



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

Approved Formulary File Submission ID: 00022474, Version 11

This formulary was updated on 04/18/2022. For more recent information or other questions, please contact Alterwood Advantage at 1-866-267-3144 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage Dual Secure 2022 Formulary (List of Covered Drugs)

Alterwood Advantage Dual Secure (HMO-SNP)

2022 Formulary

List of Covered Drugs

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

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This formulary was updated on 04/18/2022. For more recent information or other questions, please contact Alterwood Advantage Dual Secure Member Service at 1-866-267-3144 toll-free (TTY users should call 711), 24 hours 7 days a week, or visit www.alterwoodadvantage.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Alterwood Advantage, Inc. When it refers to “plan” or “our plan,” it means Alterwood Advantage Dual Secure.

This document includes an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

May 2022

H9306_22_DRS_0106_004_OE_C

What is the Alterwood Advantage Dual Secure Formulary?

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

For a complete listing of all prescription drugs covered by Alterwood Advantage Dual Secure, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

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

May 2022

H9306_22_DRS_0106_004_OE_C

- 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 Alterwood Advantage Dual Secure’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/18/2022. To get updated information about the drugs covered by Alterwood Advantage Dual Secure, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Alterwood Advantage Dual Secure covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

May 2022

H9306_22_DRS_0106_004_OE_C

- **Prior Authorization:** Alterwood Advantage Dual Secure requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Alterwood Advantage Dual Secure before you fill your prescriptions. If you don't get approval, Alterwood Advantage Dual Secure may not cover the drug.
- **Quantity Limits:** For certain drugs, Alterwood Advantage Dual Secure limits the amount of the drug that Alterwood Advantage Dual Secure will cover. For example, Alterwood Advantage Dual Secure provides 90 tablets per prescription for VALSARTAN TABLET 80 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Alterwood Advantage Dual Secure requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Alterwood Advantage Dual Secure may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alterwood Advantage Dual Secure will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Alterwood Advantage Dual Secure to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Alterwood Advantage Dual Secure's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Alterwood Advantage Dual Secure does not cover your drug, you have two options:

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

How do I request an exception to the Alterwood Advantage Dual Secure's Formulary?

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

May 2022

H9306_22_DRS_0106_004_OE_C

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

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

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

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

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

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

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

If you experience a level of care change such as a move from a hospital to a home setting or a move from a skilled nursing facility to a home setting, we may cover a one-time temporary supply of drug(s) not on our formulary when filled at a network pharmacy. This temporary one-time supply must be for a up to 30-day supply (or up to a 31-day supply if you reside in a long-term care facility) within 90 days of your enrollment. You and your provider will receive a letter in the mail indicating that you have received a temporary supply. Please discuss with your provider the drugs listed in the Alterwood Advantage Dual Secure formulary. You

May 2022

H9306_22_DRS_0106_004_OE_C

or your provider may request continuation of coverage for the temporary drug supply through the plan's exception process before you run out drug(s).

For more information

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

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

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

Alterwood Advantage Dual Secure Formulary

The formulary below provides coverage information about the drugs covered by Alterwood Advantage Dual Secure. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DIGITEK ORAL TABLET 125 MCG) and generic drugs are listed in lower-case italics (e.g., *digoxin oral tablet 125 mcg*).

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

Your 2022 Part D copay varies depending on the “extra help” you receive and the type of drug (i.e., generic drugs or all other drugs). Also, the allowed drug days supply varies depending on where you get your drug(s) – see table below.

For generic drugs (including brand drugs treated as a generic):	
<i>Copays*</i>	<i>Drug Days Supply**</i>
\$0, \$1.35, or \$3.95	Retail and Mail Order: Up to 90 days Long Term Care (LTC): Up to 31 days Out-of-Network (OON): Up to 10 days
For all other drugs:	
<i>Copays*</i>	<i>Drug Days Supply**</i>
\$0, \$4.00, or \$9.85	Retail and Mail Order: Up to 90 days LTC: Up to 31 days OON: Up to 10 days
*Copay varies based on the “extra help” you receive. You will pay the lower of the cost of your prescription or your copay described above. Once you reach the Catastrophic Coverage stage, you will pay \$0 or the greater of 5%, \$3.95 for generics, including brands treated as generics, and \$9.85 for all other drugs.	
**LTC drugs greater than a 31-day supply and OON drugs greater than a 10-day supply are not covered.	

The following abbreviations can be found in the Alterwood Advantage Dual Secure formulary:

Abbreviation/Symbol	Definition
BvD	Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA	Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA2	Prior Authorization (New Starts Only) - You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.
QL	Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST2	Step Therapy (New Starts Only)- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.
NMO	This prescription is not available via mail order.
MO	This prescription may also be available via mail order.

Alterwood Advantage Dual Secure (List of Covered Drugs)
List of Drugs by Medical Condition

ANALGESICS.....	10
ANESTHETICS	12
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	12
ANTIBACTERIALS.....	13
ANTICONVULSANTS.....	19
ANTIDEMENTIA AGENTS	23
ANTIDEPRESSANTS	23
ANTIEMETICS	26
ANTIFUNGALS.....	27
ANTIGOUT AGENTS.....	29
ANTIMIGRAINE AGENTS	29
ANTIMYASTHENIC AGENTS.....	30
ANTIMYCOBACTERIALS	30
ANTINEOPLASTICS.....	31
ANTIPARASITICS.....	38
ANTIPARKINSON AGENTS	39
ANTIPSYCHOTICS.....	40
ANTISPASTICITY AGENTS	43
ANTIVIRALS.....	44
ANXIOLYTICS.....	48
BIPOLAR AGENTS	49
BLOOD GLUCOSE REGULATORS.....	49
BLOOD PRODUCTS AND MODIFIERS.....	53
CARDIOVASCULAR AGENTS.....	54
CENTRAL NERVOUS SYSTEM AGENTS.....	62
DENTAL AND ORAL AGENTS.....	64
DERMATOLOGICAL AGENTS.....	64
ELECTROLYTES/MINERALS/METALS/VITAMINS	68
GASTROINTESTINAL AGENTS.....	72
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	74
GENITOURINARY AGENTS	75
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL).....	75

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	76
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	77
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	82
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	83
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	84
IMMUNOLOGICAL AGENTS	84
INFLAMMATORY BOWEL DISEASE AGENTS.....	90
METABOLIC BONE DISEASE AGENTS	90
OPHTHALMIC AGENTS	91
OTIC AGENTS	94
RESPIRATORY TRACT/ PULMONARY AGENTS.....	95
SKELETAL MUSCLE RELAXANTS	99
SLEEP DISORDER AGENTS.....	99

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	MO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	MO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	MO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	MO; QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium external gel 1 %</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>IBU ORAL TABLET 600 MG, 800 MG</i>	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin er oral capsule extended release 75 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7 of the introduction. 2022 Alterwood Advantage Dual Secure, Formulary ID 22474, Version 11, effective 05/01/2022. Last updated 04/18/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	PA2; MO; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	MO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	MO; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	MO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	MO; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	MO; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	1	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	1	PA; MO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	MO; QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	MO; QL (180 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	MO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	MO; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	MO; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	MO; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	MO; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MO; QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (240 EA per 30 days)

ANESTHETICS

Local Anesthetics

<i>lidocaine external patch 5 %</i>	1	PA; MO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	MO; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	MO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	MO; QL (30 GM per 30 days)

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>naltrexone hcl oral tablet 50 mg</i>	1	MO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	NMO

Opioid Dependence

<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	MO
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	MO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	MO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	MO
NARCAN NASAL LIQUID 4 MG/0.1ML	1	MO
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	MO
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	MO
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	MO
NICOTROL INHALATION INHALER 10 MG	1	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	BvD; MO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA; MO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	MO
<i>gentamicin sulfate external cream 0.1 %</i>	1	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	1	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	MO
<i>neomycin sulfate oral tablet 500 mg</i>	1	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	1	MO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	1	NMO
Antibacterials, Other		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	BvD; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	MO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	BvD; MO
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD; MO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	1	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA; MO
<i>linezolid oral tablet 600 mg</i>	1	PA; MO
<i>methenamine hippurate oral tablet 1 gm</i>	1	MO
<i>metronidazole external cream 0.75 %</i>	1	MO
<i>metronidazole external gel 0.75 %, 1 %</i>	1	MO
<i>metronidazole external lotion 0.75 %</i>	1	MO
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	BvD; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>metronidazole vaginal gel 0.75 %</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>	1	MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	BvD; NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	1	MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	MO
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	1	MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor extended release oral tablet 500 mg</i>	1	MO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	MO
<i>cefadroxil oral tablet 1 gm</i>	1	MO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	MO
<i>cefdinir oral capsule 300 mg</i>	1	MO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	MO
<i>cefixime oral capsule 400 mg</i>	1	MO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	MO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD; MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	MO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	MO
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	BvD; MO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	BvD; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	BvD; NMO
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	BvD; MO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	MO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	MO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	1	BvD; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD; MO
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD; MO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD; MO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	1	MO
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	MO
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	BvD; MO
<i>azithromycin oral packet 1 gm</i>	1	MO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	MO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	BvD; MO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	MO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	1	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	MO
<i>erythromycin oral tablet delayed release 250 mg</i>	1	MO
Quinolones		

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD; MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	MO
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	MO
<i>levofloxacin oral solution 25 mg/ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD; MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	MO
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD; MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	MO

