<i>olopatadine hydrochloride soln 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>ilotycin</i>	1	
<i>levofloxacin ophthalmic soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine</i>	1	
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
ACUVAIL	3	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate soln</i>	1	
DEXYCU	4	NDS
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	

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ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	4	NDS
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINT	3	QL(14 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)
RETISERT	4	NDS
XIPERE	4	PA; NDS
YUTIQ	4	NDS
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl soln 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLN 0.1%	2	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tabs</i>	1	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	4	NDS
<i>latanoprost soln</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	

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<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide soln 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	1	QL(34 GM per 30 days)
NASONEX	3	QL(34 GM per 30 days)
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDHALER	3	QL(21.2 GM per 30 days); ST
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE	3	QL(23 GM per 30 days)
<i>carbinoxamine maleate tabs 6mg</i>	1	
<i>clemastine fumarate syrp</i>	1	
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>diphenhydramine hcl inj 50mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrp</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>levocetirizine dihydrochloride tabs</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL(30.5 GM per 30 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium chew, pack, tabs</i>	1	
<i>zafirlukast</i>	1	

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<i>zileuton er</i>	4	ST; NDS
ZYFLO	4	ST; NDS
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	4	QL(2 EA per 30 days); ST; NDS
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal soln</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	4	QL(60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT	4	QL(60 ML per 30 days); NDS
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	2	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	2	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	4	QL(90 ML per 30 days); B/D; NDS
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate er</i>	3	
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrp</i>	3	
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebu 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
AUVI-Q INJ 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
EPINEPHRINE INJ 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	2	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>formoterol fumarate nebu</i>	3	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebu 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebu 0.31mg/3ml, 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebu</i>	1	QL(90 EA per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)

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<i>terbutaline sulfate inj</i>	1	
<i>terbutaline sulfate tabs</i>	3	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX HFA	3	QL(30 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON	4	PA; NDS
KALYDECO	4	PA; NDS
KITABIS PAK	4	B/D; NDS
ORKAMBI TABS	4	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACK	4	QL(56 EA per 28 days); PA; NDS
PULMOZYME	4	PA; NDS
SYMDEKO TBPB 150MG; 100MG	4	QL(56 EA per 28 days); PA; NDS
SYMDEKO TBPB 75MG; 50MG	4	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER	4	QL(224 EA per 56 days); NDS
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	B/D; NDS
TRIKAFTA THPK	4	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TBPB	4	QL(84 EA per 28 days); PA; NDS
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebu 20mg/2ml</i>	4	B/D; NDS
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP	3	PA
<i>roflumilast</i>	1	PA
<i>theophylline er tb24</i>	1	
<i>theophylline er tb12 300mg, 450mg</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	4	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	4	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	4	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium</i>	4	PA; NDS
LIQREV	4	PA; NDS
OPSUMIT	4	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	4	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	4	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	4	QL(504 EA per 365 days); PA; NDS
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	4	PA; NDS
<i>sildenafil citrate susr</i>	1	PA
<i>sildenafil citrate tabs</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil inj</i>	4	PA; NDS
<i>tadalafil tabs 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	4	QL(300 ML per 30 days); PA; NDS

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TRACLEER TBSO	4	QL(112 EA per 28 days); PA; NDS
<i>treprostinil</i>	4	PA; NDS
TYVASO	4	QL(87 ML per 30 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	4	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWD 0	4	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWD 0	4	QL(392 EA per 365 days); PA; NDS
TYVASO DPI TITRATION KIT POWD 0	4	QL(504 EA per 365 days); PA; NDS
TYVASO REFILL	4	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER	4	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	4	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJ	4	PA; NDS
UPTRAVI TABS	4	QL(60 EA per 30 days); PA; NDS
VENTAVIS	4	QL(270 ML per 30 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV	4	PA; NDS
<i>pirfenidone caps</i>	4	PA; NDS
PIRFENIDONE TABS 534MG	4	PA; NDS
<i>pirfenidone tabs 267mg, 801mg</i>	4	PA; NDS
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	3	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
BRONCHITOL	4	QL(560 EA per 28 days); PA; NDS
CINQAIR	4	PA; NDS
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	3	QL(13 GM per 30 days); PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL(17.6 GM per 30 days); PA
FASENRA	4	PA; NDS
FASENRA PEN	4	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)

