



## Express Scripts Medicare (PDP) 2024 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN**

Formulary ID Number: 24237, v7

This formulary was updated on 08/22/2023. For more recent information or to price a medication, you can visit us on the Web at [express-scripts.com](http://express-scripts.com). Or you can contact **Express Scripts Medicare® (PDP)** Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

**Note to current members:** This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

When this drug list (formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York (for employer plans domiciled in New York)*. When it refers to "plan" or "our plan," it means *Express Scripts Medicare*.

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 22, 2023. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2025. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

This document is available in braille. Please contact Customer Service if you need plan information in another format.

## **What is the Express Scripts Medicare formulary?**

The list of drugs covered by the plan is also known as the “formulary.” It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare’s standard formulary rules. **Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage.** For more information on your plan’s specific drug coverage, please review your other plan materials, visit us on the Web at [express-scripts.com](http://express-scripts.com) or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

## **Can my drug coverage change?**

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

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

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

This drug list was updated in August 2023.

becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the formulary?”

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

To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

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

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.”

### **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 152. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

## **What are generic drugs?**

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) 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:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with “PA” next to them in the formulary.

This drug list was updated in August 2023.

Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with “QL” next to them in the formulary.
- **Step Therapy:** In some cases, you are required 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. These drugs are noted with “ST” next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage.

**The requirements and limits may not apply to your plan’s specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at [express-scripts.com](http://express-scripts.com) or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section “How do I request an exception to the formulary?” below for information about how to request an exception.

## **What if my drug is not listed on this formulary?**

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

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

- You can ask our Customer Service department 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 us to make an exception and cover your drug. See below for information about how to request an exception.

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

## **How do I request an exception to the formulary?**

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

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- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. In certain Express Scripts Medicare plans, you cannot ask us to change the cost-sharing tier for any drug in the specialty tier, if applicable.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes 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.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

## **How do I request an appeal?**

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

## **Can I get a temporary transition supply while I wait for an exception decision?**

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

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

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

Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

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

### **Other coverage that your plan may provide**

Your plan **may** also cover categories of “excluded” drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan’s specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

### **Formulary**

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 152.

The “Drug Name” column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information

This drug list was updated in August 2023.

in the “Requirements/Limits” column tells you if there are any special requirements for coverage of that particular drug.

**If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.**

## Your Costs

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

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan’s coverage stages and list the specific cost-sharing amounts for each tier.

## Drug Tiers

Tier	Includes	Helpful tips
Tier 1: <b>Preferred Generic Drugs</b>	This tier includes many commonly prescribed preferred generic drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: <b>Generic Drugs</b>	This tier includes prescribed generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than brand drugs.
Tier 3: <b>Preferred Brand Drugs</b>	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 4: <b>Non-Preferred Drugs</b>	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.
Tier 5: <b>Specialty Tier Drugs</b>	This tier includes very high cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.

## If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan’s standard benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs

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are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

## For more information

For more detailed information about your Medicare prescription drug coverage and your plan's specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit <https://www.medicare.gov>.

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

**Note:** The following drug list includes all possible restrictions and limitations. **Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list.**

To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at [express-scripts.com](http://express-scripts.com).

## List of abbreviations

**LA:** Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

**MO:** Mail-Order Drug. This prescription drug is available through Express Scripts® Pharmacy, our home delivery service, as well as through select retail network pharmacies. It may also be available through other network pharmacies. Consider using our home delivery service for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

**PA:** Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this drug.

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	PA; MO
AMBISOME	5	PA
<i>amphotericin b</i>	2	PA; MO
ANCOBON	5	MO
CANCIDAS	5	
<i>caspofungin</i>	2	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBIA ORAL	5	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4	MO
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm)</i>	2	PA; MO
<i>intravenous piggyback 200 mg/100 ml</i>		
<i>fluconazole in nacl (iso-osm)</i>	2	PA
<i>intravenous piggyback 400 mg/200 ml</i>		
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole oral capsule</i>	2	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	2	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
NOXAFL ORAL SUSP,DELAYED RELEASE FOR RECON	5	PA; MO; QL (32 per 30 days)
NOXAFL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
NOXAFL ORAL TABLET,DELAY ED RELEASE (DR/EC)	5	PA; MO; QL (96 per 30 days)
<i>nystatin oral</i>	2	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at [express-scripts.com](http://express-scripts.com).

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension</i>	5	PA; MO; QL (630 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<b>SPORANOX ORAL CAPSULE</b>	4	MO; QL (120 per 30 days)
<b>SPORANOX ORAL SOLUTION</b>	4	MO
<i>terbinafine hcl oral</i>	2	MO
<b>TOLSURA</b>	5	PA; MO; QL (120 per 30 days)
<b>VFEND IV</b>	4	PA; MO
<b>VFEND ORAL SUSPENSION FOR RECONSTITUTION</b>	5	PA; MO
<b>VFEND ORAL TABLET</b>	4	PA; MO
<b>VIVJOA</b>	5	PA; QL (18 per 84 days)
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	2	PA; MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine</i>	2	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	2	PA; MO
<i>adefovir</i>	2	MO
<i>amantadine hcl</i>	2	MO
<b>APTIVUS</b>	5	MO
<i>atazanavir</i>	2	MO
<b>BARACLUDE</b>	5	MO
<b>BIKTARVY</b>	5	MO
<b>CIMDUO</b>	5	MO
<b>COMBIVIR</b>	4	MO
<b>COMPLERA</b>	5	MO
<i>darunavir ethanolate</i>	5	MO
<b>DELSTRIGO</b>	5	MO
<b>DESCOVY</b>	5	MO
<b>DOVATO</b>	5	MO
<b>EDURANT</b>	5	MO
<i>efavirenz</i>	2	MO
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO
<i>efavirenz-lamivu-tenofovir disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMTRIVA ORAL CAPSULE	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	2	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR	4	MO
EPZICOM	5	MO
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	2	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	4	MO
LEXIVA ORAL TABLET	5	MO
LIVTENCITY	5	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir</i>	2	MO
<i>maraviroc</i>	5	MO
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS ORAL	5	PA; MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	4	MO
RETROVIR ORAL CAPSULE	4	MO
RETROVIR ORAL SYRUP	4	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
SITAVIG	4	MO
SOFOSBUVIR- VELPATASVIR	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	5	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
STRIBILD	5	MO
SUNLENCA ORAL	5	
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TAMIFLU	4	MO
<i>tenofovir disoproxil fumarate</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
TRUVADA	5	MO
TYBOST	4	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
VALCYTE	5	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	2	MO
VALTREX ORAL TABLET 1 GRAM	4	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	4	MO; QL (60 per 30 days)
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VIREAD ORAL TABLET 300 MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
ZEPATIER	5	PA; MO; QL (28 per 28 days)
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
<b>CEPHALOSPORINS</b>		
AVYCAZ	5	PA; MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	PA
<i>cefepodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	2	PA
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	PA; MO
<i>cephalexin</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef injection</i>	2	PA; MO
TEFLARO	5	PA; MO
ZERBAXA	5	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	2	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136 per 10 days)
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	2	MO
E.E.S. GRANULES	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral</i>	2	MO
ZITHROMAX INTRAVENOUS	4	PA; MO
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	MO
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	4	MO; QL (12 per 30 days)
<i>albendazole</i>	5	MO
<i>amikacin injection solution 500 mg/2 ml</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	2	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM	4	PA; MO
<i>aztreonam</i>	2	PA; MO
BENZNIDAZOLE	4	MO
BETHKIS	5	PA; MO; QL (224 per 28 days)
BILTRICIDE	4	MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloroquine phosphate</i>	2	MO
CLEOCIN HCL	4	MO
CLEOCIN PEDIATRIC	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	PA; MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	PA; MO
<i>clindamycin phosphate intravenous</i>	2	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	2	PA; MO; QL (30 per 10 days)
CUBICIN RF	5	MO

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DALVANCE	5	PA; MO
<i>dapsone oral</i>	2	MO
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA
EMVERM	5	MO
<i>ertapenem</i>	2	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	2	MO
FIRVANQ	4	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	PA
<i>gentamicin injection solution 40 mg/ml</i>	2	PA; MO
HUMATIN	4	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMPAVIDO	5	PA; MO
INVANZ INJECTION	4	PA; MO; QL (14 per 14 days)
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	PA; MO; QL (20 per 30 days)
KITABIS PAK	5	PA; MO; QL (280 per 28 days)
KRINTAFEL	4	MO
LAMPIT	4	MO
<i>linezolid in dextrose 5%</i>	2	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
MALARONE	4	MO
MALARONE PEDIATRIC	4	MO
<i>mefloquine</i>	2	MO
MEPRON	5	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	PA; MO; QL (10 per 10 days)
<i>metronidazole in nacl (iso-os)</i>	2	PA; MO
<i>metronidazole oral</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL ORAL TABLET 400 MG	4	MO
MYCOBUTIN	4	MO
NEBUPENT	4	PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	2	MO
PENTAM	4	MO
<i>pentamidine inhalation</i>	2	PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	2	MO
PLAQUENIL	4	MO
<i>polymyxin b sulfate</i>	2	PA; MO
<i>praziquantel</i>	2	MO
PRETOMANID	4	PA
PRIFTIN	3	MO
PRIMAQUINE	4	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA; MO
QUALAQUIN	4	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO INTRAVENOUS	5	PA
SIVEXTRO ORAL	5	MO
SOLOSEC	4	MO
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
STROMECTOL	4	PA; MO; QL (20 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	2	MO
TOBI	5	PA; MO; QL (280 per 28 days)
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection solution</i>	2	PA; MO
TRECATOR	4	MO
TYGACIL	5	PA; MO
VABOMERE	4	PA
VANCOCIN ORAL CAPSULE 125 MG	4	PA; MO; QL (40 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
VANCOCIN ORAL CAPSULE 250 MG	5	PA; MO; QL (80 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	2	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	2	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	2	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	2	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	2	PA; MO; QL (80 per 10 days)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	2	MO; QL (450 per 10 days)
XENLETA INTRAVENOUS	5	
XENLETA ORAL	5	MO
XIFAXAN ORAL TABLET 200 MG	3	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
ZEMDRI	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	4	PA; MO
ZYVOX ORAL	5	MO
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	PA; MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	PA
AUGMENTIN ES-600	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin in dextrose(iso-osm)</i>	2	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	2	PA
<i>oxacillin injection recon soln 2 gram</i>	2	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	PA; MO
<i>penicillin g sodium</i>	2	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	2	
UNASYN INJECTION RECON SOLN 15 GRAM	4	PA
UNASYN INJECTION RECON SOLN 3 GRAM	4	PA; MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>QUINOLONES</b>		
BAXDELA INTRAVENOUS	5	PA
BAXDELA ORAL	5	MO
CIPRO ORAL SUSPENSION,MI CROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	MO
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	2	PA; MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	PA; MO
levofloxacin oral	2	MO
moxifloxacin oral	2	MO
moxifloxacin-sod.chloride(iso)	2	PA; MO
ofloxacin oral tablet 300 mg, 400 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
<b>SULFA'S / RELATED AGENTS</b>		
BACTRIM	4	MO
BACTRIM DS	4	MO
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>demeocycline</i>	2	MO
DORYX MPC	4	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 50 MG	4	ST; MO
<i>doxy-100</i>	2	PA; MO
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	5	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule</i>	2	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr</i>	2	MO
MINOLIRA ER	4	ST; MO
NUZYRA INTRAVENOUS	5	PA
NUZYRA ORAL	5	
ORACEA	4	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	4	ST; MO
SEYSARA ORAL TABLET 150 MG	5	ST; MO

Drug Name	Drug Tier	Requirements/Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST; MO
TARGADOX	4	ST; MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN (CALCIUM)	4	MO
VIBRAMYCIN (MONO)	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST; MO
XIMINO	4	ST; MO
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin</i>	2	MO
<i>tromethamine</i>		
HIPREX	4	MO
MACROBID	4	MO
MACRODANTIN	4	MO
<i>methenamine hippurate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium oral</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (330 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (180 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (30 per 180 days)
ALYMSYS	5	PA; MO
<i>anastrozole</i>	2	MO
ARIMIDEX	5	MO
AROMASIN	5	MO
ASTAGRAF XL	4	PA; MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
AZASAN	4	PA; MO
<i>azathioprine</i>	2	PA; MO
BALVERSA	5	PA; LA
<i>bexarotene</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
bicalutamide	2	MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
CASODEX	4	MO
CELLCEPT ORAL CAPSULE	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO
CELLCEPT ORAL TABLET	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide oral capsule	2	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	PA; MO
cyclosporine modified oral capsule	2	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cyclosporine modified oral solution	2	PA
cyclosporine oral capsule	2	PA; MO
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
DROXIA	3	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
EMCYT	5	MO
ENSPRYNG	5	PA; MO
ENVARSUS XR	4	PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet	5	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	5	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	5	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	2	PA; MO
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA; MO
exemestane	2	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FARESTON	5	MO
FEMARA	4	MO

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>genraf</i>	2	PA; MO
GILOTrif	5	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
GLEOSTINE	5	MO
HYDREA	4	MO
<i>hydroxyurea</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMURAN	4	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INQOVI	5	PA; MO; QL (5 per 28 days)	KISQALI	5	PA; MO; QL (91 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)	FEMARA CO- PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG		
IRESSA	5	PA; MO; QL (30 per 30 days)	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
JAKAFI	5	PA; MO; QL (60 per 30 days)	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)	KLISYRI	5	MO
KANJINTI	5	PA; MO	KOSELUGO	5	PA
KISQALI FEMARA CO- PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)	KRAZATI	5	PA; QL (180 per 30 days)
KISQALI FEMARA CO- PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)	<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
			<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
			<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
			LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)

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LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)	LUPRON DEPOT (4 MONTH)	5	PA; MO
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)	LUPRON DEPOT (6 MONTH)	5	PA; MO
<i>letrozole</i>	2	MO	LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LEUKERAN	5	MO	INTRAMUSCULAR SYRINGE KIT 11.25 MG		
LEUPROLIDE (3 MONTH)	5	PA	LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO	LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LONSURF	5	PA; MO	LYNPARZA	5	PA; MO; QL (120 per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)	LYSODREN	5	
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)	LYTGOBI	5	PA; LA
LUMAKRAS	5	PA; MO	MATULANE	5	
LUPKYNIS	5	PA; LA; QL (180 per 30 days)	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA; MO
LUPRON DEPOT	5	PA; MO	<i>megestrol oral tablet</i>	2	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO	MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	2	PA; MO
MVASI	5	PA; MO
MYCAPSSA	5	PA; LA
<i>mycophenolate mofetil oral capsule</i>	2	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	PA; MO
<i>mycophenolate sodium</i>	2	PA; MO
MYFORTIC	4	PA; MO
NEORAL	4	PA; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NILANDRON	5	PA; MO
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG	5	PA
ONUREG	5	PA; MO; QL (14 per 28 days)
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)

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PEMAZYRE	5	PA; LA; QL (14 per 21 days)	REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
PIQRAY	5	PA; MO	REZLIDHIA	5	PA; QL (60 per 30 days)
POMALYST	5	PA; MO; LA	REZUROCK	5	PA; LA; QL (30 per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	PA; MO	RIABNI	5	PA; MO
PROGRAF ORAL CAPSULE 5 MG	5	PA; MO	ROZLYTREK ORAL CAPSULE	5	PA; MO; QL (150 per 30 days)
PROGRAF ORAL GRANULES IN PACKET	4	PA; MO	ROZLYTREK ORAL CAPSULE	5	PA; MO; QL (90 per 30 days)
PURIXAN	5		RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
QINLOCK	5	PA; LA; QL (90 per 30 days)	RUXIENCE	5	PA; MO
RAPAMUNE ORAL SOLUTION	5	PA; MO	RYDAPT	5	PA; MO; QL (224 per 28 days)
RAPAMUNE ORAL TABLET 0.5 MG	4	PA; MO	SANDIMMUNE ORAL	4	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	PA; MO	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; MO
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)	SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
SIKLOS ORAL TABLET 1,000 MG	5	MO
SIKLOS ORAL TABLET 100 MG	4	MO
<i>sirolimus oral solution</i>	5	PA; MO
<i>sirolimus oral tablet</i>	2	PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	PA
TABLOID	4	MO

Drug Name	Drug Tier	Requirements/Limits
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGETIN	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TEPMETKO	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
TIBSOVO	5	PA
<i>toremifene</i>	5	MO
TRAZIMERA	5	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TREXALL	4	PA; MO
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
WELIREG	5	PA; LA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	PA; MO
XERMELO	5	PA; LA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XOSPATA	5	PA; LA; QL (90 per 30 days)	ZIRABEV	5	PA; MO
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA	ZOLINZA	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)	ZORTRESS ORAL TABLET 0.25 MG	4	PA; MO
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)	ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	5	PA; MO
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)	ZYDELIG	5	PA; MO; QL (60 per 30 days)
YONSA	5	PA; MO; QL (120 per 30 days)	ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)	ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)	ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>					
<b>ANTICONVULSANTS</b>					
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)	APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CARBATROL	4	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	2	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	2	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
DIACOMIT	5	PA; LA
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	4	MO
DILANTIN EXTENDED 100 MG	4	MO
DILANTIN INFATABS 50 MG	4	MO
DILANTIN-125 125 MG/5 ML	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>epitol</i>	2	MO
EPRONTIA	4	PA; MO
EQUETRO	4	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
FELBATOL	5	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	4	MO
KEPPRA XR	4	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	4	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	4	MO; QL (300 per 30 days)
<i>lacosamide oral solution</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)

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<i>lacosamide oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
LAMICTAL ODT	4	MO
LAMICTAL ORAL TABLET	4	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	MO
LAMICTAL STARTER (BLUE) KIT	4	MO
LAMICTAL STARTER (GREEN) KIT	4	MO
LAMICTAL STARTER (ORANGE) KIT	4	MO
LAMICTAL XR	4	MO
LAMICTAL XR STARTER (BLUE)	4	MO
LAMICTAL XR STARTER (GREEN)	4	MO
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	2	MO
<i>lamotrigine oral tablets,dose pack</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)
<i>methsuximide</i>	2	MO
MYSOLINE	5	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	4	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	4	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	4	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	4	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	4	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR	4	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
PHENYTEK	4	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
QUDEXY XR	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>roweepra oral tablet 500 mg</i>	2	MO	<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	2	PA; MO
<i>rufinamide oral suspension</i>	5	PA; MO	<i>topiramate oral capsule,extended release 24hr 200 mg</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	2	PA; MO	<i>topiramate oral capsule,sprinkle,er 24hr</i>	2	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO	<i>topiramate oral tablet</i>	2	PA; MO
SABRIL	5	PA; MO; LA	TRILEPTAL	4	MO
SPRITAM	4	MO	TROKENDI XR ORAL CAPSULE,EXTED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA; MO
<i>subvenite</i>	1	MO	TROKENDI XR ORAL CAPSULE,EXTED RELEASE 24HR 200 MG	5	PA; MO
<i>subvenite starter (blue) kit</i>	2	MO	<i>valproic acid</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO	VALTOCO	5	PA; MO; QL (10 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)	<i>vigabatrin</i>	5	PA; MO; LA
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)	<i>vigadronе oral powder in packet</i>	5	PA; LA
TEGRETOL ORAL SUSPENSION	4	MO			
TEGRETOL ORAL TABLET	4	MO			
TEGRETOL XR	4	MO			
<i>tiagabine</i>	2	MO			
TOPAMAX	4	PA; MO			
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO			

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VIMPAT ORAL SOLUTION	5	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZARONTIN	4	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA; MO
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1080 per 30 days)
<b>ANTIPARKINS ONISM AGENTS</b>		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	5	PA; QL (90 per 30 days)
AZILECT	4	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	2	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	2	MO
COMTAN	4	MO
DHIVY	4	MO
DUOPA	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i>	2	MO
GOCOVRI ORAL CAPSULE, EXTEMPORANEOUS RELEASE 24HR 137 MG	5	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTEMPORANEOUS RELEASE 24HR 68.5 MG	5	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, WITH INHALATION DEVICE	5	PA; QL (300 per 30 days)
LODOSYN	4	MO
MIRAPEX ER	4	MO
NEUPRO	4	MO
NOURIANZ	5	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	4	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 193 MG	4	PA; QL (30 per 30 days)
PARLODEL	4	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
RYTARY	4	MO
<i>selegiline hcl</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	MO
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO
STALEVO 75	4	MO
TASMAR ORAL TABLET 100 MG	5	PA; MO
<i>tolcapone</i>	5	PA
XADAGO	5	MO
ZELAPAR	5	PA; MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	4	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	4	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan</i>	2	MO; QL (18 per 28 days)	IMITREX	4	MO; QL (8 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)	STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML		
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)	IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	4	MO; QL (8 per 28 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)	MAXALT ORAL TABLET 10 MG	4	MO; QL (36 per 28 days)
<i>ergotamine-caffeine</i>	2	MO	MAXALT-MLT ORAL TABLET,DISINT EGRATING 10 MG	4	MO; QL (36 per 28 days)
FROVA	4	MO; QL (27 per 28 days)	<i>migergot</i>	2	MO
<i>frovatriptan</i>	2	MO; QL (27 per 28 days)	MIGRANAL	5	QL (8 per 28 days)
IMITREX NASAL SPRAY,NON- AEROSOL 20 MG/ACTUATION	4	MO; QL (18 per 28 days)	<i>naratriptan</i>	2	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON- AEROSOL 5 MG/ACTUATION	4	MO; QL (36 per 28 days)	NURTEC ODT	3	PA; QL (16 per 30 days)
IMITREX ORAL	4	MO; QL (18 per 28 days)	ONZETRA XSAIL	4	MO; QL (32 per 28 days)
			QULIPTA	3	PA; MO; QL (30 per 30 days)
			RELPAX	4	MO; QL (18 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REYVOW ORAL TABLET 100 MG	4	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	4	PA; QL (8 per 30 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
TOSYMRA	4	MO; QL (24 per 28 days)
TREXIMET	4	MO; QL (18 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUDHESA	5	ST; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	5	MO; QL (8 per 28 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	2	MO; QL (18 per 28 days)
ZOMIG	4	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ADLARITY	4	MO
AMPYRA	5	PA; MO; LA; QL (60 per 30 days)
ARICEPT	4	MO
AUBAGIO	5	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)