ANTICONVULSANTS

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Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA2; MO
DIACOMIT ORAL PACKET 250 MG, 500 MG	1	PA2; MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA2; MO
<i>felbamate oral suspension 600 mg/5ml</i>	1	NMO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA2; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST2; MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	1	ST2; NMO; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG, 8 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	MO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	MO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	MO; QL (1500 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST2; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	ST2; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	1	MO; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	1	ST2; MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	ST2; NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	ST2; MO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	ST2; MO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	ST2; MO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	ST2; MO
<i>vigabatrin oral packet 500 mg</i>	1	PA2; NMO; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA2; NMO; QL (180 EA per 30 days)
Sodium Channel Agents		
APTiom ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; NMO; QL (30 EA per 30 days)
APTiom ORAL TABLET 600 MG	1	ST2; NMO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	1	ST2; MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	NMO; QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	1	NMO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	1	NMO; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL SOLUTION 10 MG/ML	1	MO; QL (1395 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	MO; QL (60 EA per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	MO; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	PA; MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	PA; MO
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO; QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	MO; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	MO; QL (90 EA per 30 days)
Monoamine Oxidase Inhibitors		
<i>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</i>	1	ST2; NMO; QL (30 EA per 30 days)
<i>MARPLAN ORAL TABLET 10 MG</i>	1	ST2; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	MO; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	MO; QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	1	MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ANTIEMETICS		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	MO
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	MO
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BvD; MO; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	BvD; MO; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD; MO
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	BvD; MO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD; MO
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	1	BvD; MO
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvD; NMO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	BvD; MO
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	1	NMO
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	1	MO
<i>ciclopirox olamine external cream 0.77 %</i>	1	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	1	MO
<i>clotrimazole external cream 1 %</i>	1	MO
<i>clotrimazole external solution 1 %</i>	1	MO
<i>clotrimazole mouth/throat troche 10 mg</i>	1	MO
<i>econazole nitrate external cream 1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD; NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	BvD; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	BvD; MO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	PA; MO
<i>itraconazole oral solution 10 mg/ml</i>	1	PA; MO
JUBLIA EXTERNAL SOLUTION 10 %	1	MO
<i>ketoconazole external cream 2 %</i>	1	MO
<i>ketoconazole external shampoo 2 %</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	MO
<i>nystatin external cream 100000 unit/gm</i>	1	MO
<i>nystatin external ointment 100000 unit/gm</i>	1	MO
<i>nystatin external powder 100000 unit/gm</i>	1	MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500000 unit</i>	1	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	MO
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA; MO
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	PA; MO
MITIGARE ORAL CAPSULE 0.6 MG	1	MO
<i>probenecid oral tablet 500 mg</i>	1	MO
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	NMO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	MO; QL (40 EA per 28 days)
<i>Prophylactic</i>		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; MO
EPRONTIA ORAL SOLUTION 25 MG/ML	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 80 mg</i>	1	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; MO; QL (16 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	MO; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	MO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	MO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	MO; QL (24 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	MO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	MO; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	MO; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	MO; QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	MO; QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	MO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	MO; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	MO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	MO
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
<i>rifabutin oral capsule 150 mg</i>	1	MO
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	MO
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PASER ORAL PACKET 4 GM	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; NMO
TRECATOR ORAL TABLET 250 MG	1	MO
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	BvD; MO
LEUKERAN ORAL TABLET 2 MG	1	MO
MATULANE ORAL CAPSULE 50 MG	1	PA2; NMO
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; NMO; QL (60 GM per 14 days)
<i>Antiandrogens</i>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA2; NMO; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	MO
ERLEADA ORAL TABLET 60 MG	1	PA2; NMO; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	1	MO
LYSODREN ORAL TABLET 500 MG	1	NMO
<i>nilutamide oral tablet 150 mg</i>	1	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	1	PA2; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA2; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA2; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA2; NMO; QL (90 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; NMO; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; NMO; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA2; NMO; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	1	PA2; NMO; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	1	PA2; NMO; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		

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Drug Name	Drug Tier	Requirements/Limits
EMCYT ORAL CAPSULE 140 MG	1	MO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>toremifene citrate oral tablet 60 mg</i>	1	PA2; NMO
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
INQOVI ORAL TABLET 35-100 MG	1	PA2; NMO
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA2; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	MO
TABLOID ORAL TABLET 40 MG	1	PA2; MO
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	1	PA2; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; NMO; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; NMO
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; NMO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA2; NMO
LYNPARZA ORAL TABLET 100 MG	1	PA2; NMO; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	1	PA2; NMO; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	1	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2; NMO
ORGOVYX ORAL TABLET 120 MG	1	PA2; NMO; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	1	PA2; NMO

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Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2; NMO
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD; MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA2; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA2; NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA2; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA2; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA2; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; NMO
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; NMO; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	MO
<i>letrozole oral tablet 2.5 mg</i>	1	MO
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	1	PA2; NMO
ALUNBRIG ORAL TABLET 180 MG	1	PA2; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; NMO; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA2; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	1	PA2; NMO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	1	PA2; NMO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	1	PA2; NMO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA2; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA2; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; NMO
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA2; NMO; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA2; NMO; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; NMO; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; NMO; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; NMO; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2; NMO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2; NMO
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA2; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA2; NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA2; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	1	PA2; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	1	PA2; NMO; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	1	PA2; NMO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA2; NMO; QL (6 EA per 21 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA2; NMO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA2; NMO; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; NMO; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA2; NMO

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	1	PA2; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA2; NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA2; NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA2; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA2; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA2; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA2; NMO; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA2; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA2; NMO; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA2; NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; NMO; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; NMO
KOSELUGO ORAL CAPSULE 10 MG	1	PA2; NMO; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA2; NMO; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA2; NMO; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA2; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA2; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA2; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA2; NMO

