



# WellSense Clarity plans Formulary (List of Covered Drugs)

Thank you for being a WellSense member. We're committed to providing comprehensive prescription drug coverage. This document is the complete list of pharmacy drugs and supplies, also called a formulary, that are covered by WellSense under your plan. It can help you and your healthcare providers understand your prescription drug coverage. You can find your formulary on our website at: [Prescriptions | Clarity Plans | WellSense Health Plan](#) or if you have questions if a particular drug is included or excluded on your formulary you can call us toll free at 855-833-8120.

**Inclusion of a pharmacy drug or item in this formulary doesn't guarantee coverage.** A medicine listed in this guide doesn't mean we'll pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths.

This drug list is effective for plan year 2024.

It's updated monthly and the last update was on December 1, 2024.

The prescription drugs in this list have been added to the WellSense Clarity plans formulary for their reported medical effectiveness, safety and value. All the drugs in this formulary are approved by the U.S. Food and Drug Administration (FDA) and have been reviewed by our Pharmacy and Therapeutics Committee, a group of medical practitioners with expertise in evaluating the effectiveness of drugs in treating various conditions.

## What's a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost and effectiveness. The formulary lists medications by categories or classes and also sorts them into cost levels known as tiers. This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, their safety and their overall value in treating a specific condition.



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Your plan's formulary may change over time, such as when new drugs and generics become available, existing medications are approved for new disease categories, drugs have been withdrawn from the market for safety reasons or a medication becomes available without a prescription.

## **Which drugs are included in the formulary?**

This formulary is a complete list of prescription drugs that are included under your pharmacy plan.

Our list of covered drugs includes both brand-name and generic drugs. Brand-name drugs have the name the drug company that developed the drug gave it. Brand-name and generic drugs are functionally identical, but generic drugs generally cost less. For example, simvastatin is a commonly prescribed drug used to help control cholesterol. It's sold both as a generic and under the brand name Zocor. You can learn more about generic drugs on [the FDA's website](#).

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

You can look for your drug by searching the drug name within the document or using the index at the end of this document. If you already know what your drug is used for, you can also look for the relevant section in the Table of Contents.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under "Cardiovascular, Hypertension & Lipids." The first column of the chart lists the drug name. Brand-name drugs are upper-case (e.g., ELIQUIS). Generic drugs are shown in lower-case italics (e.g., atenolol).

## **Drugs used to treat multiple conditions**

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index of your formulary if you do not find your particular medication in the class/condition section that corresponds to your use.

## **What are tiers?**

This formulary contains tiers that will help you find out how we cover a drug. Each drug on the formulary is in a tier. Each tier represents a different cost level for what you pay for a medication (what you pay for a given drug is also called your cost share). Locate





your drug in the formulary and check the coverage information to the right of the drug name. This information will tell you what tier your drug falls in as well as any special requirements/limits on that drug. In most cases, they're structured in a general order from lowest to highest level of cost-share.

Below is a summary of tiers and the types of drugs included in each tier. Please refer to your plan documents to determine your copay level for Tiers 1 – 4. Tier 5 is an extra, zero-cost-share tier for drugs specifically required by the State of Massachusetts.

Tier	What drugs are included
Tier 1	Most generic drugs
Tier 2	Some generic drugs and preferred* brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs**
Tier 5	Specific drugs required by the Commonwealth of Massachusetts at zero cost-share

\*Preferred brand drugs are brand name drugs determined by the Pharmacy and Therapeutics Committee to be among the most effective and cost effective.

\*\*Specialty drugs are drugs filled by a specialty pharmacy and limited to a 30-day supply. These are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist.

For members that choose to receive a lesser quantity of any opioid contained in schedule II or III, there will be no financial penalty. Schedule II and III opioids are noted on the formulary with the abbreviation OP.

## Glossary

Below is a list of common abbreviations and their meaning.



## **ACA: Affordable Care Act**

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventative Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail order pharmacy. These medications may have specific requirements for age, condition and the way they're being used.

## **LA: Limited availability**

For some medications, you need to use specified pharmacies to fill your prescription because the drug is only made available by the manufacturer to very limited pharmacies. Some of these medicines may be specialty medicines filled at a specialty pharmacy that specializes in particular classes of medication and health conditions.

## **OC: Oral chemotherapy drugs**

Oral chemotherapy drugs are medications used to treat different types of cancer. They're taken in the form of pills, capsules or liquids.

## **OP: Opioids**

Opioids are drugs that are powerful pain relievers that can also be addictive. Members worried about the addictive potential of opioids may choose to get a lower quantity when filling their prescription without incurring a financial penalty.

## **OTC : Over-the-counter**

An OTC drug is a non-prescription drug.

## **PA: Prior authorization**

Prior authorization is the requirement that your healthcare provider obtain approval for coverage or payment for prescription drugs from us before you fill your prescription. Without prior authorization, your prescription won't be covered at a pharmacy.

## **QL: Quantity limit**

We limit the amount that we'll cover for certain drugs. These limits are designed to allow a sufficient supply of medication based on FDA-approved maximum daily doses, standard dosing and/or length of therapy of a drug.

## **SP: Specialty drugs**

Specialty drugs are generally drugs used to treat rare, complex or chronic diseases; have complex storage and/or shipping requirements; or require comprehensive patient





monitoring and/or education. We usually require that you fill specialty drugs at a designated specialty pharmacy.

### **ST: Step therapy**

In some cases, the plan requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A doesn't work for you, we'll then cover Drug B.

### **Are over-the-counter (OTC) drugs covered?**

In general, over-the-counter (OTC) drugs are not included in the pharmacy benefit. However, there are certain OTC drugs that are covered with a prescription. These drugs will be listed on the formulary. Examples of OTC drugs covered on the formulary include diabetic test strips and certain preventive medications under the ACA, such as insulin and smoking cessation products. Please note that only certain OTC drugs listed in the formulary are covered by the plan. These drugs can be identified when you see OTC under the Requirements/Limits section next to the drug name. All other OTC medications aren't covered.

### **Are there any drug exclusions on my formulary?**

Our pharmacy program doesn't cover all drugs and prescriptions. In general, only the drugs listed on this formulary are covered by your pharmacy plan. All other prescription drugs are excluded. Some exclusions on this plan include, but are not limited to:

- experimental or investigational drugs (Note: This exclusion does not apply to long-term antibiotic treatment of chronic Lyme disease)
- drugs that haven't been approved by the FDA. This includes herbal and/or alternative drugs and medical foods that require a prescription
- drugs for the treatment of sexual dysfunction
- Prescription drugs related to non-covered dental services.
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children and supplements for the treatment of mitochondrial disease).
- drugs used primarily for cosmetic purposes



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- prescription drugs used primarily for the treatment of the symptoms of a cough or cold.
- Topical and oral fluorides for adults
- Prescription medications once the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication becomes available over the counter. In this case, the specific medication may not be covered and the entire class of prescription medications may also not be covered

## **What if I don't see the drug I need?**

If your doctor decides it's medically necessary for you to take a drug not listed, they can submit a coverage request to WellSense Health Plan through the ePA portal, via fax to 833-951-1680 or by calling 877-417-0528.

## **Can I receive a 90-day supply of my medication?**

Our members may choose to have 90-day supplies of certain drugs, known as maintenance medications, sent to their homes instead of filling prescriptions at a local retail pharmacy. Maintenance drugs are medications filled regularly for conditions like diabetes, asthma, high cholesterol or high blood pressure.

Members can obtain a 90-day supply of most maintenance drugs at each fill by signing up for our mail order program with Cornerstone Health Solutions. For both Tier 1 and Tier 2 drugs, as well as Tier 3 drugs, depending on your plan, having these prescriptions delivered to your home will save you time and money over picking them up at the pharmacy.

To use the mail order service, you must first enroll with Cornerstone Health Solutions. To enroll in this service and begin getting medications in the mail you can:

- Call Cornerstone Health Solutions at 844-319-7588
- Complete the [mail order enrollment form and follow the instructions available on our website.](#)

Your prescribing provider may also call Cornerstone Health Solutions at 844-319-7588 or fax your prescription to 781-805-8221.

Once you've enrolled, you can refill prescriptions by mail, phone [or online.](#)





Once Cornerstone has your prescription and enrollment information, you can expect to receive your medications in 5-7 business days.

### **Can the formulary change?**

Yes. We review and update the formulary as needed. New medicines may be added, and medicines deemed unsafe by the FDA or a medication's manufacturer are immediately removed.

### **Appealing a decision**

If a request for prior authorization or exception results in a denial, you, your appointed representative or your prescribing provider (if granted your consent) may file an appeal. Both you and your provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. We recommend that your provider be involved in any appeal to provide additional information that may be needed.



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## Multilanguage Interpreter Services

Important! This is about your WellSense Health Plan benefits. We can translate it for you free of charge. Please call **855-833-8120 (TTY: 711)** for translation help.