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AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; MO; LA; QL (120 per 30 days)	<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; MO; LA; QL (60 per 30 days)	<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; MO; LA; QL (240 per 30 days)	<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
BAFIERTAM	5	PA; MO; QL (120 per 30 days)	<i>donepezil oral tablet 23 mg</i>	2	MO
COPAXONE SUBCUTANEOU S SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)	<i>donepezil oral tablet, disintegrating</i>	1	MO
COPAXONE SUBCUTANEOU S SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)	EVRYSDI	5	PA; MO; LA; QL (240 per 30 days)
<i>dalfampridine</i>	2	PA; MO; QL (60 per 30 days)	EXELON PATCH	4	MO
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)	<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
			FIRDAPSE	5	PA; LA
			<i>galantamine</i>	2	MO
			GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (30 per 30 days)
			GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
			<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)	MAVENCLAD (5 TABLET PACK)	5	PA; MO; LA; QL (20 per 720 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)	MAVENCLAD (6 TABLET PACK)	5	PA; MO; LA; QL (24 per 720 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)	MAVENCLAD (7 TABLET PACK)	5	PA; MO; LA; QL (28 per 720 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PA; MO; QL (30 per 30 days)	MAVENCLAD (8 TABLET PACK)	5	PA; MO; LA; QL (32 per 720 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	PA; MO; QL (60 per 30 days)	MAVENCLAD (9 TABLET PACK)	5	PA; MO; LA; QL (36 per 720 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)	MAYZENT ORAL TABLET 0.25 MG	5	PA; MO; QL (120 per 30 days)
INGREZZA INITIATION PACK	5	PA; LA; QL (28 per 180 days)	MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; MO; QL (30 per 30 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)	MAYZENT STARTER(FOR 1MG MAINT)	4	PA; MO; QL (7 per 180 days)
KEVEYIS	5	PA	MAYZENT STARTER(FOR 2MG MAINT)	5	PA; MO; QL (12 per 180 days)
MAVENCLAD (10 TABLET PACK)	5	PA; MO; LA; QL (40 per 720 days)	<i>memantine oral capsule,sprinkle,er 24hr</i>	2	PA; MO
MAVENCLAD (4 TABLET PACK)	5	PA; MO; LA; QL (16 per 720 days)	<i>memantine oral solution</i>	2	PA; MO

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memantine oral tablet	2	PA; MO	TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)
MEMANTINE ORAL TABLETS,DOSE PACK	4	PA; MO	TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; LA; QL (120 per 180 days)
NAMENDA ORAL TABLET	4	PA; MO	TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; MO; LA; QL (60 per 30 days)
NAMENDA TITRATION PAK	4	PA; MO	TEGSEDI	5	PA; MO; LA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	4	PA; MO	teriflunomide	5	PA; MO; QL (30 per 30 days)
NAMZARIC	3	PA; MO	tetrabenazine oral tablet 12.5 mg	5	PA; MO; QL (240 per 30 days)
NUEDEXTA	5	PA; MO	tetrabenazine oral tablet 25 mg	5	PA; MO; QL (120 per 30 days)
PONVORY	5	PA; MO; QL (30 per 30 days)	VUMERTY	5	PA; MO; QL (120 per 30 days)
PONVORY 14-DAY STARTER PACK	5	PA; MO; QL (14 per 180 days)	XENAZINE ORAL TABLET 12.5 MG	5	PA; MO; LA; QL (240 per 30 days)
RADICAVA ORS	5	PA; MO			
RADICAVA ORS STARTER KIT SUSP	5	PA; MO			
RELYVRIOS	5	PA; MO			
rivastigmine	2	MO			
rivastigmine tartrate	2	MO			
SKYCLARYS	5	PA; LA			
TASCENO ODT	5	MO			

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Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 25 MG	5	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
<b>MUSCLE RELAXANTS / ANTISPASMOD IC THERAPY</b>		
baclofen oral suspension	5	MO
baclofen oral tablet	2	MO
cyclobenzaprine oral tablet	2	PA; MO
DANTRIUM ORAL CAPSULE 25 MG	4	MO
dantrolene oral	2	MO
FEXMID	4	PA; MO
FLEQSVY	5	MO
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 5 MG	4	MO
LYVISPAH ORAL GRANULES IN PACKET 20 MG	5	MO
MESTINON ORAL	5	MO

Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN	5	MO
<i>pyridostigmine bromide oral syrup</i>	2	MO
PYRIDOSTIGMI NE BROMIDE ORAL TABLET 30 MG	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
tizanidine	2	MO
ZANAFLEX	4	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff- dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
buprenorphine transdermal patch	2	PA; MO; QL (4 per 28 days)	FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG	5	PA; MO; QL (120 per 30 days)
BUTRANS	4	PA; MO; QL (4 per 28 days)	FENTORA	5	PA; MO; QL (120 per 30 days)
codeine sulfate	2	MO; QL (180 per 30 days)	hydrocodone bitartrate, oral only, er 12hr	2	PA; MO; QL (90 per 30 days)
DILAUDID ORAL LIQUID	4	MO; QL (2400 per 30 days)	hydrocodone bitartrate, oral only, ext.rel.24 hr 100 mg, 120 mg	5	PA; MO; QL (60 per 30 days)
DILAUDID ORAL TABLET	4	MO; QL (180 per 30 days)	hydrocodone bitartrate, oral only, ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	2	PA; MO; QL (60 per 30 days)
endocet	2	MO; QL (360 per 30 days)	hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	MO; QL (5550 per 30 days)
fentanyl	2	PA; MO; QL (10 per 30 days)	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	MO; QL (390 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; MO; QL (120 per 30 days)	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	2	PA; MO; QL (120 per 30 days)	hydrocodone-ibuprofen	2	MO; QL (50 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 per 30 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)	2	
hydromorphone (pf) injection solution 10 mg/ml	2	MO
hydromorphone oral liquid	2	MO; QL (2400 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	2	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 100 MG, 120 MG, 80 MG	5	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 20 MG, 30 MG, 40 MG, 60 MG	4	PA; MO; QL (60 per 30 days)
levorphanol tartrate	5	MO; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	2	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	2	PA; MO; QL (1200 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
methadone oral tablet 10 mg	2	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	2	PA; MO; QL (240 per 30 days)
morphine concentrate oral solution	2	MO; QL (900 per 30 days)
morphine oral capsule, er multiphase 24 hr	2	PA; MO; QL (60 per 30 days)
morphine oral capsule, extend.releas e pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	2	PA; MO; QL (90 per 30 days)
morphine oral solution	2	MO; QL (900 per 30 days)
morphine oral tablet	2	MO; QL (180 per 30 days)
morphine oral tablet extended release	2	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	5	PA; MO; QL (120 per 30 days)

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MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; MO; QL (120 per 30 days)	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
NALOCET	4	MO; QL (390 per 30 days)	OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)	OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)	<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)	<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)	<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; MO; QL (90 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)	PERCOSET	4	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL. 12 HR 10 MG, 20 MG	4	PA; QL (90 per 30 days)	PROLATE ORAL SOLUTION	5	MO; QL (2000 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	QL (1860 per 30 days)	<i>prolate oral tablet</i>	2	MO; QL (390 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	5	QL (390 per 30 days)	ROXICODONE ORAL TABLET 15 MG, 30 MG	4	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	4	QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	4	QL (360 per 30 days)
SEGLENTIS	4	ST; MO; QL (120 per 30 days)
TREZIX	4	MO; QL (300 per 30 days)
XTAMPZA ER	4	PA; MO; QL (90 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
ARTHROTEC 50	4	ST; MO
ARTHROTEC 75	4	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
CAMBIA	4	ST; MO; QL (9 per 30 days)
CELEBREX	4	MO
<i>celecoxib</i>	2	MO
CONZIP	4	PA; MO; QL (30 per 30 days)
DAYPRO	4	ST; MO
DICLOFENAC EPOLAMINE	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	2	MO
<i>diclofenac potassium oral powder in packet</i>	2	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	5	MO
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	5	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<b>DUEXIS</b>	4	ST; MO
<i>etodolac</i>	2	MO
<b>FELDENE</b>	4	ST; MO
<i>fenoprofen oral capsule 400 mg</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<b>FLECTOR</b>	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-famotidine</i>	2	
<b>INDOCIN RECTAL</b>	5	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoprofen oral capsule 50 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<b>KETOROLAC NASAL</b>	4	ST
<b>KLOXXADO</b>	4	MO
<b>LICART</b>	4	PA; MO; QL (30 per 30 days)
<b>LODINE ORAL TABLET</b>	4	ST
<i>lofena</i>	5	MO
<b>LUCEMYRA</b>	5	PA; MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized</i>	2	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<b>NALFON ORAL CAPSULE 400 MG</b>	4	ST; MO
<b>NALFON ORAL TABLET</b>	4	ST; MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal</i>	2	MO
<i>naltrexone</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NAPRELAN CR	4	ST; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
<i>naproxen-esomeprazole</i>	5	MO
NARCAN	4	MO
NUCYNTA ER	4	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	4	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	MO; QL (242 per 30 days)
<i>oxaprozin</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
PENNSAID	5	ST; MO; QL (224 per 28 days)
TOPICAL SOLUTION IN METERED-DOSE PUMP		
<i>piroxicam</i>	2	MO
RELAFEN DS	5	ST; MO
SPRIX	5	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac</i>	2	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	5	QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	2	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	2	PA; MO; QL (30 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)
VIMOVO	5	ST; MO
VIVITROL	5	MO
ZIMHI	4	
ZIPSOR	4	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	5	QL (30 per 30 days)

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ABILIFY ORAL TABLET	4	MO; QL (30 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	4	MO	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ADDERALL XR	4	ST; MO	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ADZENYS XR-ODT	4	ST; MO	ANAFRANIL	4	MO
AMBIEN	4	MO; QL (30 per 30 days)	APLENZIN	5	MO; QL (30 per 30 days)
AMBIEN CR	4	MO; QL (30 per 30 days)	APTENSIO XR	4	ST; MO
<i>amitriptyline</i>	2	MO	<i>ariPIPRAZOLE oral solution</i>	2	MO
<i>amoxapine</i>	2	MO	<i>ariPIPRAZOLE oral tablet</i>	2	MO; QL (30 per 30 days)
<i>amphetamine sulfate</i>	2	PA; MO	<i>ariPIPRAZOLE oral tablet,disintegrating</i>	2	MO; QL (60 per 30 days)
ANAFRANIL	4	MO	ARISTADA INITIO	5	MO; QL (4.8 per 365 days)
APLENZIN	5	MO; QL (30 per 30 days)	asenapine maleate	2	MO; QL (60 per 30 days)
APTENSIO XR	4	ST; MO	ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	PA; MO; QL (90 per 30 days)
<i>ariPIPRAZOLE oral solution</i>	2	MO			
<i>ariPIPRAZOLE oral tablet</i>	2	MO; QL (30 per 30 days)			
<i>ariPIPRAZOLE oral tablet,disintegrating</i>	2	MO; QL (60 per 30 days)			
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)			

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Drug Name	Drug Tier	Requirements/Limits
ATIVAN ORAL TABLET 2 MG	4	PA; MO; QL (150 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
AUVELITY	5	ST; MO; QL (60 per 30 days)
AZSTARYS	4	ST; MO
BELSOMRA	4	PA; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
buspirone	2	MO

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA	4	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	4	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	2	MO
CITALOPRAM ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	2	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	2	
CLOZARIL ORAL TABLET 100 MG	5	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	4	

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CONCERTA	4	ST; MO
COTEMPLA XR-ODT	4	ST; MO
CYMBALTA	4	MO; QL (60 per 30 days)
DAYTRANA	4	ST; MO
DAYVIGO	4	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	2	MO
DESVENLAFAXI NE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXI NE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	4	ST; MO
<i>dexamethylphenidate</i>	2	MO
<i>dextroamphetamine sulfate</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine</i>	2	MO
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	2	MO
<i>doxepin oral concentrate</i>	2	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 40 mg</i>	2	MO; QL (90 per 30 days)
DYANAVEL XR	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	4	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	2	MO; QL (30 per 30 days)
EVEKEO	4	PA; MO
EVEKEO ODT	4	PA; MO
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/lec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	2	MO; QL (30 per 30 days)
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FOCALIN	4	MO
FOCALIN XR	4	ST; MO
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
GEODON ORAL CAPSULE 20 MG	4	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	MO; QL (60 per 30 days)
HALDOL DECANOATE	4	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
HETLIOZ LQ	5	PA; MO; QL (158 per 30 days)
<i>imipramine hcl</i>	2	MO
<i>imipramine pamoate</i>	2	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)	JORNAY PM	4	ST; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)	KAPVAY	4	ST; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)	LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<hr/>					
<b>LEXAPRO ORAL TABLET</b>					
<i>lithium carbonate</i>					
<b>LITHOBID</b>					
<i>lorazepam intensol</i>					
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
lorazepam oral tablet 2 mg	2	PA; MO; QL (150 per 30 days)	methylphenidate	2	MO
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	4	PA; MO; QL (30 per 30 days)	methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	2	MO
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	4	PA; MO; QL (150 per 30 days)	methylphenidate hcl oral capsule,er biphasic 30-70	2	MO
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	4	PA; MO; QL (90 per 30 days)	methylphenidate hcl oral capsule	2	MO
loxapine succinate	2	MO	methylphenidate hcl oral solution	2	MO
LUNESTA	4	MO; QL (30 per 30 days)	methylphenidate hcl oral tablet	2	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	5	MO; QL (30 per 30 days)	methylphenidate hcl oral tablet extended release	2	MO
lurasidone oral tablet 80 mg	5	MO; QL (60 per 30 days)	methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	2	MO
LYBALVI	5	ST; MO; QL (30 per 30 days)	methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	2	MO
MARPLAN	4	MO	METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	4	ST; MO
methamphetamine	2	PA; MO			
METHYLIN ORAL SOLUTION	4	MO			

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>mirtazapine</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone</i>	2	MO
<b>MYDAYIS</b>	4	ST; MO
<b>NARDIL</b>	4	MO
<i>nefazodone</i>	2	MO
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	4	MO
<i>nortriptyline</i>	2	MO
<b>NUPLAZID</b>	4	PA; MO; QL (30 per 30 days)
<b>NUVIGIL</b>	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<b>PAMELOR</b>	4	MO
<b>PARNATE</b>	4	MO
<i>paroxetine hcl oral suspension</i>	2	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sy m)</i>	2	MO; QL (30 per 30 days)
<b>PAXIL CR</b>	4	MO; QL (60 per 30 days)
<b>PAXIL ORAL SUSPENSION</b>	4	MO
<b>PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG</b>	4	MO; QL (30 per 30 days)
<b>PAXIL ORAL TABLET 30 MG</b>	4	MO; QL (60 per 30 days)
<i>perphenazine</i>	2	MO
<b>PERSERIS</b>	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRISTIQ	4	MO; QL (30 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>procentra</i>	2	MO	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>protriptyline</i>	2	MO	<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
PROVIGIL ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)	QUILLICHEW ER	4	ST; MO
PROVIGIL ORAL TABLET 200 MG	5	PA; MO; QL (60 per 30 days)	QUILLIVANT XR	4	ST; MO
PROZAC ORAL CAPSULE 10 MG	4	MO; QL (30 per 30 days)	QUVIVIQ	4	PA; MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	4	MO; QL (90 per 30 days)	<i>ramelteon</i>	2	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 40 MG	4	MO; QL (60 per 30 days)	RELEXXII	4	ST; MO
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	ST; MO; QL (30 per 30 days)	REMERON ORAL TABLET 15 MG, 30 MG	4	MO
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	ST; MO; QL (60 per 30 days)	REMERON SOLTAB	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)	REXULTI	4	MO; QL (30 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	4	MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)	<i>risperidone oral tablet,disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	MO; QL (60 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)	<i>risperidone oral tablet,disintegrating</i> 4 mg	2	MO; QL (120 per 30 days)
RISPERDAL ORAL SOLUTION	4	MO	RITALIN	4	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	4	MO; QL (60 per 30 days)	RITALIN LA	4	ST; MO
RISPERDAL ORAL TABLET 4 MG	4	MO; QL (120 per 30 days)	ROZEREM	4	MO; QL (30 per 30 days)
<i>risperidone oral solution</i>	2	MO	SAPHRIS	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)	SECUADO	5	MO; QL (30 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)	SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	MO; QL (90 per 30 days)
			SEROQUEL ORAL TABLET 300 MG, 400 MG	4	MO; QL (60 per 30 days)
			SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	MO; QL (30 per 30 days)
			SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SERTRALINE ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	4	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	ST; MO; QL (30 per 30 days)
SUNOSI	4	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	MO
<i>tasimelteon</i>	5	PA; QL (30 per 30 days)
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML</i>	5	MO; QL (0.28 per 28 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML</i>	5	MO; QL (0.35 per 28 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML</i>	5	MO; QL (0.42 per 56 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML</i>	5	MO; QL (0.56 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)	<i>venlafaxine oral tablet extended release 24hr</i>	2	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)	VERSACLOZ	5	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)	VIIBRYD ORAL TABLET	4	MO; QL (30 per 30 days)
VALIUM	4	PA; MO; QL (120 per 30 days)	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
VENLAFAKINE BESYLATE	4	MO; QL (30 per 30 days)	<i>vilazodone</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)	VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)	VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)	VYVANSE	4	ST; MO
			WAKIX	5	PA; MO; LA; QL (60 per 30 days)
			WELLBUTRIN SR	4	MO; QL (60 per 30 days)
			WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QL (30 per 30 days)
XELSTRYM	4	ST; MO
XYREM	5	PA; LA; QL (540 per 30 days)
XYWAV	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	MO
ZOLOFT ORAL CONCENTRATE	4	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	4	MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLOFT ORAL TABLET 25 MG	4	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	2	MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	4	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	5	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	4	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	5	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
BETAPACE AF	4	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>propafenone</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
RYTHMOL SR	4	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN	4	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<b>acebutolol</b>		
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
ALDACTONE	4	MO
<i>aliskiren</i>	2	MO
ALTACE	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
ATACAND	4	ST; MO
ATACAND HCT	4	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	4	ST; MO
AVAPRO	4	ST; MO
AZOR	4	ST; MO
<i>benazepril</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	4	ST; MO
BENICAR HCT	4	ST; MO
<i>betaxolol oral</i>	2	MO
BIDIL	4	MO; QL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
BYSTOLIC	4	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
CARDIZEM CD	4	MO
CARDIZEM LA	4	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	4	ST; MO; QL (60 per 30 days)
CARDURA XL	4	ST; MO; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAROSPIR	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	2	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
CONJUPRI	4	MO
COREG CR	4	MO
CORGARD ORAL TABLET 20 MG, 40 MG	4	MO
COZAAR	4	ST; MO
DEMSER	5	PA; MO
DIBENZYLINE	5	PA; MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr</i>	2	MO
DIOVAN	4	ST; MO
DIOVAN HCT	4	ST; MO
DIURIL	4	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
DYRENIUM	4	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECIN	4	MO
<i>enalapril maleate oral solution</i>	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
eplerenone	2	MO
ethacrynic acid	2	MO
EXFORGE	4	ST; MO
EXFORGE HCT	4	ST; MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FUROSCIX	5	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>furosemide injection solution</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	ST; MO
<i>indapamide</i>	1	MO
INDERAL LA	4	MO
INNOPRAN XL	4	MO
INSPRA	4	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	2	MO; QL (180 per 30 days)
<i>isradipine</i>	2	MO
KAPSPARGO SPRINKLE	4	MO
KATERZIA	4	MO
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol oral</i>	2	MO
LASIX	4	MO
LEVAMLODIPINE	4	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOPRESSOR ORAL	4	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tar-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
MICARDIS	4	ST; MO
MICARDIS HCT	4	ST; MO
MINIPRESS	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nebivolol</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
NORLIQVA	4	MO
NORVASC	4	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	5	
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT	5	PA; MO
ORENITRAM MONTH 2 TITRATION KT	5	PA; MO
ORENITRAM MONTH 3 TITRATION KT	5	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; MO

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<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<b>PROCARDIA XL</b>	4	MO
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<b>QBRELIS</b>	4	MO
<i>quinapril</i>	1	MO
<i>ramipril</i>	1	MO
<b>SOAANZ</b>	4	ST; MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG</b>	4	MO
<i>taztia xt</i>	2	MO
<b>TEKTURNA</b>	4	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amldipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<b>TENORETIC 100</b>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<b>TENORETIC 50</b>	4	MO
<b>TENORMIN</b>	4	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<b>THALITONE</b>	4	MO
<i>tiadylt er</i>	2	MO
<b>TIAZAC</b>	4	MO
<i>timolol maleate oral</i>	2	MO
<b>TOPROL XL</b>	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
<b>TRIBENZOR</b>	4	ST; MO
<b>UPTRAVI ORAL</b>	5	PA; MO; LA
<b>VALSARTAN ORAL SOLUTION</b>	5	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<b>VASERETIC</b>	4	MO
<b>VASOTEC</b>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
VERELAN	4	MO
VERELAN PM	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
ZIAC	4	MO
<b>COAGULATION THERAPY</b>		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	MO
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
cilostazol	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	2	MO
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
EFFIENT	4	MO
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	2	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	MO; QL (11.2 per 28 days)

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<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO	LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	4	MO; QL (28 per 28 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO	LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	4	MO; QL (22.4 per 28 days)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML</b>	5	MO	LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	4	MO; QL (16.8 per 28 days)
<b>FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML</b>	5	MO	LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	MO; QL (11.2 per 28 days)
<b>FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML</b>	4	MO	<b>MULPLETA</b>	5	PA; MO
<i>heparin (porcine) injection solution</i>	2	MO	<i>pentoxifylline</i>	2	MO
<i>jantoven</i>	1	MO	<b>PLAVIX ORAL TABLET 75 MG</b>	4	MO; QL (30 per 30 days)
			<b>PRADAXA ORAL CAPSULE</b>	4	PA; MO
			<b>PRADAXA ORAL PELLETS IN PACKET</b>	5	PA
			<i>prasugrel</i>	2	MO
			<b>PROMACTA</b>	5	PA; MO; LA
			<b>SAVAYSA</b>	4	PA; MO
			<b>TAVALISSE</b>	5	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
ZONTIVITY	4	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	5	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 90 MG	4	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	4	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	
<i>colesevelam</i>	2	MO
COLESTID ORAL PACKET	4	MO
COLESTID ORAL TABLET	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
CRESTOR	4	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	4	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	4	MO
<i>fenofibrate nanocrystallized</i>	2	MO
FENOFIBRATE ORAL CAPSULE	4	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
FENOGLIDE	4	MO
FLOLIPID	4	ST; MO; QL (300 per 30 days)