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FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJ 40MG/0.4ML	4	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJ 100MG	4	QL(3 EA per 28 days); PA; NDS
NUCALA INJ 100MG/ML	4	QL(3 ML per 28 days); PA; NDS
<i>ribavirin solr 6gm</i>	4	NDS
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	4	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol/aspirin/codeine</i>	1	PA; NDS
<i>carisoprodol tabs</i>	1	PA
<i>chlorzoxazone tabs 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tabs 250mg</i>	4	NDS
<i>cyclobenzaprine hydrochloride er</i>	1	
<i>cyclobenzaprine hydrochloride tabs</i>	1	
<i>methocarbamol inj 1000mg/10ml</i>	1	
METHOCARBAMOL TABS 1000MG	4	NDS
<i>methocarbamol tabs 500mg, 750mg</i>	1	
NORGESIC FORTE	4	NDS
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate/aspirin/caffeine</i>	4	NDS
ORPHENGESIC FORTE	4	NDS
ROBAXIN-750	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	1	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HETLIOZ	4	QL(30 EA per 30 days); PA; NDS
HETLIOZ LQ	4	QL(158 ML per 30 days); PA; NDS
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	4	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>zaleplon caps 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon caps 10mg</i>	1	QL(60 EA per 30 days)

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<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate caps, tabs</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tabs 50mg</i>	3	QL(60 EA per 30 days); PA
LUMRYZ	4	QL(30 EA per 30 days); PA; NDS
<i>modafinil</i>	1	QL(30 EA per 30 days); PA
SODIUM OXYBATE	4	QL(540 ML per 30 days); PA; NDS
SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	4	QL(60 EA per 30 days); PA; NDS
XYREM	4	QL(540 ML per 30 days); PA; NDS
XYWAV	4	QL(540 ML per 30 days); PA; NDS

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<i>accutane</i>	58		
<i>acebutolol hcl</i>	50		
<i>acebutolol hydrochloride</i>	50		
<i>acetaminophen/caffeine/dihydrocodeine</i>	9		
<i>acetaminophen/codeine</i>	9		
<i>acetazolamide</i>	51		
<i>acetazolamide er</i>	90		
<i>acetazolamide sodium</i>	51		
<i>acetic acid</i>	90		
<i>acetic acid 0.25%</i>	70		
<i>acetylcysteine</i>	94		
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<i>alogliptin/metformin hcl</i>	43	<i>amphetamine/dextroamphetamine</i>	54
<i>alogliptin/metformin hydrochloride</i>	43	<i>amphotericin b</i>	23
<i>alogliptin/pioglitazone</i>	43	<i>amphotericin b liposome</i>	23
<i>alosetron hydrochloride</i>	65	<i>ampicillin</i>	15
ALOXI	22	<i>ampicillin sodium</i>	15
ALPHAGAN P	90	<i>ampicillin-sulbactam</i>	15
<i>alprazolam</i>	42	AMVUTTRA	67
<i>alprazolam er</i>	42	<i>anagrelide hydrochloride</i>	47
<i>alprazolam odt</i>	42	<i>anastrozole</i>	30
<i>alprazolam xr</i>	42	ANDRODERM	71
<i>altavera</i>	72	ANNOVERA	72
ALTOPREV	53	ANORO ELLIPTA	94
ALUNBRIG	30	ANZEMET	22
<i>alyacen 1/35</i>	72	APADAZ	9
<i>alyacen 7/7/7</i>	72	APEXICON E	58
ALYMSYS	32	APLENZIN	19
<i>alyq</i>	93	<i>apomorphine hydrochloride</i>	35
<i>amabelz</i>	72	APONVIE	22
<i>amantadine hcl</i>	41	<i>apraclonidine</i>	90
<i>ambrisentan</i>	93	<i>aprepitant</i>	22
<i>amcinonide</i>	58	APRETUDE	39
<i>amethia</i>	72	APTIOM	18
<i>amethia lo</i>	72	APTIVUS	41
<i>amethyst</i>	72	ARALAST NP	67
<i>amikacin sulfate</i>	12	ARANESP ALBUMIN FREE	47
<i>amiloride hcl</i>	52	ARCALYST	79
<i>amiloride/hydrochlorothiazide</i>	51	ARESTIN	57
<i>aminocaproic acid</i>	48	AREXVY	83
AMINOSYN II	62	<i>arformoterol tartrate</i>	92
AMINOSYN-PF	62	<i>argatroban</i>	46
AMINOSYN-PF 7%	62	<i>argatroban/sodium chloride</i>	46
<i>amiodarone hydrochloride</i>	49	ARIKAYCE	12
<i>amitriptyline hcl</i>	21	<i>aripiprazole</i>	36
<i>amitriptyline hydrochloride</i>	21	<i>aripiprazole odt</i>	36
<i>amlodipine besylate</i>	50	ARISTADA	36
<i>amlodipine besylate/benazepril hydrochloride</i>	51	ARISTADA INITIO	36
<i>amlodipine besylate/valsartan</i>	51	<i>armodafinil</i>	96
<i>amlodipine/olmesartan medoxomil</i>	51	ARMONAIR DIGIHALER	91
<i>ammonium lactate</i>	58	ARNUITY ELLIPTA	91
<i>amnestem</i>	58	ARRANON	27
AMONDYS 45	67	<i>arsenic trioxide</i>	28
<i>amoxapine</i>	21	ARTESUNATE	34
<i>amoxicillin</i>	15	ARZERRA	32
<i>amoxicillin/clavulanate potassium</i>	15	ASCENIV	79
		<i>ascomp/codeine</i>	9