Importante! Esta información es sobre sus beneficios de WellSense Health Plan. Podemos traducirlo para usted de forma gratuita. Llame al **855-833-8120 (TTY: 711)** para obtener ayuda de traducción. (ESA)

Importante! Esta comunicação é sobre os benefícios da WellSense Health Plan. Podemos traduzir para você gratuitamente. Ligue para **855-833-8120 (TTY: 711)** para obter ajuda com a tradução. (PTB)

重要提示！此信息与您的 WellSense Health Plan 福利有关，我们可免费提供翻译。如需获得翻译服务，请拨打 **855-833-8120 (TTY: 711)**。（CHS）

Enpotan! Sa a se sou avantaj WellSense Health Plan ou an. Nou ka tradui li pou ou gratis. Tanpri relel **855-833-8120 (TTY: 711)** pou jwenn èd ak tradiksyon. (HRV)

Quan trọng! Đây là thông tin về quyền lợi trong WellSense Health Plan của quý vị. Chúng tôi có thể dịch thông tin này miễn phí cho quý vị. Vui lòng gọi số **855-833-8120 (TTY: 711)** để được trợ giúp dịch thuật. (VIT)

Важно! Здесь содержится информация о преимуществах вашего медицинского страхового плана WellSense Health Plan. Мы можем перевести для вас этот документ бесплатно. За помощью в переводе позвоните по телефону **855-833-8120 (TTY: 711)**. (RUS)

Σημαντικό! Πρόκειται για τις παροχές του WellSense Health Plan. Μπορούμε να σας το μεταφράσουμε δωρεάν. Καλέστε στο **855-833-8120 (TTY: 711)** για βοήθεια σχετικά με τη μετάφραση. (ELG)

هام! هذا حول مزايا WellSense Health Plan الخاصة بك. يمكننا ترجمتها لك مجانا. يرجى الاتصال (ARA) **855-833-8120 (TTY: 711)** للمساعدة في الترجمة.

महत्वपूर्ण! यह आपके WellSense Health Plan लाभों के बारे में है। हम आपके लिए इसका निःशुल्क अनुवाद कर सकते हैं। कृपया अनुवाद संबंधित सहायता के लिए **855-833-8120 (TTY: 711)** पर फ़ोन करें। (HIN)

중요! 이것은 WellSense Health Plan 혜택에 대한 내용입니다. 무료로 번역해 드릴 수 있습니다. 번역 도움이 필요하면 **855-833-8120 (TTY: 711)**번으로 문의하십시오. (KOR)

ចំណុចសំខាន់! ព័ត៌មាននេះគឺ ស្តីអំពីអភិប្លោយផែនីនេះ WellSense Health Plan នៅអ្នក។ យើងអាចបានព្រាករម្មាប់អ្នកដោយ ទៅគិតផ្ទះ។ សូមទូរសព្ទទៅលោក **855-833-8120 (TTY: 711)** សម្រាប់ជួយផ្ទះការព័ត៌មាន។ (KHM)

Ważne! To dotyczy Twoich świadczeń w ramach planu zdrowotnego WellSense Health Plan. Możemy nieodpłatnie przetłumaczyć dla Ciebie te informacje. Zadzwoń pod numer **855-833-8120 (TTY: 711)**, aby uzyskać pomoc w tłumaczeniu. (POL)

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ສັງເກດັ່ງ! ນີ້ແມ່ນກ່ຽວກັບຜົນປະໂຫລດຂອງແຜນປະກັນ WellSense Health Plan ຂອງທ່ານ. ພວກເຮົາສາມາດໄດ້ພາສາໃຫ້ທ່ານໄດ້ໂດຍບໍ່ເນັດຄ່າ. ກະລຸນາໄທ **855-833-8120 (TTY: 711)** ເພື່ອຊໍາຄວາມຊ່ວຍເຫຼືອໃນການແພາສາ. (LAO)

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Important! This material can be requested in an accessible format by calling 855-833-8120 (TTY: 711).

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### **Notice About Nondiscrimination and Accessibility**

WellSense Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, limited English proficiency, or moral or religious grounds (including limiting or not providing coverage for counseling or referral services). WellSense Health Plan provides:

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language.

Please contact WellSense if you need any of the services listed above.

If you believe we have failed to provide these services or discriminated in another way on the basis of any of the identifiers listed above, you can file a grievance or request help to do so at:

Civil Rights Coordinator  
100 City Square, Suite 200  
Charlestown, MA 02129  
Phone: 855-833-8120 (TTY: 711)  
Fax: 617-897-0805

You can also file a civil rights complaint with the U.S. DHHS, Office for Civil Rights by mail, by phone or online at:

U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019 (TDD: 800-537-7697)

Complaint Portal:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

**This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.**

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## **List of Abbreviations**

**ACA:** Affordable Care Act.

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

**OC:** Oral Chemotherapy Drugs

**OP:** Opioids for which members may choose to get a lower quantity without incurring a financial penalty

**OTC:** Over the Counter. An OTC drug is a non-prescription drug.

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

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

**SP:** Specialty. This is a specialty drug. You may be required to fill this medication at a designated pharmacy.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG</i>	3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	PA
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</i>	3	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>VIVJOA ORAL CAPSULE 150 MG</i>	3	PA; QL (0.22 per 1 day)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
<i>acyclovir oral capsule 200 mg</i>	1	

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

Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acyclovir oral suspension 200 mg/5 ml</i>	1		CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	SP; QL (6 per 23 days)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1		CIMDUO ORAL TABLET 300-300 MG	2	
<i>adefovir oral tablet 10 mg</i>	2		COMPLERA ORAL TABLET 200-25-300 MG	2	
<i>amantadine hcl oral capsule 100 mg</i>	1		<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1		DELSTRIGO ORAL TABLET 100-300-300 MG	2	PA
<i>amantadine hcl oral tablet 100 mg</i>	1		DESCOVY ORAL TABLET 120-15 MG	2	QL (1 per 1 day)
<b>APTIVUS ORAL CAPSULE 250 MG</b>	2		DESCOVY ORAL TABLET 200-25 MG	2	PA; QL (1 per 1 day)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2		DOVATO ORAL TABLET 50-300 MG	2	
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	2		EDURANT ORAL TABLET 25 MG	2	
<b>BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML</b>	3	PA; SP	<i>efavirenz oral tablet 600 mg</i>	2	
<b>BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG</b>	2		<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	
<b>CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML</b>	4	SP; QL (4 per 23 days)	<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	

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

Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	ACA; QL (1 per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	
EVOTAZ ORAL TABLET 300-150 MG	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	PA
ISENTRESS ORAL TABLET 400 MG	2	PA
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	PA
JULUCA ORAL TABLET 50-25 MG	2	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	5	PA; QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	2	
MAVYRET ORAL TABLET 100-40 MG	4	PA; SP

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

Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nevirapine oral suspension 50 mg/5 ml</i>	1		RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	
<i>nevirapine oral tablet 200 mg</i>	1		<i>rimantadine oral tablet 100 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1		<i>ritonavir oral tablet 100 mg</i>	2	
ODEFSEY ORAL TABLET 200-25-25 MG	2		RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2		SELZENTRY ORAL SOLUTION 20 MG/ML	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2		SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	5	QL (30 per 180 days)	STRIBILD ORAL TABLET 150-150-200-300 MG	2	
PIFELTRO ORAL TABLET 100 MG	2	PA	SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2		SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; SP
PREZISTA ORAL SUSPENSION 100 MG/ML	2		<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		TIVICAY ORAL TABLET 50 MG	2	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (1 per 1 day)	<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	QL (6 per 1 day)	<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
TYBOST ORAL TABLET 150 MG	2		<i>cefadroxil oral capsule 500 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1		<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	2		<i>cefadroxil oral tablet 1 gram</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1		<i>cefazin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
VEMLIDY ORAL TABLET 25 MG	2		CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2		CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		<i>cefaolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 gram, 500 mg</i>	2	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; SP	<i>cefaolin intravenous recon soln 1 gram</i>	1	
<i>zidovudine oral capsule 100 mg</i>	1				
<i>zidovudine oral syrup 10 mg/ml</i>	1				
<i>zidovudine oral tablet 300 mg</i>	1				
<b>CEPHALOSPORINS</b>					
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>DIFICID ORAL TABLET 200 MG</i>	3	PA; QL (2 per 1 day)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	3	PA
<i>ery-tab oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	3	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tablet 200 mg</i>	3	
<b>ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML</b>	3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<b>BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG</b>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>COARTEM ORAL TABLET 20-120 MG</b>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<b>EMVERM ORAL TABLET,CHEWABLE 100 MG</b>	3	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	2	
<b>KRINTAFEL ORAL TABLET 150 MG</b>	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	3	
<i>linezolid oral tablet 600 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	2	
<b>MEROPEOPENEM INTRAVENOUS RECON SOLN 2 GRAM</b>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>meropenem intravenous recon soln 500 mg</i>	1	
MEROOPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	2	
<i>paromomycin oral capsule 250 mg</i>	3	SP
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>praziquantel oral tablet 600 mg</i>	2	
PRETOMANID ORAL TABLET 200 MG	2	PA
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA
SIVEXTRO ORAL TABLET 200 MG	3	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	SP
TRECATOR ORAL TABLET 250 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</i>	3	
<i>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</i>	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<b>QUINOLONES</b>		
<i>BAXDELA ORAL TABLET 450 MG</i>	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclacycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxycycline hyolate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyolate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyolate oral tablet 75 mg</i>	2	
<i>doxycycline hyolate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	3	
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<b>VANCOMYCIN</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; SP; QL (0.025 per 1 day)
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; SP; OC
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; SP
ALECensa ORAL CAPSULE 150 MG	4	PA; SP; OC
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; SP; OC