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<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
LESCOL XL	4	ST; MO; QL (30 per 30 days)
LIPITOR	4	ST; MO; QL (30 per 30 days)
LIPOFEN	4	MO
LIVALO	4	ST; MO; QL (30 per 30 days)
LOPID	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	4	ST; MO
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
NIACOR	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT PEN	4	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	2	MO
QUESTRAN LIGHT	4	MO
QUESTRAN ORAL POWDER	4	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
ROSZET	4	ST; MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	4	MO

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Drug Name	Drug Tier	Requirements/Limits
TRILIPIX	4	MO
VASCEPA	4	ST; MO
VYTORIN 10-10	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	4	ST; MO; QL (30 per 30 days)
WELCHOL	4	MO
ZETIA	4	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; MO; QL (30 per 30 days)
ZYPITAMAG	4	ST; MO; QL (30 per 30 days)

**MISCELLANEOUS  
CARDIOVASCULAR AGENTS**

ASPRUZY SPRINKLE	4	MO
CAMZYOS	5	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral</i>	2	MO
ENTRESTO	3	MO; QL (60 per 30 days)
FILSPARI	5	PA; MO; QL (30 per 30 days)
LANOXIN ORAL	4	MO
<i>ranolazine</i>	2	MO
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
VYNDAQEL	4	PA; MO
<b>NITRATES</b>		
ISORDIL	5	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR	4	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO

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<i>nitroglycerin translingual</i>	2	MO
NITROLINGUAL	4	MO
NITROSTAT	4	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATICS / ANTISEBORRH EIC</b>		
<i>acitretin</i>	2	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	2	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	4	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days)
ENSTILAR	5	MO; QL (400 per 30 days)
ILUMYA	5	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SILIQ	5	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
SORILUX	4	MO; QL (120 per 30 days)
SOTYKTU	5	PA; MO
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TACLONEX	5	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
TREMFYA	5	PA; MO; QL (2 per 28 days)
VECTICAL	4	
VTAMA	5	PA; MO
ZORYVE	4	PA; MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
CARAC	5	MO
CIBINQO	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CONDYLOX TOPICAL GEL	4	MO
<i>diclofenac sodium topical gel 3 %</i>	2	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	2	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	4	MO
ELIDEL	4	PA; MO; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EUCRISA	4	PA; MO; QL (120 per 30 days)
FLUOROURACI L TOPICAL CREAM 0.5 %	5	MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
HYFTOR	5	PA
<i>imiquimod topical cream in metered- dose pump</i>	5	MO
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	2	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
LIDODERM	4	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
OPZELURA	5	PA; MO; QL (240 per 28 days)
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	2	PA; MO; QL (100 per 30 days)
PLIAGLIS	4	PA; QL (30 per 30 days)
<i>podofilox</i>	2	MO
<i>prodoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO; QL (15 per 30 days)
SANTYL	3	MO; QL (180 per 30 days)
SILVADENE	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO
ZONALON	4	MO; QL (45 per 30 days)
ZTLIDO	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	5	MO
<b>THERAPY FOR ACNE</b>		
ABSORICA	5	
ABSORICA LD	5	
ACANYA TOPICAL GEL WITH PUMP	4	MO
<i>accutane</i>	2	
ACZONE	4	MO
<i>adapalene topical cream</i>	2	PA; MO
<i>adapalene topical gel 0.3 %</i>	2	PA; MO
<i>adapalene topical swab</i>	2	PA
<i>adapalene-benzoyl peroxide</i>	2	PA; MO
AKLIEF	4	PA; MO
ALTRENO	4	PA; MO
<i>amnesteem</i>	2	
AMZEEQ	4	MO
ARAZLO	4	PA; MO
ATRALIN	4	PA; MO
<i>avita topical cream</i>	2	PA; MO
<i>azelaic acid</i>	2	MO
AZELEX	4	MO
BENZAMYCIN	4	MO
<i>brimonidine topical</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>claravis</i>	2	
CLEOCIN T TOPICAL LOTION	4	MO; QL (120 per 30 days)
<i>clindacin</i>	2	QL (100 per 30 days)
<i>clindacin etz topical swab</i>	2	MO; QL (69 per 30 days)
CLINDAGEL	5	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	2	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	2	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA; MO
<i>dapsone topical</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
DIFFERIN TOPICAL CREAM	4	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	4	PA; MO
DIFFERIN TOPICAL LOTION	4	PA; MO
EPIDUO FORTE	4	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	4	PA
EPSOLAY	4	ST; MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin- benzoyl peroxide</i>	2	MO
FABIOR	4	PA; MO
FINACEA	4	ST; MO
<i>isotretinoin</i>	2	
<i>ivermectin topical cream</i>	2	MO; QL (60 per 30 days)
METROCREAM	4	ST; MO
METROGEL TOPICAL GEL 1 %	4	ST; MO
METROLOTION	4	ST

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
MIRVASO	4	PA; MO
<i>neuac</i>	2	MO
NORITATE	5	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	4	MO
RETIN-A	4	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	4	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA; MO
RHOFADE	4	PA; MO
SOOLANTRA	4	ST; MO; QL (60 per 30 days)
<i>tazarotene topical cream</i>	2	PA; MO
TAZAROTENE TOPICAL FOAM	4	PA
<i>tazarotene topical gel</i>	2	PA; MO
TAZORAC	4	PA; MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin topical</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TWYNEO	4	PA; MO
VELTIN	4	PA
WINLEVI	4	PA; MO
<i>zenatane</i>	2	
ZIANA	4	PA
ZILXI	4	ST; MO
<b>TOPICAL ANTIBACTERIA LS</b>		
ALTABAX	4	MO; QL (30 per 30 days)
<i>gentamicin topical</i>	2	MO; QL (60 per 30 days)
KLARON	4	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	2	MO; QL (30 per 30 days)
NEO-SYNALAR	4	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	4	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
econazole	2	MO; QL (85 per 28 days)
ERTACZO	4	MO; QL (60 per 28 days)
EXELDERM	4	MO; QL (60 per 28 days)
JUBLIA	4	MO; QL (8 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KERYDIN	4	MO; QL (10 per 30 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 per 28 days)
LOPROX TOPICAL SHAMPOO	4	MO; QL (120 per 28 days)
LULICONAZOLE	4	MO; QL (60 per 28 days)
LUZU	4	MO; QL (60 per 28 days)
<i>naftifine topical cream</i>	2	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	2	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO; QL (180 per 30 days)
<i>oxiconazole</i>	2	MO; QL (90 per 28 days)
OXISTAT TOPICAL CREAM	4	QL (90 per 28 days)
OXISTAT TOPICAL LOTION	4	MO; QL (60 per 28 days)
<i>tavaborole</i>	2	MO; QL (10 per 30 days)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	2	PA; MO; QL (30 per 30 days)
DENAVIR	4	MO; QL (5 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
penciclovir	2	MO; QL (5 per 30 days)
XERESE	5	MO
ZOVIRAX TOPICAL CREAM	4	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	PA; MO; QL (30 per 30 days)
<b>TOPICAL CORTICOSTER OIDS</b>		
ala-cort topical cream 1 %	2	MO
ala-cort topical cream 2.5 %	2	
ALA-SCALP	4	MO
alclometasone	2	MO
amcinonide topical lotion	2	MO
apexicon e	2	MO; QL (120 per 30 days)
betamethasone dipropionate	2	MO
betamethasone valerate	2	MO
betamethasone, augmented	2	MO
BRYHALI	4	MO
CAPEX	4	MO
clobetasol scalp	2	MO; QL (100 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
clobetasol topical cream	2	MO; QL (120 per 28 days)
clobetasol topical foam	2	MO; QL (100 per 28 days)
clobetasol topical gel	2	MO; QL (120 per 28 days)
clobetasol topical lotion	2	MO; QL (118 per 28 days)
clobetasol topical ointment	2	MO; QL (120 per 28 days)
clobetasol topical shampoo	2	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	2	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	2	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	2	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	4	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	4	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON- AEROSOL	4	MO; QL (125 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
clocortolone pivalate	2	MO
clodan	2	MO; QL (236 per 28 days)
CLODERM	4	MO
CORDRAN TAPE LARGE ROLL	4	MO
CORDRAN TOPICAL CREAM 0.05 %	4	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	4	MO; QL (120 per 30 days)
DERMA-SMOOTH/FS SCALP OIL	4	MO
desonide	2	MO
DESOWEN TOPICAL CREAM	4	
desoximetasone	2	MO
desrx	2	MO
diflorasone	2	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	MO
DUOBRII	4	MO; QL (200 per 30 days)
fluocinolone and shower cap	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
fluocinolone topical cream	2	MO
fluocinolone topical ointment	2	MO
fluocinolone topical solution	2	MO
fluocinonide	2	MO; QL (120 per 30 days)
fluocinonide-emollient	2	MO; QL (120 per 30 days)
flurandrenolide topical cream	2	MO; QL (120 per 30 days)
flurandrenolide topical lotion	2	MO; QL (120 per 30 days)
fluticasone propionate topical	2	MO
halcinonide	2	MO
halobetasol propionate topical cream	2	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	4	MO
halobetasol propionate topical ointment	2	MO
HALOG	4	MO
hydrocortisone butyrate topical cream	2	MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocortisone butyrate topical lotion	2	MO; QL (118 per 30 days)
hydrocortisone butyrate topical ointment	2	MO; QL (120 per 30 days)
hydrocortisone butyrate topical solution	2	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
hydrocortisone valerate	2	MO
IMPEKLO	4	MO; QL (136 per 28 days)
KENALOG TOPICAL	4	MO; QL (126 per 28 days)
LEXETTE	4	MO
LOCOID LIPOCREAM	4	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	4	MO; QL (118 per 30 days)
mometasone topical	2	MO
OLUX-E	4	MO; QL (100 per 28 days)
PANDEL	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNALAR TOPICAL CREAM	4	MO
SYNALAR TOPICAL SOLUTION	4	MO
TEXACORT	4	MO
TOPICORT TOPICAL CREAM	4	MO
TOPICORT TOPICAL GEL	4	MO
TOPICORT TOPICAL OINTMENT 0.05 %	4	MO
TOPICORT TOPICAL SPRAY, NON-AEROSOL	4	MO
tovet emollient	2	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	2	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment	2	MO
trianex	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triderm topical cream</i>	2	MO
<i>tritocin</i>	2	
ULTRAVATE TOPICAL LOTION	5	MO
VANOS	5	MO; QL (120 per 30 days)
VERDESO	4	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	2	MO
<i>malathion</i>	2	MO
NATROBA	4	MO
OVIDE	4	MO
<i>permethrin</i>	2	MO; QL (60 per 30 days)
<i>spinosad</i>	2	MO
<b>DIAGNOSTIC / MISCELLANEOUS AGENTS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	2	MO
AGRYLIN	4	MO
<i>anagrelide</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; MO; LA
AURYXIA	5	PA; MO
BUPHENYL	5	PA
CARBAGLU	5	PA; MO; LA
<i>carglumic acid</i>	5	PA
CARNITOR ORAL	4	MO
<i>cevimeline</i>	2	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	PA
CLINIMIX E 2.75%/D5W SULF FREE	4	PA
CUVRIOR	5	PA; LA
<i>d10 %-0.45 % sodium chloride</i>	2	MO
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	2	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	PA; MO
<i>ENDARI</i>	5	PA; MO
<i>EVOXAC</i>	4	MO
<i>EXJADE</i>	5	PA; MO; LA
<i>EXSERVAN</i>	5	PA
<i>FERRIPROX (2 TIMES A DAY)</i>	5	PA
<i>FERRIPROX ORAL SOLUTION</i>	5	PA
<i>FERRIPROX ORAL TABLET 500 MG</i>	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>FOSRENOL ORAL POWDER IN PACKET 1,000 MG</i>	4	MO; QL (135 per 30 days)
<i>FOSRENOL ORAL POWDER IN PACKET 750 MG</i>	4	MO; QL (180 per 30 days)
<i>FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG</i>	4	MO; QL (135 per 30 days)
<i>FOSRENOL ORAL TABLET,CHEWABLE 500 MG</i>	4	MO; QL (270 per 30 days)
<i>FOSRENOL ORAL TABLET,CHEWABLE 750 MG</i>	4	MO; QL (180 per 30 days)
<i>GLASSIA</i>	5	PA; MO; LA
<i>INCRELEX</i>	5	MO; LA
<i>JADENU</i>	5	PA; MO
<i>JADENU SPRINKLE</i>	5	PA; MO
<i>lanthanum oral tablet, chewable 1,000 mg</i>	2	MO; QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	2	MO; QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	2	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar)</i>	2	MO	PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; LA; QL (14 per 180 days)
<i>levocarnitine oral tablet</i>	2	MO	RAVICTI	5	PA; MO
LITHOSTAT	4		RENAGEL ORAL TABLET 800 MG	4	MO
LOKELMA	3	MO	RENELA ORAL POWDER IN PACKET 0.8 GRAM	5	MO; QL (180 per 30 days)
<i>midodrine</i>	2	MO	RENELA ORAL POWDER IN PACKET 2.4 GRAM	5	MO; QL (90 per 30 days)
<i>nitisinone</i>	5	PA; MO	RENELA ORAL TABLET	5	MO; QL (270 per 30 days)
NITYR	4	PA; MO; LA	REVCovi	5	PA; LA
NORTHERA	5	PA; MO	RILUTEK	5	PA; MO
ORFADIN	5	PA; LA	<i>riluzole</i>	2	PA; MO
OXBRYTA ORAL TABLET 300 MG	5	PA; MO; LA; QL (150 per 30 days)	<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
OXBRYTA ORAL TABLET 500 MG	5	PA; MO; LA; QL (90 per 30 days)	SALAGEN (PILOCARPINE)	4	MO
OXBRYTA ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; QL (150 per 30 days)	<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	2	MO; QL (180 per 30 days)
PHEBURANE	5	PA; MO	<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	2	MO; QL (90 per 30 days)
<i>pilocarpine hcl oral</i>	2	MO	<i>sevelamer carbonate oral tablet</i>	2	MO; QL (270 per 30 days)
PROLASTIN-C	5	PA; LA	<i>sevelamer hcl</i>	2	MO
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	5	PA; LA; QL (56 per 28 days)			
PYRUKYND ORAL TABLET 5 MG	5	PA; LA; QL (7 per 180 days)			

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.9 % intravenous piggyback	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
SYPRINE	5	PA; MO
TAVNEOS	5	PA; LA; QL (180 per 30 days)
THIOLA	5	PA
THIOLA EC	5	PA
TIGLUTIK	5	PA
tiopronin	5	PA; MO
trientine	5	PA; MO
VELPHORO	5	MO; QL (180 per 30 days)
VELTASSA	3	MO
XURIDEN	5	PA
ZEMAIRA	5	PA; MO; LA
ZOKINVY	5	PA; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter)	2	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
varenicline	2	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
azelastine nasal aerosol,spray	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
olopatadine nasal	2	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<b>DERMOTIC OIL</b>	4	MO
<i>flac otic oil</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<b>CIPRO HC</b>	4	MO
<b>CIPRODEX</b>	4	MO; QL (7.5 per 7 days)
<i>ciprofloxacin-dexamethasone</i>	2	MO; QL (7.5 per 7 days)
<b>CIPROFLOXACIN-FLUOCINOLONE</b>	4	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
<b>OTOVEL</b>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	5	PA; MO
<b>ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG</b>	4	
<b>ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG</b>	5	
<b>CORTEF</b>	4	MO
<b>CORTROPHIN GEL</b>	5	PA; MO
<i>dexabliss</i>	2	
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone oral tablets, dose pack</i>	2	MO
<b>EMFLAZA</b>	5	PA; MO; LA
<b>fludrocortisone</b>	2	MO
<b>HEMADY</b>	4	MO
<i>hydrocortisone oral</i>	2	MO
<b>MEDROL (PAK)</b>	4	MO
<b>MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG</b>	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone oral tablet</i>	2	PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>millipred oral tablet</i>	2	PA; MO
<b>ORAPRED ODT</b>	4	PA; MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	PA; MO
<i>prednisone intensol</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<b>RAYOS</b>	5	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	4	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	4	
<b>TARPEYO</b>	5	PA; QL (120 per 30 days)
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<b>ACTOPLUS MET ORAL TABLET 15-850 MG</b>	4	MO; QL (90 per 30 days)
<b>ACTOS</b>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADMELOG SOLOSTAR U-100 INSULIN	4	ST; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
ADMELOG U-100 INSULIN LISPRO	4	PA; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
AFREZZA	4	MO	CYCLOSET	4	MO; QL (180 per 30 days)
alcohol pads	2		diazoxide	2	MO
ALOGLIPTIN	4	ST; MO; QL (30 per 30 days)	DROPSAFE ALCOHOL PREP PADS	3	MO
ALOGLIPTIN-METFORMIN	4	ST; MO; QL (60 per 30 days)	DUETACT	4	MO; QL (30 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	MO; QL (30 per 30 days)	FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO	FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
APIDRA U-100 INSULIN	4	PA; MO	FIASP FLEXTOUCH U-100 INSULIN	4	ST; MO
BAQSIMI	3	MO	FIASP PENFILL U-100 INSULIN	4	ST; MO
BASAGLAR KWIKPEN U-100 INSULIN	4	ST; MO	FIASP U-100 INSULIN	4	PA; MO
BASAGLAR TEMPO PEN(U-100)INSLN	4	ST; MO	glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QL (240 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QL (120 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	5	ST; MO; QL (60 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	ST; MO; QL (120 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)	GLYXAMBI	3	MO; QL (30 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)	GVOKE	3	MO
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)	GVOKE HYPOOPEN 2-PACK	3	MO
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)	GVOKE PFS 1-PACK SYRINGE	3	MO
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	3	MO
GLUCAGEN HYPOKIT	4	ST; MO	HUMALOG KWIKPEN INSULIN	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	4	ST; MO			
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 INSULN U-100	3	MO	HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO	HUMULIN R U-500 (CONC) KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO	INSULIN ASPR PRT-INSULIN ASPART	4	ST; MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO	INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	4	ST; MO
HUMALOG TEMPO PEN(U-100)INSULN	4	ST; MO	INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	4	ST; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO	INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	4	PA; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	PA; MO	INSULIN DEGLUDEC	4	ST; MO
HUMULIN 70/30 U-100 INSULIN	3	MO	INSULIN GLARGINE	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO	INSULIN GLARGINE-YFGN	4	ST; MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO	INSULIN LISPRO PROTAMIN-LISPRO	4	ST; MO
HUMULIN N NPH U-100 INSULIN	3	MO	INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	4	ST; MO
HUMULIN R REGULAR U-100 INSULN	3	MO			

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INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	4	ST; MO	JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5- 500 MG	3	MO; QL (60 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	PA; MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET	4	ST; MO; QL (60 per 30 days)	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
INVOKAMET XR	4	ST; MO; QL (60 per 30 days)	KAZANO	4	ST; MO; QL (60 per 30 days)
INVOKANA	4	ST; MO; QL (30 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5- 500 MG	4	ST; MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)	LANTUS U-100 INSULIN	3	MO
JANUVIA	3	MO; QL (30 per 30 days)	LEVEMIR FLEXPEN	4	ST; MO
JARDIANCE	3	MO; QL (30 per 30 days)	LEVEMIR U-100 INSULIN	4	ST; MO

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LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV TEMPO PEN(U-100)INSULN	4	ST; MO
LYUMJEV U-100 INSULIN	3	PA; MO
<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	5	QL (120 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	2	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	2	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	2	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	2	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	4	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	4	ST; MO

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

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SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	4	ST; MO	TOUJEO MAX U-300 SOLOSTAR	3	MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	4	ST; MO	TOUJEO SOLOSTAR U-300 INSULIN	3	MO
SOLIQUA 100/33	3	MO; QL (90 per 30 days)	TRADJENTA	3	MO; QL (30 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)	TRESIBA FLEXTOUCH U-100	4	ST; MO
STEGLUJAN	4	ST; MO; QL (30 per 30 days)	TRESIBA FLEXTOUCH U-200	4	ST; MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)	TRESIBA U-100 INSULIN	4	ST; MO
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)			

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TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)	ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; MO; QL (150 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)	AVEED	4	PA; LA
VICTOZA 3-PAK	4	PA; MO; QL (9 per 30 days)	<i>cabergoline</i>	2	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10- 500 MG	3	MO; QL (30 per 30 days)	<i>calcitonin (salmon) nasal</i>	2	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5- 1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)	<i>calcitriol oral capsule</i>	2	MO
XULTOPHY 100/3.6	4	ST; MO; QL (15 per 30 days)	<i>calcitriol oral solution</i>	2	
ZEGALOGUE AUTOINJECTOR	3	MO	CERDELGA	5	PA; MO
ZEGALOGUE SYRINGE	3	MO	<i>cinacalcet</i>	2	PA; MO
<b>MISCELLANEOUS HORMONES</b>			<i>danazol</i>	2	MO
ANDRODERM	4	PA; MO; QL (30 per 30 days)	DDAVP ORAL	4	MO
			DEPO- TESTOSTERONE	4	PA; MO
			<i>desmopressin nasal spray with pump</i>	2	MO
			<i>desmopressin oral</i>	2	MO
			<i>doxercalciferol oral</i>	2	MO
			FORTESTA	4	PA; MO; QL (120 per 30 days)
			GALAFOLD	5	PA; MO; LA; QL (15 per 30 days)
			ISTURISA ORAL TABLET 1 MG	5	PA; LA; QL (240 per 30 days)
			ISTURISA ORAL TABLET 10 MG	5	PA; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 5 MG	5	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	5	PA; MO; QL (60 per 30 days)
<i>javygtor oral powder in packet 100 mg</i>	2	PA; MO
<i>javygtor oral powder in packet 500 mg</i>	5	PA; MO
<i>javygtor oral tablet,soluble</i>	5	PA; MO
JYNARQUE	5	PA; LA
KORLYM	5	PA
KUVAN	5	PA; MO
METHITEST	4	MO
<i>methyltestosterone oral capsule</i>	5	MO
<i>miglustat</i>	5	PA; MO; LA
MYALEPT	5	PA; MO; LA
NATESTO	4	PA; MO; QL (21.96 per 30 days)
NATPARA	5	PA; LA
NOCDURNA (MEN)	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOCDURNA (WOMEN)	4	PA; MO; QL (30 per 30 days)
ORILISSA	5	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol oral</i>	2	MO
RAYALDEE	5	MO
RECORLEV	5	PA
ROCALTROL ORAL CAPSULE	4	MO
ROCALTROL ORAL SOLUTION	4	
SAMSCA	5	PA; MO
<i>sapropterin</i>	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	4	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	PA; MO
SOMAVERT	5	PA; MO
SYNAREL	5	PA; MO