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA2; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA2; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA2; NMO
LORBRENA ORAL TABLET 100 MG	1	PA2; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA2; NMO; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA2; NMO; QL (240 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA2; NMO; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA2; NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA2; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA2; NMO; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; NMO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA2; NMO; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA2; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA2; NMO
QINLOCK ORAL TABLET 50 MG	1	PA2; NMO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA2; NMO; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA2; NMO; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA2; NMO; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA2; NMO; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; NMO
RYDAPT ORAL CAPSULE 25 MG	1	PA2; NMO; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 20 MG	1	PA2; NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; NMO; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA2; NMO; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA2; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	1	PA2; NMO; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA2; NMO; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA2; NMO
TALZENNA ORAL CAPSULE 0.25 MG	1	PA2; NMO; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	1	PA2; NMO; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75 MG	1	PA2; NMO; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA2; NMO; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA2; NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	1	PA2; NMO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA2; NMO; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	1	PA2; NMO; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	1	PA2; NMO; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA2; NMO; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA2; NMO; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA2; NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	1	PA2; NMO; QL (120 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	1	PA2; NMO; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA2; MO
VENCLEXTA ORAL TABLET 100 MG	1	PA2; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA2; NMO
VITRAKVI ORAL CAPSULE 100 MG	1	PA2; NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	1	PA2; NMO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2; NMO; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; NMO; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; NMO; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	1	PA2; NMO; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA2; NMO; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA2; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA2; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA2; NMO; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	1	PA2; NMO; QL (300 EA per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	1	PA2; NMO
TARGRETIN EXTERNAL GEL 1 %	1	PA2; NMO
<i>tretinoin oral capsule 10 mg</i>	1	NMO
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	1	NMO
<i>ivermectin oral tablet 3 mg</i>	1	PA2; MO
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LAMPIT ORAL TABLET 120 MG, 30 MG	1	MO
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO
<i>nitazoxanide oral tablet 500 mg</i>	1	MO; QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	BvD; MO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	BvD; MO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	MO
<i>quinine sulfate oral capsule 324 mg</i>	1	PA; MO
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NMO; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	1	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	MO
INBRIJA INHALATION CAPSULE 42 MG	1	NMO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST2; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	MO
selegiline hcl oral capsule 5 mg	1	MO
selegiline hcl oral tablet 5 mg	1	MO
ANTIPSYCHOTICS		
1st Generation/Typical		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	MO
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	BvD; MO
chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg	1	MO
fluphenazine decanoate injection solution 25 mg/ml	1	MO
fluphenazine hcl injection solution 2.5 mg/ml	1	MO
fluphenazine hcl oral concentrate 5 mg/ml	1	MO
fluphenazine hcl oral elixir 2.5 mg/5ml	1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	1	MO
haloperidol lactate injection solution 5 mg/ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	NMO
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	NMO; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	NMO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	NMO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST2; MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	1	ST2; NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; MO; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	1	NMO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	1	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	1	NMO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	1	MO
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	ST2; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA2; NMO
NUPLAZID ORAL TABLET 10 MG	1	PA2; NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	1	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	NMO
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg, 4 mg</i>	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST2; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; NMO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; MO; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	MO; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	ST2; MO
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	1	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	1	PA; NMO
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NMO; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	1	MO
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA; NMO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA; NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; NMO; QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	1	PA; NMO
MAVYRET ORAL TABLET 100-40 MG	1	PA; NMO
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NMO
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD; MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>trifluridine ophthalmic solution 1 %</i>	1	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	NMO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	NMO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NMO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	NMO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NMO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NMO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	MO; QL (360 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	1	NMO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	1	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	1	NMO; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	1	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	NMO; QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	NMO; QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	NMO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	NMO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	1	NMO; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	1	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	NMO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	1	NMO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	NMO; QL (30 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	1	NMO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NMO; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	NMO; QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	NMO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NMO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	NMO; QL (120 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NMO; QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	1	NMO; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	1	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	NMO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	NMO; QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	1	NMO; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO; QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100 MG	1	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	1	NMO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	1	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	NMO; QL (120 EA per 30 days)
Anti-Influenza Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	MO
<i>rimantadine hcl oral tablet 100 mg</i>	1	MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	1	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	MO
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	MO; QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO; QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	MO; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	MO; QL (300 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	MO; QL (180 EA per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	MO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i>	1	MO; QL (120 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	MO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; QL (150 EA per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	1	MO
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	MO
<i>diazoxide oral suspension 50 mg/ml</i>	1	NMO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	MO
<i>glucagon emergency injection kit 1 mg</i>	1	MO
KORLYM ORAL TABLET 300 MG	1	PA; NMO
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	MO
<i>cvs gauze sterile pad 2"x2"</i>	1	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	MO; QL (60 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	MO; QL (48 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml, 60 mg/0.6ml</i>	1	MO; QL (18 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	MO; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	NMO; QL (11.2 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	MO; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	NMO; QL (5.6 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	NMO; QL (8.4 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD; MO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	MO
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	1	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; NMO; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML	1	PA; MO; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; MO; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; MO; QL (16 ML per 30 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA; NMO; QL (12 ML per 28 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA; NMO
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; NMO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; NMO; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
Angiotensin Ii Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg</i>	1	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
BIDIL ORAL TABLET 20-37.5 MG	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; MO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metyrosine oral capsule 250 mg</i>	1	NMO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	MO; QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	BvD; MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg	1	MO; QL (30 EA per 30 days)
fenofibrate micronized oral capsule 43 mg	1	MO; QL (60 EA per 30 days)
fenofibrate oral capsule 150 mg	1	MO; QL (30 EA per 30 days)
fenofibrate oral capsule 50 mg	1	MO; QL (60 EA per 30 days)
fenofibrate oral tablet 145 mg, 160 mg	1	MO; QL (30 EA per 30 days)
fenofibrate oral tablet 48 mg, 54 mg	1	MO; QL (60 EA per 30 days)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	MO; QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	1	MO; QL (60 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	MO; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg	1	MO; QL (45 EA per 30 days)
lovastatin oral tablet 20 mg	1	MO; QL (30 EA per 30 days)
lovastatin oral tablet 40 mg	1	MO; QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO; QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO; QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	1	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	1	MO
cholestyramine oral packet 4 gm	1	MO
colestipol hcl oral packet 5 gm	1	MO
colestipol hcl oral tablet 1 gm	1	MO
ezetimibe oral tablet 10 mg	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
Vasodilators, Direct-Acting Arterial/ Venous		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO
RECTIV RECTAL OINTMENT 0.4 %	1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	MO; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	1	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	MO; QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA; NMO; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA; NMO
NUDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO
<i>riluzole oral tablet 50 mg</i>	1	PA; MO
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; NMO; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; NMO; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg, 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	1	MO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	MO; QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NMO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	PA; NMO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; NMO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	1	PA; NMO
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	1	PA; NMO
GILENYA ORAL CAPSULE 0.5 MG	1	PA; NMO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 2 MG	1	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; NMO
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	MO
DERMATOLOGICAL AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA; MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	MO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
<i>tazarotene external cream 0.1 %</i>	1	PA; MO
TAZORAC EXTERNAL CREAM 0.05 %	1	PA; MO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	1	PA; MO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
Dermatitis And Pruitus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	MO
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	MO
<i>amcinonide external cream 0.1 %</i>	1	MO
<i>amcinonide external ointment 0.1 %</i>	1	MO
<i>ammonium lactate external cream 12 %</i>	1	MO
<i>ammonium lactate external lotion 12 %</i>	1	MO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	MO
<i>betamethasone valerate external cream 0.1 %</i>	1	MO
<i>betamethasone valerate external lotion 0.1 %</i>	1	MO
<i>betamethasone valerate external ointment 0.1 %</i>	1	MO
<i>clobetasol propionate external cream 0.05 %</i>	1	MO
<i>clobetasol propionate external cream 0.05 %</i>	1	MO
<i>clobetasol propionate external gel 0.05 %</i>	1	MO
<i>clobetasol propionate external ointment 0.05 %</i>	1	MO
<i>clobetasol propionate external solution 0.05 %</i>	1	MO
<i>desonide external cream 0.05 %</i>	1	MO
<i>desonide external lotion 0.05 %</i>	1	MO
<i>desonide external ointment 0.05 %</i>	1	MO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	MO
<i>desoximetasone external gel 0.05 %</i>	1	MO
<i>desoximetasone external ointment 0.25 %</i>	1	MO
EUCRISA EXTERNAL OINTMENT 2 %	1	MO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	MO
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	MO
<i>fluocinolone acetonide external solution 0.01 %</i>	1	MO
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	MO
<i>fluocinonide external gel 0.05 %</i>	1	MO
<i>fluocinonide external ointment 0.05 %</i>	1	MO
<i>fluocinonide external solution 0.05 %</i>	1	MO
<i>fluticasone propionate external cream 0.05 %</i>	1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO
<i>halobetasol propionate external cream 0.05 %</i>	1	MO
<i>halobetasol propionate external ointment 0.05 %</i>	1	MO
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone external cream 1 %</i>	1	MO
<i>hydrocortisone external lotion 2.5 %</i>	1	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate external cream 0.2 %</i>	1	MO
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	MO
<i>mometasone furoate external cream 0.1 %</i>	1	MO
<i>mometasone furoate external ointment 0.1 %</i>	1	MO
<i>mometasone furoate external solution 0.1 %</i>	1	MO
<i>pimecrolimus external cream 1 %</i>	1	MO
<i>prednicarbate external ointment 0.1 %</i>	1	MO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	MO
PROCTO-PAK EXTERNAL CREAM 1 %	1	MO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	MO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	MO
<i>selenium sulfide external lotion 2.5 %</i>	1	MO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005 %</i>	1	MO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	MO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	MO
<i>diclofenac sodium external gel 3 %</i>	1	PA; MO
FLUOROPLEX EXTERNAL CREAM 1 %	1	MO
<i>fluorouracil external cream 5 %</i>	1	MO
<i>fluorouracil external solution 2 %, 5 %</i>	1	MO
<i>global alcohol prep ease pad 70 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	MO
<i>imiquimod external cream 5 %</i>	1	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	MO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	MO
<i>podofilox external solution 0.5 %</i>	1	MO
REGRANEX EXTERNAL GEL 0.01 %	1	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	MO
<i>silver sulfadiazine external cream 1 %</i>	1	MO
SSD EXTERNAL CREAM 1 %	1	MO
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	1	MO
<i>permethrin external cream 5 %</i>	1	MO
Topical Anti-Infectives		
<i>ciclopirox external gel 0.77 %</i>	1	MO
<i>ciclopirox external shampoo 1 %</i>	1	MO
<i>ciclopirox external solution 8 %</i>	1	MO
<i>clindamycin phosphate external gel 1 %</i>	1	MO
<i>clindamycin phosphate external lotion 1 %</i>	1	MO
<i>clindamycin phosphate external solution 1 %</i>	1	MO
<i>ery external pad 2 %</i>	1	MO
<i>erythromycin external gel 2 %</i>	1	MO
<i>erythromycin external solution 2 %</i>	1	MO
<i>mupirocin calcium external cream 2 %</i>	1	MO
<i>mupirocin external ointment 2 %</i>	1	MO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet 200 mg</i>	1	PA; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	1	BvD; MO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD; MO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	BvD; MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD; MO
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD; MO
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	MO
<i>sodium chloride intravenous solution 0.45 %</i>	1	MO
<i>sodium chloride intravenous solution 0.9 %, 3 %, 5 %</i>	1	BvD; MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA; NMO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; NMO
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA; NMO
<i>deferiprone oral tablet 500 mg</i>	1	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; NMO
FERRIPROX ORAL TABLET 1000 MG	1	PA; NMO
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SPS ORAL SUSPENSION 15 GM/60ML	1	MO
<i>tolvaptan oral tablet 15 mg</i>	1	PA; NMO; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; NMO; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250 mg</i>	1	PA; NMO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
<i>dextrose intravenous solution 10 %, 5 %</i>	1	BvD; MO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %</i>	1	BvD; MO
<i>dextrose-nacl intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	MO
DOJOLVI ORAL LIQUID 100 %	1	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	BvD; MO
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvD; MO
<i>prenatal oral tablet 27-1 mg</i>	1	MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvD; MO
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD; MO
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD; MO
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate oral packet 0.8 gm	1	NMO; QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	1	NMO; QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
constulose oral solution 10 gm/15ml	1	MO
enulose oral solution 10 gm/15ml	1	MO
generlac oral solution 10 gm/15ml	1	MO
lactulose oral solution 10 gm/15ml	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	NMO; QL (60 EA per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	MO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
loperamide hcl oral capsule 2 mg	1	MO
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule 10 mg	1	MO
dicyclomine hcl oral solution 10 mg/5ml	1	MO
dicyclomine hcl oral tablet 20 mg	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	1	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	1	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	MO
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	MO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	1	MO
SUTAB ORAL TABLET 1479-225-188 MG	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	MO
<i>nizatidine oral solution 15 mg/ml</i>	1	MO
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral suspension 1 gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	MO
CYSTADANE ORAL POWDER	1	NMO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; MO
ENDARI ORAL PACKET 5 GM	1	PA; MO
GALAFOLD ORAL CAPSULE 123 MG	1	PA; NMO
<i>miglustat oral capsule 100 mg</i>	1	PA; NMO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; NMO
ORFADIN ORAL CAPSULE 20 MG	1	PA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA; NMO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA; NMO
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; NMO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	1	PA; NMO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	MO; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	MO; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
ELMIRON ORAL CAPSULE 100 MG	1	MO
<i>penicillamine oral tablet 250 mg</i>	1	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
ISTURISA ORAL TABLET 1 MG	1	PA; NMO; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	1	PA; NMO; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; NMO; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	BvD; MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	BvD; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	BvD; MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	BvD; MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	BvD; MO
<i>prednisone oral solution 5 mg/5ml</i>	1	BvD; MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD; MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	MO
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA; NMO
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA; NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	1	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA; MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal solution 30 mg/act</i>	1	MO
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
ICLEVIA ORAL TABLET 0.15-0.03 MG	1	MO
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA; MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
VESTURA ORAL TABLET 3-0.02 MG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYLEQ ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		