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; SP; OC
<i>anastrozole oral tablet 1 mg</i>	1	OC
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; OC; QL (8 per 1 day)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; OC; QL (14 per 14 days)
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	3	PA; SP; OC; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	3	PA; SP; OC; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	3	PA; SP; OC; QL (1 per 1 day)
<i>bexarotene oral capsule 75 mg</i>	4	SP; OC
<i>bexarotene topical gel 1 %</i>	4	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	4	SP; OC
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; OC
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; SP; OC
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; SP; OC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BRUKINSA ORAL CAPSULE 80 MG	4	PA; SP; OC	<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; SP; OC
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; SP; OC	ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; SP; OC	ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; SP; OC	ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; SP; OC	ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; OC	ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; OC
<i>cyclophosphamide oral capsule 25 mg</i>	4	SP; OC	ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; SP; OC
<i>cyclophosphamide oral capsule 50 mg</i>	2	SP; OC	<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; SP; OC
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2		<i>etoposide oral capsule 50 mg</i>	4	SP; OC
<i>cyclosporine modified oral solution 100 mg/ml</i>	2		<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; OC
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2		<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; SP; OC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2		IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; OC
<i>exemestane oral tablet 25 mg</i>	4	SP; OC	ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; SP; OC
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; SP; OC; QL (4 per 1 day)	<i>imatinib oral tablet 100 mg</i>	4	PA; SP; OC; QL (3 per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; SP; OC; QL (1 per 1 day)	<i>imatinib oral tablet 400 mg</i>	4	PA; SP; OC; QL (2 per 1 day)
GAVRETO ORAL CAPSULE 100 MG	4	PA; SP; OC	IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; SP; OC
GILOTrif ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; SP; OC	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; OC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	SP; OC	INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; SP; OC
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	PA; SP	INQOVI ORAL TABLET 35-100 MG	4	PA; SP; OC
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA; SP	IRESSA ORAL TABLET 250 MG	4	PA; SP; OC
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP	JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OC
<i>hydroxyurea oral capsule 500 mg</i>	1	SP; OC	JAYPIRCA ORAL TABLET 100 MG	4	PA; SP; OC; QL (3 per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; OC	JAYPIRCA ORAL TABLET 50 MG	4	PA; SP; OC; QL (1 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; SP; OC
KRAZATI ORAL TABLET 200 MG	4	PA; SP; OC; QL (3 per 1 day)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	SP
<i>lapatinib oral tablet 250 mg</i>	4	PA; SP; OC
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; OC; QL (1 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; SP; OC
<i>letrozole oral tablet 2.5 mg</i>	1	OC
LEUKERAN ORAL TABLET 2 MG	4	SP; OC
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; SP; QL (99 per 99 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP; OC
LUMAKRAS ORAL TABLET 120 MG	4	PA; SP; OC; QL (8 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; SP; OC
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; SP; QL (6 per 1 day)
LUPRON DEPOT (3 MONTH) INTRAMUSCULA R SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP	MATULANE ORAL CAPSULE 50 MG	4	SP; OC
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP	<i>megestrol oral tablet 20 mg, 40 mg</i>	1	OC
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; SP	MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; SP; OC
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; SP	<i>mercaptopurine oral tablet 50 mg</i>	4	SP; OC
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	SP	<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	4	SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP; OC	<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
LYSODREN ORAL TABLET 500 MG	4	SP; OC	<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; OC; QL (5 per 1 day)	<i>methotrexate sodium oral tablet 2.5 mg</i>	1	OC
			<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
			<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	
			<i>mycophenolate mofetil oral tablet 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2		ORGOVYX ORAL TABLET 120 MG	4	PA; SP; OC; QL (2 per 1 day)
MYLERAN ORAL TABLET 2 MG	4	SP; OC	pazopanib oral tablet 200 mg	4	PA; SP; OC
<i>nilutamide oral tablet 150 mg</i>	4	PA; SP; OC	PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; SP; OC; QL (14 per 14 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP; OC	PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; SP; OC; QL (1 per 1 day)
NUBEQA ORAL TABLET 300 MG	4	PA; SP; OC	PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; SP; OC; QL (2 per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	SP	POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; SP; OC
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; OC	PURIXAN ORAL SUSPENSION 20 MG/ML	4	SP; OC
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP	QINLOCK ORAL TABLET 50 MG	4	PA; SP; OC; QL (3 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; SP; OC; QL (6 per 1 day)	RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; SP; OC; QL (2 per 1 day)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; SP; OC; QL (1 per 1 day)	RETEVMO ORAL TABLET 40 MG	4	PA; SP; OC; QL (6 per 1 day)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP	RETEVMO ORAL TABLET 80 MG	4	PA; SP; OC; QL (4 per 1 day)
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; SP; OC	REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OC; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; OC; QL (1 per 1 day)	<i>sirolimus oral tablet</i> 0.5 mg, 1 mg, 2 mg	2	
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA; SP	SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	SP; OC
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; SP; OC; QL (3 per 1 day)	SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	4	SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; SP; OC; QL (12 per 1 day)	<i>sorafenib oral tablet</i> 200 mg	4	PA; SP; OC
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; SP	SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; SP; OC
RYDAPT ORAL CAPSULE 25 MG	4	PA; SP; OC	STIVARGA ORAL TABLET 40 MG	4	PA; SP; OC
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA; SP	<i>sunitinib malate oral capsule</i> 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; SP; OC
SCEMBLIX ORAL TABLET 100 MG	2	PA; SP; OC	TABLOID ORAL TABLET 40 MG	4	SP; OC
SCEMBLIX ORAL TABLET 20 MG	2	PA; SP; OC; QL (2 per 1 day)	TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP; OC
SCEMBLIX ORAL TABLET 40 MG	2	PA; SP; OC; QL (10 per 1 day)	<i>tacrolimus oral capsule</i> 0.5 mg, 1 mg, 5 mg	1	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; SP	TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; OC
<i>sirolimus oral solution</i> 1 mg/ml	1		TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; SP; OC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP; OC
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	OC; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; SP; OC
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; QL (6 per 5 days)
TECVAYLI SUBCUTANEOUS SOLUTION 90 MG/ML	4	PA; SP; QL (3.4 per 5 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	SP; OC
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; OC
<i>topotecan intravenous recon soln 4 mg</i>	1	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	SP
<i>toremifene oral tablet 60 mg</i>	4	SP; OC
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tretinooin (antineoplastic) oral capsule 10 mg</i>	4	SP; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	SP; OC
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; SP; OC; QL (64 per 21 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; SP; OC; QL (4 per 1 day)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; SP; OC; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP; OC
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; OC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; OC
VONJO ORAL CAPSULE 100 MG	4	PA; SP; OC; QL (2 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; OC
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	4	PA; SP; OC

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Drug Name	Drug Tier	Requirements / Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA; SP; OC
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; SP; OC
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; OC
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP; OC
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; OC