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TESTIM	4	PA; MO; QL (300 per 30 days)	<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 %</i> <i>(20.25 mg/1.25</i> <i>gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>100 mg/ml, 200</i> <i>mg/ml</i>	2	PA; MO	<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 % (40.5</i> <i>mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>200 mg/ml (1 ml)</i>	2	PA	<i>testosterone</i> <i>transdermal solution</i> <i>in metered pump</i> <i>w/app</i>	2	PA; MO; QL (180 per 30 days)
<i>testosterone</i> <i>enanthate</i>	2	PA; MO	TLANDO	4	PA; MO; QL (120 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>10 mg/0.5 gram</i> <i>/actuation</i>	2	PA; MO; QL (120 per 30 days)	<i>tolvaptan</i>	5	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	4	PA; MO; QL (300 per 30 days)	VOGELXO TRANSDERMAL GEL	4	PA; MO; QL (300 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>20.25 mg/1.25 gram</i> <i>(1.62 %)</i>	2	PA; MO; QL (150 per 30 days)	VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; MO; QL (300 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1 % (25</i> <i>mg/2.5gram), 1 %</i> <i>(50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)	VOXZOGO	5	PA; MO
			XYOSTED	4	PA; MO; QL (2 per 28 days)
			ZAVESCA	5	PA; MO; LA
			ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>THYROID HORMONES</b>		
CYTOMEL	4	MO
ERMEZA	4	MO
euthyrox	1	MO
LEVOTHYROXINE ORAL CAPSULE	4	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	2	MO
SYNTHROID	4	ST; MO
THYQUIDITY	4	MO
TIROSINT	4	MO
TIROSINT-SOL	4	MO
<i>unithroid</i>	1	MO
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
CUVPOSA	4	MO
DARTISLA	4	MO
<i>dicyclomine oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
GLYCATE	4	MO
<i>glycopyrrolate oral solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
LOMOTIL	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine</i>	2	MO
MOTOFEN	4	MO
MYTESI	4	MO
ROBINUL FORTE	4	MO
ROBINUL ORAL	4	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg</i>	2	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
AMITIZA	4	ST; MO; QL (60 per 30 days)

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ANTIVERT ORAL TABLET 50 MG	4	MO
ANTIVERT ORAL TABLET,CHEWA BLE	4	MO
ANUSOL-HC TOPICAL	4	MO
ANZEMET ORAL TABLET 50 MG	4	PA; MO
<i>aprepitant</i>	2	PA; MO
APRISO	4	MO
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide</i>	2	MO
<i>betaine</i>	5	MO
BONJESTA	4	MO
<i>budesonide oral capsule,delayed,exte nd.release</i>	2	MO
<i>budesonide oral tablet,delayed and ext.release</i>	5	MO
<i>budesonide rectal</i>	2	MO
BYLVAY	5	PA; MO; LA
CANASA	4	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
POWDER FOR RECONST		
CLENPIQ	4	ST; MO
COLAZAL	5	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	
DELZICOL	4	MO
DICLEGIS	4	MO
DIPENTUM	5	MO
<i>doxylamine- pyridoxine (vit b6)</i>	2	MO
dronabinol	2	PA; MO
EMEND ORAL CAPSULE 80 MG	4	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	4	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTI ON	4	PA
<i>enulose</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
GASTROCROM	4	MO
GATTEX 30-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	2	MO
GIMOTI	5	
GOLYTELY	4	ST; MO
<i>gransetron hcl oral</i>	2	PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
IBSRELA	5	ST; MO; QL (60 per 30 days)
INFLECTRA	5	PA; MO; QL (20 per 28 days)
KRISTALOSE	4	MO
<i>lactulose oral packet</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LIALDA	4	MO
LINZESS	3	MO; QL (30 per 30 days)
LIVMARLI	5	PA; LA
LOTRONEX	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone</i>	2	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	5	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	4	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	2	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule,extended release 24hr</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/rec)</i>	2	MO
<i>mesalamine rectal</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	2	MO
MOTEGRITY	4	ST; MO; QL (30 per 30 days)

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MOVANTIK	3	MO; QL (30 per 30 days)	peg3350-sod sul-nacl-kcl-asb-c	2	MO
MOVIPREP	4	ST; MO	peg-electrolyte	2	MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>ondansetron</i>	2	PA; MO	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>ondansetron hcl oral solution</i>	2	PA; MO	PERTZYE ORAL CAPSULE,DELA YED RELEASE(DR/EC ) 16,000-57,500-60,500 UNIT, 4,000-14,375-15,125 UNIT, 8,000-28,750-30,250 UNIT	4	ST; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA; MO	PERTZYE ORAL CAPSULE,DELA YED RELEASE(DR/EC ) 24,000-86,250-90,750 UNIT	5	ST; MO
OSMOPREP	4	ST; MO	PLENU	4	ST; MO
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC ) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	ST; MO	prochlorperazine	2	MO
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC ) 37,000-97,300- 149,900 UNIT	5	ST; MO	prochlorperazine maleate oral	2	MO
<i>peg 3350-electrolytes</i>	2	MO	procto-med hc	2	MO
			proctosol hc topical	2	MO
			proctozone-hc	2	MO

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Drug Name	Drug Tier	Requirements/Limits
RECTIV	3	MO
REGLAN ORAL	4	MO
RELISTOR ORAL	5	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
RELTONE	5	
REMICADE	5	PA; MO; QL (20 per 28 days)
RENFLEXIS	5	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	4	MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium, potassium, mag sulfates</i>	2	MO
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	4	ST; MO
SUTAB	4	ST; MO
SYMPROIC	4	MO; QL (30 per 30 days)
SYNDROS	5	PA; MO
TRANSDERM-SCOP	4	MO
TRULANCE	3	MO; QL (30 per 30 days)
UCERIS ORAL	5	MO
UCERIS RECTAL	4	MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i>	5	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI	3	PA
VIBERZI	5	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIOKACE	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC ) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
<b>ULCER THERAPY</b>		
ACIPHEX	4	MO; QL (60 per 30 days)
<i>amoxicil- clarithromy- lansopraz</i>	2	MO; QL (112 per 180 days)
<i>bismuth subcit k- metronidz-tcn</i>	2	MO; QL (120 per 180 days)
CARAFATE	4	MO
cimetidine	2	MO
CYTOTEC	4	MO
DEXILANT	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	MO; QL (60 per 30 days)
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
KONVOMEP	4	QL (600 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)

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<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol</i>	2	MO
<b>NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG</b>	4	MO; QL (30 per 30 days)
<b>NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG</b>	4	MO; QL (60 per 30 days)
<b>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	4	MO; QL (30 per 30 days)
<b>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG</b>	4	MO; QL (60 per 30 days)
<i>nizatidine oral capsule</i>	2	MO
<b>OMECLAMOX-PAK</b>	4	MO; QL (80 per 180 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	2	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	5	MO; QL (30 per 30 days)
<i>pantoprazole oral granules dr for susp in packet</i>	2	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<b>PEPCID ORAL TABLET</b>	4	MO
<b>PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG</b>	4	MO; QL (60 per 30 days)
<b>PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG</b>	4	MO; QL (30 per 30 days)

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PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 30 MG	4	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	4	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	4	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	4	MO; QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 20 MG	4	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 40 MG	4	MO; QL (60 per 30 days)
PYLERA	4	MO; QL (120 per 180 days)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	MO; QL (60 per 30 days)
<i>sucralfate</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
TALICIA	4	MO; QL (168 per 180 days)
ZEGERID	5	MO; QL (30 per 30 days)
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
EGRIFTA SV	5	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
FULPHILA	5	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYLNTRA	5	PA
GENOTROPIN	5	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; MO
GRANIX	5	PA; MO
HUMATROPE INJECTION CARTRIDGE	5	PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
NEULASTA	5	PA; MO
NEULASTA ONPRO	5	PA; MO
NEUPOGEN	5	PA; MO
NIVESTYM	5	PA; MO
NORDITROPIN FLEXPRO	5	PA; MO
NUTROPIN AQ NUSPIN	5	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RELEUKO	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAIZEN	5	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; MO
SKYTROFA	5	PA; MO
SOGROYA	5	PA; MO
UDENYCA	5	PA; MO
UDENYCA AUTOINJECTOR	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; MO
ZORBTIVE	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO; V
BCG VACCINE, LIVE (PF)	1	MO; V
BEXSERO	1	MO; V
BIVIGAM	5	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOOSTRIX TDAP	1	MO; V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORT	4	PA; MO
ENGERIX-B (PF)	1	PA; MO; V
ENGERIX-B PEDIATRIC (PF)	1	PA; MO; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA
GAMMAGARD LIQUID	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GAMMAPLEX	5	PA; MO
GAMMAPLEX (WITH SORBITOL)	5	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GARDASIL 9 (PF)	1	MO; V
GRASTEK	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HEPLISAV-B (PF)	1	PA; MO; V
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOV	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)(STOCKPILE)	1	PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO; V
MENQUADFI (PF)	1	MO; V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	MO; V
M-M-R II (PF)	1	MO; V
OCTAGAM	5	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ODACTRA	4	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	
PANZYGA INTRAVENOUS SOLUTION 10 %	5	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	5	PA
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIOD (PF)	1	PA; MO; V
PRIORIX (PF)	1	V
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	MO; V
RAGWITEK	4	MO
RECOMBIVAX HB (PF)	1	PA; MO; V
ROTARIX	3	

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Drug Name	Drug Tier	Requirements/Limits
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	1	MO; V; QL (2 per 720 days)
TDVAX	1	MO; V
TENIVAC (PF)	1	MO; V
TETANUS,DIPH THERIA TOX PED(PF)	3	MO
TICOVAC	3	MO
TRUMENBA	1	MO; V
TWINRIX (PF)	1	MO; V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	MO; V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	MO; V
VARIVAX (PF)	1	V

Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF)	1	V
<b>MISCELLANEOUS SUPPLIES</b>		
<b>MISCELLANEOUS SUPPLIES</b>		
1ST TIER UNIFINE PENTIPS	4	ST
1ST TIER UNIFINE PENTIPS PLUS	4	ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	4	ST
ABOUTTIME PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	4	ST; MO
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO	BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	3	MO
ASSURE ID PEN NEEDLE	4	ST; MO	BD LO-DOSE MICRO-FINE IV	3	MO
BD AUTOSHIELD DUO PEN NEEDLE	3	MO	BD NANO 2ND GEN PEN NEEDLE	3	MO
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	3	MO	BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	MO
BD INSULIN SYRINGE (HALF UNIT)	3	MO	BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	MO			
BD INSULIN SYRINGE U-500	3	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	3	MO	CAREFINE PEN NEEDLE	4	ST; MO
BD ULTRA-FINE MICRO PEN NEEDLE	3	MO	NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"		
BD ULTRA-FINE MINI PEN NEEDLE	3	MO	CARETOUCH INSULIN SYRINGE	4	ST
BD ULTRA-FINE NANO PEN NEEDLE	3	MO	CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	4	ST
BD ULTRA-FINE ORIG PEN NEEDLE	3	MO	CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	4	ST; MO
BD ULTRA-FINE SHORT PEN NEEDLE	3	MO	CEQUR SIMPLICITY	3	MO
BD VEO INSULIN SYR (HALF UNIT)	3	MO	CEQUR SIMPLICITY INSERTER	3	MO
BD VEO INSULIN SYRINGE UF	3	MO	CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	4	ST
CAREFINE PEN NEEDLE 29 GAUGE X 1/2"	4	ST	CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST	COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33	4	ST
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO	GAUGE X 3/16", 33 GAUGE X 5/32"	4	ST; MO
COMFORT EZ PEN NEEDLES	4	ST; MO	COMFORT TOUCH PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	4	ST; MO
			DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	4	ST

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DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"	4	ST; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	4	ST
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	4	ST; MO
DROPLET MICRON PEN NEEDLE	4	ST; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
DROPLET PEN NEEDLE 30 GAUGE X 5/16"	4	ST
DROPSAFE INSULIN SYRINGE	4	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	4	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	4	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	4	ST	EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	4	ST
EASY COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO	EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	4	ST; MO
EASY COMFORT PEN NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	4	ST	EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	4	ST; MO
EASY GLIDE INSULIN SYRINGE	4	ST	EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	4	ST; MO
EASY GLIDE PEN NEEDLE	4	ST	EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 27 GAUGE X 1/2"	4	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	4	ST; MO
EASY TOUCH LUER LOCK INSULIN	4	ST; MO
EASY TOUCH NEEDLE	4	ST; MO
EASY TOUCH PEN NEEDLE	4	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	4	ST; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	4	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	4	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	4	ST; MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	4	ST
EMBRACE PEN NEEDLE	4	ST
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST
GAUZE PADS 2 X 2	3	
HEALTHWISE INSULIN SYRINGE	4	ST
HEALTHWISE PEN NEEDLE	4	ST
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	4	ST
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
INCONTROL PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	4	ST
INPEN (FOR HUMALOG) BLUE	4	

Drug Name	Drug Tier	Requirements/Limits
INPEN (FOR HUMALOG) GREY	4	
INPEN (FOR HUMALOG) PINK	4	
INPEN (NOVOLOG OR FIASP) BLUE	4	
INPEN (NOVOLOG OR FIASP) GREY	4	
INPEN (NOVOLOG OR FIASP) PINK	4	
INSULIN PEN NEEDLE	3	MO
INSULIN PEN NEEDLE 29 GAUGE X 15/32", 31 GAUGE X 13/64", 31 GAUGE X 15/64", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	4	ST
INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST; MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1/2 ML 27 GAUGE X 1/2"	4	ST
INSUPEN PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSUPEN PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	4	ST; MO
LITE TOUCH INSULIN PEN NEEDLES	4	ST; MO
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	4	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	4	ST; MO	MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	4	ST; MO
MAGELLAN INSULIN SAFETY SYRNG	4	ST; MO	MICRODOT INSULIN PEN NEEDLE	4	ST
MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	4	ST; MO	MINI ULTRA- THIN II	4	ST; MO
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	4	ST	MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	4	ST; MO
MAXICOMFORT II PEN NEEDLE	4	ST	MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	4	ST
MAXICOMFORT INSULIN SYRINGE	4	ST			
MAXI- COMFORT INSULIN SYRINGE	4	ST; MO			
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	4	ST			

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MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO	NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	4	ST
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST	NEEDLES, INSULIN DISP.,SAFETY	4	ST; MO
MONOJECT SYRINGE 1/2 ML 28 GAUGE	4	ST	NOVOFINE 32	4	ST; MO
MONOJECT ULTRA COMFORT INSULIN	4	ST; MO	NOVOFINE AUTOCOVER	4	ST; MO
			NOVOFINE PLUS	4	ST; MO
			OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO; QL (1 per 720 days)
			OMNIPOD 5 G6 PODS (GEN 5)	3	MO
			OMNIPOD CLASSIC PODS (GEN 3)	3	MO
			OMNIPOD DASH INTRO KIT (GEN 4)	3	MO; QL (1 per 720 days)
			OMNIPOD DASH PODS (GEN 4)	3	MO
			PEN NEEDLE, DIABETIC, SAFETY	4	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENTIPS	4	ST
PIP PEN NEEDLE	4	ST; MO
PREVENT DROPSAFE PEN NEEDLE	4	ST
PRO COMFORT INSULIN SYRINGE	4	ST
PRO COMFORT PEN NEEDLE	4	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	4	ST
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	4	ST; MO
PURE COMFORT PEN NEEDLE	4	ST
PURE COMFORT SAFETY PEN NEEDLE	4	ST
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	4	ST; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFESNAP	4	ST
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"		
SAFETY PEN NEEDLE	4	ST
SECURESAFE INSULIN SYRINGE	4	ST
SECURESAFE PEN NEEDLE	4	ST
SKY SAFETY PEN NEEDLE	4	ST
SURE COMFORT INS. SYR. U-100	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	4	ST; MO	SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	4	ST; MO
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	4	ST	SURE-FINE PEN NEEDLES	4	ST; MO
SURE COMFORT PEN NEEDLE	4	ST; MO	SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	4	ST
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	4	ST	SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16	4	ST; MO
			TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	4	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	4	ST; MO	TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16"	4	ST	TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	4	ST
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	4	ST; MO	TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	4	ST
<hr/>			TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	4	ST; MO
<hr/>			<i>thinpro insulin syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	2	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	4	ST	TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	4	ST; MO	TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31	4	ST; MO
TOPCARE CLICKFINE	4	ST	GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	
TOPCARE ULTRA COMFORT	4	ST	TRUEPLUS PEN NEEDLE	4	ST; MO
TRUE COMFORT INSULIN SYRINGE	4	ST	ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	4	ST; MO
TRUE COMFORT PEN NEEDLE	4	ST	ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	4	ST
TRUE COMFORT PRO INS SYRINGE	4	ST			
TRUE COMFORT SAFETY PEN NEEDLE	4	ST			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULN SYR(HALF UNIT)	4	ST; MO	ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	4	ST
ULTICARE PEN NEEDLE	4	ST; MO	ULTICARE SAFETY PEN NEEDLE	4	ST
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	4	ST; MO	ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	4	ST
ULTIGUARD SAFEPACK- INSULIN SYR	4	ST	ULTIGUARD SAFEPACK-PEN NEEDLE	4	ST
ULTILET PEN NEEDLE 29 GAUGE	4	ST	ULTILET PEN NEEDLE 32 GAUGE X 5/32"	4	ST; MO
ULTRA CMFT INS SYR (HALF UNIT)	4	ST	ULTRA COMFORT INSULIN SYRINGE	4	ST
ULTRA FLO INSUL SYR(HALF UNIT)	4	ST			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	4	ST	ULTRA-THIN II (SHORT) INS SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	4	ST; MO	ULTRA-THIN II (SHORT) INS SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	4	ST
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	4	ST	ULTRA-THIN II (SHORT) PEN NDL	4	ST; MO
ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	4	ST; MO	ULTRA-THIN II INS PEN NEEDLES	4	ST; MO
ULTRA THIN PEN NEEDLE	4	ST	ULTRA-THIN II INSULIN SYRINGE	4	ST; MO
ULTRACARE INSULIN SYRINGE	4	ST	UNIFINE PENTIPS MAXFLOW	4	ST; MO
ULTRACARE PEN NEEDLE	4	ST; MO	UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	4	ST; MO

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UNIFINE PENTIPS PLUS	4	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	4	ST
UNIFINE SAFECONTROL	4	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	4	ST; MO
VANISHPOINT INSULIN SYRINGE	4	ST
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	4	ST; MO
VERIFINE INSULIN SYRINGE	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	4	ST
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ALLOPURINOL ORAL TABLET 200 MG	4	
COLCHICINE (GOUT) ORAL CAPSULE	4	ST; MO
<i>colchicine (gout) oral tablet</i>	2	MO
COLCRYS	4	ST; MO
<i>febuxostat</i>	2	MO
MITIGARE	4	ST; MO
<i>probencid</i>	2	MO

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<i>probenecid-</i> <i>colchicine</i>	2	MO
ULORIC	4	MO
ZYLOPRIM	4	MO
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG	4	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	4	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	4	ST; MO; QL (4 per 28 days)
BINOSTO	4	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2 )	5	PA; MO; QL (2.34 per 30 days)
EVISTA	4	MO
FORTEO	5	PA; MO; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)

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ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	5	PA; MO; QL (0.8 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (6 per 28 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; MO; QL (4.8 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days)	ARAVA	5	MO; QL (30 per 30 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; MO; QL (4.8 per 28 days)	BENLYSTA SUBCUTANEOUS	5	PA; MO
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)	CUPRIMINE	5	PA; MO
			CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)
			CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 180 days)
			CYLTEZO(CF) PEN PSORIASIS STRT	5	PA; QL (4 per 180 days)
			CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HADLIMA(CF)	5	PA; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	5	PA; QL (2.4 per 28 days)
HULIO(CF) PEN	5	PA; MO; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (6 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS- UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV- ADOL HS	5	PA; MO; QL (3 per 180 days)

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HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN	5	PA; MO; QL (1.6 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
KEVZARA	5	PA; MO; QL (2.28 per 28 days)
KINERET	5	PA; QL (20.1 per 30 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
OLUMIANT	5	PA; MO; QL (30 per 30 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	4	MO
penicillamine	5	PA; MO
RASUVO (PF)	4	MO
REDITREX (PF)	4	MO
RIDAURA	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
YUSIMRY(CF) PEN	5	PA; QL (4.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	4	PA; MO
<i>amabelz</i>	2	PA; MO
ANGELIQ	4	PA; MO
AYGESTIN	4	MO
BIJUVA	4	PA; MO
<i>camila</i>	2	MO
CLIMARA	4	PA; MO; QL (4 per 28 days)
CLIMARA PRO	4	PA; MO
COMBIPATCH	4	PA; MO
CRINONE VAGINAL GEL 4%	4	MO
CRINONE VAGINAL GEL 8%	4	PA; MO
<i>deblitane</i>	2	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	MO

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	MO
DEPO-SUBQ PROVERA 104	4	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	4	PA; MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	4	PA; MO; QL (37.5 per 30 days)
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
ELESTRIN	4	PA; MO; QL (70 per 30 days)
<i>errin</i>	2	MO
ESTRACE ORAL	4	PA; MO
ESTRACE VAGINAL	4	ST; MO
<i>estradiol oral</i>	2	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1 %), 1 mg/gram (0.1 %)</i>	2	PA; MO; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	2	PA; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
<b>ESTRING</b>	4	MO
<b>ESTROGEL</b>	4	MO; QL (50 per 30 days)
<b>EVAMIST</b>	4	PA; MO; QL (16.2 per 30 days)
<b>FEMRING</b>	4	ST; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fyavolv</i>	2	PA; MO
<b>IMVEXXY MAINTENANCE PACK</b>	3	MO
<b>IMVEXXY STARTER PACK</b>	3	MO
<i>incassia</i>	2	MO
<i>jintel</i>	2	PA; MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
<b>MENEST</b>	3	PA; MO
<b>MENOSTAR</b>	4	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	2	PA; MO
<b>MINIVELLE</b>	4	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone aceteth estradiol oral tablet 0.5-2.5 mg-mcg</i>	2	PA
<i>norethindrone aceteth estradiol oral tablet 1-5 mg-mcg</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PREFEST	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone micronized</i>	2	MO
PROMETRIUM	4	MO
PROVERA	4	MO
<i>sharobel</i>	2	MO
VAGIFEM	4	ST; MO
VIVELLE-DOT	4	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA	4	MO
CLEOCIN VAGINAL	4	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	4	MO
<i>eluryng</i>	2	MO
<i>etonogestrel-ethynodiol estradiol</i>	2	
GYZNAZOLE-1	4	MO
INTRAROSA	4	MO
KYLEENA	4	
LILETTA	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
MIRENA	4	
MYFEMBREE	5	PA; MO
NEXPLANON	4	
NUVARING	4	MO
ORIAHNN	5	PA; MO
OSPHENA	4	MO
PHEXXI	4	MO
SKYLA	4	
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
<i>zafemy</i>	2	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
BALCOLTRA	4	MO
<i>balziva (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese lo</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>desog-e. estradiolle.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	MO
<i>drospirenone- e.estriadiol-lm,fa oral tablet 3-0.02- 0.451 mg (24) (4)</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>finzala</i>	2	MO
<i>gummily</i>	2	MO
<i>hailey 24 fe</i>	2	MO
<i>iclevia</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgestle.estriadiol- e.estriadiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgestle.estriadiol- e.estriadiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>layolis.fe</i>	2	MO
<i>leena 28</i>	2	MO