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<i>asenapine maleate sl</i>	36	AVEED	71
<i>ashlyna</i>	72	<i>aviane</i>	72
ASMANEX HFA	91	<i>avita</i>	58
ASMANEX TWISTHALER 120 METERED DOSES	91	AVONEX	56
ASMANEX TWISTHALER 14 METERED DOSES	91	AVONEX PEN	56
ASMANEX TWISTHALER 30 METERED DOSES	91	AVSOLA	81
ASMANEX TWISTHALER 60 METERED DOSES	91	AVYCAZ	14
ASMANEX TWISTHALER 7 METERED DOSES	91	<i>ayuna</i>	72
ASPARLAS	28	AYVAKIT	30
<i>aspirin/dipyridamole</i>	48	<i>azacitidine</i>	28
<i>aspirin/dipyridamole er</i>	48	<i>azathioprine</i>	81
ASPIRIN/OMEPRAZOLE	48	<i>azelaic acid</i>	58
ASPRUZYO SPRINKLE	51	<i>azelastine hcl</i>	89
ASTAGRAF XL	81	<i>azelastine hcl</i>	91
<i>atazanavir</i>	41	<i>azelastine hydrochloride</i>	91
<i>atazanavir sulfate</i>	41	AZELASTINE	91
<i>atenolol</i>	50	HYDROCHLORIDE/FLUTICASONE PROPIONATE	
<i>atenolol/chlorthalidone</i>	51	<i>azithromycin</i>	15
ATGAM	79	<i>aztreonam</i>	13
<i>atomoxetine</i>	54	<i>azurette</i>	72
<i>atomoxetine hydrochloride</i>	54	<i>bacitracin</i>	89
ATORVALIQ	53	<i>bacitracin/polymyxin b</i>	88
<i>atorvastatin calcium</i>	53	BACLOFEN	37
<i>atovaquone</i>	34	BAFIERTAM	56
<i>atovaquone/proguanil hcl</i>	34	<i>balsalazide disodium</i>	84
ATRIPLA	39	BALVERSA	30
<i>atropine sulfate</i>	88	<i>balziva</i>	72
ATROVENT HFA	92	BAQSIMI ONE PACK	44
<i>aubra</i>	72	BAQSIMI TWO PACK	44
<i>aubra eq</i>	72	BARACLUDGE	38
AUGMENTIN	15	BASAGLAR KWIKPEN	45
<i>aurovela 1.5/30</i>	72	BASAGLAR TEMPO PEN	45
<i>aurovela 1/20</i>	72	BAVENCIO	32
<i>aurovela 24 fe</i>	72	BAXDELA	16
<i>aurovela fe 1.5/30</i>	72	<i>baycadron</i>	70
<i>aurovela fe 1/20</i>	72	BCG VACCINE	83
AURYXIA	64	BD INSULIN SYRINGE	86
AUSTEDO	55	SAFETYGLIDE/1ML/29G X 1/2"	
AUVELITY	19	B-D INSULIN SYRINGE ULTRAFINE	85
AUVI-Q	92	II/0.3ML/31G X 5/16"	
AVASTIN	32	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	86
		BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	86