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	ST; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL (20 per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	3	PA; QL (12 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DIACOMIT ORAL POWDER IN PACKET 500 MG	3	PA; QL (6 per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (1 per 99 days)
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP; QL (20 per 1 day)
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; SP; QL (11.82 per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	ST; QL (24 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (1 per 1 day)
FYCOMPA ORAL TABLET 2 MG	3	ST; QL (2 per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	3	ST; QL (40 per 1 day)
<i>lacosamide oral tablet 100 mg, 200 mg</i>	1	ST; QL (2 per 1 day)
<i>lacosamide oral tablet 150 mg</i>	1	ST; QL (3 per 1 day)
<i>lacosamide oral tablet 50 mg</i>	1	ST; QL (4 per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21)-50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1		<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2		<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2		<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1		<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	1		<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2		<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (3 per 1 day)
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	3	QL (2 per 99 days)	<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1		<i>pregabalin oral solution 20 mg/ml</i>	1	PA; QL (30 per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1		<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1		<i>rufinamide oral suspension 40 mg/ml</i>	2	
			<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	
			<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1		<i>bromocriptine oral capsule 5 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1		<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1		<i>carbidopa oral tablet 25 mg</i>	2	
<i>valproic acid oral capsule 250 mg</i>	1		<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	1	
<i>VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)</i>	3	QL (2 per 99 days)	<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; SP	<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>	2	
<i>vigabatrin oral tablet 500 mg</i>	4	PA; SP	<i>entacapone oral tablet 200 mg</i>	2	QL (8 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1		<i>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR</i>	3	PA; QL (1 per 1 day)
<b>ZTALMY ORAL SUSPENSION 50 MG/ML</b>	3	PA; SP			
<b>ANTIPARKINSONISM AGENTS</b>					
<i>benztropine injection solution 1 mg/ml</i>	2				
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	QL (3 per 1 day)
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	QL (1 per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>ropinirole oral tablet 1 mg, 2 mg</i>	1	QL (3 per 1 day)
<i>ropinirole oral tablet 3 mg, 4 mg</i>	1	QL (6 per 1 day)
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1	QL (2 per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	1	QL (2 per 1 day)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML</i>	2	PA; SP; QL (0.04 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML</i>	2	PA; SP; QL (0.07 per 1 day)
<i>AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML</i>	2	PA; SP; QL (0.04 per 1 day)
<i>AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML</i>	2	PA; SP; QL (0.04 per 1 day)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL (0.2 per 1 day)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	ST; QL (0.2 per 1 day)
<i>EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML</i>	2	PA; SP; QL (0.08 per 1 day)
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</i>	2	PA; SP; QL (0.08 per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
<i>frovatriptan oral tablet 2.5 mg</i>	2	ST; QL (0.3 per 1 day)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (0.3 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NURTEC ODT ORAL TABLET,DISINTE GRATING 75 MG	2	PA; QL (0.5 per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (1 per 1 day)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (0.3 per 1 day)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (0.3 per 1 day)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	ST; QL (0.2 per 1 day)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	ST; QL (0.4 per 1 day)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	ST; QL (0.1 per 1 day)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	ST; QL (0.1 per 1 day)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	ST; QL (0.1 per 1 day)
<i>sumatriptan- naproxen oral tablet 85-500 mg</i>	3	PA; QL (0.3 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (0.34 per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (0.2 per 1 day)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	QL (0.2 per 1 day)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; SP; QL (4 per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	2	PA; SP; QL (1 per 1 day)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
FIRDAPSE ORAL TABLET 10 MG	4	PA; SP; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	4	PA; SP; QL (28 per 720 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; SP; QL (1 per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; SP; QL (1 per 1 day)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	2	
memantine oral solution 2 mg/ml	2	
memantine oral tablet 10 mg, 5 mg	2	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (2 per 1 day)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (2 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	2	QL (1 per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	4	SP
ZEPOZIA ORAL CAPSULE 0.92 MG	4	PA; SP; QL (1 per 1 day)
ZEPOZIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; SP; QL (1 per 720 days)
ZEPOZIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; SP; QL (1 per 1 day)
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 250 mg, 350 mg	1	QL (84 per 68 days)
carisoprodol-aspirin oral tablet 200-325 mg	1	QL (84 per 68 days)
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	OP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	OP
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	PA; OP; QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	PA; OP; QL (3 per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	PA; OP; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	OP
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	3	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	OP
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	OP
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	OP
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	OP; QL (0.34 per 1 day)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	OP; QL (0.34 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	OP; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	OP; QL (99 per 99 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	2	OP; QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	OP; QL (6 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	2	OP; QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	OP
<i>hydromorphone oral liquid 1 mg/ml</i>	2	OP; QL (99 per 99 days)
<i>hydromorphone oral tablet 2 mg</i>	1	OP; QL (8 per 1 day)
<i>hydromorphone oral tablet 4 mg, 8 mg</i>	1	OP; QL (4 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	OP; QL (1 per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	3	OP
<i>HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</i>	2	OP; QL (1 per 1 day)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	3	OP
<i>meperidine oral solution 50 mg/5 ml</i>	2	OP
<i>meperidine oral tablet 50 mg</i>	1	OP; QL (6 per 1 day)
<i>methadone injection solution 10 mg/ml</i>	2	PA; OP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; OP; QL (2 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; OP; QL (10 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; OP; QL (20 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; OP; QL (2 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; OP; QL (4 per 1 day)
<i>methadone oral tablet, soluble 40 mg</i>	1	PA; OP
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; OP; QL (2 per 1 day)
<i>methadose oral tablet, soluble 40 mg</i>	1	PA; OP
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	OP
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	OP; QL (1 per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg</i>	1	OP; QL (2 per 1 day)
<i>morphine oral capsule, extend.release pellets 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	OP; QL (1 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	OP
<i>morphine oral tablet 15 mg, 30 mg</i>	1	OP; QL (6 per 1 day)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	1	OP; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg</i>	1	OP; QL (3 per 1 day)
<i>morphine oral tablet extended release 200 mg</i>	1	OP
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	3	OP
<i>oxycodone oral capsule 5 mg</i>	2	OP
<i>oxycodone oral concentrate 20 mg/ml</i>	2	OP
<i>oxycodone oral solution 5 mg/5 ml</i>	1	OP
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	OP; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	OP; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	OP
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	OP; QL (12 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	OP; QL (8 per 1 day)
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	2	OP; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	OP; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	OP; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	3	OP

#### **NON-NARCOTIC ANALGESICS**

<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	1	OTC
<i>aspirin childrens oral tablet,chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	5	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	OP; QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	OP; QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	OP; QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	OP; QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	PA; OP; QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	PA; OP; QL (3 per 1 day)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical drops 1.5 %</i>	1		<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2		<i>indomethacin oral suspension 25 mg/5 ml</i>	2	
<i>diflunisal oral tablet 500 mg</i>	1		<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1		<i>ketorolac oral tablet 10 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1		KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (2 per 23 days)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2		<i>meclofenamate oral capsule 100 mg, 50 mg</i>	3	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	4	PA; SP	<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>fenoprofen oral tablet 600 mg</i>	3		<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1		<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1		<i>naloxone injection solution 0.4 mg/ml</i>	5	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1		<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	5	
			<i>naltrexone oral tablet 50 mg</i>	1	
			<i>naproxen oral suspension 125 mg/5 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	5	QL (2 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	OP; QL (2 per 1 day)
oxaprozin oral tablet 600 mg	3	
pentazocine-naloxone oral tablet 50-0.5 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
st.joseph aspirin oral tablet, chewable 81 mg	5	ACA; OTC
st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA; OTC
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin oral capsule 400 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	QL (1 per 1 day)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	QL (1 per 1 day)
TRAMADOL ORAL TABLET 25 MG	2	QL (99 per 99 days)
tramadol oral tablet 50 mg	1	QL (8 per 1 day)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	2	QL (1 per 1 day)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	2	QL (1 per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 380 MG	4	SP

### PSYCHOTHERAPEUTIC DRUGS

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4		<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	PA; QL (60 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4		<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1		<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 per 1 day)
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2		<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 per 1 day)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1		<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	PA
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1		<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1		<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	3	ST; QL (1 per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	2		<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2		<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
			<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
			<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
			<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1		<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	ST
<i>citalopram oral solution 10 mg/5 ml</i>	1		<i>dexamphetamine oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	PA
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1		<i>dexamphetamine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2		<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	PA
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2		<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2		<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1		<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	PA
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	PA	<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA
<i>clozapine oral tablet,disintegrating 150 mg, 200 mg</i>	2		<i>diazepam injection syringe 5 mg/ml</i>		
<i>DAYVIGO ORAL TABLET 10 MG, 5 MG</i>	3	PA; QL (1 per 1 day)	<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2				

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1		<i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)</i>	3	ST
<i>doxepin oral concentrate 10 mg/ml</i>	1		<i>FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG</i>	3	ST
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1		<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 per 30 days)
<i>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</i>	3	ST	<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	2		<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1		<i>fluoxetine oral tablet 10 mg</i>	2	PA; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1		<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	PA
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL (1 per 1 day)	<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 per 1 day)	<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</i>	3	PA	<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)</i>	3	PA; QL (8 per 30 days)	<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
			<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
			<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; SP; QL (5 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	PA; QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACK ET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	2	PA; SP; QL (1 per 720 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	3	PA