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<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<b>LO LOESTRIN FE</b>	4	MO
<b>LOESTRIN 1.5/30 (21)</b>	4	MO
<b>LOESTRIN 1/20 (21)</b>	4	MO
<b>LOESTRIN FE 1.5/30 (28-DAY)</b>	4	MO
<b>LOESTRIN FE 1/20 (28-DAY)</b>	4	MO
<i>loryna (28)</i>	2	MO
<b>LOSEASONIQUE</b>	4	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>merzee</i>	2	MO
<i>mibelas 24 fe</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin 24 fe</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>milki</i>	2	MO
<b>NATAZIA</b>	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
<b>NEXTSTELLIS</b>	4	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	
<i>norethindrone aceth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7)/1mg-35mcg (9)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	

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norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	2	MO
nortrel 0.5/35 (28)	2	MO
nortrel 1/35 (21)	2	MO
nortrel 1/35 (28)	2	MO
nortrel 7/7/7 (28)	2	MO
nylia 1/35 (28)	2	MO
nylia 7/7/7 (28)	2	MO
nymyo	2	MO
ocella	2	MO
pimtrea (28)	2	MO
portia 28	2	MO
QUARTETTE	4	MO
reclipsen (28)	2	MO
rivelsa	2	MO
SAFYRAL	4	MO
SEASONIQUE	4	MO
setlakin	2	MO
SLYND	4	MO
sprintec (28)	2	MO
sronyx	2	MO
syeda	2	MO
tarina 24 fe	2	MO
tarina fe 1-20 eq (28)	2	MO
tilia fe	2	MO
tri-estarrylla	2	MO
tri-legest fe	2	MO
tri-lo-estarrylla	2	MO
tri-lo-sprintec	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tri-mili	2	MO
tri-nymyo	2	MO
tri-sprintec (28)	2	MO
trivora (28)	2	MO
tri-vylibra	2	MO
tri-vylibra lo	2	MO
TYBLUME	4	MO
tydemy	2	MO
velivet triphasic regimen (28)	2	MO
vestura (28)	2	MO
vienna	2	MO
vyfemla (28)	2	MO
vylibra	2	MO
wymzyafe	2	MO
YASMIN (28)	4	MO
YAZ (28)	4	MO
zovia 1-35 (28)	2	MO

## OPHTHALM OLOGY

### ANTIBIOTICS

AZASITE	3	MO
bacitracin ophthalmic (eye)	2	MO
bacitracin-polymyxin b	2	MO
BESIVANCE	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl ophthalmic (eye)	2	MO
erythromycin ophthalmic (eye)	2	MO; QL (3.5 per 14 days)
gatifloxacin	2	MO
gentamicin ophthalmic (eye) drops	2	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	2	MO
moxifloxacin ophthalmic (eye) drops	2	MO
NATACYN	4	
neomycin- bacitracin- polymyxin	2	MO
neomycin- polymyxin- gramicidin	2	MO
neo-polycin	2	MO
OCUFLOX	4	MO
ofloxacin ophthalmic (eye)	2	MO
polycin	2	MO
polymyxin b sulf- trimethoprim	2	MO
tobramycin ophthalmic (eye)	2	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	4	MO; QL (3.5 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	4	MO
ZYMAXID	4	MO
<b>ANTIVIRALS</b>		
trifluridine	2	MO
ZIRGAN	4	MO
<b>BETA- BLOCKERS</b>		
betaxolol ophthalmic (eye)	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
carteolol	2	MO
ISTALOL	4	MO
levobunolol ophthalmic (eye) drops 0.5 %	2	MO
timolol maleate (pf)	2	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) drops, once daily	2	MO
timolol maleate ophthalmic (eye) gel forming solution	2	MO
TIMOPTIC OCUDOSE (PF)	4	MO
TIMOPTIC-XE	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS OPHTHALMOL OGICS</b>		
ALOMIDE	4	MO
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>bepotastine besilate</i>	2	MO
BEPREVE	4	MO
BYOOVIZ	5	PA; MO
CEQUA	4	MO; QL (60 per 30 days)
CIMERLI	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	2	MO; QL (60 per 30 days)
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>epinastine</i>	2	MO
LACRISERT	4	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
RESTASIS	4	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	4	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
TYRVAYA	4	MO; QL (8.4 per 30 days)
VERKAZIA	5	PA; MO; QL (120 per 30 days)
VUITY	4	PA; MO
XIIDRA	3	MO; QL (60 per 30 days)
ZERVIATE	4	MO
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	4	ST; MO
ACULAR LS	4	ST; MO
ACUVAIL (PF)	4	ST; MO
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ILEVRO	4	ST; MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
NEVANAC	4	ST; MO
PROLENSA	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	MO
<i>methazolamide</i>	2	MO
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	4	MO
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>brimonidine-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
COMBIGAN	4	MO
COSOPT	4	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	3	MO
<i>tafluprost (pf)</i>	2	MO
TRAVATAN Z	4	ST; MO
<i>travoprost</i>	2	MO
VYZULTA	4	ST; MO
XALATAN	4	ST; MO
XELPROS	4	ST
ZIOPTAN (PF)	4	ST; MO
<b>STEROID-ANTIBIOTIC COMBINATION S</b>		
MAXITROL	4	MO
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
TOBRADEX ST	4	MO
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYLET	4	MO; QL (10 per 14 days)
<b>STEROIDS</b>		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>difluprednate</i>	2	MO
DUREZOL	4	MO
EYSUVIS	4	PA; MO; QL (8.3 per 14 days)
FLAREX	4	MO
<i>fluorometholone</i>	2	MO
FML FORTE	4	MO
FML LIQUIFILM	4	MO
INVELTYS	3	MO
LOTEMAX	4	MO
LOTEMAX SM	4	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	4	MO
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P	4	MO
<i>apraclonidine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye)</i>	2	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO
<b>RESPIRATOR Y AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
AUVI-Q	4	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
CLARINEX ORAL TABLET	4	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	4	MO; QL (60 per 30 days)
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	4	MO; QL (2 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
<b>EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)</b>	4	QL (2 per 30 days)
<b>EPIPEN 2-PAK</b>	4	MO; QL (2 per 30 days)
<b>EPIPEN JR 2-PAK</b>	4	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral</i>	2	PA; MO
<b>SYMJEPI</b>	4	MO; QL (2 per 30 days)
<b>PULMONARY AGENTS</b>		
<b>ACCOLATE</b>	4	MO
<i>acetylcysteine</i>	2	PA; MO
<b>ADCIRCA</b>	5	PA; MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ADEMPAS</b>	5	PA; MO; LA
<b>ADVAIR DISKUS</b>	4	MO; QL (60 per 30 days)
<b>ADVAIR HFA</b>	3	MO; QL (12 per 30 days)
<b>AIRDUO DIGIHALER</b>	4	ST; MO; QL (1 per 30 days)
<b>AIRDUO RESPICLICK</b>	4	ST; MO; QL (1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<b>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)</b>	4	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate oral syrup</i>	2	MO	ASMANEX	3	MO; QL (1 per 30 days)
<i>albuterol sulfate oral tablet</i>	2	MO	TWISTHALER		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)	INHALATION AEROSOL		
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)	POWDR		
<i>alyq</i>	5	PA; QL (60 per 30 days)	BREATH		
<i>ambrisentan</i>	5	PA; MO; LA	ACTIVATED 110		
ANORO ELLIPTA	4	ST; MO; QL (60 per 30 days)	MCG/		
<i>arformoterol</i>	2	PA; MO; QL (120 per 30 days)	ACTUATION		
ARMONAIR DIGIHALER	4	ST; MO; QL (1 per 30 days)	(30), 220 MCG/		
ARNUNITY ELLIPTA	4	ST; MO; QL (30 per 30 days)	ACTUATION		
ASMANEX HFA	3	MO; QL (13 per 30 days)	(60)		
			ASMANEX	3	MO; QL (2 per 30 days)
			TWISTHALER		
			INHALATION		
			AEROSOL		
			POWDR		
			BREATH		
			ACTIVATED 220		
			MCG/		
			ACTUATION		
			(120)		
			ATROVENT HFA	4	MO; QL (25.8 per 30 days)
			azelastine-	2	MO; QL (23 per 30 days)
			fluticasone		
			BECONASE AQ	4	ST; MO; QL (50 per 30 days)
			BERINERT	5	PA; MO
			INTRAVENOUS		
			KIT		
			BEVESPI	3	MO; QL (10.7 per 30 days)
			AEROSPHERE		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bosentan	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
BRONCHITOL	5	PA; MO
BROVANA	5	PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	PA; MO; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL	4	ST; MO; QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	PA; MO
DALIRESP	4	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	5	ST; MO; QL (1 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	4	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATOR, 50 MCG/ACTUATOR	4	ST; MO; QL (60 per 30 days)

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FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATIO N	4	ST; MO; QL (240 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATIO N	4	ST; MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATIO N	4	ST; MO; QL (12 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATIO N	4	ST; MO; QL (10.6 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATIO N	4	ST; MO; QL (24 per 30 days)	<i>fluticasone</i> <i>propionate nasal</i>	2	MO; QL (16 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATIO N	4	ST; MO; QL (10.6 per 30 days)	FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	4	ST; MO; QL (1 per 30 days)
<i>flunisolide</i>	2	MO; QL (50 per 30 days)	<i>fluticasone propion-</i> <i>salmeterol</i> <i>inhalation blister</i> <i>with device</i>	2	MO; QL (60 per 30 days)
FLUTICASONE FUROATE- VILANTEROL	4	ST; MO; QL (60 per 30 days)	FLUTICASONE PROPION- SALMETEROL INHALATION HFA AEROSOL INHALER	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATIO N	4	ST; MO; QL (12 per 30 days)	<i>formoterol fumarate</i>	2	PA; MO; QL (120 per 30 days)

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HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
INCRUSE ELLIPTA	4	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	PA; MO
<i>ipratropium- albuterol</i>	2	PA; MO
KALBITOR	5	PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (56 per 28 days)
LETAIRIS	5	PA; MO; LA
<i>levalbuterol hcl</i>	2	PA; MO
LEVALBUTERO L TARTRATE	4	ST; MO; QL (30 per 30 days)
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	2	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS AUTO- INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OMNARIS	4	ST; MO; QL (12.5 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
ORLADEYO	5	PA; LA
PERFOROMIST	5	PA; MO; QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pirfenidone oral tablet 267 mg	5	PA; MO; QL (270 per 30 days)	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	4	PA; MO; QL (120 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90 per 30 days)	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	PA; MO; QL (60 per 30 days)
pirfenidone oral tablet 801 mg	5	PA; MO; QL (90 per 30 days)	PULMOZYME	5	PA; MO
PROAIR DIGIHALER	4	ST; MO; QL (2 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	4	ST; MO; QL (4.9 per 30 days)
PROAIR RESPICLICK	4	ST; MO; QL (2 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	4	ST; MO; QL (8.7 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)			

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QVAR	3	MO; QL (21.2 per 30 days)	SINGULAIR	4	MO
REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATOR			SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO; QL (224 per 30 days)	SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
REVATIO ORAL TABLET	5	PA; MO; QL (90 per 30 days)	STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
roflumilast	2	PA; MO; QL (30 per 30 days)	STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
RUCONEST	5	PA; MO	SYMBICORT	4	ST; MO; QL (10.2 per 30 days)
RYALTRIS	4	ST; MO; QL (29 per 30 days)	SYMDEKO	5	PA; MO; QL (56 per 28 days)
sajazir	5	PA; MO	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	5	PA; QL (60 per 30 days)
SEREVENT DISKUS	4	ST; MO; QL (60 per 30 days)	TADLIQ	5	PA; MO; QL (300 per 30 days)
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA; MO; QL (224 per 30 days)	TAKHZYRO	5	PA; MO; LA
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	2	PA; MO; QL (90 per 30 days)	terbutaline oral	2	MO
			TEZSPIRE	5	PA; MO; QL (1.91 per 30 days)
			THEO-24	3	MO
			theophylline oral solution	2	
			theophylline oral tablet extended release 12 hr 300 mg, 450 mg	2	MO

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theophylline oral tablet extended release 24 hr	2	MO
TRACLEER	5	PA; MO; LA
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATOR N	4	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATOR (30 ACTUAT)	4	ST; QL (1 per 30 days)
TYVASO DPI	5	PA; MO
VENTAVIS	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	4	ST; MO; QL (36 per 30 days)
wixela inhub	2	QL (60 per 30 days)
XHANCE	4	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA	4	ST; MO; QL (30 per 30 days)
YUPELRI	5	PA; MO; QL (90 per 30 days)
zafirlukast	2	MO
ZETONNA	4	ST; MO; QL (6.1 per 30 days)
zileuton	5	MO
ZYFLO	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>UROLOGICALS</b>		
<b>ANTICHOLINE RGICS / ANTISPASMODIC ICS</b>		
<i>darifenacin</i>	2	MO
DETROL	4	MO
DETROL LA	4	MO
<i>fesoterodine</i>	2	MO
<i>flavoxate</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	4	MO; QL (30 per 30 days)
GEMTESA	4	ST; MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
OXYTROL	4	MO; QL (8 per 28 days)
<i>solifenacin</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<b>BENIGN PROSTATIC HYPERPLASIA( BPH) THERAPY</b>		
<b>ENTADFI</b>		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	4	ST; MO
PROSCAR	4	MO
RAPAFLO	4	ST; MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	4	ST; MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	2	MO
CIALIS ORAL TABLET 2.5 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CIALIS ORAL TABLET 5 MG	4	PA; MO; QL (30 per 30 days)
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	5	PA; MO
<i>tadalafil oral tablet 2.5 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	2	PA; MO; QL (30 per 30 days)
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTE S</b>		
<i>calcium acetate(phosphat bind)</i>	2	MO; QL (360 per 30 days)
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
<i>potassium chlorid-d5-0.45%nacl</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll, 40 meqll</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meqll</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meqll</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral liquid	2	MO
potassium chloride oral packet	2	
potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO
potassium chloride oral tablet extended release 20 meq	2	
potassium chloride oral tablet,er particles/crystals 10 meq	2	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	2	
potassium chloride-0.45% nacl	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meql	2	
potassium chloride-d5-0.9%nacl	2	
sodium chloride 0.45 % intravenous	2	MO
sodium chloride 3 % hypertonic	2	
sodium chloride 5 % hypertonic	2	MO
TPN ELECTROLYTES	4	

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE	4	PA
CLINIMIX 4.25%/D10W SULF FREE	4	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	PA
CLINIMIX E 4.25%/D10W SULF FREE	4	PA
CLINIMIX E 4.25%/D5W SULF FREE	4	PA
CLINIMIX E 5%/D15W SULFIT FREE	4	PA
CLINIMIX E 5%/D20W SULFIT FREE	4	PA
CLINISOL SF 15 %	4	PA
DOJOLVI	5	PA; MO; LA
intralipid intravenous emulsion 20 %	2	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	PA
ISOLYTE S PH 7.4	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOLYTE-P IN 5 % DEXTROSE	4	
NUTRILIPID	4	PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLENAMINE	4	PA
<i>premasol</i> 10 %	2	PA
PROSOL 20 %	4	PA
<i>travasol</i> 10 %	2	PA
TROPHAMINE 10 %	4	PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride</i> (sodium) oral tablet	2	
<i>prenatal vitamin</i> oral tablet	2	

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<i>ciprofloxacin-dexamethasone</i>	83	SULFIT FREE	<i>compro</i>
CIPROFLOXACIN-		CLINIMIX E 5%/D20W	COMTAN
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<i>clarithromycin</i>	7	<i>clocortolone pivalate</i>	COPIKTRA
CLENPIQ	96	<i>clodan</i>	CORDRAN
CLEOCIN	132	CLODERM	CORDRAN TAPE LARGE
CLEOCIN HCL	8	<i>clomipramine</i>	ROLL
CLEOCIN PEDIATRIC	8	<i>clonazepam</i>	COREG CR
CLEOCIN T	72	<i>clonidine</i>	CORGARD
CLICKFINE PEN		<i>clonidine hcl</i>	CORLANOR
NEEDLE	109	<i>clopidogrel</i>	CORTEF
CLIMARA	130	<i>clorazepate dipotassium</i>	CORTIFOAM
CLIMARA PRO	130	<i>clotrimazole</i>	CORTROPHIN GEL
<i>clindacin</i>	72	<i>clotrimazole-betamethasone</i>	COSENTYX
<i>clindacin etz</i>	72	<i>clozapine</i>	COSENTYX (2
CLINDAGEL	72	CLOZARIL	SYRINGES)
<i>clindamycin hcl</i>	8	COARTEM	COSENTYX PEN (2 PENS)
<i>clindamycin in 5 % dextrose</i>	8	<i>codeine sulfate</i>	COSOPT
<i>clindamycin pediatric</i>	8	COLAZAL	COSOPT (PF)
<i>clindamycin phosphate</i>	8, 72, 132	COLCHICINE (GOUT)	COTELLIC
<i>clindamycin-benzoyl peroxide</i>	72	<i>colchicine (gout)</i>	COTEMPLA XR-ODT
<i>clindamycin-tretinoiin</i>	72	COLCRYS	COZAAR
CLINDESSE	132	<i>colesevelam</i>	CREON
CLINIMIX 5%/D15W		COLESTID	CRESEMBA
SULFITE FREE	150	<i>colestipol</i>	CRESTOR
CLINIMIX 4.25%/D10W		<i>colistin (colistimethate na)</i>	CRINONE
SULF FREE	150	COMBIGAN	cromolyn
CLINIMIX 4.25%/D5W		COMBIPATCH	79, 137, 142
SULFIT FREE	79	COMBIVENT RESPIMAT	crotan
CLINIMIX 5%-D20W(SULFITE-FREE)	150	COMBIVIR	<i>cryselle (28)</i>
CLINIMIX E 2.75%/D5W		COMETRIQ	CUBICIN RF
SULF FREE	79	COMFORT EZ INSULIN	CUPRIMINE
CLINIMIX E 4.25%/D10W		SYRINGE	CUVPOSA
SUL FREE	150	COMFORT EZ PEN	CUVRIOR
		NEEDLES	<i>cyclobenzaprine</i>
			<i>cyclophosphamide</i>

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CYCLOPHOSPHAMIDE	16	DAYVIGO	48	<i>dexlansoprazole</i>	100
CYCLOSET	85	DDAVP	92	<i>dexamethylphenidate</i>	48
<i>cyclosporine</i>	17, 137	<i>deblitane</i>	130	<i>dextroamphetamine sulfate</i>	48
<i>cyclosporine modified</i>	16, 17	<i>deferasirox</i>	79, 80	<i>dextroamphetamine-amphetamine</i>	48
CYLTEZO(CF)	126, 127	<i>deferiprone</i>	80	<i>dextrose 10 % and 0.2 % nacl.</i>	80
CYLTEZO(CF) PEN	126	DELESTROGEN	130	<i>dextrose 10 % in water (d10w)</i>	80
CYLTEZO(CF) PEN	126	DELSTRIGO	2	<i>dextrose 5 % in water (d5w)</i>	80
PSORIASIS STRT	126	DELZICOL	96	<i>dextrose 5%-0.2 % sod chloride</i>	80
CYMBALTA	48	DEMECLOCYCLINE	13	DHIVY	31
<i>cyred eq</i>	133	DEM SER	60	DIACOMIT	26
CYSTADANE	96	DENAVIR	75	DIASTAT	26
CYSTADROPS	137	DEPAKOTE	26	DIASSTAT ACUDIAL	26
CYSTAGON	149	DEPAKOTE ER	26	<i>diazepam</i>	26, 48
CYSTARAN	137	DEPAKOTE SPRINKLES	26	<i>diazepam intensol</i>	48
CYTOMEL	95	DEPEN TITRATABS	127	<i>diazoxide</i>	85
CYTOTEC	100	DEPO-ESTRADIOL	130	DIBENZYLINE	60
<i>d10 %-0.45 % sodium chloride</i>	79	DEPO-PROVERA	130	DICLEGIS	96
<i>d2.5 %-0.45 % sodium chloride</i>	79	DEPO-SUBQ PROVERA	104	DICLOFENAC	
<i>d5 % and 0.9 % sodium chloride</i>	79	DEPO-TESTOSTERONE	92	EPOLAMINE	42
<i>d5 %-0.45 % sodium chloride</i>	79	DERMA-SMOOTH/EFS		<i>diclofenac potassium</i>	42
<i>dabigatran etexilate</i>	64	SCALP OIL	77	<i>diclofenac sodium</i>	42, 43, 70, 137
<i>dalfampridine</i>	35	DERMOTIC OIL	83	<i>diclofenac-misoprostol</i>	43
DALIRESP	142	DESCOVY	2	<i>dicloxacillin</i>	12
DALVANCE	9	<i>desipramine</i>	48	<i>dicyclomine</i>	95
<i>danazol</i>	92	<i>desloratadine</i>	139	DIFFERIN	73
DANTRIUM	38	<i>desmopressin</i>	92	DIFCID	7
<i>dantrolene</i>	38	<i>desog-e.estradiolle.estradiol</i>	133	diflorasone	77
<i>dapsone</i>	9, 72	<i>desogestrel-ethinyl estradiol</i>	133	DIFLUCAN	1
DAPTACEL (DTAP PEDIATRIC) (PF)	105	<i>desonide</i>	77	<i>diflunisal</i>	43
DAPTOMYCIN	9	DESOWEN	77	<i>dilfluprednate</i>	139
<i>daptomycin</i>	9	<i>desoximetasone</i>	77	<i>digoxin</i>	68
DARAPRIM	9	<i>desrx</i>	77	<i>dihydroergotamine</i>	32
<i>darifenacin</i>	148	DESVENLAFAKINE	48	DILANTIN 30 MG	26
DARTISLA	95	<i>desvenlafaxine succinate</i>	48	DILANTIN EXTENDED	
<i>darunavir ethanolate</i>	2	DETROL	148	100 MG	26
DAURISMO	17	DETROL LA	148	DILANTIN INFATABS 50	
DAYPRO	42	<i>dexabliss</i>	83	MG	26
DAYTRANA	48	<i>dexamethasone</i>	83	DILANTIN-125 125 MG/5	
		<i>dexamethasone sodium phosphate</i>	139	ML	26
		DEXEDRINE SPANSULE	48	DILAUDID	39