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Drug Name	Drug Tier	Requirements/Limits
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
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	1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA2; MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA2; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA2; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	1	PA; NMO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; NMO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NMO; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA; NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA2; NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA; NMO
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	1	PA; NMO
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	1	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	1	PA; NMO
<i>Immunoglobulins</i>		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	BvD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD; NMO
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	1	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	1	PA; NMO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA; NMO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	1	PA; NMO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA; NMO
TAVNEOS ORAL CAPSULE 10 MG	1	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; NMO
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; NMO

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Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA2; NMO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; NMO
Immunosuppressants		
AZASAN ORAL TABLET 100 MG, 75 MG	1	BvD; MO
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA2; NMO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvD; MO
<i>everolimus oral tablet 0.25 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	1	BvD; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	1	BvD; NMO; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA; NMO
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA; NMO; QL (180 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	1	BvD; MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; MO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvD; MO
REZUROCK ORAL TABLET 200 MG	1	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral solution 1 mg/ml</i>	1	BvD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	BvD; MO
<i>sirolimus oral tablet 2 mg</i>	1	BvD; NMO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvD; MO
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	MO
<i>bcg vaccine injection injectable</i>	1	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD; MO
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	MO

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Drug Name	Drug Tier	Requirements/Limits
IPOL INJECTION INJECTABLE	1	MO
IXIARO INTRAMUSCULAR SUSPENSION	1	MO
KINRIX INTRAMUSCULAR SUSPENSION	1	MO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	MO
MENACTRA INTRAMUSCULAR SOLUTION	1	MO
MENQUADFI INTRAMUSCULAR SOLUTION	1	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	1	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	MO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	1	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	MO
ROTATEQ ORAL SOLUTION	1	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvD; MO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	MO
YF-VAX SUBCUTANEOUS INJECTABLE	1	MO
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	1	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	MO
<i>mesalamine oral capsule delayed release 400 mg</i>	1	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	1	MO
<i>mesalamine rectal enema 4 gm</i>	1	MO
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	MO
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg</i>	1	BvD; MO; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	1	BvD; NMO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	BvD; NMO; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA; NMO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	MO; QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	1	PA; NMO; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; NMO; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA; NMO; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	MO
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	1	PA; NMO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA; NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	MO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	MO
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	MO
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	1	MO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	1	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	MO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	MO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	MO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	MO
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
AZOPT OPHTHALMIC SUSPENSION 1 %	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
Ophthalmic Prostaglandin And Prostanamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	MO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	MO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	1	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic solution 0.3 %</i>	1	MO
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	MO; QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	MO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	MO
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	MO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	MO
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	MO; QL (21.2 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	MO; QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	MO; QL (16 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	MO; QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	MO; QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	1	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	MO; QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO; QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	1	MO; QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	1	MO; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	1	PA; NMO
KALYDECO ORAL TABLET 150 MG	1	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	1	PA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NMO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	BvD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	1	PA; NMO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	1	PA; NMO
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	MO
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NMO; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; NMO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; NMO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; MO; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	1	PA; NMO
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NMO
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD; MO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	MO; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO; QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; NMO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	MO
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	MO
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA; NMO; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7 of the introduction. 2022 Alterwood Advantage Dual Secure, Formulary ID 22474, Version 11, effective 05/01/2022. Last updated 04/18/2022.

Index of Drugs/Alphabetical Listing

A		
abacavir sulfate.....	46	
abacavir sulfate-lamivudine .	46	
abacavir-lamivudine- zidovudine	46	
ABELCET	27	
ABILIFY MAINTENA.....	41	
abiraterone acetate.....	31	
acamprosate calcium	12	
acarbose.....	49	
ACCUTANE	65	
acebutolol hcl	56	
acetaminophen-codeine	11	
acetaminophen-codeine #3...	11	
acetazolamide	93	
acetazolamide er.....	93	
acetic acid.....	94	
acetylcysteine	98	
acitretin.....	65	
ACTHIB.....	88	
ACTIMMUNE	85	
acyclovir	44	
acyclovir sodium	44	
ADACEL.....	88	
adefovir dipivoxil	44	
ADEMPAS.....	97	
ADVAIR DISKUS.....	98	
ADVAIR HFA	98	
albendazole.....	38	
albuterol sulfate	96	
albuterol sulfate hfa.....	96	
alclometasone dipropionate..	65	
ALECENSA	33	
alendronate sodium	90	
alfuzosin hcl er	75	
aliskiren fumarate	58	
allopurinol	29	
alosetron hcl	72	
ALPHAGAN P.....	93	
alprazolam	48	
ALPRAZOLAM INTENSOL	48	
ALTAVERA	78	
ALUNBRIG	33	
alyacen 1/35.....	78	
amantadine hcl.....	39	
AMBISOME	27	
ambrisentan	97	
amcinonide	65	
amikacin sulfate.....	13	
amiloride hcl	60	
amiloride-hydrochlorothiazide	58	
amiodarone hcl	56	
amitriptyline hcl	26	
amlodipine besy-benazepril hcl	58	
amlodipine besylate.....	57	
amlodipine besylate-valsartan	58	
amlodipine-atorvastatin	58	
amlodipine-olmesartan	58	
ammonium lactate	65	
AMNESTEEM	65	
amoxapine	26	
amoxicillin.....	16	
amoxicillin-pot clavulanate .	16,	
17		
amoxicillin-pot clavulanate er	16	
amphetamine- dextroamphetamine	62	
amphotericin b.....	27	
ampicillin.....	17	
ampicillin sodium.....	17	
ampicillin-sulbactam sodium	17	
anagrelide hcl	54	
anastrozole.....	33	
ANDRODERM	77	
ANORO ELLIPTA.....	98	
apraclonidine hcl	93	
aprepitant	27	
APRI	78	
APTIOM.....	22	
APTIVUS	47	
ARANELLE	78	
ARCALYST	84	
ARIKAYCE	13	
aripiprazole	41	
armodafinil	99	
ARNUITY ELLIPTA.....	95	
asenapine maleate.....	41	
ASMANEX (120 METERED DOSES).....	95	
ASMANEX (30 METERED DOSES).....	95	
ASMANEX (60 METERED DOSES).....	95	
ASMANEX HFA	95	
aspirin-dipyridamole er	54	
ASSURE ID INSULIN SAFETY SYR	51	
atazanavir sulfate	47	
atenolol	56	
atenolol-chlorthalidone.....	59	
atomoxetine hcl	63	
atorvastatin calcium.....	61	
atovaquone.....	38	
atovaquone-proguanil hcl	38	
atropine sulfate	91	
ATROVENT HFA.....	96	
AUBRA EQ.....	78	
AURYXIA.....	71	
AUSTEDO	63	
AVIANE.....	78	
AVONEX PEN.....	64	
AVONEX PREFILLED	64	
AYVAKIT	33	
AZACTAM	14	
AZASAN	86	
AZASITE	92	
azathioprine	86	
azelastine hcl	92, 95	
azithromycin	18	
AZOPT	94	
aztreonam	14	
B		
bacitracin	92	
bacitracin-polymyxin b.....	92	
bacitra-neomycin-polymyxin- hc	91	
baclofen	44	
balsalazide disodium	90	
BALVERSA	33	
BALZIVA.....	78	
BAQSIMI ONE PACK	51	
BARACLUDE.....	44	
bcg vaccine	88	
BELSOMRA	99	
benazepril hcl.....	55	