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BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	86	<i>bismuth subcitrate</i>	66
<i>bekyree</i>	72	<i>pot/metronidazole/tetracycline hydrochloride</i>	
BELBUCA	8	<i>bisoprolol fumarate</i>	50
BELEODAQ	30	<i>bisoprolol fumarate/hydrochlorothiazide</i>	51
<i>belladonna/opium</i>	65	BIVIGAM	79
BELRAPZO	25	<i>bleomycin sulfate</i>	28
BELSOMRA	95	BLINCYTO	32
<i>benazepril hcl</i>	49	<i>blisovi 24 fe</i>	72
<i>benazepril hcl/hydrochlorothiazide</i>	51	<i>blisovi fe 1.5/30</i>	72
<i>benazepril hydrochloride</i>	49	<i>blisovi fe 1/20</i>	72
BENDAMUSTINE HYDROCHLORIDE	25	BOOSTRIX	83
BENDEKA	26	BORTEZOMIB	28
BENLYSTA	79	<i>bosentan</i>	93
BENLYSTA	81	BOSULIF	30
BENZHYDROCODONE/ACETAMINOPHEN	9	BOTOX	37
EN		BRAFTOVI	30
<i>benznidazole</i>	34	BRENZAVVY	43
BENZOLYL PEROXIDE FORTE- HC	58	BREO ELLIPTA	94
BENZOYL PEROXIDE	61	BREZTRI AEROSPHERE	91
<i>benzoyl peroxide- hc</i>	58	<i>briellyn</i>	72
<i>benztropine mesylate</i>	34	BRILINTA	48
BEOVU	88	<i>brimonidine tartrate</i>	58
<i>bepotastine besilate</i>	89	<i>brimonidine tartrate</i>	90
BERINERT	78	<i>brimonidine tartrate/timolol maleate</i>	88
BESIVANCE	89	<i>brinzolamide</i>	90
BESPONSA	32	BRIUMVI	56
BESREMI	28	BRIVIACT	17
<i>betaine anhydrous</i>	67	BRIXADI	12
<i>betamethasone dipropionate</i>	58	<i>bromocriptine mesylate</i>	35
<i>betamethasone dipropionate augmented</i>	58	BROMSITE	89
<i>betamethasone valerate</i>	58	BRONCHITOL	94
BETASERON	56	BRUKINSA	30
<i>betaxolol hcl</i>	50	<i>budesonide</i>	85
<i>betaxolol hcl</i>	90	<i>budesonide</i>	91
<i>bethanechol chloride</i>	70	<i>budesonide er</i>	84
BEVESPI AEROSPHERE	94	<i>bumetanide</i>	52
<i>bexarotene</i>	34	<i>buprenorphine</i>	8
BEXSERO	83	<i>buprenorphine buccal</i>	8
BEYFORTUS	79	<i>buprenorphine hcl</i>	12
<i>bicalutamide</i>	26	<i>buprenorphine hcl/naloxone hcl</i>	12
BICILLIN L-A	15	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	12
BIKTARVY	39	<i>buprobam</i>	12
<i>bimatoprost</i>	90	<i>bupropion hcl</i>	19
BINOSTO	85	<i>bupropion hydrochloride</i>	19
		<i>bupropion hydrochloride er (sr)</i>	12

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<i>bupropion hydrochloride er (sr)</i>	19	<i>carbidopa/levodopa er</i>	35
<i>bupropion hydrochloride er (xl)</i>	19	<i>carbidopa/levodopa odt</i>	35
<i>bupirone hcl</i>	42	<i>carbidopa/levodopa/entacapone</i>	35
<i>bupirone hydrochloride</i>	42	<i>carbinoxamine maleate</i>	91
<i>busulfan</i>	26	<i>carboprost tromethamine</i>	71
BUTALBITAL/ACETAMINOPHEN	55	<i>carglumic acid</i>	62
<i>butalbital/acetaminophen/caffeine/codeine</i>	9	<i>carisoprodol</i>	95
<i>butalbital/aspirin/caffeine</i>	55	<i>carisoprodol/aspirin/codeine</i>	95
<i>butalbital/aspirin/caffeine/codeine</i>	9	CARMUSTINE	26
<i>butorphanol tartrate</i>	9	<i>carteolol hcl</i>	90
BYDUREON BCISE	43	<i>cartia xt</i>	51
BYETTA	43	<i>carvedilol</i>	50
BYLVAY	66	<i>carvedilol phosphate er</i>	50
BYLVAY (PELLETS)	66	<i>caspofungin acetate</i>	23
BYNFEZIA PEN	77	CAYSTON	93
BYOOVIZ	88	<i>cefaclor</i>	14
CABENUVA	39	<i>cefadroxil</i>	14
<i>cabergoline</i>	77	<i>cefazolin</i>	14
CABLIVI	48	<i>cefazolin sodium</i>	14
CABOMETYX	30	<i>cefdinir</i>	14
CAFERGOT	24	<i>cefepime</i>	14
<i>caffeine citrate</i>	55	<i>cefepime hydrochloride</i>	14
CALCIPOTRIENE	60	<i>cefepime/dextrose</i>	14
<i>calcipotriene/betamethasone dipropionate</i>	60	<i>cefixime</i>	14
<i>calcitonin salmon</i>	85	<i>cefotaxime sodium</i>	14
<i>calcitonin-salmon</i>	85	<i>cefotetan</i>	14
<i>calcitriol</i>	85	<i>cefoxitin sodium</i>	14
<i>calcium acetate</i>	64	<i>cefpodoxime proxetil</i>	14
CALCIUM DISODIUM VERSENATE	66	<i>cefprozil</i>	14
CALQUENCE	30	<i>ceftazidime</i>	14
<i>camila</i>	76	<i>ceftriaxone sodium</i>	14
<i>camrese</i>	73	<i>cefuroxime axetil</i>	14
<i>camrese lo</i>	73	<i>cefuroxime sodium</i>	14
CAMZYOS	51	<i>celecoxib</i>	7
<i>candesartan cilexetil</i>	49	<i>cephalexin</i>	14
<i>candesartan cilexetil/hydrochlorothiazide</i>	51	CEPROTIN	46
CAPASTAT SULFATE	25	CEQUA	88
CAPLYTA	36	CERDELGA	67
CAPRELSA	30	CEREZYME	67
<i>captopril</i>	49	CHANTIX	12
<i>captopril/hydrochlorothiazide</i>	51	CHANTIX CONTINUING MONTH PAK	12
CARAC	60	CHANTIX STARTING MONTH PAK	12
<i>carbamazepine</i>	18	<i>chateal</i>	73
<i>carbamazepine er</i>	18	<i>chateal eq</i>	73
<i>carbidopa</i>	35	CHEMET	64
<i>carbidopa/levodopa</i>	35	CHENODAL	66