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	PA	<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	PA	<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	PA	<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA	<i>olanzapine intramuscular recon soln 10 mg</i>	4	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	PA	<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA; QL (1 per 1 day)	<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA; QL (2 per 1 day)	<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	ST
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	2	PA; QL (1 per 1 day)	<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1		<i>paliperidone oral tablet extended release 24hr 1.5 mg, 6 mg</i>	2	PA
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2		<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i>	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL (1 per 1 day)	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2		QUILLICHEW ER ORAL TABLET,CHEW,IR -	3	PA
<i>paroxetine mesylate(menop.sym ) oral capsule 7.5 mg</i>	2		ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG		
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1		QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	PA
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1		ramelteon oral tablet	2	ST; QL (1 per 1 day)
<i>phenelzine oral tablet 15 mg</i>	1		REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; QL (1 per 1 day)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2		<i>risperidone oral solution 1 mg/ml</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1		<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<b>QUAZEPAM ORAL TABLET 15 MG</b>	2	QL (1 per 1 day)	<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg</i>	2	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1		<i>risperidone oral tablet,disintegrating 1 mg, 3 mg</i>	2	PA; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	2	ST	<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	ST; QL (30 per 30 days)	<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (18 per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (1 per 1 day)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TABLET 10 MG	3	ST; QL (30 per fill); QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRINTELLIX ORAL TABLET 20 MG, 5 MG	3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA; QL (1 per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL (1 per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA; QL (1 per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; SP; QL (2 per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; SP; QL (18 per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	2	ST; QL (1 per 1 day)
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>MULTAQ ORAL TABLET 400 MG</i>	3	
<i>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>pacerone oral tablet 100 mg</i>	2	
<i>pacerone oral tablet 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>SOTYLIZE ORAL SOLUTION 5 MG/ML</i>	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1		<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1		<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2		<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1		<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1		<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1		<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1		<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1		<i>cartia xt oral capsule,extended release 24hr 240 mg, 300 mg</i>	1	
			<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

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<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	ST	<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1		<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1		<b>EDARBI ORAL TABLET 40 MG, 80 MG</b>	3	ST
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1		<i>enalapril maleate oral solution 1 mg/ml</i>	2	PA
<i>diltiazem hcl oral capsule,extrel 24h degradable 120 mg, 180 mg, 240 mg</i>	1		<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1		<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	ST
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1		<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1		<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
			<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
			<i>furosemide oral solution 10 mg/ml</i>	1	
			<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	3	

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<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1		<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1		<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1		<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1		<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1		<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1		<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1		<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1		<i>metoprolol tar-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2		<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1		<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1				
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1				

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<i>metyrosine oral capsule 250 mg</i>	2		<i>olmesartan-amlodipin-hcthiazid 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>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1		<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1		<b>ORENITRAM</b>	4	PA; SP; QL (1 per 720 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1		MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)		
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2		<b>ORENITRAM</b>	4	PA; SP; QL (1 per 720 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1		MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)		
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1		<b>ORENITRAM</b>	4	PA; SP; QL (1 per 720 days)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1		MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)		
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1		<b>ORENITRAM</b>	4	PA; SP; QL (1 per 720 days)
<i>nimodipine oral capsule 30 mg</i>	2		<b>ORENITRAM</b>	4	PA; SP; QL (1 per 720 days)
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2		MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG		
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2		<b>ORENITRAM</b>	4	PA; SP
			ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		

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<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1		<i>spironolacton- hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1		<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1		<i>telmisartan- amlodipine oral tablet 40-10 mg, 40- 5 mg, 80-10 mg, 80- 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1		<i>telmisartan- hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80- 25 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1		<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1		<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1		<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>propranolol- hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1		<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		<i>trandolapril- verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>quinapril- hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20- 25 mg</i>	1		<i>triamterene oral capsule 100 mg, 50 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1				
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1				

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<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<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	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 365 days)	FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (2 per 1 day)	FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	4	SP	<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1		<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG)	4	PA; SP	<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	2		<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
			MULPLETA ORAL TABLET 3 MG	4	PA; SP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pentoxifylline oral tablet extended release 400 mg</i>	1		XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	QL (51 per 365 days)
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2		XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (30 per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3		XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	SP	ZONTIVITY ORAL TABLET 2.08 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2		<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; SP; QL (3 per 1 day)	<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>	2	
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (3 per 1 day)	<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; QL (2 per 1 day)	<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	4	SP	<i>cholestyramine light oral powder 4 gram</i>	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)	<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1		<i>colesevelam oral powder in packet 3.75 gram</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>colesevelam oral tablet 625 mg</i>	2		<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	ACA
<i>colestipol oral granules 5 gram</i>	1		<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	ACA
<i>colestipol oral packet 5 gram</i>	1		<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>colestipol oral tablet 1 gram</i>	1		<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	
<b>EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML</b>	4	PA; SP	<b>JUXTAPID ORAL CAPSULE 10 MG, 5 MG</b>	4	PA; SP; QL (1 per 1 day)
<i>ezetimibe oral tablet 10 mg</i>	2		<b>JUXTAPID ORAL CAPSULE 20 MG</b>	4	PA; SP; QL (2 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2		<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA
<i>fenofibrate micronized oral capsule 130 mg</i>	2		<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1		<b>NIACOR ORAL TABLET 500 MG</b>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1		<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1		<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1		<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
<i>fenofibric acid oral tablet 105 mg</i>	1		<i>prevalite oral powder 4 gram</i>	1	
			<i>prevalite oral powder in packet 4 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; SP; QL (3.5 per 21 days)	<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; SP; QL (3 per 23 days)	VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (1 per 1 day)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; SP; QL (3 per 23 days)	<b>NITRATES</b>		
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	2	ACA	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	2		<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA	<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>simvastatin oral tablet 80 mg</i>	1		<i>nitro-bid transdermal ointment 2 %</i>	3	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>			NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA	<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97- 103 MG	2		<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2		<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	2	PA			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>					
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>					
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	SP	SOTYKTU ORAL TABLET 6 MG	4	PA; SP; QL (1 per 1 day)
<i>calcipotriene scalp solution 0.005 %</i>	2		STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; SP; QL (1.86 per 1 day)
<i>calcipotriene topical cream 0.005 %</i>	2		STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; QL (0.02 per 1 day)
<i>calcipotriene topical ointment 0.005 %</i>	2		STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.02 per 1 day)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2		STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (0.04 per 1 day)
<i>calcitriol topical ointment 3 mcg/gram</i>	2		TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; QL (4 per 720 days)
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)	TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; QL (3 per 720 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1		TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; SP; QL (0.17 per 1 day)	TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	4	PA; SP; QL (0.01 per 1 day)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; SP; QL (0.04 per 1 day)			
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (0.04 per 1 day)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	4	PA; SP; QL (0.02 per 1 day)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA; SP; QL (0.8 per 1 day)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; SP; QL (0.08 per 1 day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; SP; QL (0.08 per 1 day)
<b>BURN THERAPY</b>		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
diclofenac sodium topical gel 3 %	3	QL (100 per 21 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxepin topical cream 5 %</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (0.15 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (0.15 per 1 day)
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL (2 per 1 day)
<i>fluorouracil topical cream 5 %</i>	4	SP
<i>fluorouracil topical solution 2 %, 5 %</i>	4	SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	4	PA; SP; QL (2 per 1 day)
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	2	PA; QL (100 per 23 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>podo</i> filox topical gel 0.5 %	1	PA
<i>podo</i> filox topical solution 0.5 %	1	
tacrolimus topical ointment 0.03 %, 0.1 %	2	PA; QL (30 per 180 days)
<b>THERAPY FOR ACNE</b>		
adapalene topical cream 0.1 %	2	PA
adapalene topical gel 0.3 %	2	PA
adapalene topical gel with pump 0.3 %	2	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	2	
azelaic acid topical gel 15 %	2	
benzapro topical towelette 6 %	3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
clindamycin phosphate topical foam 1 %	3	
clindamycin phosphate topical gel 1 %	2	
clindamycin phosphate topical gel, once daily 1 %	2	
clindamycin phosphate topical lotion 1 %	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
clindamycin phosphate topical solution 1 %	1	
clindamycin phosphate topical swab 1 %	3	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	3	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	3	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
metronidazole topical cream 0.75 %	2	
metronidazole topical gel 0.75 %, 1 %	2	
metronidazole topical gel with pump 1 %	2	
metronidazole topical lotion 0.75 %	2	
rosadan topical cream 0.75 %	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>rosadan topical gel 0.75 %</i>	3	
<b>ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %</b>	3	
<i>tazarotene topical cream 0.1 %</i>	3	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	3	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA
<i>tretinoin topical gel 0.05 %</i>	3	PA
<b>ZILXI TOPICAL FOAM 1.5 %</b>	3	PA; QL (30 per 23 days)

#### **TOPICAL ANESTHETICS**

<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	3	QL (3 per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	QL (50 per 23 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	

#### **TOPICAL ANTIBACTERIALS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>ALTABAX TOPICAL OINTMENT 1 %</b>	3	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	1	
<b>SULFAMYLYON TOPICAL CREAM 85 MG/G</b>	3	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole-beta-methasone topical cream 1-0.05 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
<i>econazole topical cream 1 %</i>	1	
<b>ERTACZO TOPICAL CREAM 2 %</b>	3	
<b>EXELDERM TOPICAL CREAM 1 %</b>	3	
<b>EXELDERM TOPICAL SOLUTION 1 %</b>	3	
<b>JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %</b>	3	PA
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	3	
<i>ketoconazole topical shampoo 2 %</i>	1	
<b>LULICONAZOLE TOPICAL CREAM 1 %</b>	2	PA
<b>LUZU TOPICAL CREAM 1 %</b>	3	PA
<i>naftifine topical cream 1 %, 2 %</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	2	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment 5 %</i>	3	PA; QL (1 per 23 days)
<i>penciclovir topical cream 1 %</i>	2	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	3	PA
<i>apexicon e topical cream 0.05 %</i>	3	