benazepril-hydrochlorothiazide	59	bupropion hcl er (smoking det)	13	cefpodoxime proxetil	16
BENLYSTA	86	bupropion hcl er (sr)	23, 24	cefprozil	16
benznidazole	38	bupropion hcl er (xl)	24	ceftazidime	16
benzoyl peroxide-erythromycin	65	buspirone hcl	48	ceftriaxone sodium	16
benztropine mesylate	39	butalbital-apap-cafeine	10	cefuroxime axetil	16
BESREMI	86	butalbital-asa-caff-codeine ...	10	cefuroxime sodium	16
betamethasone dipropionate 65, 66		butalbital-aspirin-cafeine	10	celecoxib	10
betamethasone dipropionate		BYLVAY	72	CELONTIN	21
aug	65	BYLVAY (PELLETS)	72	cephalexin	16
betamethasone valerate	66	C		cetirizine hcl	95
BETASERON	64	cabergoline	83	CHANTIX CONTINUING	
betaxolol hcl	56, 93	CABLIVI	54	MONTH PAK	13
bethanechol chloride	75	CABOMETYX	34	CHANTIX STARTING	
bexarotene	38	calcipotriene	67	MONTH PAK	13
BEXSERO	88	calcitonin (salmon)	91	chlordiazepoxide hcl	48
bicalutamide	31	calcitriol	91	chlorhexidine gluconate	64
BICILLIN L-A	17	calcium acetate	71	chloroquine phosphate	38
BIDIL	59	calcium acetate (phos binder)	71	chlorpromazine hcl	40
BIKTARVY	45	CALQUENCE	34	chlorthalidone	60
bisoprolol fumarate	56	CAMILA	82	chlorzoxazone	99
bisoprolol-hydrochlorothiazide	59	candesartan cilexetil	55	cholestyramine	61
BLISOVI FE 1.5/30	78	candesartan cilexetil-hctz	59	cholestyramine light	61
BOOSTRIX	88	CAPLYTA	41	ciclopirox	68
bosentan	97	CAPRELSA	34	ciclopirox olamine	27
BOSULIF	33, 34	captopril	55	cilostazol	54
BRAFTOVI	34	carbamazepine	22	CIMDUO	46
BREO ELLIPTA	98	carbamazepine er	22	cinacalcet hcl	91
BREZTRI AEROSPHERE ..	98	carbidopa	40	CINRYZE	84
briellyn	78	carbidopa-levodopa	40	CIPRODEX	94
BRILINTA	54	carbidopa-levodopa er	40	ciprofloxacin hcl	19, 94
brimonidine tartrate	94	carbidopa-levodopa-		ciprofloxacin in d5w	19
brimonidine tartrate-timolol .	94	entacapone	39	ciprofloxacin-fluocinolone pf	94
BRIVIACT	20	carglumic acid	68	citalopram hydrobromide	24
bromfenac sodium (once-daily)	93	carteolol hcl	93	CLARAVIS	65
bromocriptine mesylate	39	CARTIA XT	57	clarithromycin	18
BROMSITE	93	carvedilol	56	clarithromycin er	18
BRUKINSA	34	caspofungin acetate	27	CLENPIQ	72
budesonide	90, 95	CAYSTON	97	clindamycin hcl	14
budesonide er	90	CAZIENT	78	clindamycin palmitate hcl	14
bumetanide	60	cefaclor	15	clindamycin phos-benzoyl	
buprenorphine hcl	12	cefaclor er	15	perox	65
buprenorphine hcl-naloxone		cefadroxil	15	clindamycin phosphate ...	14, 68
hcl	12	cefazolin sodium	15	clindamycin phosphate in d5w	14
bupropion hcl	24	cefdinir	15	CLINIMIX E/DEXTROSE	
		cefepime hcl	15	(2.75/5)	70
		cefexime	15	CLINIMIX E/DEXTROSE	
		cefotetan disodium	15	(4.25/10)	70
		cefoxitin sodium	15		

CLINIMIX E/DEXTROSE (4.25/5)	70	COSENTYX SENSOREADY (300 MG).....	85	DIACOMIT	20
CLINIMIX E/DEXTROSE (5/15)	70	COTELLIC.....	34	diazepam.....	21, 49
CLINIMIX E/DEXTROSE (5/20)	70	CREON	74	diazoxide.....	51
CLINIMIX/DEXTROSE (4.25/10)	71	cromolyn sodium.....	74, 92, 98	diclofenac potassium	10
CLINIMIX/DEXTROSE (4.25/5)	71	CRYSELLE-28	78	diclofenac sodium.....	10, 67, 93
CLINIMIX/DEXTROSE (5/15)	71	cvs gauze sterile.....	51	diclofenac sodium er.....	10
CLINIMIX/DEXTROSE (5/20)	71	cyclobenzaprine hcl.....	99	dicloxacillin sodium	17
clobazam.....	21	cyclophosphamide	31	dicyclomine hcl	72
clobetasol propionate.....	66	cyclosporine.....	86	diflunisal	10
clobetasol propionate e.....	66	cyclosporine modified	86	DIGITEK.....	59
clomipramine hcl.....	26	cyproheptadine hcl	95	DIGOX	59
clonazepam.....	48	CYRED EQ	78	digoxin	59
clonidine	55	CYSTADANE.....	74	dihydroergotamine mesylate	29
clonidine hcl	54	CYSTADROPS	91	DILANTIN	22
clopidogrel bisulfate	54	CYSTAGON	74	diltiazem hcl	58
clorazepate dipotassium	49	CYSTARAN	91	diltiazem hcl er	58
clotrimazole	27	D		diltiazem hcl er beads	57
clotrimazole-betamethasone.	67	dalfampridine er	64	diltiazem hcl er coated beads	58
clozapine.....	43	DALIRESP.....	97	dilt-xr	58
COARTEM	38	danazol.....	77	dimethyl fumarate.....	64
codeine sulfate	11	dapsone	30	dimethyl fumarate starter pack	64
colchicine	29	DAPTACEL	88	diphenoxylate-atropine	72
colchicine-probenecid	29	daptomycin	14	diphtheria-tetanus toxoids dt	88
colestipol hcl	61	darifenacin hydrobromide er	75	disopyramide phosphate	56
colistimethate sodium (cba) .	14	DAURISMO.....	34	disulfiram.....	12
COMBIGAN	94	DEBLITANE.....	82	divalproex sodium	49
COMBIVENT RESPIMAT .	98	deferasirox	70	divalproex sodium er	49
COMETRIQ (100 MG DAILY DOSE)	34	deferasirox granules	70	dofetilide.....	56
COMETRIQ (140 MG DAILY DOSE)	34	deferiprone.....	70	DOJOLVI	71
COMETRIQ (60 MG DAILY DOSE)	34	DELSTRIGO.....	46	donepezil hcl.....	23
COMFORT ASSIST INSULIN SYRINGE.....	51	DESCOVY	46	dorzolamide hcl	94
COMPLERA	45	desipramine hcl.....	26	dorzolamide hcl-timolol mal	94
constulose	72	desmopressin acetate	76	dorzolamide hcl-timolol mal pf	94
COPAXONE	64	desmopressin acetate spray ..	76	DOVATO	45
COPIKTRA.....	34	desogestrel-ethinyl estradiol.	78	doxazosin mesylate.....	55
CORLANOR.....	59	desonide.....	66	doxepin hcl	26
COSENTYX.....	85	desoximetasone	66	DOXY 100.....	19
COSENTYX (300 MG DOSE)	85	desvenlafaxine er	24	doxycycline hyclate	19
		desvenlafaxine succinate er ..	24	doxycycline monohydrate	19
		dexamethasone	76	DRIZALMA SPRINKLE	25
		dexamethasone sodium phosphate.....	93	dronabinol.....	27
		DEXILANT.....	73	drospirenone-ethinyl estradiol	78
		dexmethylphenidate hcl.....	63	DROXIA.....	32
		dextroamphetamine sulfate..	63	droxidopa.....	55
		dextroamphetamine sulfate er	62, 63	DUAVEE.....	77
		dextrose	71	duloxetine hcl	25
		dextrose-nacl	71	DUPIXENT	85

DUREZOL	93	ERIVEDGE	34	FETZIMA	25
dutasteride	75	ERLEADA	31	FETZIMA TITRATION	25
dutasteride-tamsulosin hcl....	75	erlotinib hcl.....	34	FIASP	51
E		ERRIN	82	FIASP FLEXTOUCH	51
econazole nitrate.....	27	ertapenem sodium.....	18	FIASP PENFILL	51
EDURANT	45	ery	68	finasteride	75
efavirenz	45	ERYTHROCIN		FINTEPLA	20
efavirenz-emtricitab-tenofovir		LACTOBIONATE	18	FIRAZYR	84
.....	46	erythromycin	18, 68, 92	FIRVANQ	14
efavirenz-lamivudine-tenofovir		erythromycin base	18	flecainide acetate	56
.....	46	erythromycin ethylsuccinate.	18	FLOVENT DISKUS	95
ELIGARD	83	ESBRIET	98	FLOVENT HFA	95
ELIQUIS	53	escitalopram oxalate	25	fluconazole	28
ELIQUIS DVT/PE STARTER		esomeprazole magnesium....	73	fluconazole in sodium chloride	
PACK	53	ESTARYLLA.....	78	.....	28
ELMIRON.....	75	estradiol	77	flucytosine	28
ELURYNG.....	78	ethambutol hcl	30	fludrocortisone acetate.....	76
EMCYT	32	ethosuximide	21	flunisolide	95
EMGALITY	29	ethynodiol diac-eth estradiol	78	fluocinolone acetonide....	66, 94
EMOQUETTE	78	etodolac	10	fluocinonide	66
EMSAM	24	etonogestrel-ethinyl estradiol	79	fluocinonide emulsified base	66
emtricitabine.....	46	etravirine.....	45	fluorometholone	93
emtricitabine-tenofovir df	46	EUCRISA	66	FLUOROPLEX	67
EMTRIVA.....	46	EUTHYROX	83	fluorouracil	67
EMVERM	38	everolimus	34, 86, 87	fluoxetine hcl	25
enalapril maleate	55	EVOTAZ	47	fluphenazine decanoate	40
enalapril-hydrochlorothiazide		EVRYSDI.....	63	fluphenazine hcl.....	40
.....	59	EXEL COMFORT POINT		flurbiprofen.....	10
ENBREL	86	PEN NEEDLE	51	flurbiprofen sodium	93
ENBREL MINI	86	exemestane	33	flutamide.....	31
ENBREL SURECLICK	86	EXKIVITY	34	fluticasone propionate	66, 95
ENDARI.....	74	ezetimibe	61	fluticasone-salmeterol.....	98
ENGERIX-B	88	F		fluvoxamine maleate	25
enoxaparin sodium	53	FALMINA.....	79	fondaparinux sodium	53
ENPRESSE-28.....	78	famciclovir.....	44	fosamprenavir calcium	47
ENSKYCE	78	famotidine.....	73	fosinopril sodium.....	55
ENSPRYNG.....	86	FANAPT	41	fosinopril sodium-hctz.....	59
entacapone	39	FANAPT TITRATION PACK		FOTIVDA.....	34
entecavir	44	.....	41	furosemide	60
ENTRESTO	59	FARYDAK.....	34	FUZEON	46
enulose.....	72	febuxostat	29	FYCOMPA.....	20
ENVARSUS XR	86	felbamate	20	G	
EPIDIOLEX	20	felodipine er.....	57	gabapentin.....	21
epinephrine	96	FEMYNOR	79	GALAFOLD.....	74
EPITOL	22	fenofibrate	61	galantamine hydrobromide...23	
EPIVIR HBV.....	44	fenofibrate micronized	61	galantamine hydrobromide er	
eplerenone	60	fenofibric acid.....	61	.....	23
EPRONTIA	29	fentanyl.....	11	GARDASIL 9	88
ERAXIS	28	fentanyl citrate.....	11	gatifloxacin	92
ergotamine-caffeine.....	29	FERRIPROX	70	GATTEX	73