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<i>diltiazem hcl</i>	60, 61	DRIZALMA SPRINKLE	48	EASY GLIDE INSULIN	
<i>dilt-xr</i>	61	<i>dronabinol</i>	96	SYRINGE	112
<i>dimethyl fumarate</i>	35	DROPLET INSULIN		EASY GLIDE PEN	
<b>DIOVAN</b>	61	SYR(HALF UNIT)	110, 111	NEEDLE	112
<b>DIOVAN HCT</b>	61	DROPLET INSULIN		EASY TOUCH	113
<b>DIPENTUM</b>	96	SYRINGE	111	EASY TOUCH FLIPLOCK	
<i>diphenoxylate-atropine</i>	95	DROPLET MICRON PEN		INSULIN	112
<b>DIPROLENE</b>		NEEDLE	111	EASY TOUCH INSULIN	
(AUGMENTED)	77	DROPLET PEN NEEDLE	111	SAFETY SYR	112
<i>dipyridamole</i>	64	DROPSAFE ALCOHOL		EASY TOUCH INSULIN	
<i>disulfiram</i>	80	PREP PADS	85	SYRINGE	112, 113
<b>DIURIL</b>	61	DROPSAFE INSULIN		EASY TOUCH LUER	
<i>divalproex</i>	26	SYRINGE	111	LOCK INSULIN	113
<b>DIVIGEL</b>	130	DROPSAFE PEN NEEDLE	111	EASY TOUCH PEN	
<i>dofetilide</i>	59	<i>drospirenone-e.estradiol-lm.fa</i>	133	NEEDLE	113
<b>DOJOLVI</b>	150	<i>drospirenone-ethinyl estradiol</i>	133	EASY TOUCH SAFETY	
<i>dolishale</i>	133	DROXIA	17	PEN NEEDLE	113
<i>donepezil</i>	35	<i>droxidopa</i>	80	EASY TOUCH	
<b>DOPTELET (10 TAB</b>		DUAKLIR PRESSAIR	142	SHEATHLOCK INSULIN	113
<b>PACK)</b>	64	DUAVEE	130	EASY TOUCH UNI-SLIP	113
<b>DOPTELET (15 TAB</b>		DUETACT	85	<i>econazole</i>	74
<b>PACK)</b>	64	DUEXIS	43	EDARBI	61
<b>DOPTELET (30 TAB</b>		DULERA	142	EDARBYCLOR	61
<b>PACK)</b>	64	<i>duloxetine</i>	48	EDECRIN	61
<b>DORYX</b>	13	DUOBRII	77	EDURANT	2
<b>DORYX MPC</b>	13	DUOPA	31	<i>efavirenz</i>	2
<i>dorzolamide</i>	138	DUPIXENT PEN	70	<i>efavirenz-emtricitabin-tenofovir</i>	2
<i>dorzolamide-timolol</i>	138	DUPIXENT SYRINGE	70	<i>efavirenz-lamivu-tenofovir</i>	
<i>dorzolamide-timolol (pf)</i>	138	DUREZOL	139	<i>disop</i>	2
<i>dotti</i>	130	<i>dutasteride</i>	148	EFFEXOR XR	49
<b>DOVATO</b>	2	<i>dutasteride-tamsulosin</i>	148	EFFIENT	64
<i>doxazosin</i>	61	DYANAVEL XR	48	EFUDEX	70
<i>doxepin</i>	48, 70	DYMISTA	142	EGRIFTA SV	103
<i>doxercalciferol</i>	92	DYRENium	61	ELESTRIN	130
<i>doxy-100</i>	13	DYSport	105	<i>eletriptan</i>	33
<i>doxycycline hyolate</i>	13	<i>e.e.s. 400</i>	7	ELIDEL	70
<b>DOXYCYCLINE</b>		E.E.S. GRANULES	7	ELIGARD	17
<b>HYCLATE</b>	13	EASY COMFORT		ELIGARD (3 MONTH)	17
<i>doxycycline monohydrate</i>	14	INSULIN SYRINGE	112	ELIGARD (4 MONTH)	17
<b>DOXYCYCLINE</b>		EASY COMFORT PEN		ELIGARD (6 MONTH)	17
<b>MONOHYDRATE</b>	14	NEEDLES	112	ELIQUIS	64
<i>doxylamine-pyridoxine (vit</i>				ELIQUIS DVT-PE TREAT	
<i>b6)</i>	96			30D START	64

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ELMIRON	149	epitol	27	ethacrynic acid	61
<i>eluryng</i>	132	EPIVIR	3	ethambutol	9
EMBRACE PEN NEEDLE	113	<i>eplerenone</i>	61	ethosuximide	27
EMCYT	17	EPOGEN	103	<i>ethynodiol diac-eth estradiol</i>	133
EMEND	96	EPRONTIA	27	etodolac	43
EMFLAZA	83	EPSOLAY	73	etonogestrel-ethinyl estradiol	132
EMGALITY PEN	33	EPZICOM	3	etravirine	3
EMGALITY SYRINGE	33	EQUETRO	27	EUCRISA	71
EMSAM	49	ERAXIS(WATER DILUENT)	1	euthyrox	95
<i>emtricitabine</i>	2	<i>ergoloid</i>	49	EVAMIST	131
<i>emtricitabine-tenofovir (tdf)</i>	2	<i>ergotamine-caffeine</i>	33	EVEKEO	49
EMTRIVA	3	ERIVEDGE	17	EVEKEO ODT	49
EMVERM	9	ERLEADA	17	EVENITY	125
<i>enalapril maleate</i>	61	<i>erlotinib</i>	17	<i>everolimus (antineoplastic)</i>	17
<i>enalapril-hydrochlorothiazide</i>	61	ERMEZA	95	<i>everolimus</i> (immunosuppressive)	17
ENBREL	127	<i>errin</i>	130	EVISTA	125
ENBREL MINI	127	ERTACZO	74	EVOTAZ	3
ENBREL SURECLICK	127	<i>ertapenem</i>	9	EVOXAC	80
ENDARI	80	<i>ery pads</i>	73	EVRYSDI	35
<i>endocet</i>	39	<i>erygel</i>	73	EXELDERM	74
ENGERIX-B (PF)	105	ERYPED 200	7	EXELOM PATCH	35
ENGERIX-B PEDIATRIC (PF)	105	ERYPED 400	7	<i>exemestane</i>	17
<i>enoxaparin</i>	64	<i>ery-tab</i>	7	EXFORGE	61
<i>enpresse</i>	133	ERY-TAB	7	EXFORGE HCT	61
<i>enskyce</i>	133	ERYTHROCIN	7	EXJADE	80
ENSPRYNG	17	<i>erythrocin (as stearate)</i>	7	EXKIVITY	17
ENSTILAR	69	<i>erythromycin</i>	8, 136	EXSERVAN	80
<i>entacapone</i>	32	<i>erythromycin ethylsuccinate</i>	8	EXTAVIA	103
ENTADFI	148	<i>erythromycin with ethanol</i>	73	EYSUVIS	139
<i>entecavir</i>	3	<i>erythromycin-benzoyl</i>		EZALLOR SPRINKLE	66
ENTRESTO	68	<i>peroxide</i>	73	<i>ezetimibe</i>	66
<i>enulose</i>	96	ESBRIET	142	<i>ezetimibe-simvastatin</i>	66
ENVARSUS XR	17	<i>escitalopram oxalate</i>	49	FABIOR	73
EPCLUSA	3	<i>esomeprazole magnesium</i>	100	<i>falmina (28)</i>	133
EPIDIOLEX	26	<i>estarrylla</i>	133	<i>famciclovir</i>	3
EPIDUO	73	ESTRACE	130	<i>famotidine</i>	100
EPIDUO FORTE	73	<i>estradiol</i>	130, 131	FANAPT	49
<i>epinastine</i>	137	<i>estradiol valerate</i>	131	FARESTON	17
EPINEPHRINE	139, 140	<i>estradiol-norethindrone acet</i>	131	FARXIGA	85
<i>epinephrine</i>	140	ESTRING	131	FASENRA	142
EPIPEN 2-PAK	140	ESTROGEL	131	FASENRA PEN	142
EPIPEN JR 2-PAK	140	<i>eszopiclone</i>	49	<i>febuxostat</i>	124

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<i>felbamate</i>	27	FLAREX	139	FML FORTE	139
FELBATOL	27	<i>flavoxate</i>	148	FML LIQUIFILM	139
FELDENE	43	FLEBOGAMMA DIF	105	FOCALIN	50
<i>felodipine</i>	61	<i>flecainide</i>	59	FOCALIN XR	50
FEMARA	17	FLECTOR	43	<i>fondaparinux</i>	65
FEMRING	131	FLEQSUHVY	38	FORFIVO XL	50
FENOFIBRATE	66	FLOLIPID	66	<i>formoterol fumarate</i>	143
<i>fenofibrate</i>	66	FLOMAX	148	FORTEO	125
<i>fenofibrate micronized</i>	66	FLOVENT DISKUS	142, 143	FORTESTA	92
FENOFIBRATE MICRONIZED	66	FLOVENT HFA	143	FOSAMAX	125
<i>fenofibrate nanocrystallized</i>	66	<i>fluconazole</i>	1	FOSAMAX PLUS D	125
<i>fenofibric acid (choline)</i>	66	<i>fluconazole in nacl (iso-osm)</i>	1	<i>fosamprenavir</i>	3
FENOGLIDE	66	<i>flucytosine</i>	1	<i>fosfomycin tromethamine</i>	14
<i>fenoprofen</i>	43	<i>fludrocortisone</i>	83	<i>fosinopril</i>	61
fentanyl	39	<i>flunisolide</i>	143	<i>fosinopril-hydrochlorothiazide</i>	61
<i>fentanyl citrate</i>	39	<i>fluocinolone</i>	77	FOSRENOL	80
FENTANYL CITRATE	39	<i>fluocinolone acetonide oil</i>	83	FOTIVDA	18
FENTORA	39	<i>fluocinolone and shower cap</i>	77	FRAGMIN	65
FERRIPROX	80	<i>fluocinonide</i>	77	FREESTYLE PRECISION	
FERRIPROX (2 TIMES A DAY)	80	<i>fluocinonide-emollient</i>	77		113, 114
<i>fesoterodine</i>	148	<i>fluoride (sodium)</i>	151	FROVA	33
FETZIMA	49	<i>fluorometholone</i>	139	<i>frovatriptan</i>	33
FEXMID	38	FLUOROURACIL	71	FULPHILA	103
FIASP FLEXTOUCH U-100 INSULIN	85	<i>fluorouracil</i>	71	FUROSCIX	61
FIASP PENFILL U-100 INSULIN	85	<i>fluoxetine</i>	49	<i>furosemide</i>	61
FILSPARI	68	<i>fluoxetine (pmdd)</i>	49	FUZEON	3
FINACEA	73	<i>fluphenazine decanoate</i>	49	<i>fyavolv</i>	131
<i>finasteride</i>	148	<i>fluphenazine hcl</i>	49	FYCOMPA	27
<i> fingolimod</i>	35	<i>flurandrenolide</i>	77	FYLNETRA	103
FINTEPLA	27	<i>flurbiprofen</i>	43	<i> gabapentin</i>	27
<i> finzala</i>	133	<i>flurbiprofen sodium</i>	137	GALAFOLD	92
FIRAZYR	142	FLUTICASONE		<i> galantamine</i>	35
FIRDAPSE	35	FUROATE-VILANTEROL		GAMMAGARD LIQUID	105
FIRMAGON KIT W DILUENT SYRINGE	18	<i> fluticasone propionate</i>	77, 143	GAMMAGARD S-D (IGA < 1 MCG/ML)	105
FIRVANQ	9	FLUTICASONE		GAMMAKED	105
<i> flac otic oil</i>	83	PROPIONATE	143	GAMMAPLEX	105
FLAGYL	9	FLUTICASONE		GAMMAPLEX (WITH SORBITOL)	105
		PROPION-SALMETEROL	143	GAMUNEX-C	105
		<i> fluticasone propion-salmeterol</i>		GARDASIL 9 (PF)	105
			143	GASTROCROM	97
		<i> fluvastatin</i>	67	<i> gatifloxacin</i>	136
		<i> fluvoxamine</i>	50		

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GATTEX 30-VIAL	97	GRANIX	103	HUMALOG JUNIOR
GAUZE PAD	114	GRASTEK	105	KWIKPEN U-100
<i>gavilyte-c</i>	97	<i>griseofulvin microsize</i>	1	86 HUMALOG KWIKPEN
<i>gavilyte-g</i>	97	<i>griseofulvin ultramicrosize</i>	1	86 INSULIN
GAVRETO	18	GVOKE	86	86 HUMALOG MIX 50-50
<i>gefitinib</i>	18	GVOKE HYPOOPEN 2-		INSULN U-100
GELNIQUE	148	PACK	86	87 HUMALOG MIX 50-50
<i>gemfibrozil</i>	67	GVOKE PFS 1-PACK		KWIKPEN
<i>gemmafly</i>	133	SYRINGE	86	87 HUMALOG MIX 75-25
GEMTESA	148	GYNAZOLE-1	132	KWIKPEN
<i>generlac</i>	97	HADLIMA(CF)	127	87 HUMALOG MIX 75-25(U-100)INSULN
<i>gengraf</i>	18	HADLIMA(CF)		87 HUMALOG TEMPO
GENOTROPIN	103	PUSHTOUCH	127	PEN(U-100)INSULN
GENOTROPIN		HAEGARDA	144	87 HUMALOG U-100
MINIQUICK	103	<i>hailey 24 fe</i>	133	INSULIN
<i>gentamicin</i>	9, 74, 136	<i>halcinonide</i>	77	87 HUMATIN
<i>gentamicin in nacl (iso-osm)</i>	9	HALDOL DECANOATE	50	9 HUMATROPE
GENVOYA	3	<i>halobetasol propionate</i>	77	103 HUMIRA
GEODON	50	HALOBETASOL		127 HUMIRA PEN
GILENYA	35	PROPIONATE	77	127 HUMIRA PEN CROHNS-UC-HS START
GILOTrif	18	HALOG	77	127 HUMIRA PEN PSOR-UV-EITS-ADOL HS
GIMOTI	97	<i>haloperidol</i>	50	128 HUMIRA(CF)
GLASSIA	80	<i>haloperidol decanoate</i>	50	128 HUMIRA(CF) PEDI
<i>glatiramer</i>	35, 36	<i>haloperidol lactate</i>	50	127 CROHNS STARTER
<i>glatopa</i>	36	HARVONI	3	127 HUMIRA(CF) PEN
GLEEVEC	18	HAVRIX (PF)	106	127 HUMIRA(CF) PEN
GLEOSTINE	18	HEALTHWISE INSULIN		127 CROHNS-UC-HS
<i>glimepiride</i>	85, 86	SYRINGE	114	127 HUMIRA(CF) PEN
<i>glipizide</i>	86	HEALTHWISE PEN		127 PEDIATRIC UC
<i>glipizide-metformin</i>	86	NEEDLE	114	127 HUMIRA(CF) PEN PSOR-UV-ADOL HS
GLUCAGEN HYPOKIT	86	HEALTHY ACCENTS		127 HUMIRADLISAV-B (PF)
GLUCAGON		UNIFINE PENTIP	114	127 HUMIRAHETLIOZ
EMERGENCY KIT		HEMADY	83	127 <i>heparin (porcine)</i>
(HUMAN)	86	HEPLISAV-B (PF)	106	127 HUMULIN 70/30 U-100
GLUCOTROL XL	86	HETLIOZ	50	87 INSULIN
GLUMETZA	86	HETLIOZ LQ	50	87 HUMULIN 70/30 U-100
GLYCATE	95	HIBERIX (PF)	106	87 KWIKPEN
<i>glycopyrrolate</i>	95	HIPREX	14	87 HUMULIN N NPH
GLYXAMBI	86	HORIZANT	36	87 INSULIN KWIKPEN
GOCOVRI	32	HULIO(CF)	127	87 HUMULIN N NPH U-100
GOLYTELY	97	HULIO(CF) PEN	127	87 INSULIN
GRALISE	27			
<i>granisetron hcl</i>	97			

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HUMULIN R REGULAR	IDHIFA.....	18	INPEN (FOR HUMALOG)
U-100 INSULN.....	ILEVRO.....	138	PINK.....
HUMULIN R U-500	ILUMYA.....	69	INPEN (NOVOLOG OR
(CONC) INSULIN.....	<i>imatinib</i> .....	18	FIASP) BLUE.....
87	IMBRUVICA.....	18	114
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<i>ipratropium bromide</i>	82, 144	JULUCA	3	KLONOPIN	27
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<i>irbesartan</i>	61	<i>junel 1/20 (21)</i>	133	<i>klor-con 8</i>	149
<i>irbesartan-hydrochlorothiazide</i>	61	<i>junel fe 1.5/30 (28)</i>	133	<i>klor-con m10</i>	149
IRESSA	19	<i>junel fe 1/20 (28)</i>	133	<i>klor-con m15</i>	149
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<i>isoniazid</i>	9	KALBITOR	144	KOSELUGO	19
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<i>isosorbide dinitrate</i>	68	KANJINTI	19	KRISTALOSE	97
<i>isosorbide mononitrate</i>	68	KAPSPARGO SPRINKLE	61	<i>kurvelo (28)</i>	133
<i>isosorbide-hydralazine</i>	61	KAPVAY	51	KUVAN	93
<i>isotretinoin</i>	73	<i>kariva (28)</i>	133	KYLEENA	132
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<i>itraconazole</i>	1	<i>kelnor 1-50 (28)</i>	133	LACRISERT	137
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JADENU	80	KEPPRA XR	27	LAMICTAL ODT	28
JADENU SPRINKLE	80	KERENDIA	61	LAMICTAL STARTER	
JAKAFI	19	KERYDIN	75	(BLUE) KIT	28
<i>jantoven</i>	65	KESIMPTA PEN	36	LAMICTAL STARTER	
JANUMET	88	<i>ketoconazole</i>	1, 75	(GREEN) KIT	28
JANUMET XR	88	<i>ketodan</i>	75	LAMICTAL STARTER	
JANUVIA	88	<i>ketoprofen</i>	43	(ORANGE) KIT	28
JARDIANCE	88	KETOROLAC	43	LAMICTAL XR	28
<i>jasmiel (28)</i>	133	<i>ketorolac</i>	138	LAMICTAL XR STARTER	
JATENZO	93	KEVEYIS	36	(BLUE)	28
<i>javygtor</i>	93	KEVZARA	128	LAMICTAL XR STARTER	
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JENTADUETO	88	KINRIX (PF)	106	LAMICTAL XR STARTER	
JENTADUETO XR	88	KISQALI	19	(ORANGE)	28
<i>jinteli</i>	131	KISQALI FEMARA CO-		<i>lamivudine</i>	4
JORNAY PM	51	PACK	19	<i>lamivudine-zidovudine</i>	4
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<b>LANTUS SOLOSTAR U-</b>		<i>levonorg-eth estrad triphasic.</i>	134	<b>DAY)</b>	134
100 INSULIN	88	<i>levora-28</i>	134	<b>LOESTRIN FE 1/20 (28-</b>	
<b>LANTUS U-100 INSULIN..</b>	88	<i>levorphanol tartrate</i>	40	<b>DAY)</b>	134
<i>lapatinib</i>	19	<b>LEVOTHYROXINE</b>	95	<i>lofena</i>	43
<i>larin 1.5/30 (21)</i>	133	<i>levothyroxine</i>	95	<b>LOKELMA</b>	81
<i>larin 1/20 (21)</i>	133	<i>levoxyl</i>	95	<b>LOMOTIL</b>	95
<i>larin fe 1.5/30 (28)</i>	133	<b>LEXAPRO</b>	51	<b>LONSURF</b>	20
<i>larin fe 1/20 (28)</i>	133	<b>LEXETTE</b>	78	<i>loperamide</i>	95
<b>LASIX</b>	61	<b>LEXIVA</b>	4	<b>LOPID</b>	67
<i>latanoprost</i>	138	<b>LIALDA</b>	97	<i>lopinavir-ritonavir</i>	4
<b>LATUDA</b>	51	<b>LICART</b>	43	<b>LOPRESSOR</b>	62
<i>layolis fe</i>	133	<i>lidocaine</i>	71	<b>LOPROX</b>	75
<b>LEDIPASVIR-</b>		<i>lidocaine hcl</i>	71	<i>lorazepam</i>	51, 52
<b>SOFOSBUVIR</b>	4	<i>lidocaine viscous</i>	71	<b>LORBRENA</b>	20
<i>leena 28</i>	133	<i>lidocaine-prilocaine</i>	71	<b>LOREEV XR</b>	52
<i>leflunomide</i>	128	<b>LIDODERM</b>	71	<i>loryna (28)</i>	134
<i>lenalidomide</i>	19	<b>LILETTA</b>	132	<i>losartan</i>	62
<b>LENVIMA</b>	19, 20	<i>linezolid</i>	9	<i>losartan-hydrochlorothiazide</i>	62
<b>LESCOL XL</b>	67	<i>linezolid in dextrose 5%</i>	9	<b>LOSEASONIQUE</b>	134
<i>lessina</i>	134	<b>LINZESS</b>	97	<b>LOTEMAX</b>	139
<b>LETAIRIS</b>	144	<i>liothyronine</i>	95	<b>LOTEMAX SM</b>	139
<i>letrozole</i>	20	<b>LIPITOR</b>	67	<b>LOTENSIN</b>	62
<i>leucovorin calcium</i>	15	<b>LIPOFEN</b>	67	<i>loteprednol etabonate</i>	139
<b>LEUKERAN</b>	20	<i>lisinopril</i>	61	<b>LOTREL</b>	62
<b>LEUKINE</b>	103	<i>lisinopril-hydrochlorothiazide</i>	61	<b>LOTRONEX</b>	97
<i>leuprolide</i>	20	<b>LITE TOUCH INSULIN</b>		<i>lovastatin</i>	67
<b>LEUPROLIDE (3</b>		<b>PEN NEEDLES</b>	115	<b>LOVAZA</b>	67
<b>MONTH)</b>	20	<b>LITE TOUCH INSULIN</b>		<b>LOVENOX</b>	65
<i>levalbuterol hcl</i>	144	<b>SYRINGE</b>	115, 116	<i>low-ogestrel (28)</i>	134
<b>LEVALBUTEROL</b>		<i>lithium carbonate</i>	51	<i>loxapine succinate</i>	52
<b>TARTRATE</b>	144	<b>LITHOBID</b>	51	<i>lubiprostone</i>	97
<b>LEVAMLODIPINE</b>	61	<b>LITHOSTAT</b>	81	<b>LUCEMYRA</b>	43
<b>LEVEMIR FLEXPEN</b>	88	<b>LIVALO</b>	67	<b>LULICONAZOLE</b>	75
<b>LEVEMIR U-100 INSULIN</b>	88	<b>LIVMARLI</b>	97	<b>LUMAKRAS</b>	20
<i>levetiracetam</i>	28	<b>LIVTENCITY</b>	4	<b>LUMIGAN</b>	138
<i>levobunolol</i>	136	<b>LO LOESTRIN FE</b>	134	<b>LUNESTA</b>	52
<i>levocarnitine</i>	81	<b>LOCOID</b>	78	<b>LUPKYNIS</b>	20
<i>levocarnitine (with sugar)</i>	81	<b>LOCOID LIPOCREAM</b>	78	<b>LUPRON DEPOT</b>	20
<i>levocetirizine</i>	140	<b>LODINE</b>	43	<b>LUPRON DEPOT (3</b>	
<i>levofloxacin</i>	13, 136	<b>LODOSYN</b>	32	<b>MONTH)</b>	20
<i>levofloxacin in d5w</i>	13	<b>LOESTRIN 1.5/30 (21)</b>	134		