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<i>chlordiazepoxide hydrochloride</i>	42	<i>clindacin etz pledgets</i>	13
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	65	<i>clindamycin hcl</i>	13
<i>chlordiazepoxide/amitriptyline</i>	19	<i>clindamycin hydrochloride</i>	13
<i>chlorhexidine gluconate</i>	57	<i>clindamycin palmitate hcl</i>	13
<i>chlorhexidine gluconate oral rinse</i>	57	<i>clindamycin phosphate</i>	13
<i>chloroquine phosphate</i>	34	<i>clindamycin phosphate</i>	61
<i>chlorpromazine hcl</i>	35	<i>clindamycin phosphate/benzoyl peroxide</i>	58
<i>chlorpromazine hydrochloride</i>	35	CLINIMIX 4.25%/DEXTROSE 10%	62
<i>chlorthalidone</i>	53	CLINIMIX 4.25%/DEXTROSE 5%	62
<i>chlorzoxazone</i>	95	CLINIMIX 5%/DEXTROSE 15%	62
CHOLBAM	67	CLINIMIX 5%/DEXTROSE 20%	62
<i>cholestyramine light</i>	53	CLINIMIX 6/5	62
<i>chorionic gonadotropin</i>	70	CLINIMIX 8/10	62
CIBINQO	59	CLINIMIX 8/14	62
<i>ciclodan</i>	61	CLINIMIX E 2.75%/DEXTROSE 5%	62
<i>ciclopirox</i>	61	CLINIMIX E 4.25%/DEXTROSE 10%	62
<i>ciclopirox nail lacquer</i>	61	CLINIMIX E 4.25%/DEXTROSE 5%	62
<i>ciclopirox olamine</i>	61	CLINIMIX E 5%/DEXTROSE 15%	62
<i>cidofovir</i>	38	CLINIMIX E 5%/DEXTROSE 20%	62
<i>cilostazol</i>	48	CLINIMIX E 8/10	62
CIMDUO	40	CLINIMIX E 8/14	62
CIMERLI	88	<i>clinisol sf 15%</i>	63
CIMZIA	81	CLINOLIPID	86
CIMZIA STARTER KIT	81	<i>clobazam</i>	18
<i>cinacalcet hydrochloride</i>	85	<i>clobetasol propionate</i>	59
CINQAIR	94	<i>clobetasol propionate e</i>	59
CINRYZE	78	<i>clofarabine</i>	27
CIPRO	16	<i>clomid</i>	77
<i>ciprofloxacin</i>	16	<i>clomiphene citrate</i>	77
<i>ciprofloxacin</i>	90	<i>clomipramine hcl</i>	21
<i>ciprofloxacin hcl</i>	16	<i>clomipramine hydrochloride</i>	21
<i>ciprofloxacin hydrochloride</i>	16	<i>clonazepam</i>	18
<i>ciprofloxacin hydrochloride</i>	89	<i>clonazepam odt</i>	18
<i>ciprofloxacin i.v.-in d5w</i>	16	CLONIDINE ER	48
<i>ciprofloxacin/dexamethasone</i>	90	<i>clonidine hcl</i>	48
CISPLATIN	26	<i>clonidine hydrochloride</i>	48
CITALOPRAM HYDROBROMIDE	20	<i>clonidine hydrochloride</i>	55
<i>cladribine</i>	27	<i>clopidogrel</i>	48
<i>claravis</i>	58	<i>clorazepate dipotassium</i>	42
<i>clarithromycin</i>	15	<i>clotrimazole</i>	23
<i>clarithromycin er</i>	15	<i>clotrimazole/betamethasone dipropionate</i>	60
<i>clemastine fumarate</i>	91	<i>clovique</i>	64
CLENPIQ	66	<i>clozapine</i>	37
CLEVIPREX	50	<i>clozapine odt</i>	37
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COLCHICINE	24	CYCLOPHOSPHAMIDE	26
<i>colesevelam hydrochloride</i>	53	MONOHYDRATE	
<i>colestipol hcl</i>	53	<i>cycloserine</i>	25
<i>colistimethate sodium</i>	13	CYCLOSET	43
<i>colocort</i>	85	<i>cyclosporine</i>	81
COLUMVI	28	<i>cyclosporine</i>	88
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COMETRIQ	30	CYLTEZO	81
COMPLERA	39	CYLTEZO STARTER PACKAGE FOR	81
<i>compro</i>	21	CROHNS DISEASE/UC/HS	
CONJUPRI	50	CYLTEZO STARTER PACKAGE FOR	81
CONSENSI	51	PSORIASIS	
<i>constulose</i>	65	<i>cyproheptadine hcl</i>	91
CONZIP	8	<i>cyproheptadine hydrochloride</i>	91
COPIKTRA	30	CYRAMZA	32
CORDRAN	59	<i>cyred</i>	73
CORDRAN TAPE	59	CYSTADROPS	88
CORLANOR	51	CYSTAGON	67