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<i>betamethasone dipropionate topical cream 0.05 %</i>	1		<i>clobetasol topical foam 0.05 %</i>	2	PA
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1		<i>clobetasol topical gel 0.05 %</i>	2	PA
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	PA	<i>clobetasol topical lotion 0.05 %</i>	2	PA
<i>betamethasone valerate topical cream 0.1 %</i>	1		<i>clobetasol topical ointment 0.05 %</i>	2	PA
<i>betamethasone valerate topical foam 0.12 %</i>	2	PA	<i>clobetasol topical shampoo 0.05 %</i>	2	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	1		<i>clobetasol topical spray,non-aerosol 0.05 %</i>	2	PA
<i>betamethasone valerate topical ointment 0.1 %</i>	1		<i>clobetasol-emollient topical cream 0.05 %</i>	2	PA
<i>betamethasone, augmented topical cream 0.05 %</i>	1		<i>clobetasol-emollient topical foam 0.05 %</i>	2	PA
<i>betamethasone, augmented topical gel 0.05 %</i>	1		<i>desonide topical cream 0.05 %</i>	2	PA
<i>betamethasone, augmented topical lotion 0.05 %</i>	1		<i>desonide topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1		<i>desonide topical lotion 0.05 %</i>	2	PA
<b>CAPEX TOPICAL SHAMPOO 0.01 %</b>	3	PA	<i>desonide topical ointment 0.05 %, 0.25 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	PA	<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	PA
<i>clobetasol topical cream 0.05 %</i>	2	PA	<i>desoximetasone topical gel 0.05 %</i>	2	PA
			<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	PA
			<i>diflorasone topical cream 0.05 %</i>	2	PA
			<i>diflorasone topical ointment 0.05 %</i>	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	PA
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	2	PA
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	2	PA
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	PA
<i>fluocinonide topical gel 0.05 %</i>	2	PA
<i>fluocinonide topical ointment 0.05 %</i>	2	PA
<i>fluocinonide topical solution 0.05 %</i>	2	PA
<i>flurandrenolide topical cream 0.05 %</i>	2	PA
<i>flurandrenolide topical lotion 0.05 %</i>	2	PA
<i>flurandrenolide topical ointment 0.05 %</i>	2	PA
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	2	PA
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	PA
<i>HALOG TOPICAL OINTMENT 0.1 %</i>	3	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	PA
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	2	PA
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	PA
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	PA
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	PA
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	2	PA
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %</i>	1	PA
<i>triamcinolone acetonide topical lotion 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<b>TOPICAL ENZYMES</b>		
<i>SANTYL TOPICAL OINTMENT 250 UNIT/GRAM</i>	3	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	3	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
<i>CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG</i>	3	PA; QL (120 per 23 days)
<i>IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML</i>	4	PA; SP; QL (0.3 per 1 day)
<i>ORLISTAT ORAL CAPSULE 120 MG</i>	3	PA; QL (3 per 1 day)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	QL (84 per 274 days)
<i>phentermine oral tablet 37.5 mg</i>	1	QL (84 per 274 days)
<i>SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)</i>	3	PA; QL (1 per 30 days)
<i>WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML</i>	3	PA; QL (4 per 720 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	3	PA; QL (4 per 720 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 5 MG/0.5 ML	3	PA; QL (4 per 30 days)
<b>MISCELLANEOUS AGENTS</b>		
acamprosate oral tablet, delayed release (dr/ec) 333 mg	2	
acetic acid irrigation solution 0.25 %	1	
anagrelide oral capsule 0.5 mg, 1 mg	1	
cevimeline oral capsule 30 mg	2	
CHEMET ORAL CAPSULE 100 MG	3	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; SP
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; SP; QL (6.8 per 1 day)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; SP
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP
levocarnitine (with sugar) oral solution 100 mg/ml	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>midodrine oral tablet 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
<i>riluzole oral tablet 50 mg</i>	4	SP
<i>risedronate oral tablet 30 mg</i>	2	QL (1 per 1 day)
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	SP
<i>TAVNEOS ORAL CAPSULE 10 MG</i>	4	PA; SP; QL (6 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>trientine oral capsule 250 mg</i>	4	SP
<i>water for irrigation, sterile irrigation solution</i>	1	
<i>ZOKINVY ORAL CAPSULE 50 MG, 75 MG</i>	4	PA; SP; QL (4 per 1 day)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	SP
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
<i>CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG</i>	5	
<i>CHANTIX ORAL TABLET 1 MG</i>	5	
<i>CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)</i>	5	
<i>nicorette buccal gum 4 mg</i>	2	ACA; OTC
<i>NICORETTE BUCCAL LOZENGE 2 MG, 4 MG</i>	2	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	ACA; OTC
<i>nicotine (polacrilex)</i> <i>buccal gum 2 mg, 4</i> <i>mg</i>	5	ACA; OTC
<i>nicotine (polacrilex)</i> <i>buccal lozenge 2 mg,</i> <i>4 mg</i>	5	ACA; OTC
<i>nicotine (polacrilex)</i> <i>buccal mini lozenge</i> <i>2 mg, 4 mg</i>	5	ACA; OTC
<i>nicotine transdermal</i> <i>patch 24 hour 14</i> <i>mg/24 hr, 21 mg/24</i> <i>hr, 7 mg/24 hr</i>	5	ACA; OTC
<i>nicotine transdermal</i> <i>patch, td daily,</i> <i>sequential 21-14-7</i> <i>mg/24 hr</i>	5	ACA; OTC
NICOTROL NS NASAL SPRAY, NON- AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2</i> <i>mg</i>	1	ACA; OTC
<i>quit 2 buccal</i> <i>lozenge 2 mg</i>	5	ACA; OTC
<i>quit 4 buccal gum 4</i> <i>mg</i>	5	ACA; OTC
<i>quit 4 buccal</i> <i>lozenge 4 mg</i>	5	ACA; OTC
<i>stop smoking aid</i> <i>buccal lozenge 2 mg,</i> <i>4 mg</i>	1	ACA; OTC
<i>varenicline oral</i> <i>tablet 0.5 mg, 1 mg</i>	5	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>varenicline oral</i> <i>tablets, dose pack 0.5</i> <i>mg (11)- 1 mg (42)</i>	1	
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i> <i>spray, non-aerosol</i> <i>137 mcg (0.1 %)</i>	1	
<i>chlorhexidine</i> <i>gluconate mucous</i> <i>membrane</i> <i>mouthwash 0.12 %</i>	1	
<i>ipratropium bromide</i> <i>nasal spray, non-</i> <i>aerosol 21 mcg (0.03</i> <i>%), 42 mcg (0.06 %)</i>	1	
<i>olopatadine nasal</i> <i>spray, non-aerosol</i> <i>0.6 %</i>	2	
<i>oralone dental paste</i> <i>0.1 %</i>	1	
<i>paroex oral rinse</i> <i>mucous membrane</i> <i>mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral</i> <i>tablet 7.5 mg</i>	1	
<i>triamcinolone</i> <i>acetonide dental</i> <i>paste 0.1 %</i>	3	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i> <i>solution 2 %</i>	1	
<i>ciprofloxacin hcl</i> <i>otic (ear)</i> <i>dropperette 0.2 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2		ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; QL (0.9 per 1 day)
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1		<i>cortisone oral tablet 25 mg</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1		CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; SP; QL (0.75 per 1 day)
<b>OTIC STEROID / ANTIBIOTIC</b>					
<i>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</i>	3		<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2		<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)</i>	2		<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1		<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1		<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<b>ENDOCRINE/DIABETES</b>					
<b>ADRENAL HORMONES</b>					
<i>ACTHAR INJECTION GEL 80 UNIT/ML</i>	4	PA; SP; QL (1.08 per 1 day)	<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
			<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
			<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
			<i>millipred oral tablet 5 mg</i>	3	
			<i>prednisolone oral solution 15 mg/5 ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	3	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<i>SSKI ORAL SOLUTION 1 GRAM/ML</i>	3	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
<i>FREESTYLE INSULINX STRIP</i>	1	OTC; QL (200 per 23 days)
<i>FREESTYLE INSULINX TEST STRIPS STRIP</i>	1	OTC; QL (200 per 23 days)
<i>FREESTYLE LITE STRIPS STRIP</i>	1	OTC; QL (200 per 23 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>FREESTYLE PRECISION NEO STRIPS STRIP</i>	1	OTC; QL (200 per 23 days)
<i>FREESTYLE TEST STRIP</i>	1	OTC; QL (200 per 23 days)
<i>PRECISION XTRA TEST STRIP</i>	1	OTC; QL (200 per 23 days)
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
<i>INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"</i>	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION</i>	2	
<i>diazoxide oral suspension 50 mg/ml</i>	2	
<i>GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG</i>	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
<i>BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BD MICROTAINER LANCET 30 GAUGE	1	OTC	FREESTYLE LIBRE 3 SENSOR DEVICE	1	PA; QL (2 per 21 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1		LANCETS 33 GAUGE	1	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	OTC	OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 21 days)
DEXCOM G6 RECEIVER	3	PA; QL (1 per 274 days)	OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
DEXCOM G6 SENSOR DEVICE	3	PA; QL (3 per 23 days)	OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 21 days)
DEXCOM G6 TRANSMITTER DEVICE	3	PA; QL (1 per 69 days)	OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
DEXCOM G7 RECEIVER	3	PA; QL (1 per 274 days)	OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
DEXCOM G7 SENSOR DEVICE	3	PA; QL (3 per 23 days)	OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 23 days)
FREESTYLE LIBRE 14 DAY READER	1	PA; QL (1 per 274 days)	V-GO 20 DEVICE	2	PA; QL (30 per 23 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	PA; QL (2 per 23 days)	V-GO 30 DEVICE	2	PA; QL (30 per 23 days)
FREESTYLE LIBRE 2 READER	1	PA; QL (1 per 274 days)	V-GO 40 DEVICE	2	PA; QL (30 per 23 days)
FREESTYLE LIBRE 2 SENSOR KIT	1	PA; QL (2 per 23 days)	<b>INSULIN THERAPY</b>		
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	1	PA; QL (2 per 21 days)			
FREESTYLE LIBRE 3 READER	1	PA; QL (1 per 365 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1		LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1		NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3		RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3		RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1		RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	
			TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1		<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1		<i>calcitriol oral solution 1 mcg/ml</i>	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1		<i>cetrorelix subcutaneous kit 0.25 mg</i>	4	PA; SP
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2		CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; SP
<b>MISCELLANEOUS HORMONES</b>					
<i>cabergoline oral tablet 0.5 mg</i>	1		<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	4	SP
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	2		<i>clomiphene citrate oral tablet 50 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1		<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
			<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
			<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
			GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP	MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	PA; SP	MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP
ISTURISA ORAL TABLET 1 MG	4	PA; SP; QL (12 per 1 day)	ORILISSA ORAL TABLET 150 MG	4	PA; SP; QL (1 per 1 day)
ISTURISA ORAL TABLET 5 MG	4	PA; SP; QL (8 per 1 day)	ORILISSA ORAL TABLET 200 MG	4	PA; SP; QL (2 per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3		OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	PA; SP
JYNARQUE ORAL TABLET 15 MG	4	PA; SP; QL (2 per 1 day)	<i>paricalcitol oral</i> <i>capsule 1 mcg, 2</i> <i>mcg, 4 mcg</i>	2	
JYNARQUE ORAL TABLET 30 MG	4	PA; SP; QL (1 per 1 day)	RAYALDEE ORAL CAPSULE,EXTEN DED RELEASE 24 HR 30 MCG	3	PA; QL (2 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; SP; QL (2 per 1 day)	<i>sapropterin oral</i> <i>powder in packet</i> <i>100 mg, 500 mg</i>	4	SP
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP	<i>sapropterin oral</i> <i>tablet,soluble 100</i> <i>mg</i>	4	SP
METHITEST ORAL TABLET 10 MG	3		SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; SP
			<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>100 mg/ml, 200</i> <i>mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	3	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	
<i>tolvaptan oral tablet 15 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	SP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	SP