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<i>lutera</i> (28).....	134	MAVENCLAD (7 TABLET PACK).....	36	MEMANTINE .....	37
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<i>lyllana</i> .....	131	MAXALT.....	33	MENQUADFI (PF).....	106
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LYUMJEV KWIKPEN U-200 INSULIN.....	89	MAXITROL.....	138	MESNEX .....	15
LYUMJEV TEMPO PEN(U-100)INSULN.....	89	MAYZENT.....	36	MESTINON .....	38
LYUMJEV U-100 INSULIN.....	89	MAYZENT STARTER(FOR 1MG MAINT).....	36	MESTINON TIMESPAN ...	38
LYVISPAH.....	38	MAYZENT STARTER(FOR 2MG MAINT).....	36	<i>metformin</i> .....	89
<i>lyza</i> .....	131	meclizine.....	97	METFORMIN .....	89
MACROBID.....	14	meclofenamate.....	43	<i>methadone</i> .....	40
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<i>hydrochlorothiaz</i>	62	<i>moexipril</i>	62	<i>NAFTIN</i>	75
<i>metoprolol tartrate</i>	62	<i>molindone</i>	53	<i>NALFON</i>	43
<b>METROCREAM</b>	73	<i>mometasone</i>	78, 144	<b>NALOCET</b>	41
<b>METROGEL</b>	73	<b>MONOJECT INSULIN</b>		<i>naloxone</i>	43
<b>METROLOTION</b>	73	<b>SAFETY SYRING</b>	116	<i>naltrexone</i>	43
<i>metronidazole</i>	9, 73, 132	<b>MONOJECT INSULIN</b>		<b>NAMENDA</b>	37
<i>metronidazole in nacl (iso-os)</i>	9	<b>SYRINGE</b>	117	<b>NAMENDA TITRATION</b>	
<i>metyrosine</i>	62	<b>MONOJECT SYRINGE</b>	117	<b>PAK</b>	37
<i>mexiletine</i>	59	<b>MONOJECT ULTRA</b>		<b>NAMENDA XR</b>	37
<i>mibelas 24 fe</i>	134	<b>COMFORT INSULIN</b>	117	<b>NAMZARIC</b>	37
<i>micafungin</i>	1	<i>montelukast</i>	144	<b>NAPRELAN CR</b>	44
<b>MICARDIS</b>	62	<i>morphine</i>	40	<i>naproxen</i>	44
<b>MICARDIS HCT</b>	62	<i>morphine concentrate</i>	40	<i>naproxen sodium</i>	44
<i>miconazole-3</i>	132	<b>MOTEGRITY</b>	97	<i>naproxen-esomeprazole</i>	44
<b>MICRODOT INSULIN</b>		<b>MOTOFEN</b>	95	<i>naratriptan</i>	33
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<i>microgestin 1.5/30 (21)</i>	134	<b>MOVANTIK</b>	98	<b>NARDIL</b>	53
<i>microgestin 1/20 (21)</i>	134	<b>MOVIPREP</b>	98	<b>NATACYN</b>	136
<i>microgestin 24 fe</i>	134	<i>moxifloxacin</i>	13, 136	<b>NATAZIA</b>	134
<i>microgestin fe 1.5/30 (28)</i>	134	<i>moxifloxacin-</i>		<i>nateglinide</i>	89
<i>microgestin fe 1/20 (28)</i>	134	<i>sod.chloride(iso)</i>	13	<b>NATESTO</b>	93
<i>midodrine</i>	81	<b>MS CONTIN</b>	40, 41	<b>NATPARA</b>	93
<i>migergot</i>	33	<b>MULPLETA</b>	65	<b>NATROBA</b>	79
<i>miglitol</i>	89	<b>MULTAQ</b>	59	<b>NAYZILAM</b>	29
<i>miglustat</i>	93	<i>mupirocin</i>	74	<i>nebivolol</i>	62
<b>MIGRANAL</b>	33	<i>mupirocin calcium</i>	74	<b>NEBUPENT</b>	10
<i>mihi</i>	134	<b>MVASI</b>	21	<i>necon 0.5/35 (28)</i>	134
<i>millipred</i>	84	<b>MYALEPT</b>	93	<b>NEEDLES, INSULIN</b>	
<i>mimvey</i>	131	<b>MYAMBUTOL</b>	10	<b>DISP.,SAFETY</b>	117
<b>MINI ULTRA-THIN II</b>	116	<b>MYCAPSSA</b>	21	<i>nefazodone</i>	53
<b>MINIPRESS</b>	62	<b>MYCOBUTIN</b>	10	<i>neomycin</i>	10
<b>MINIVELLE</b>	131	<i>mycophenolate mofetil</i>	21	<i>neomycin-bacitracin-poly-hc.</i>	138
<i>minocycline</i>	14	<i>mycophenolate sodium</i>	21	<i>neomycin-bacitracin-</i>	
<b>MINOLIRA ER</b>	14	<b>MYDAYIS</b>	53	<i>polymyxin</i>	136
<i>minoxidil</i>	62	<b>MYFEMBREE</b>	132	<i>neomycin-polymyxin b-</i>	
<b>MIRAPEX ER</b>	32	<b>MYFORTIC</b>	21	<i>dexameth</i>	138
<b>MIRENA</b>	132	<b>MYRBETRIQ</b>	148	<i>neomycin-polymyxin-</i>	
<i>mirtazapine</i>	53	<b>MYSOLINE</b>	29	<i>gramicidin</i>	136
<b>MIRVASO</b>	73	<b>MYTESI</b>	95	<i>neomycin-polymyxin-hc.</i>	83, 138
<i>misoprostol</i>	101	<i>nabumetone</i>	43	<i>neo-polycin</i>	136
<b>MITIGARE</b>	124	<i>nadolol</i>	62	<i>neo-polycin hc</i>	138
<b>M-M-R II (PF)</b>	106	<i>nafcillin</i>	12	<b>NEORAL</b>	21

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NEO-SYNALAR	74	nizatidine	101	NOVOLOG FLEXPEN U-	
NERLYNX	21	NOCDURNA (MEN)	93	100 INSULIN	90
NESINA	89	NOCDURNA (WOMEN)	93	NOVOLOG MIX 70-30 U-	
<i>neuac</i>	73	<i>nora-be</i>	131	100 INSULN	90
NEULASTA	103	NORDITROPIN		NOVOLOG MIX 70-	
NEULASTA ONPRO	103	FLEXPRO	103	30FLEXPEN U-100	90
NEUPOGEN	103	<i>noreth-ethinyl estradiol-iron</i>	134	NOVOLOG PENFILL U-	
NEUPRO	32	<i>norethindrone (contraceptive)</i>		100 INSULIN	90
NEURONTIN	29		131	NOVOLOG U-100	
NEVANAC	138	<i>norethindrone acetate</i>	131	INSULIN ASPART	90
<i>nevirapine</i>	4	<i>norethindrone ac-eth estradiol</i>		NOXAFL	1
NEXAVAR	21		131, 134	NUBEQA	21
NEXIUM	101	<i>norethindrone-e.estradiol-iron</i>		NUCALA	144
NEXIUM PACKET	101		134	NUCYNTA	44
NEXLETOL	67	<i>norgestimate-ethinyl estradiol</i>		NUCYNTA ER	44
NEXLIZET	67		134, 135	NUEDEXTA	37
NEXPLANON	132	NORITATE	73	NUPLAZID	53
NEXTSTELLIS	134	NORLIQVA	62	NURTEC ODT	33
<i>niacin</i>	67	NORPRAMIN	53	NUTRILIPID	151
NIACOR	67	NORTHERA	81	NUTROPIN AQ NUSPIN	103
<i>nicardipine</i>	62	<i>nortrel 0.5/35 (28)</i>	135	NUVARING	132
NICOTROL	82	<i>nortrel 1/35 (21)</i>	135	NUVIGIL	53
NICOTROL NS	82	<i>nortrel 1/35 (28)</i>	135	NUZYRA	14
<i>nifedipine</i>	62	<i>nortrel 7/7/7 (28)</i>	135	<i>nyamyc</i>	75
<i>nikki (28)</i>	134	<i>nortriptyline</i>	53	<i>nylia 1/35 (28)</i>	135
NILANDRON	21	NORVASC	62	<i>nylia 7/7/7 (28)</i>	135
<i>nilutamide</i>	21	NORVIR	4	NYMALIZE	62
<i>nimodipine</i>	62	NOURIANZ	32	<i>nymyo</i>	135
NINLARO	21	NOVOFINE 32	117	<i>nystatin</i>	1, 75
<i>nisoldipine</i>	62	NOVOFINE		<i>nystatin-triamcinolone</i>	75
<i>nitazoxanide</i>	10	AUTOCOVER	117	<i>nystop</i>	75
<i>nitixinone</i>	81	NOVOFINE PLUS	117	NYVEPRIA	104
<i>nitro-bid</i>	68	NOVOLIN 70/30 U-100		OCALIVA	98
NITRO-DUR	68	INSULIN	89	<i>ocella</i>	135
<i>nitrofurantoin</i>	14	NOVOLIN 70-30		OCTAGAM	106
<i>nitrofurantoin macrocrystal</i>	14	FLEXPEN U-100	89	<i>octreotide acetate</i>	21
<i>nitrofurantoin monohyd/m-</i>		NOVOLIN N FLEXPEN	90	OCUFLOX	136
<i>cryst</i>	14	NOVOLIN N NPH U-100		ODACTRA	106
<i>nitroglycerin</i>	68, 69	INSULIN	90	ODEFSEY	4
NITROLINGUAL	69	NOVOLIN R FLEXPEN	90	ODOMZO	21
NITROSTAT	69	NOVOLIN R REGULAR		OFEV	144
NITYR	81	U100 INSULIN	90	<i>ofloxacin</i>	13, 83, 136
NIVESTYM	103			<i>olanzapine</i>	53

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<i>olanzapine-fluoxetine</i>	53	ORENITRAM MONTH 1	PAMELOR	53
<i>olmesartan</i>	62	TITRATION KT	PANCREAZE	98
<i>olmesartanamlodipin-</i>		ORENITRAM MONTH 2	PANDEL	78
<i>hcثiazid</i>	62	TITRATION KT	PANRETIN	71
<i>olmesartan-</i>		ORENITRAM MONTH 3	<i>pantoprazole</i>	101
<i>hydrochlorothiazide</i>	62	TITRATION KT	PANZYGA	106
<i>olopatadine</i>	82, 137	ORFADIN	<i>paricalcitol</i>	93
OLUMIANT	128	ORGOVYX	PARLODEL	32
OLUX-E	78	ORIAHNN	PARNATE	53
OMECLAMOX-PAK	101	ORILISSA	<i>paromomycin</i>	10
<i>omega-3 acid ethyl esters</i>	67	ORKAMBI	<i>paroxetine hcl</i>	53
<i>omeprazole</i>	101	ORLADEYO	<i>paroxetine</i>	
<i>omeprazole-sodium</i>		ORSERDU	<i>mesylate(menop.sym)</i>	53
<i>bicarbonate</i>	101	<i>oseltamivir</i>	PAXIL	53
OMNARIS	144	OSENI	PAXIL CR	53
OMNIPOD 5 G6 INTRO		OSMOLEX ER	PEDIARIX (PF)	106
KIT (GEN 5)	117	OSMOPREP	PEDVAX HIB (PF)	106
OMNIPOD 5 G6 PODS		OSPHENA	<i>peg 3350-electrolytes</i>	98
(GEN 5)	117	OTEZLA	<i>peg3350-sod sul-nacl-kcl-asb-</i>	
OMNIPOD CLASSIC		OTEZLA STARTER	<i>c</i>	98
PODS (GEN 3)	117	OTOVEL	PEGASYS	104
OMNIPOD DASH INTRO		OTREXUP (PF)	<i>peg-electrolyte</i>	98
KIT (GEN 4)	117	OVIDE	PEMAZYRE	22
OMNIPOD DASH PODS		<i>oxacillin</i>	PEN NEEDLE, DIABETIC,	
(GEN 4)	117	OXBRYTA	SAFETY	117
OMNITROPE	104	<i>oxcarbazepine</i>	<i>penciclovir</i>	76
<i>ondansetron</i>	98	OXERVATE	<i>penicillamine</i>	129
<i>ondansetron hcl</i>	98	<i>oxiconazole</i>	PENICILLIN G POT IN	
ONEXTON	73	OXISTAT	DEXTROSE	12
ONFI	29	OXTELLAR XR	<i>penicillin g potassium</i>	12
ONGENTYS	32	<i>oxybutynin chloride</i>	<i>penicillin g procaine</i>	12
ONGLYZA	90	oxycodone	<i>penicillin g sodium</i>	12
ONTRUZANT	21	OXYCODONE	<i>penicillin v potassium</i>	12
ONUREG	21	<i>oxycodone-acetaminophen</i>	PENNSAID	44
ONZETRA XSAIL	33	OXYCONTIN	PENTACEL (PF)	106
OPSUMIT	144	<i>oxymorphone</i>	PENTAM	10
OPZELURA	71	OXYTROL	<i>pentamidine</i>	10
ORACEA	14	OZEMPIC	PENTASA	98
ORALAIR	106	<i>pacerone</i>	PENTIPS	118
ORAPRED ODT	84	<i>paliperidone</i>	<i>pentoxifylline</i>	65
ORENCIA	128, 129	PALYNZIQ	PEPCID	101
ORENCIA CLICKJECT	128		PERCOCET	41
ORENITRAM	62		PERFOROMIST	144

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<i>perindopril erbumine</i>	63	POMALYST	22	<i>prenatal vitamin oral tablet</i>	151
<i>periogard</i>	82	PONVORY	37	PRETOMANID	10
<i>permethrin</i>	79	PONVORY 14-DAY		PREVACID	101
<i>perphenazine</i>	53	STARTER PACK	37	PREVACID SOLUTAB	
PERSERIS	53	<i>portia 28</i>	135		101, 102
PERTZYE	98	<i>posaconazole</i>	2	<i>prevalite</i>	67
PHEBURANE	81	<i>potassium chlorid-d5-</i>		PREVENT DROPSAFE	
<i>phenelzine</i>	53	<i>0.45%nacl</i>	149	PEN NEEDLE	118
<i>phenobarbital</i>	29	<i>potassium chloride</i>	149, 150	PREVYMIS	4
<i>phenoxybenzamine</i>	63	<i>potassium chloride in</i>		PREZCOBIX	4
PHENYTEK	29	<i>0.9%nacl</i>	149	PREZISTA	4
<i>phenytoin</i>	29	<i>potassium chloride in 5 % dex</i>	149	PRIFTIN	10
<i>phenytoin sodium extended</i>	29	<i>potassium chloride in lr-d5</i>	149	PRILOSEC	102
PHEXXI	132	<i>potassium chloride in water</i>	149	PRIMAQUINE	10
PHOSPHOLINE IODIDE	137	<i>potassium chloride-0.45 %</i>		PRIMAXIN IV	10
PIFELTRO	4	<i>nacl</i>	150	PRIMIDONE	29
<i>pilocarpine hcl</i>	81, 137	<i>potassium chloride-d5-</i>		<i>primidone</i>	29
<i>pimecrolimus</i>	71	<i>0.2%nacl</i>	150	PRIORIX (PF)	106
<i>pimozide</i>	53	<i>potassium chloride-d5-</i>		PRISTIQ	54
<i>pimtrea (28)</i>	135	<i>0.9%nacl</i>	150	PRIVIGEN	106
<i>pindolol</i>	63	<i>potassium citrate</i>	149	PRO COMFORT INSULIN	
<i>pioglitazone</i>	90	PRADAXA	65	SYRINGE	118
<i>pioglitazone-glimepiride</i>	90	PRALUENT PEN	67	PRO COMFORT PEN	
<i>pioglitazone-metformin</i>	90	<i>pramipexole</i>	32	NEEDLE	118
PIP PEN NEEDLE	118	<i>prasugrel</i>	65	PROAIR DIGIHALER	145
<i>piperacillin-tazobactam</i>	12	<i>pravastatin</i>	67	PROAIR RESPICLICK	145
PIQRAY	22	<i>praziquantel</i>	10	<i>probencid</i>	124
<i>pirfenidone</i>	144, 145	<i>prazosin</i>	63	<i>probencid-colchicine</i>	125
PIRFENIDONE	145	PRED FORTE	139	PROCARDIA XL	63
<i>piroxicam</i>	44	PRED MILD	139	<i>procenutra</i>	54
PLAQUENIL	10	<i>prednisolone</i>	84	<i>prochlorperazine</i>	98
PLASMA-LYTE 148	151	<i>prednisolone acetate</i>	139	<i>prochlorperazine maleate oral</i>	98
PLASMA-LYTE A	151	<i>prednisolone sodium</i>		PROCRT	104
PLAVIX	65	<i>phosphate</i>	84, 139	<i>procto-med hc</i>	98
PLEGRIDY	104	<i>prednisone</i>	84	<i>proctosol hc</i>	98
PLENAMINE	151	<i>prednisone intensol</i>	84	<i>protozone-hc</i>	98
PLENVU	98	PREFEST	132	PROSYSBI	149
PLIAGLIS	71	<i>pregabalin</i>	29	PRODIGY INSULIN	
<i>podofilox</i>	71	PREHEVBARIO (PF)	106	SYRINGE	118
<i>polycin</i>	136	PREMARIN	132	<i>progesterone micronized</i>	132
<i>polymyxin b sulfate</i>	10	<i>premasol 10 %</i>	151	PROGLYCEM	90
<i>polymyxin b sulf-</i>		PREMPHASE	132	PROGRAF	22
<i>trimethoprim</i>	136	PREMPRO	132	PROLASTIN-C	81

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PROLATE	41	QUDEXY XR	29	RELAFEN DS	44
<i>prolate</i>	41	QUESTRAN	67	RELENZA DISKHALER	4
PROLENSA	138	QUESTRAN LIGHT	67	RELEUKO	104
PROLIA	125	<i>quetiapine</i>	54	RELEXXII	54
PROMACTA	65	QUETIAPINE	54	RELISTOR	99
<i>promethazine</i>	140	QUILLICHEW ER	54	RELPAX	33
PROMETRIUM	132	QUILLIVANT XR	54	RELTONE	99
<i>propafenone</i>	59	<i>quinapril</i>	63	RELYVRIA	37
<i>propranolol</i>	63	<i>quinidine gluconate</i>	59	REMERON	54
<i>propylthiouracil</i>	84	<i>quinidine sulfate</i>	59	REMERON SOLTAB	54
PROQUAD (PF)	106	<i>quinine sulfate</i>	10	REMICADE	99
PROSCAR	148	QULIPTA	33	RENAGEL	81
PROSOL 20 %	151	QUVIVIQ	54	RENFLEXIS	99
PROTONIX	102	QVAR REDIHALER	145, 146	RENVELA	81
<i>protriptyline</i>	54	RABAVERT (PF)	106	<i>repaglinide</i>	90
PROVERA	132	<i>rabeprazole</i>	102	REPATHA	67
PROVIGIL	54	RADICAVA ORS	37	REPATHA	
PROZAC	54	RADICAVA ORS		PUSHTRONEX	67
<i>prudoxin</i>	71	STARTER KIT SUSP	37	REPATHA SURECLICK	67
PULMICORT	145	RAGWITEK	106	RESTASIS	137
PULMICORT		<i>raloxifene</i>	125	RESTASIS MULTIDOSE	137
FLEXHALER	145	<i>ramelteon</i>	54	RETACRIT	104
PULMOZYME	145	<i>ramipril</i>	63	RETEVMO	22
PURE COMFORT PEN		<i>ranolazine</i>	68	RETIN-A	73
NEEDLE	118	RAPAFLA	148	RETIN-A MICRO	73
PURE COMFORT		RAPAMUNE	22	RETROVIR	4
SAFETY PEN NEEDLE	118	<i>rasagiline</i>	32	REVATIO	146
PURIXAN	22	RASUVO (PF)	129	REVCORI	81
PYLERA	102	RAVICTI	81	REVIMID	22
<i>pyrazinamide</i>	10	RAYALDEE	93	REXULTI	54
<i>pyridostigmine bromide</i>	38	RAYOS	84	REYATAZ	4
PYRIDOSTIGMINE		REBIF (WITH ALBUMIN)		REYVOW	34
BROMIDE	38		104	REZLIDHIA	22
<i>pyrimethamine</i>	10	REBIF REBIDOSE	104	REZUROCK	22
PYRUKYND	81	REBIF TITRATION PACK		REZVOGLAR KWIKPEN	90
QBRELIS	63		104	RHOFADE	73
QUELBREE	54	<i>reclipsen (28)</i>	135	RHOPRESSA	138
QINLOCK	22	RECOMBIVAX HB (PF)	106	RIABNI	22
QNDSL	145	RECORLEV	93	<i>ribavirin</i>	4
QTERN	90	RECTIV	99	RIDAURA	129
QUADRACEL (PF)	106	REDITREX (PF)	129	<i>rifabutin</i>	10
QUALAQUIN	10	REGLAN	99	<i>rifampin</i>	10
QUARTETTE	135	REGRANEX	71	RILUTEK	81