<i>cormax scalp application</i>	59	CYSTARAN	88
CORTIFOAM	85	<i>cytarabine</i>	27
<i>cortisone acetate</i>	70	<i>cytarabine aqueous</i>	27
CORTROPHIN	70	CYTOGAM	79
COSELA	86	CYTOVENE	38
COSENTYX	79	<i>dabigatran etexilate</i>	46
COSENTYX SENSOREADY PEN	80	<i>dactinomycin</i>	28
COSENTYX UNOREADY	80	<i>dalfampridine er</i>	56
COTELLIC	30	DALIRESP	93
COTEMPLA XR-ODT	54	DALVANCE	13
CREON	67	<i>danazol</i>	71
CRESEMBA	23	<i>dantrolene sodium</i>	37
CRINONE	76	DANYELZA	32
<i>cromolyn sodium</i>	67	<i>dapsone</i>	25
<i>cromolyn sodium</i>	89	<i>dapsone</i>	61
<i>cromolyn sodium</i>	93	DAPTACEL	83
<i>cryselle-28</i>	73	DAPTOMYCIN	13
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CUVRIOR	64	DARZALEX	32
<i>cyclafem 1/35</i>	73	DARZALEX FASPRO	32
<i>cyclafem 7/7/7</i>	73	<i>dasetta 1/35</i>	73
<i>cyclobenzaprine hydrochloride</i>	95	<i>dasetta 7/7/7</i>	73
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<i>daysee</i>	73	<i>diclofenac epolamine</i>	7
DAYVIGO	95	<i>diclofenac potassium</i>	7
DDAVP	70	<i>diclofenac sodium</i>	7
<i>deblitane</i>	76	<i>diclofenac sodium</i>	60
<i>decitabine</i>	28	<i>diclofenac sodium</i>	89
DEFERASIROX	64	<i>diclofenac sodium dr</i>	7
<i>deferiprone</i>	64	<i>diclofenac sodium er</i>	7
<i>deferoxamine mesylate</i>	86	DICLONA	7
DEFITELIO	51	<i>dicloxacillin sodium</i>	15
DELSTRIGO	39	<i>dicyclomine hcl</i>	65
<i>deltasone</i>	70	<i>dicyclomine hydrochloride</i>	65
<i>delyla</i>	73	DIFICID	15
<i>demeclocycline hcl</i>	16	<i>diflunisal</i>	7
DEMEROL	9	<i>difluprednate</i>	89
DENGVAXIA	83	<i>digitek</i>	49
DEPAKENE	42	<i>digox</i>	49
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DESCOVY	40	<i>dihydroergotamine mesylate</i>	24
<i>desipramine hydrochloride</i>	21	DILANTIN	18
<i>desmopressin acetate</i>	70	DILATRATE SR	54
<i>desogestrel/ethinyl estradiol</i>	73	DILAUDID	9
<i>desonide</i>	59	<i>diltiazem hcl</i>	51
<i>desoximetasone</i>	59	<i>diltiazem hcl cd</i>	51
DESVENLAFAXINE ER	20	<i>diltiazem hcl er</i>	51
<i>dexamethasone</i>	70	<i>diltiazem hydrochloride</i>	51
<i>dexamethasone sodium phosphate</i>	89	<i>diltiazem hydrochloride er</i>	51
<i>dexlansoprazole</i>	67	<i>dilt-xr</i>	51
<i>dexmethylphenidate hcl</i>	55	<i>dimethyl fumarate</i>	56
<i>dexmethylphenidate hcl er</i>	55	<i>dimethyl fumarate starterpack</i>	56
<i>dexmethylphenidate hydrochloride</i>	55	DIPENTUM	84
<i>dexmethylphenidate hydrochloride er</i>	55	<i>diphenhydramine hcl</i>	91
<i>dexrazoxane</i>	34	<i>diphenoxylate hydrochloride/atropine</i>	65
<i>dextroamphetamine sulfate</i>	54	<i>sulfate</i>	
<i>dextroamphetamine sulfate er</i>	54	DIPHThERIA/TETANUS TOXOIDS	83
<i>dextrose 5%</i>	63	ADSORBED PEDIATRIC	
<i>dextrose 5%/nacl 0.45%</i>	63	<i>disopyramide phosphate</i>	49
<i>dextrose 5%/nacl 0.9%</i>	63	<i>disulfiram</i>	11
DEXYCU	89	<i>divalproex sodium</i>	18
DHIVY	35	<i>divalproex sodium dr</i>	18
DIACOMIT	18	<i>divalproex sodium er</i>	18
<i>diazepam</i>	18	<i>dobutamine hcl</i>	51
<i>diazepam</i>	42	<i>dobutamine hcl/d5w</i>	51
<i>diazepam intensol</i>	42	<i>dobutamine hydrochloride/dextrose 5%</i>	51
<i>diazepam rectal gel</i>	18	<i>docetaxel</i>	28
<i>diazoxide</i>	44	<i>dofetilide</i>	49