Drug Name	Drug Tier	Requirements / Limits
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>CYCLOSET ORAL TABLET 0.8 MG</b>	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<b>GLIPIZIDE ORAL TABLET 2.5 MG</b>	2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<b>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</b>	2	ST
<b>JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG</b>	2	PA; ST

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; ST	MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	ST; QL (0.08 per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; ST	<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2		OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST; QL (0.108 per 1 day)
LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL (0.3 per 1 day)	<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>metformin oral solution 500 mg/5 ml</i>	2		<i>pioglitazone- glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1		<i>pioglitazone- metformin oral tablet 15-500 mg, 15-850 mg</i>	2	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1		<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	3	PA; QL (2 per 1 day)	RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	ST; QL (1 per 1 day)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	3	PA; QL (2 per 1 day)	SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2				

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Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	ST; QL (0.08 per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL (0.3 per 1 day)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL (0.3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<b>THYROID HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>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</i>	1	
<i>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</i>	1	
LEVOOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 30 mg, 60 mg</i>	1	
<b>SYNTHROID ORAL TABLET</b> 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<b>THYQUIDITY ORAL SOLUTION</b> 20 MCG/ML	3	
<b>TIROSINT ORAL CAPSULE 100</b> MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	

Drug Name	Drug Tier	Requirements / Limits
<b>TIROSINT-SOL ORAL SOLUTION</b> 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	

<i>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</i>	1
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## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

<i>chlordiazepoxide- clidinium oral capsule 5-2.5 mg</i>	2
<i>dicyclomine oral capsule 10 mg</i>	1
<i>dicyclomine oral solution 10 mg/5 ml</i>	1
<i>dicyclomine oral tablet 20 mg</i>	1
<i>diphenoxylate- atropine oral liquid 2.5-0.025 mg/5 ml</i>	1

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1		LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
glycopyrrolate oral tablet 1 mg, 2 mg	1		sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	2	
hyoscyamine sulfate oral drops 0.125 mg/ml	1		sevelamer carbonate oral tablet 800 mg	2	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1		sodium polystyrene sulfonate oral powder	1	
hyoscyamine sulfate oral tablet 0.125 mg	1		sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1		sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
hyosyne oral drops 0.125 mg/ml	1		VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
methscopolamine oral tablet 2.5 mg, 5 mg	2		VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
MOTOFEN ORAL TABLET 1-0.025 MG	3		<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
MYTESI ORAL TABLET,DELAYE D RELEASE (DR/EC) 125 MG	4	PA; SP	alosetron oral tablet 0.5 mg, 1 mg	2	QL (2 per 1 day)
opium tincture oral tincture 10 mg/ml (morphine)	1		aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL (0.15 per 1 day)
<b>MISCELLANEOUS AGENTS</b>			aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	2	QL (0.15 per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	2				

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>balsalazide oral capsule 750 mg</i>	1		CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>betaine oral powder 1 gram/scoop</i>	4	SP	<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	2		DIPENTUM ORAL CAPSULE 250 MG	3	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	3		<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	2	PA; QL (4 per 1 day)
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; SP	<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	
BYLVAY ORAL PELLET 200 MCG, 600 MCG	4	PA; SP	<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	ACA; OTC
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; SP; QL (0.08 per 1 day)	EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	4	PA; SP; QL (0.43 per 1 day)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; SP; QL (0.08 per 1 day)	ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; SP; QL (2 per 28 days)
<i>citrate of magnesia oral solution</i>	1	ACA; OTC			
<i>citroma oral solution</i>	1	ACA; OTC			
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/175 ML	2				
<i>constulose oral solution 10 gram/15 ml</i>	1				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>gransetron hcl oral tablet 1 mg</i>	2	QL (0.86 per 1 day)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</i>	2	QL (1 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>LIVMARLI ORAL SOLUTION 9.5 MG/ML</i>	4	PA; QL (3 per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	1	ACA; OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule, extended release 500 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	ACA; OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	ACA; OTC	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)	<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>natura-lax oral powder 17 gram/dose</i>	1	ACA; OTC	<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2		<i>powderlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2		<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (3.34 per 1 day)	<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)	<i>purelax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL (0.3 per 1 day)	RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC	<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA	SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA; SP; QL (0.36 per 1 day)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (0.05 per 1 day)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>smoothlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM</b>	2	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<b>TRULANCE ORAL TABLET 3 MG</b>	2	QL (1 per 1 day)
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
<b>VARUBI ORAL TABLET 90 MG</b>	2	PA; QL (0.2 per 1 day)
<b>VIBERZI ORAL TABLET 100 MG, 75 MG</b>	3	QL (2 per 1 day)
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT</i>	2	
<b>ULCER THERAPY</b>		
<i>amoxicil- clarithromy- lansopraz oral combo pack 500- 500-30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>dexlansoprazole oral capsule,biphasic delayed releas 30 mg</i>	3	ST; QL (30 per 23 days)
<i>dexlansoprazole oral capsule,biphasic delayed releas 60 mg</i>	3	ST; QL (1 per 1 day)

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<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; QL (1 per 1 day)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (1 per 1 day)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>PYLERA ORAL CAPSULE 140-125-125 MG</i>	2	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	ST; QL (1 per 1 day)
<i>sucralfate oral tablet 1 gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>ANTIVIRALS</b>		
<i>ribavirin oral capsule 200 mg</i>	4	SP
<i>ribavirin oral tablet 200 mg</i>	4	SP
<b>BIOTECHNOLOGY DRUGS</b>		
<i>ARCALYST SUBCUTANEOUS RECON SOLN 220 MG</i>	4	PA; SP; QL (4 per 21 days)
<i>FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML</i>	4	PA; SP
<i>MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)</i>	4	PA; SP
<i>RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML</i>	4	PA; SP
<i>ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML</i>	4	PA; SP