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<i>riluzole</i>	81	SAFETY PEN NEEDLE	118	<i>sharobel</i>	132
<i>rimantadine</i>	4	SAFYRAL	135	SHINGRIX (PF)	107
RINVOQ	129	SAIZEN	105	SIGNIFOR	23
<i>risedronate</i>	81, 125	<i>sajazir</i>	146	SIKLOS	23
RISPERDAL	55	SALAGEN		<i>sildenafil (pulmonary arterial hypertension)</i>	146
RISPERDAL CONSTA	55	(PILOCARPINE)	81	SILENOR	56
<i>risperidone</i>	55	SAMSCA	93	SILIQ	69
RITALIN	55	SANCUSO	99	<i>silodosin</i>	148
RITALIN LA	55	SANDIMMUNE	22	SILVADENE	71
ritonavir	4	SANDOSTATIN	22	<i>silver sulfadiazine</i>	71
<i>rivastigmine</i>	37	SANTYL	71	SIMBRINZA	138
<i>rivastigmine tartrate</i>	37	SAPHRIS	55	SIMPONI	129
<i>rivelsa</i>	135	<i>sapropterin</i>	93	<i>simvastatin</i>	67
<i>rizatriptan</i>	34	SAVAYSA	65	SINEMET	32
ROBINUL	95	SAVELLA	129	SINGULAIR	146
ROBINUL FORTE	95	SCEMBLIX	22, 23	<i>sirolimus</i>	23
ROCALTROL	93	<i>scopolamine base</i>	99	SIRTURO	10
ROCKLATAN	138	SEASONIQUE	135	SITAVIG	5
<i>roflumilast</i>	146	SECUADO	55	SIVEXTRO	10
<i>ropinirole</i>	32	SECURESAFE INSULIN		SKY SAFETY PEN	
<i>rosuvastatin</i>	67	SYRINGE	118	NEEDLE	118
ROSZET	67	SECURESAFE PEN		SKYCLARYS	37
ROTARIX	106	NEEDLE	118	SKYLA	132
ROTATEQ VACCINE	107	SEGMENTIS	42	SKYRIZI	69, 99
ROWASA	99	SEGLUROMET	91	SKYTROFA	105
<i>roweepra</i>	30	<i>selegiline hcl</i>	32	SLYND	135
ROXICODONE	41	<i>selenium sulfide</i>	69	SOAANZ	63
ROXYBOND	42	SELZENTRY	5	<i>sodium chloride</i>	82
ROZEREM	55	SEMGLEE(INSULIN		<i>sodium chloride 0.45 %</i>	150
ROZLYTREK	22	GLARGINE-YFGN)	91	<i>sodium chloride 0.9 %</i>	82
RUBRACA	22	SEMGLEE(INSULIN		<i>sodium chloride 3 %</i>	
RUCONEST	146	GLARG-YFGN)PEN	91	<i>hypertonic</i>	150
<i>rufinamide</i>	30	SENSIPAR	93	<i>sodium chloride 5 %</i>	
RUKOBIA	4	SEREVENT DISKUS	146	<i>hypertonic</i>	150
RUXIENCE	22	SEROQUEL	55	SODIUM OXYBATE	56
RYALTRIS	146	SEROQUEL XR	55	<i>sodium phenylbutyrate</i>	82
RYBELSUS	90	SEROSTIM	105	<i>sodium polystyrene sulfonate</i>	82
RYDAPT	22	SERTRALINE	56	<i>sodium, potassium, mag</i>	
RYTARY	32	<i>sertraline</i>	56	<i>sulfates</i>	99
RYTHMOL SR	59	<i>setlakin</i>	135	SOFOSBUVIR-	
SABRIL	30	<i>sevelamer carbonate</i>	81	VELPATASVIR	5
SAFESNAP INSULIN		<i>sevelamer hcl</i>	81	SOGROYA	105
SYRINGE	118	SEYSARA	14		

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<i>solifenacin</i>	148	STRIBILD	5	<i>syeda</i>	135
SOLIQUA 100/33	91	STRIVERDI RESPIMAT	146	SYMBICORT	146
SOLODYN	14	STROMECTOL	10	SYMBYAX	56
SOLOSEC	10	SUBOXONE	44	SYMDEKO	146
SOLTAMOX	23	<i>subvenite</i>	30	SYMFIA	5
SOMATULINE DEPOT	23	<i>subvenite starter (blue) kit</i>	30	SYMFIA LO	5
SOMAVERT	93	<i>subvenite starter (green) kit</i>	30	SYMJEPI	140
SOOLANTRA	73	<i>subvenite starter (orange) kit</i>	30	SYMLINPEN 120	91
<i>sorafenib</i>	23	SUCRAID	99	SYMLINPEN 60	91
SORILUX	69	<i>sucralfate</i>	102	SYMPAZAN	30
<i>sorine</i>	59	SULAR	63	SYMPROIC	99
<i>sotalol</i>	59	<i>sulfacetamide sodium</i>	137	SYMTUZA	5
<i>sotalol af</i>	59	<i>sulfacetamide sodium (acne)</i>	74	SYNALAR	78
SOTYKTU	69	<i>sulfacetamide-prednisolone</i>	137	SYNAREL	93
SOTYLIZE	59	<i>sulfadiazine</i>	13	SYNDROS	99
SOVALDI	5	<i>sulfamethoxazole-trimethoprim</i>	13	SYNJARDY	91
<i>spinosad</i>	79	SULFAMYLYON	74	SYNJARDY XR	91
SPIRIVA RESPIMAT	146	<i>sulfasalazine</i>	99	SYNRIBO	23
SPIRIVA WITH HANDIHALER	146	<i>sulindac</i>	44	SYNTROID	95
<i>spironolactone</i>	63	<i>sumatriptan</i>	34	SYPRINE	82
<i>spironolacton-hydrochlorothiaz</i>	63	<i>sumatriptan succinate</i>	34	TABLOID	23
SPORANOX	2	<i>sumatriptan-naproxen</i>	34	TABRECTA	23
<i>sprintec (28)</i>	135	<i>sunitinib malate</i>	23	TACLONEX	70
SPRITAM	30	SUNLENCA	5	<i>tacrolimus</i>	23, 71
SPRIX	44	SUNOSI	56	<i>tadalafil</i>	149
SPRYCEL	23	SUPRAX	7	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	146
<i>sps (with sorbitol)</i>	82	SUPREP BOWEL PREP KIT	99	TADLIQ	146
<i>sronyx</i>	135	SURE COMFORT INS.		TAFINLAR	23
<i>ssd</i>	71	SYR. U-100	118	<i>tafluprost (pf)</i>	138
STALEVO 100	32	SURE COMFORT		TAGRISSO	23
STALEVO 125	32	INSULIN SYRINGE	119	TAKHZYRO	146
STALEVO 150	32	SURE COMFORT PEN		TALICIA	102
STALEVO 200	32	NEEDLE	119	TALTZ AUTOINJECTOR	70
STALEVO 75	32	SURE COMFORT		TALTZ SYRINGE	70
STEGLATRO	91	SAFETY PEN NEEDLE	119	TALZENNA	23
STEGLUJAN	91	SURE-FINE PEN		TAMIFLU	5
STELARA	69, 70	NEEDLES	119	<i>tamoxifen</i>	23
STIOLTO RESPIMAT	146	SURE-JECT INSULIN		<i>tamsulosin</i>	148
STIVARGA	23	SYRINGE	119	TAPERDEX	84
STRATTERA	56	SUTAB	99	TARGADOX	14
STREPTOMYCIN	10	SUTENT	23	TARGRETIN	23

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<i>tarina</i> 24 fe .....	135	TERIPARATIDE .....	125	TIROSINT-SOL .....	95
<i>tarina</i> fe 1-20 eq (28) .....	135	TERUMO INSULIN		TIVICAY .....	5
TARPEYO .....	84	SYRINGE .....	120	TIVICAY PD .....	5
TASCENO ODT .....	37	TESTIM .....	94	<i>tizanidine</i> .....	38
TASIGNA .....	23	<i>testosterone</i> .....	94	TLANDO .....	94
<i>tasimelteon</i> .....	56	TESTOSTERONE .....	94	TOBI .....	10
TASMAR .....	32	<i>testosterone cypionate</i> .....	94	TOBI PODHALER .....	10
<i>tavaborole</i> .....	75	<i>testosterone enanthate</i> .....	94	TOBRADEX .....	138
TAVALISSE .....	65	TETANUS,DIPHTHERIA		TOBRADEX ST .....	138
TAVNEOS .....	82	TOX PED(PF) .....	107	<i>tobramycin</i> .....	10, 136
<i>tazarotene</i> .....	73	<i>tetrabenazine</i> .....	37	<i>tobramycin</i> in 0.225 % nacl .....	10
TAZAROTENE .....	73	<i>tetracycline</i> .....	14	<i>tobramycin sulfate</i> .....	10
<i>tazicef</i> .....	7	TEXACORT .....	78	<i>tobramycin-dexamethasone</i> ..	138
TAZORAC .....	73	TEZSPIRE .....	146	TOBREX .....	136
<i>taztia xt</i> .....	63	THALITONE .....	63	<i>tolcapone</i> .....	32
TAZVERIK .....	23	THALOMID .....	23	TOLSURA .....	2
TDVAX .....	107	THEO-24 .....	146	<i>tolterodine</i> .....	148
TECFIDERA .....	37	<i>theophylline</i> .....	146, 147	<i>tolvaptan</i> .....	94
TECHLITE INSULIN		<i>thinpro insulin syringe</i> .....	120	TOPAMAX .....	30
SYRINGE .....	119, 120	THINPRO INSULIN		TOPCARE CLICKFINE ....	121
TECHLITE INSULN		SYRINGE .....	121	TOPCARE ULTRA	
SYR(HALF UNIT) .....	120	THIOLA .....	82	COMFORT .....	121
TECHLITE PEN NEEDLE	120	THIOLA EC .....	82	TOPICORT .....	78
TEFLARO .....	7	<i>thioridazine</i> .....	56	<i>topiramate</i> .....	30
TEGRETOL .....	30	<i>thiothixene</i> .....	56	TOPROL XL .....	63
TEGRETOL XR .....	30	THYQUIDITY .....	95	<i>toremifene</i> .....	23
TEGSEDI .....	37	<i>tiadylt er</i> .....	63	<i>torsemide</i> .....	63
TEKTURNA .....	63	<i>tiagabine</i> .....	30	TOSYMRA .....	34
<i>telmisartan</i> .....	63	TIAZAC .....	63	TOUJEO MAX U-300	
<i>telmisartan-amlodipine</i> .....	63	TIBSOVO .....	23	SOLOSTAR .....	91
<i>telmisartan-hydrochlorothiazid</i> .....	63	TICOVAC .....	107	TOUJEO SOLOSTAR U-	
TENIVAC (PF) .....	107	<i>tigecycline</i> .....	10	300 INSULIN .....	91
<i>tenofovir disoproxil fumarate</i> .....	5	TIGLUTIK .....	82	<i>tovet emollient</i> .....	78
TENORETIC 100 .....	63	TIKOSYN .....	59	TOVIAZ .....	148
TENORETIC 50 .....	63	<i>tilia fe</i> .....	135	TPN ELECTROLYTES ....	150
TENORMIN .....	63	<i>timolol maleate</i> .....	63, 136	TRACLEER .....	147
TEPMETKO .....	23	<i>timolol maleate (pf)</i> .....	136	TRADJENTA .....	91
<i>terazosin</i> .....	63	TIMOPTIC OCUDOSE		TRAMADOL .....	44
<i>terbinafine hcl</i> .....	2	(PF) .....	136	<i>tramadol</i> .....	45
<i>terbutaline</i> .....	146	TIMOPTIC-XE .....	136	<i>tramadol-acetaminophen</i> .....	45
<i>terconazole</i> .....	132	<i>tinidazole</i> .....	10	<i>trandolapril</i> .....	63
<i>teriflunomide</i> .....	37	<i>tiopronin</i> .....	82	<i>trandolapril-verapamil</i> .....	63
		TIROSINT .....	95	<i>tranexamic acid</i> .....	132

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TRANSDERM-SCOP	99	<i>tri-mili</i>	135	TYRVAYA	137
<i>tranylcypromine</i>	56	<i>trimipramine</i>	56	TYVASO DPI	147
<i>travasol 10 %</i>	151	TRINTELLIX	56	UBRELVY	34
TRAVATAN Z	138	<i>tri-nymyo</i>	135	UCERIS	99
<i>travoprost</i>	138	<i>tri-sprintec (28)</i>	135	UDENYCA	105
TRAZIMERA	23	<i>tritocin</i>	79	UDENYCA	
<i>trazodone</i>	56	TRIUMEQ	5	AUTOINJECTOR	105
TRECATOR	10	TRIUMEQ PD	5	ULORIC	125
TRELEGY ELLIPTA	147	<i>trivora (28)</i>	135	ULTICARE	122
TRELSTAR	24	<i>tri-vylbra</i>	135	ULTICARE INSULIN	
TREMFYA	70	<i>tri-vylbra lo</i>	135	SYRINGE	121
<i>treprostinil sodium</i>	63	TRIZIVIR	5	ULTICARE INSULN	
TRESIBA FLEXTOUCH		TROKENDI XR	30	SYR(HALF UNIT)	122
U-100	91	TROPHAMINE 10 %	151	ULTICARE PEN NEEDLE	
TRESIBA FLEXTOUCH		<i>trospium</i>	148	.....	122
U-200	91	TRUDHESA	34	ULTICARE SAFETY PEN	
TRESIBA U-100 INSULIN	91	TRUE COMFORT		NEEDLE	122
<i>tretinoin (antineoplastic)</i>	24	INSULIN SYRINGE	121	ULTIGUARD	
<i>tretinoin microspheres</i>	73	TRUE COMFORT PEN		SAFEPACK-INSULIN	
<i>tretinoin topical</i>	73	NEEDLE	121	SYR	122
TREXALL	24	TRUE COMFORT PRO		ULTIGUARD	
TREXIMET	34	INS SYRINGE	121	SAFEPACK-PEN	
TREZIX	42	TRUE COMFORT		NEEDLE	122
<i>triamcinolone acetonide</i>	78, 82	SAFETY PEN NEEDLE	121	ULTILET INSULIN	
<i>triamterene</i>	63	TRUEPLUS INSULIN	121	SYRINGE	122
<i>triamterene-</i>		TRUEPLUS PEN NEEDLE		ULTILET PEN NEEDLE..	122
<i>hydrochlorothiazid</i>	63		121	ULTRA CMFT INS SYR	
<i>trianex</i>	78	TRULANCE	99	(HALF UNIT)	122
TRIBENZOR	63	TRULICITY	92	ULTRA COMFORT	
TRICOR	67	TRUMENBA	107	INSULIN SYRINGE	122
<i>triderm</i>	79	TRUVADA	5	ULTRA FLO INSUL	
<i>trientine</i>	82	TUDORZA PRESSAIR	147	SYR(HALF UNIT)	122
<i>tri-estarrylla</i>	135	TUKYSA	24	ULTRA FLO INSULIN	
<i>trifluoperazine</i>	56	TURALIO	24	SYRINGE	123
<i>trifluridine</i>	136	TWINRIX (PF)	107	ULTRA FLO PEN	
TRIJARDY XR	91, 92	TWYNEO	74	NEEDLE	123
TRIKAFFTA	147	TYBLUME	135	ULTRA THIN PEN	
<i>tri-legest fe</i>	135	TYBOST	5	NEEDLE	123
TRILEPTAL	30	<i>tydemy</i>	135	ULTRACARE INSULIN	
TRILIPIX	68	TYGACIL	10	SYRINGE	123
<i>tri-lo-estarrylla</i>	135	TYKERB	24	ULTRACARE PEN	
<i>tri-lo-sprintec</i>	135	TYMLOS	125	NEEDLE	123
<i>trimethoprim</i>	14	TYPHIM VI	107		

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ULTRA-THIN II (SHORT)	VALTREX	5	VESICARE	148
INS SYR	VANCOCIN	10, 11	VESICARE LS	148
ULTRA-THIN II (SHORT)	<i>vancomycin</i>	11	<i>vestura</i> (28)	135
PEN NDL	VANCOMYCIN	11	VFEND	2
ULTRA-THIN II INS PEN	<i>vandazole</i>	132	VFEND IV	2
NEEDLES	VANISHPOINT INSULIN		V-GO 20	124
ULTRA-THIN II INSULIN	SYRINGE	124	V-GO 30	124
SYRINGE	VANISHPOINT SYRINGE	124	V-GO 40	124
ULTRAVATE	<i>varenicline</i>	82	VIBERZI	99
UNASYN	VARIVAX (PF)	107	VIBRAMYCIN	14
UNIFINE PENTIPS	VARUBI	99	VIBRAMYCIN	
UNIFINE PENTIPS	VASCEPA	68	(CALCIUM)	14
MAXFLOW	VASERETIC	63	VIBRAMYCIN (MONO)	14
UNIFINE PENTIPS PLUS	VASOTEC	63	VICTOZA 3-PAK	92
UNIFINE PENTIPS PLUS	VECAMYL	68	<i>vienna</i>	135
MAXFLOW	VECTICAL	70	<i>vigabatrin</i>	30
UNIFINE	<i>velivet triphasic regimen</i> (28)	135	<i>vigadron</i>	30
SAFECONTROL	VELPHORO	82	VIGAMOX	136
UNIFINE ULTRA PEN	VELTASSA	82	VIIBRYD	57
NEEDLE	VELTIN	74	VIJOICE	24
<i>unithroid</i>	VEMLIDY	5	<i>vilazodone</i>	57
UPTRAVI	VENCLEXTA	24	VIMOVO	45
UROCIT-K 10	VENCLEXTA STARTING		VIMPAT	31
UROCIT-K 15	PACK	24	VIOKACE	100
UROCIT-K 5	<i>venlafaxine</i>	57	VIRACEPT	5
UROXATRAL	VENLAFAKINE		VIREAD	5, 6
URSO 250	BESYLATE	57	VITRAKVI	24
URSO FORTE	VENTAVIS	147	VIVELLE-DOT	132
<i>ursodiol</i>	VENTOLIN HFA	147	VIVITROL	45
UZEDY	<i>verapamil</i>	64	VIVJOA	2
VABOMERE	VERDESO	79	VIZIMPRO	24
VAGIFEM	VERELAN	64	VOGELXO	94
<i>valacyclovir</i>	VERELAN PM	64	VONJO	24
VALCHLOR	VERIFINE INSULIN		<i>voriconazole</i>	2
VALCYTE	SYRINGE	124	VOSEVI	6
<i>valganciclovir</i>	VERIFINE PEN NEEDLE	124	VOTRIENT	24
VALIUM	VERKAZIA	137	VOXZOGO	94
<i>valproic acid</i>	VERQUVO	68	VRAYLAR	57
<i>valproic acid (as sodium salt)</i>	VERSACLOZ	57	VTAMA	70
VALSARTAN	VERZENIO	24	VURITY	137
<i>valsartan</i>			VUMERTY	37
<i>valsartan-hydrochlorothiazide</i>			<i>vyfemla</i> (28)	135
VALTOCO			<i>vylibra</i>	135

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VYNDAMAX	68	XOFLUZA	6	ZEPOSIA	38
VYNDAQEL	68	XOLAIR	147	ZEPOSIA STARTER	
VYTORIN 10-10	68	XOPENEX HFA	147	PACK (7-DAY)	38
VYTORIN 10-20	68	XOSPATA	25	ZERBAXA	7
VYTORIN 10-40	68	XPOVIO	25	ZERVIATE	137
VYTORIN 10-80	68	XTAMPZA ER	42	ZESTORETIC	64
VYVANSE	57	XTANDI	25	ZESTRIL	64
VYZULTA	138	xulane	132	ZETIA	68
WAKIX	57	XULTOPHY 100/3.6	92	ZETONNA	147
warfarin	66	XURIDEN	82	ZIAC	64
WELCHOL	68	XYOSTED	94	ZIAGEN	6
WELIREG	24	XYREM	58	ZIANA	74
WELLBUTRIN SR	57	XYWAV	58	zidovudine	6
WELLBUTRIN XL	57, 58	YASMIN (28)	135	ZIEXTENZO	105
WINLEVI	74	YAZ (28)	135	zileuton	147
wixela inhub	147	YF-VAX (PF)	107	ZILXI	74
wymzya fe	135	YONSA	25	ZIMHI	45
XADAGO	32	YUPELRI	147	ZIOPTAN (PF)	138
XALATAN	138	YUSIMRY(CF) PEN	129	ziprasidone hcl	58
XALKORI	24	yuvafem	132	ziprasidone mesylate	58
XARELTO	66	zafemy	132	ZIPSOR	45
XARELTO DVT-PE		zafirlukast	147	ZIRABEV	25
TREAT 30D START	66	zaleplon	58	ZIRGAN	136
XATMEP	24	ZANAFLEX	38	ZITHROMAX	8
XCOPRI	31	ZARONTIN	31	ZITHROMAX TRI-PAK	8
XCOPRI MAINTENANCE		ZARXIO	105	ZITHROMAX Z-PAK	8
PACK	31	ZAVESCA	94	ZOCOR	68
XCOPRI TITRATION		ZEGALOGUE		ZOKINVY	82
PACK	31	AUTOINJECTOR	92	ZOLINZA	25
XELJANZ	129	ZEGALOGUE SYRINGE	92	zolmitriptan	34
XELJANZ XR	129	ZEGERID	102	ZOLOFT	58
XELPROS	138	ZEJULA	25	zolpidem	58
XELSTRYM	58	ZELAPAR	32	ZOMACTON	105
XENAZINE	37, 38	ZELBORAF	25	ZOMIG	34
XENLETA	11	ZEMAIRA	82	ZONALON	71
XERESE	76	ZEMBRACE SYMTOUCH	34	ZONEGRAN	31
XERMELO	24	ZEMDRI	11	ZONISADE	31
XGEVA	15	ZEMPLAR	94	zonisamide	31
XHANCE	147	zenatane	74	ZONTIVITY	66
XIFAXAN	11	ZENPEP	100	ZORBTIVE	105
XIGDUO XR	92	zenzedi	58	ZORTRESS	25
XiIDRA	137	ZENZEDI	58	ZORYVE	70
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ZYCLARA.....	72
ZYDELIG.....	25
ZYFLO.....	147
ZYKADIA.....	25
ZYLET.....	139
ZYLOPRIM.....	125
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