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<i>dolishale</i>	73	DYANAVEL XR	54
DOLOPHINE	8	DYSPORE	38
<i>donepezil hcl</i>	19	EASY COMFORT INSULIN	86
<i>donepezil hydrochloride</i>	19	SYRINGE/0.3ML/31G X 1/2"	
<i>donepezil hydrochloride odt</i>	19	EASY TOUCH SAFETY PEN	86
<i>dopamine hydrochloride/dextrose</i>	51	NEEDLES/30G X 1/4"	
<i>dopamine/d5w</i>	51	<i>econazole nitrate</i>	23
DOPTELET	48	EDARBI	49
DORYX MPC	16	EDARBYCLOR	52
<i>dorzolamide hcl/timolol maleate</i>	88	<i>edetate calcium disodium</i>	66
<i>dorzolamide hydrochloride</i>	90	EDURANT	39
<i>dotti</i>	73	<i>efavirenz</i>	39
DOVATO	39	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	39
<i>doxazosin mesylate</i>	69	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxepin hcl</i>	21	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxepin hydrochloride</i>	21	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxepin hydrochloride</i>	59	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxepin hydrochloride</i>	95	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxercalciferol</i>	85	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxorubicin hcl</i>	28	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxorubicin hydrochloride</i>	28	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxorubicin hydrochloride liposomal</i>	28	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxy 100</i>	16	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxycycline</i>	16	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxycycline hyclate</i>	16	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxycycline hyclate</i>	57	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxycycline monohydrate</i>	16	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>doxylamine succinate/pyridoxine hydrochloride</i>	21	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DRIZALMA SPRINKLE	20	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>dronabinol</i>	22	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DROXIA	27	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>droxidopa</i>	48	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DUAKLIR PRESSAIR	92	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DULERA	94	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>duloxetine hcl</i>	20	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>duloxetine hydrochloride</i>	20	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DUOBRII	60	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DUOPA	35	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DUPIXENT	80	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DURAGESIC	8	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>duramorph</i>	9	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
DURYSTA	90	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>dutasteride</i>	69	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40
<i>dutasteride/tamsulosin hydrochloride</i>	69	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	40