GAVILYTE-C.....	73	hydrocodone-acetaminophen	11	INVIRASE	47
GAVILYTE-G	73	hydrocodone-ibuprofen	11	INVOKAMET	50
GAVILYTE-N WITH		hydrocortisone	67, 76, 90	INVOKAMET XR	50
FLAVOR PACK	73	hydrocortisone (perianal)	66	INVOKANA.....	50
GAVRETO.....	34	hydrocortisone ace-pramoxine		IPOL	89
gemfibrozil	61	.....	68	ipratropium bromide.....	96
generlac	72	hydrocortisone valerate	67	ipratropium-albuterol.....	98
GENGRAF	87	hydromorphone hcl.....	11	irbesartan	55
GENTAK	92	hydroxychloroquine sulfate..	38	irbesartan-hydrochlorothiazide	
gentamicin in saline.....	13	hydroxyurea.....	32	.....	59
gentamicin sulfate	13, 92	hydroxyzine hcl	48	IRESSA	35
GENVOYA	45	hydroxyzine pamoate	48	ISENTRESS	45
GILENYA	64	I		ISENTRESS HD	45
GILOTRIF.....	34	ibandronate sodium	91	ISIBLOOM.....	79
glimepiride	49	IBRANCE	34	ISOLYTE-P IN D5W	71
glipizide.....	49	IBU	10	ISOLYTE-S PH 7.4.....	68
glipizide er.....	49	ibuprofen	10	isoniazid.....	30
glipizide-metformin hcl.....	49	icatibant acetate	84	isosorbide dinitrate	62
global alcohol prep ease	67	ICLEVIA.....	79	isosorbide mononitrate	62
GLUCAGEN HYPOKIT	51	ICLUSIG	35	isosorbide mononitrate er	62
glucagon emergency.....	51	IDHIFA	32	isotretinoin	65
glyburide-metformin	49	ILEVRO	93	isradipine	57
glycopyrrolate.....	72	imatinib mesylate	35	ISTURISA	76
granisetron hcl	27	IMBRUVICA	35	itraconazole.....	28
griseofulvin microsize	28	imipenem-cilastatin	18	ivermectin	38
griseofulvin ultramicrosize...	28	imipramine hcl.....	26	IXIARO	89
guanfacine hcl	55	imiquimod	68	J	
guanfacine hcl er	63	IMOVAX RABIES	88	JAKAFI	35
H		IMVEXXY MAINTENANCE		JANTOVEN	53
halobetasol propionate.....	66	PACK	77	JANUMET	50
haloperidol.....	41	IMVEXXY STARTER PACK		JANUMET XR.....	50
haloperidol decanoate.....	40	.....	77	JANUVIA.....	50
haloperidol lactate	40, 41	INBRIJA.....	40	JARDIANCE	50
HAVRIX	88	INCASSIA.....	82	JASMIEL.....	79
heparin sodium (porcine)	53	INCRELEX	76	JUBLIA	28
HIBERIX.....	88	indapamide	60	JULEBER	79
HUMIRA.....	87	indomethacin	10	JULUCA.....	46
HUMIRA PEDIATRIC		indomethacin er	10	JUNEL 1.5/30.....	79
CROHNS START	87	INFANRIX.....	88	JUNEL 1/20.....	79
HUMIRA PEN	87	INLYTA	35	JUNEL FE 1.5/30	79
HUMIRA PEN-CD/UC/HS		INQOVI.....	32	JUNEL FE 1/20	79
STARTER	87	INREBIC	35	JUXTAPID	61
HUMIRA PEN-PEDIATRIC		INTELENCE	45	K	
UC START.....	87	INTRALIPID.....	71	KALYDECO	97
HUMIRA PEN-PS/UV/ADOL		INTRAROSA	79	KARIVA.....	79
HS START	87	INTRON A.....	86	KATERZIA	57
HUMIRA PEN-PSOR/UEIT		INTROVALE	79	kcl in dextrose-nacl.....	69
STARTER	87	INVEGA HAFYERA.....	41	kcl-lactated ringers-d5w	69
hydralazine hcl	62	INVEGA SUSTENNA.....	42	KELNOR 1/35.....	79
hydrochlorothiazide.....	60	INVEGA TRINZA	42	KELNOR 1/50.....	79

KESIMPTA.....	64	LENVIMA (12 MG DAILY DOSE)	35	lisinopril-hydrochlorothiazide	59
ketoconazole.....	28	LENVIMA (14 MG DAILY DOSE)	35	lithium.....	49
ketorolac tromethamine..	10, 93	LENVIMA (18 MG DAILY DOSE)	35	lithium carbonate	49
KINRIX.....	89	LENVIMA (20 MG DAILY DOSE)	35	lithium carbonate er	49
KISQALI (200 MG DOSE) .	35	LENVIMA (24 MG DAILY DOSE)	36	LIVALO	61
KISQALI (400 MG DOSE) .	35	LENVIMA (4 MG DAILY DOSE)	36	LIVMARLI.....	73
KISQALI (600 MG DOSE) .	35	LENVIMA (8 MG DAILY DOSE)	36	LIVTENCITY	44
KISQALI FEMARA (400 MG DOSE)	32	LESSINA.....	79	LOKELMA.....	70
KISQALI FEMARA (600 MG DOSE)	32	letrozole	33	LONSURF.....	32
KISQALI FEMARA(200 MG DOSE)	32	leucovorin calcium	32	loperamide hcl	72
KLOR-CON	69	LEUKERAN	31	lopinavir-ritonavir.....	47
KLOR-CON 10	69	LEUKINE.....	54	lorazepam	49
KLOR-CON M10.....	69	leuprolide acetate.....	83	LORAZEPAM INTENSOL .	49
KLOR-CON M15.....	69	LEVEMIR	52	LORBRENA.....	36
KLOR-CON M20.....	69	LEVEMIR FLEXTOUCH ...	52	LORYNA	80
KLOXXADO	13	levetiracetam	20	losartan potassium	55
KORLYM.....	51	levetiracetam er	20	losartan potassium-hctz	59
KOSELUGO	35	levobunolol hcl	93	loteprednol etabonate.....	93
KURVELO.....	79	levocarnitine	71	lovastatin.....	61
KYNMOBI.....	39	levocetirizine dihydrochloride	95	LOW-OGESTREL	80
L		levofloxacin	19	loxapine succinate	41
labetalol hcl	56	levofloxacin in d5w	19	lubiprostone	72
lactulose.....	72	LEVONEST	79	LUMAKRAS.....	36
lamivudine.....	44, 46	levonorgest-eth estrad 91-day	79	LUMIGAN	94
lamivudine-zidovudine.....	46	levonorgestrel-ethinyl estrad	79	LUPKYNIS	87
lamotrigine	20	levonorg-eth estrad triphasic	80	LUPRON DEPOT (1-MONTH)	83
lamotrigine er	20	LEVORA 0.15/30 (28)	80	LUPRON DEPOT (3-MONTH)	83
lamotrigine starter kit-blue ...	20	LEVO-T.....	83	LUPRON DEPOT (4-MONTH)	83
lamotrigine starter kit-green .	20	levothyroxine sodium	83	LUPRON DEPOT (6-MONTH)	83
lamotrigine starter kit-orange	20	LEVOXYL	83	LUTERA	80
LAMPIT	39	LEXIVA	47	LYBALVI.....	42
lansoprazole.....	74	LIALDA	90	LYLEQ.....	82
LANTUS	52	lidocaine	12	LYNPARZA.....	32
LANTUS SOLOSTAR	51	lidocaine hcl	12	LYSODREN.....	31
lapatinib ditosylate	35	lidocaine viscous hcl	12	LYZA	82
LARIN 1.5/30.....	79	lidocaine-prilocaine	12	M	
LARIN 1/20.....	79	linezolid.....	14	magnesium sulfate	69
LARIN FE 1.5/30.....	79	LINZESS	72	malathion	68
LARIN FE 1/20.....	79	liothyronine sodium.....	83	maraviroc.....	47
LARISSIA.....	79	lisinopril.....	55	marlissa.....	80
latanoprost	94			MARPLAN.....	24
LATUDA	42			MATULANE.....	31
LEENA.....	79			MAVYRET	44
leflunomide.....	85			MAYZENT.....	64
LENVIMA (10 MG DAILY DOSE)	35				

MAYZENT STARTER PACK	64	miglustat	74	neomycin-polymyxin-gramacidin	92
meclizine hcl	26	MILI	80	neomycin-polymyxin-hc.92, 94	
medroxyprogesterone acetate	82	minocycline hcl	19	NERLYNX	36
mefloquine hcl	39	minoxidil	62	NEUPRO	39
megestrol acetate	82	mirtazapine	24	nevirapine	45
MEKINIST	36	misoprostol	73	nevirapine er	45
MEKTOVI	36	MITIGARE	29	NEXAVAR	36
meloxicam	10	M-M-R II	89	niacin er (antihyperlipidemic)	62
memantine hcl	23	modafinil	99	nicardipine hcl	57
memantine hcl er	23	moexipril hcl	55	NICOTROL	13
MENACTRA	89	molindone hcl	41	nifedipine	57
MENEST	77	mometasone furoate	67, 96	nifedipine er	57
MENQUADFI	89	montelukast sodium	96	nifedipine er osmotic release	57
MENVEO	89	morphine sulfate	12	NIKKI	80
mercaptopurine	32	morphine sulfate (concentrate)	12	nilutamide	31
meropenem	18	morphine sulfate er	11	NINLARO	32
mesalamine	90	MOVANTIK	72	nitazoxanide	39
mesalamine er	90	moxifloxacin hcl	19, 92	nitisinone	74
MESNEX	32	moxifloxacin hcl in nacl	19	NITRO-BID	62
metformin hcl	50	MULTAQ	56	nitrofurantoin macrocrystal	14
metformin hcl er	50	mupirocin	68	nitrofurantoin monohyd macro	15
methadone hcl	11	mupirocin calcium	68	nitroglycerin	62
methazolamide	94	mycophenolate mofetil	87	nizatidine	73
methenamine hippurate	14	mycophenolate sodium	87	NOC DURNA	76
methimazole	84	MYRBETRIQ	75	NORA-BE	82
methocarbamol	99	N		norethin ace-eth estrad-fe	80
methotrexate	87	nabumetone	10	norethindrone	82
methotrexate sodium	87	nadolol	57	norethindrone acetate	82
methotrexate sodium (pf)	87	nafcillin sodium	17	norethindrone acet-ethinyl est	80
methyl dopa	55	naloxone hcl	13	norethindrone-eth estradiol	80
methylphenidate hcl	63	naltrexone hcl	12	norgestimate-eth estradiol	80
methylprednisolone	76	NAMZARIC	23	norgestim-eth estrad triphasic	80
metoclopramide hcl	73	naproxen	10, 11	NORTREL 0.5/35 (28)	80
metolazone	61	naproxen sodium	11	NORTREL 1/35 (21)	80
metoprolol succinate er	56	naratriptan hcl	30	NORTREL 1/35 (28)	80
metoprolol tartrate	56	NARCAN	13	NORTREL 7/7/7	81
metoprolol-hydrochlorothiazide	59	NATACYN	92	nortriptyline hcl	26
metronidazole	14	nateglinide	50	NORVIR	47
metronidazole in nacl	14	NATPARA	91	NOVOLIN 70/30	52
metyrosine	59	NAYZILAM	21	NOVOLIN 70/30 FLEXPEN	52
mexiletine hcl	56	nebivolol hcl	57	NOVOLIN N	52
MICROGESTIN 1.5/30	80	NECON 0.5/35 (28)	80	NOVOLIN N FLEXPEN	52
MICROGESTIN 1/20	80	nefazodone hcl	25	NOVOLIN R	52
MICROGESTIN FE 1.5/30	80	neomycin sulfate	13	NOVOLIN R FLEXPEN	52
MICROGESTIN FE 1/20	80	neomycin-bacitracin zn-polymyx	92		
midodrine hcl	55	neomycin-polymyxin-dexameth	91, 92		
miglitol	50				

NOVOLOG	52	oxazepam.....	48	pioglitazone hcl-metformin hcl	
NOVOLOG FLEXPEN.....	52	oxcarbazepine	22	.....	50
NOVOLOG MIX 70/30	52	oxybutynin chloride.....	75	piperacillin sod-tazobactam so	
NOVOLOG MIX 70/30		oxybutynin chloride er.....	75	.....	18
FLEXPEN	52	oxycodone hcl.....	12	PIQRAY (200 MG DAILY	
NOVOLOG PENFILL	52	oxycodone hcl er	11	DOSE)	36
NOXAFIL	28	oxycodone-acetaminophen... 12		PIQRAY (250 MG DAILY	
NUBEQA	31	OZEMPIC (0.25 OR 0.5		DOSE)	36
NUCALA	98, 99	MG/DOSE).....	50	PIQRAY (300 MG DAILY	
NUEDEXTA	63	OZEMPIC (1 MG/DOSE)....	50	DOSE)	36
NUPLAZID	42	P		PIRMELLA 1/35	81
NUTRILIPID	71	paliperidone er	42	piroxicam	11
NYAMYC	28	PANRETIN	38	PLASMA-LYTE 148	69
NYLIA 1/35	81	pantoprazole sodium.....	74	PLASMA-LYTE A	69
NYLIA 7/7/7	81	PANZYGA	84	podofilox.....	68
NYMYO.....	81	paricalcitol	91	polymyxin b-trimethoprim ...	92
nystatin	28	paromomycin sulfate	13	POMALYST.....	31
nystatin-triamcinolone.....	68	paroxetine hcl	25	PORTIA-28	81
NYSTOP	28	PASER.....	30	posaconazole.....	28
O		PEDIARIX	89	potassium chloride.....	69
OCELLA	81	PEDVAX HIB.....	89	potassium chloride crys er	69
octreotide acetate	84	peg 3350-kcl-na bicarb-nacl.73		potassium chloride er.....	69
ODEFSEY	46	peg-3350/electrolytes	73	potassium chloride in dextrose	
ODOMZO	36	PEGASYS	86	.....	69
OFEV	98	PEMAZYRE	36	potassium chloride in nacl	69
ofloxacin.....	19, 92, 95	penicillamine	75	potassium citrate er.....	70
olanzapine.....	42	penicillin g pot in dextrose ...	17	pramipexole dihydrochloride	39
olanzapine-fluoxetine hcl	24	penicillin g potassium.....	17	prasugrel hcl	54
olmesartan medoxomil	55	penicillin g procaine	17	pravastatin sodium	61
olmesartan medoxomil-hctz .	59	penicillin g sodium	17	prazosin hcl.....	55
olmesartan-amlodipine-hctz.	59	penicillin v potassium.....	17	prednicarbate	67
olopatadine hcl	92	PENTACEL.....	89	prednisolone	76
omega-3-acid ethyl esters.....	62	pentamidine isethionate.....	39	prednisolone acetate	93
omeprazole	74	pentoxifylline er	59	prednisolone sodium phosphate	
OMNITROPE.....	76, 77	perindopril erbumine	56	.....	76, 93
ondansetron	27	PERIOGARD	64	prednisone.....	76
ondansetron hcl	27	permethrin	68	PREDNISONE INTENSOL.	76
ONUREG	32	perphenazine.....	41	preferred plus insulin syringe	
OPSUMIT	97	phenelzine sulfate	24	.....	52
ORFADIN	74	phenobarbital	20, 21	pregabalin	63, 64
ORGOVYX.....	32	phenytoin.....	22	PREMARIN	78
ORKAMBI.....	97	phenytoin sodium extended..	22	PREMASOL.....	71
orphenadrine citrate er.....	99	PIFELTRO	45	PREMPHASE.....	81
ORSYTHIA.....	81	pilocarpine hcl	64, 94	PREMPRO	81
oseltamivir phosphate.....	48	pimecrolimus	67	prenatal	71
OSPHENA	81	pimozide	41	PREVIFEM	81
oxacillin sodium	17	PIMTREA	81	PREVYMIS.....	44
oxacillin sodium in dextrose	17	pindolol.....	57	PREZCOBIX.....	47
oxandrolone	77	pioglitazone hcl	50	PREZISTA	47
oxaprozin	11	pioglitazone hcl-glimepiride.	50	PRIFTIN	30