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<i>enalapril maleate</i>	49	<i>errin</i>	76
<i>enalapril maleate/hydrochlorothiazide</i>	52	ERTACZO	23
ENBREL	81	<i>ertapenem</i>	15
ENBREL MINI	81	<i>ertapenem sodium</i>	15
ENBREL SURECLICK	81	ERWINASE	28
ENDARI	68	ERWINAZE	28
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ENDOMETRIN	76	<i>erythromycin</i>	61
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ENHERTU	32	<i>erythromycin dr</i>	15
ENJAYMO	80	<i>erythromycin ethylsuccinate</i>	15
<i>enoxaparin sodium</i>	46	<i>erythromycin/benzoyl peroxide</i>	58
<i>enpresse-28</i>	73	<i>escitalopram oxalate</i>	20
ENSPRYNG	80	<i>esomeprazole magnesium</i>	67
ENSTILAR	60	<i>estarylla</i>	73
<i>entacapone</i>	35	<i>estazolam</i>	95
ENTADFI	69	<i>estradiol</i>	73
<i>entecavir</i>	38	<i>estradiol/norethindrone acetate</i>	73
ENTRESTO	52	ESTRING	73
ENTYVIO	80	<i>eszopiclone</i>	95
<i>enulose</i>	65	<i>ethacrynate sodium</i>	52
ENVARUSUS XR	81	<i>ethacrynic acid</i>	52
EPCLUSA	38	<i>ethambutol hydrochloride</i>	25
EPIDIOLEX	17	<i>ethosuximide</i>	17
<i>epinastine hcl</i>	89	<i>ethynodiol diacetate/ethinyl estradiol</i>	73
<i>epinephrine</i>	52	ETHYOL	28
EPINEPHRINE	92	<i>etodolac</i>	7
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<i>eplerenone</i>	52	EVENITY	85
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<i>epoprostenol sodium</i>	93	EVEROLIMUS	81
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<i>ezetimibe/rosuvastatin</i>	53	FLAREX	89
<i>ezetimibe/simvastatin</i>	53	<i>flavoxate hcl</i>	69
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<i>falmina</i>	73	<i>flecainide acetate</i>	49
<i>famciclovir</i>	41	FLECTOR	7
<i>famotidine</i>	67	FLOLIPID	53
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FARYDAK	30	<i>flucytosine</i>	23
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FASENRA PEN	94	<i>fludrocortisone acetate</i>	70
<i>fayosim</i>	73	<i>flunisolide</i>	91
FAZACLO	37	<i>fluocinolone acetonide</i>	59
<i>febuxostat</i>	24	<i>fluocinolone acetonide</i>	91
<i>felbamate</i>	17	<i>fluocinolone acetonide body</i>	59
<i>felodipine er</i>	50	<i>fluocinolone acetonide ear drops</i>	91
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<i>femynor</i>	73	<i>fluocinonide</i>	59
<i>fenofibrate</i>	53	<i>fluorometholone</i>	89
<i>fenofibrate micronized</i>	53	FLUOROPLEX	60
<i>fenofibric acid dr</i>	53	<i>fluorouracil</i>	27
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FERRIPROX	64	<i>fluphenazine hydrochloride</i>	35
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<i>gabapentin</i>	18	GIVLAARI	86
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<i>pimtrea</i>	75	<i>prednisolone sodium phosphate</i>	70
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<i>progesterone</i>	77	QUVIVIQ	56
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<i>sapropterin dihydrochloride</i>	68	SKYCLARYS	87
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<i>scopolamine</i>	22	<i>sodium chloride</i>	63
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<i>selegiline hcl</i>	35	<i>sodium phenylacetate/sodium benzoate</i>	87
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SOTALOL HYDROCHLORIDE	50	<i>sulfadiazine</i>	16
<i>sotalol hydrochloride (af)</i>	50	<i>sulfamethoxazole/trimethoprim</i>	16
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SPIRIVA HANDIHALER	92	<i>sumatriptan</i>	25
SPIRIVA RESPIMAT	92	<i>sumatriptan succinate</i>	25
<i>spironolactone</i>	52	<i>sumatriptan succinate refill</i>	25
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<i>sps</i>	65	SUTAB	66
<i>sronyx</i>	75	SYFOVRE	88
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TALTZ	80	<i>testosterone cypionate</i>	72
TALVEY	29	<i>testosterone enanthate</i>	72
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<i>tamoxifen citrate</i>	27	<i>testosterone topical solution</i>	72
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<i>tarina 24 fe</i>	75	<i>tetrabenazine</i>	56
<i>tarina fe 1/20</i>	75	<i>tetracycline hydrochloride</i>	17
<i>tarina fe 1/20 eq</i>	75	TEZSPIRE	95
TARPEYO	85	THALOMID	27
TASCENSO ODT	57	<i>theophylline er</i>	93
TASIGNA	32	THIOLA EC	70
<i>tasimelteon</i>	95	<i>thioridazine hcl</i>	36
<i>tavaborole</i>	23	<i>thiotepa</i>	26
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<i>telmisartan</i>	49	<i>timolol maleate</i>	90
<i>telmisartan/amlodipine</i>	52	<i>tinidazole</i>	14
<i>telmisartan/hydrochlorothiazide</i>	52	<i>tiopronin</i>	70
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<i>tolcapone</i>	35	<i>trientine hydrochloride</i>	64
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<i>tolterodine tartrate er</i>	69	<i>trifluoperazine hydrochloride</i>	36
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<i>topiramate</i>	17	<i>trihexyphenidyl hcl</i>	34
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TYSABRI	57	VAXELIS	84
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UVADEX	61	VENTOLIN HFA	93
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<i>valacyclovir hydrochloride</i>	42	<i>verapamil hydrochloride</i>	51
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If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

Optum Rx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223 (TTY 711)**
Fax: 1-855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Department of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at:
<https://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-368-8765. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-368-8765. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-368-8765。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-368-8765。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-368-8765. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-368-8765. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-368-8765 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-368-8765. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-368-8765** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-368-8765. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-844-368-8765 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वा या दवा की योजना के बारे में आपके किसी भी 1कतश्च के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया 1कताप्त करने के लिए, बस हमें 1-844-368-8765 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-368-8765. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-368-8765. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-368-8765. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-368-8765. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-368-8765 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on September 13, 2023, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-844-368-8765
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com

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