primaquine phosphate	39	RELI-ON INSULIN		selegiline hcl.....	40
primidone	21	SYRINGE.....	52	selenium sulfide.....	67
PRIVIGEN	84	repaglinide	50	SELZENTRY	47
probenecid	29	REPATHA.....	62	SEREVENT DISKUS	96
PROCALAMINE	71	REPATHA PUSHTRONEX		sertraline hcl	25
prochlorperazine.....	26	SYSTEM	62	SETLAKIN.....	81
prochlorperazine maleate	26	REPATHA SURECLICK	62	sevelamer carbonate	72
PROCTO-MED HC	67	RESTASIS.....	92	SHAROBEL	82
PROCTO-PAK.....	67	RESTASIS MULTIDOSE ...	92	SHINGRIX	89
PROCTOSOL HC.....	67	RETACRIT	54	SIGNIFOR.....	84
PROCTOZONE-HC.....	67	RETEVMO.....	36	sildenafil citrate	98
progesterone	82	REVLIMID	31	silodosin.....	75
PROGRAF	87	REXULTI.....	43	silver sulfadiazine	68
PROLASTIN-C.....	74	REYATAZ	47	SIMBRINZA	94
PROLIA	91	REZUROCK	87	simvastatin	61
PROMACTA.....	54	RHOPRESSA.....	94	sirolimus	88
promethazine hcl	26, 27	ribavirin	44	SIRTURO	31
propafenone hcl	56	rifabutin	30	SKYRIZI	85
propranolol hcl	29, 57	rifampin	31	SKYRIZI (150 MG DOSE)..	85
propranolol hcl er	29, 57	riluzole.....	63	SKYRIZI PEN.....	85
propylthiouracil	84	rimantadine hcl	48	sodium chloride	70
PROQUAD.....	89	RINVOQ	85	sodium fluoride.....	70
PROSOL.....	71	risedronate sodium	91	sodium polystyrene sulfonate	
protriptyline hcl	26	RISPERDAL CONSTA	43	.....	70
PULMOZYME.....	97	risperidone	43	sofosbuvir-velpatasvir	44
PURIXAN	32	ritonavir	47	solifenacin succinate.....	75
pyrazinamide	30	rivastigmine.....	23	SOLQUA.....	52
pyridostigmine bromide	30	rivastigmine tartrate.....	23	SOLTAMOX	32
Q		rizatriptan benzoate	30	SOMAVERT	84
QINLOCK.....	36	ROCKLATAN	94	sotalol hcl.....	56
QUADRACEL	89	ropinirole hcl	40	sotalol hcl (af).....	56
quetiapine fumarate	42	rosuvastatin calcium	61	SPIRIVA HANDIHALER ...	96
quetiapine fumarate er	42	ROTARIX	89	SPIRIVA RESPIMAT.....	96
quinapril hcl.....	56	ROTATEQ	89	spironolactone.....	60
quinapril-hydrochlorothiazide		ROZLYTREK	36	spironolactone-hctz.....	60
.....	60	RUBRACA.....	36	SPRINTEC 28	81
quinidine sulfate	56	rufinamide	22	SPRITAM.....	21
quinine sulfate	39	RUKOBIA.....	47	SPRYCEL.....	36, 37
R		RYBELSUS.....	50	SPS	70
RABAVERT	89	RYDAPT	36	SRONYX.....	81
raloxifene hcl.....	91	RYTARY.....	40	SSD.....	68
ramipril	56	S		STELARA	85
ranolazine er	60	SANTYL	68	STIVARGA.....	37
rasagiline mesylate	40	sapropterin dihydrochloride .	74	STRIBILD	45
RAVICTI.....	74	SAVELLA.....	64	SUBOXONE	13
RECLIPSEN.....	81	SAVELLA TITRATION		sucralfate.....	73
RECOMBIVAX HB	89	PACK	64	sulfacetamide sodium	92
RECTIV	62	SCSEMBLIX.....	32	sulfacetamide sodium (acne)	19
REGRANEX	68	scopolamine.....	27	sulfacetamide-prednisolone ..	92
RELENZA DISKHALER	48	SECUADO	43	sulfadiazine	19

sulfamethoxazole-trimethoprim	19	tenofovir disoproxil fumarate	46	travoprost (bak free)	94
sulfasalazine	90	TEPMETKO.....	37	trazodone hcl	25
sulindac.....	11	terazosin hcl.....	55	TRECTOR	31
sumatriptan	30	terbinafine hcl.....	28	TRELEGY ELLIPTA.....	99
sumatriptan succinate	30	terbutaline sulfate	97	TRELSTAR MIXJECT	84
sumatriptan succinate refill ..	30	terconazole.....	28, 29	TRESIBA	53
sunitinib malate	37	teriparatide (recombinant)	91	TRESIBA FLEXTOUCH.....	53
SUNOSI	99	testosterone	77	tretinoin.....	38, 65
SUPREP BOWEL PREP KIT	73	testosterone cypionate	77	TREXALL	88
SUTAB.....	73	testosterone enanthate.....	77	triamcinolone acetonide..	64, 67
SYEDA.....	81	tetrabenazine.....	63	triamterene-hctz	60
SYMDEKO	97	tetracycline hcl	19	trientine hcl	70
SYMLINPEN 120	50	THALOMID.....	31	TRI-ESTARYLLA	81
SYMLINPEN 60	50	theophylline er	97	trifluoperazine hcl.....	41
SYMPAZAN.....	21, 22	thioridazine hcl	41	trifluridine.....	44
SYMTUZA.....	45	thiothixene	41	trihexyphenidyl hcl	39
SYNAREL	84	TIADYLT ER.....	58	TRIKAFTA	97
SYNJARDY	51	tiagabine hcl	22	trimethoprim	15
SYNJARDY XR	51	TIBSOVO.....	37	TRI-MILI.....	81
SYNRIBO	33	TICOVAC	89	trimipramine maleate.....	26
SYNTHROID.....	83	tigecycline	15	TRINTELLIX.....	25
T		timolol maleate	57, 93	TRI-NYMYO	81
TABLOID	32	timolol maleate (once-daily) 93		TRI-SPRINTEC	81
TABRECTA.....	37	tinidazole	15	TRIUMEQ.....	47
tacrolimus	67, 88	TIVICAY.....	45	TRIVORA (28).....	81
TAFINLAR	37	TIVICAY PD	45	TRI-VYLIBRA.....	82
TAGRISSO	37	tizanidine hcl	44	TROPHAMINE.....	71
TAKHZYRO.....	84	TOBI PODHALER	97	tropium chloride.....	75
TALZENNA.....	37	tobramycin.....	92, 97	tropium chloride er.....	75
tamoxifen citrate.....	32	tobramycin sulfate	13	TRULICITY	51
tamsulosin hcl.....	75	tobramycin-dexamethasone..	92	TRUMENBA.....	90
TARGRETIN	38	tolterodine tartrate	75	TRUSELTIQ (100MG DAILY DOSE)	37
TARINA FE 1/20 EQ.....	81	tolterodine tartrate er	75	TRUSELTIQ (125MG DAILY DOSE)	37
TASIGNA	37	tolvaptan	70	TRUSELTIQ (50MG DAILY DOSE)	37
TAVNEOS	85	topiramate	29	TRUSELTIQ (75MG DAILY DOSE)	37
tazarotene	65	topiramate er	29	TUKYSA.....	37
TAZORAC	65	toremifene citrate.....	32	TURALIO.....	37
TAZTIA XT	58	torsemide	60	TWINRIX.....	90
TAZVERIK.....	37	TOUJEO MAX SOLOSTAR	52	TYBOST.....	47
TDVAX.....	89	TOUJEO SOLOSTAR	52	TYMLOS.....	91
TEFLARO.....	16	TPN ELECTROLYTES	71	TYPHIM VI.....	90
TEGSEDI	74	tramadol hcl.....	12	U	
TEKTURN HCT	60	tramadol-acetaminophen	12	UBRELVY	29
telmisartan	55	trandolapril	56	UKONIQ	37
telmisartan-hctz	60	tranexamic acid.....	54	UNITHROID	83
temazepam.....	99	TRANSDERM-SCOP	27	ursodiol	73
TEMIXYS	46	tranylcypromine sulfate.....	24		
TENIVAC	89	TRAVASOL.....	71		

V		
valacyclovir hcl	44	
VALCHLOR	31	
valganciclovir hcl	44	
valproic acid	21	
valsartan	55	
valsartan-hydrochlorothiazide	60	
VALTOCO 10 MG DOSE...	22	
VALTOCO 15 MG DOSE...	22	
VALTOCO 20 MG DOSE...	22	
VALTOCO 5 MG DOSE.....	22	
vancomycin hcl	15	
VAQTA.....	90	
varenicline tartrate	13	
VARIVAX	90	
VARUBI (180 MG DOSE)..	27	
VASCEPA.....	62	
VELIVET	82	
VELPHORO.....	72	
VEMLIDY	44	
VENCLEXTA	37	
VENCLEXTA STARTING PACK	37	
venlafaxine hcl	26	
venlafaxine hcl er	25, 26	
VENTOLIN HFA.....	97	
verapamil hcl	58	
verapamil hcl er	58	
VERQUVO	60	
VERSACLOZ	43	
VERZENIO	37	
VESTURA	82	
VICTOZA	51	
VIENVA.....	82	
vigabatrin.....	22	
VIIBRYD	26	
VIIBRYD STARTER PACK	26	
VIMPAT.....	23	
VIRACEPT	47	
VIREAD.....	46	
VITRAKVI.....	37, 38	
VIVITROL	12	
VIZIMPRO.....	38	
voriconazole	29	
VOSEVI	44	
VOTRIENT	38	
VRAYLAR.....	43	
VYFEMLA.....	82	
VYLIBRA	82	
VYNDAMAX	74	
W		
warfarin sodium.....	53	
WELIREG	38	
X		
XALKORI.....	38	
XARELTO	53	
XARELTO STARTER PACK	54	
XATMEP.....	33	
XCOPRI	21	
XCOPRI (250 MG DAILY DOSE)	21	
XCOPRI (350 MG DAILY DOSE)	21	
XGEVA	91	
XIFAXAN	15	
XOFLUZA (40 MG DOSE).	48	
XOFLUZA (80 MG DOSE).	48	
XOLAIR.....	85	
XOSPATA.....	38	
XPOVIO (100 MG ONCE WEEKLY).....	33	
XPOVIO (40 MG ONCE WEEKLY).....	33	
XPOVIO (40 MG TWICE WEEKLY).....	33	
XPOVIO (60 MG ONCE WEEKLY).....	33	
XPOVIO (60 MG TWICE WEEKLY).....	33	
XPOVIO (80 MG ONCE WEEKLY).....	33	
XPOVIO (80 MG TWICE WEEKLY).....	33	
XTANDI.....	31	
XULTOPHY.....	51	
XURIDEN	74	
XYREM.....	99	
XYWAV	99	
Y		
YF-VAX	90	
YONSA	31	
Z		
zafirlukast	96	
zaleplon.....	99	
ZARXIO	54	
ZEJULA	38	
ZELBORAF	38	
ZEMDRI.....	14	
ZENPEP	74	
zidovudine	46	
ZIEXTENZO	54	
ziprasidone hcl.....	43	
ziprasidone mesylate	43	
ZIRGAN	44	
ZOLINZA.....	33	
zolmitriptan.....	30	
zolpidem tartrate	99	
zonisamide	21	
ZOVIA 1/35 (28).....	82	
ZYDELIG.....	38	
ZYKADIA.....	38	
ZYPITAMAG.....	61	
ZYPREXA RELPREVV	43	

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