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ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP	AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; QL (0.04 per 1 day)
<b>GROWTH HORMONES</b>					
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; SP	AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; QL (0.04 per 1 day)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; SP	BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 95 MG	4	PA; SP; QL (4 per 1 day)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; SP	BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; QL (0.5 per 1 day)
<b>INTERFERONS</b>					
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP	<i>dimethyl fumarate</i> <i>oral capsule,delayed</i> <i>release(dr/ec) 120</i> <i>mg (14)- 240 mg</i> <i>(46)</i>	4	PA; SP; QL (60 per 720 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	SP; QL (2 per 21 days)	<i>dimethyl fumarate</i> <i>oral capsule,delayed</i> <i>release(dr/ec) 120</i> <i>mg, 240 mg</i>	4	PA; SP; QL (2 per 1 day)
<b>MULTIPLE SCLEROSIS AGENTS</b>					
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML					
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML					

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; SP; QL (2.4 per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; SP; QL (0.12 per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; SP; QL (0.4 per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (0.4 per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (0.4 per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; SP; QL (1 per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)	PONVORY ORAL TABLET 20 MG	4	PA; SP; QL (1 per 1 day)
MAYZENT ORAL TABLET 0.25 MG	4	PA; SP; QL (4 per 1 day)	REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (0.22 per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; SP; QL (1 per 1 day)			
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; SP; QL (1.75 per 1 day)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (1 per 720 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (1 per 720 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (1 per 1 day)
VUMERTY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	4	PA; SP; QL (4 per 1 day)
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	PA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	PA; ACA
ADACEL(TDAP ADOLESN/ADULT )(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	PA; ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADACEL(TDAP ADOLESN/ADULT )(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	PA; ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	PA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	PA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	
ASCENIV INTRAVENOUS SOLUTION 10 %	4	PA; SP
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	ACA
BEXZERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	PA; ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	PA; ACA
BIVIGAM INTRAVENOUS SOLUTION 10 %	4	PA; SP
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	PA; ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA; SP
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	4	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	4	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	PA; ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA; SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	4	PA; SP
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	PA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	5		FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	PA	FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	PA	GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA; SP
FLULALVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5		GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA; SP
FLUMIST TRIVALENT 2024- 2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5		GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	PA; SP
FLUZONE HIGH- DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5		GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; SP
			GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	PA; SP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	4	PA; SP	HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; SP	HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	PA; ACA	HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA; ACA	IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA; QL (1 per 1 day)	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	PA; ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	PA; ACA			
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	PA; ACA			
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	PA; ACA			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	PA; ACA	NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	5	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	PA; ACA	OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	PA; SP
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	PA; ACA	ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA; QL (1 per 1 day)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	PA; ACA	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP; QL (1 per 1 day)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	PA; ACA	PANZYGA INTRAVENOUS SOLUTION 10 %	4	PA; SP
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	PA; ACA	PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	PA; ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	5		PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	PA; ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA; SP	PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	
			PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	PA; ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5		QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	PA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	5		RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	PA; ACA	RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA; QL (1 per 1 day)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	PA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	2	PA	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2	PA; ACA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	PA; SP	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA; ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	PA; ACA	ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	PA; ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	PA; ACA	SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	PA; ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5		VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	PA; ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	PA; ACA	VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	PA; ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	PA; ACA	VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	PA; ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	PA; ACA	VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	PA; ACA	VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	PA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	PA; ACA	VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	PA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	PA; ACA	VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	PA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	PA; ACA	VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	PA; ACA			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VIVOTIF ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 2 BILLION UNIT	2	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	PA; ACA
<b>IMMUNOLOGY</b>		
<b>INTERLEUKINS</b>		
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	2	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
<i>probencid oral tablet 500 mg</i>	1	
<i>probencid-colchicine oral tablet 500-0.5 mg</i>	1	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (0.15 per 1 day)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; SP; QL (0.09 per 1 day)
<i>ibandronate oral tablet 150 mg</i>	2	QL (0.04 per 1 day)
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg</i>	2	QL (0.04 per 1 day)
<i>risedronate oral tablet 35 mg</i>	2	QL (0.15 per 1 day)
<i>risedronate oral tablet 5 mg</i>	2	QL (1 per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QL (0.15 per 1 day)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; SP; QL (0.13 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; SP; QL (0.13 per 1 day)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; SP; QL (0.15 per 1 day)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; SP; QL (0.15 per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; SP; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; SP; QL (0.15 per 1 day)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (0.15 per 1 day)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL (0.15 per 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (0.15 per 1 day)
SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (0.08 per 1 day)
SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML		
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (0.15 per 1 day)
SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML		
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (0.15 per 1 day)
SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML		
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (0.15 per 1 day)
SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP; QL (4 per 720 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; QL (4 per 21 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; SP; QL (3 per 720 days)	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; QL (0.06 per 1 day)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; QL (0.1 per 1 day)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)	OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; SP; QL (2 per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2		OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	4	PA; SP; QL (22 per 720 days)
ORENCIA (WITH MALTOSA) INTRAVENOUS RECON SOLN 250 MG	4	PA; SP; QL (4 per 1 day)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 720 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; SP; QL (0.15 per 1 day)	RIDAURA ORAL CAPSULE 3 MG	3	
			RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; SP; QL (12 per 1 day)
			RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; SP; QL (30 per 30 days)
			RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	4	PA; SP; QL (1 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; QL (1 per 720 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; QL (1 per 23 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; SP; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; SP; QL (30 per 30 days)

## OBSTETRICS & GYNECOLOGY

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>		
CAYA	2	ACA
CONTOURED VAGINAL DIAPHRAGM 65-80 MM		
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	2	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	2	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	SP; ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	2	SP; ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	2	ACA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	2	SP; ACA	<i>estradiol oral tablet</i> <i>0.5 mg, 1 mg, 2 mg</i>	1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	2	ACA	<i>estradiol</i> <i>transdermal patch</i> <i>semiweekly 0.025</i> <i>mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05</i> <i>mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24</i> <i>hr</i>	2	
<b>ESTROGENS &amp; PROGESTINS</b>					
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3		<i>estradiol</i> <i>transdermal patch</i> <i>weekly 0.025 mg/24</i> <i>hr, 0.0375 mg/24 hr,</i> <i>0.05 mg/24 hr, 0.06</i> <i>mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24</i> <i>hr</i>	1	
<i>camila oral tablet</i> <i>0.35 mg</i>	1	ACA; QL (99 per 99 days)	<i>estradiol vaginal</i> <i>cream 0.01 % (0.1</i> <i>mg/gram)</i>	2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2		<i>estradiol vaginal</i> <i>tablet 10 mcg</i>	1	
<i>deblitane oral tablet</i> <i>0.35 mg</i>	1	ACA; QL (99 per 99 days)	ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	ACA; QL (99 per 99 days)	ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATIO N	3	
DUAVEE ORAL TABLET 0.45-20 MG	2		<i>estrogens-</i> <i>methyltestosterone</i> <i>oral tablet 0.625-</i> <i>1.25 mg, 1.25-2.5</i> <i>mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	4	PA; SP			
<i>errin oral tablet 0.35</i> <i>mg</i>	1	ACA; QL (99 per 99 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	
<i>heather oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>incassia oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>jencycla oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyeq oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>lyza oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>tulana oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL (99 per 99 days)
<i>etongestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL (99 per 99 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (99 per 99 days)
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA; QL (1 per 1 day)
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	SP; ACA
<i>norelgestromin-ethinestradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (99 per 99 days)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA; QL (99 per 99 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	2	ACA; QL (99 per 99 days)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	ACA; OTC; QL (99 per 99 days)
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	ACA; OTC; QL (99 per 99 days)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL (99 per 99 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (99 per 99 days)
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>after pill oral tablet 1.5 mg</i>	1	OTC; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AFTERA ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<b>BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)</b>	2	ACA; QL (99 per 99 days)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>caziant (28) oral tablet 0.1/.125/.15-.25 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>desog-e.estriadiol/e.estradio l oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	QL (99 per 99 days)
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA; QL (99 per 99 days)
<i>drospirenone-ethinylestradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>ELLA ORAL TABLET 30 MG</i>	3	ACA; QL (99 per 99 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>estarrylla oral tablet 0.25-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	QL (99 per 99 days)
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>l norgest/e.estradiol-e.estrad oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>larinfe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>larinfe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	QL (99 per 99 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)</i>	2	ACA; QL (99 per 99 days)
<i>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</i>	2	ACA; QL (99 per 99 days)
<i>LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</i>	2	ACA; QL (99 per 99 days)
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	QL (99 per 99 days)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>mihi oral tablet 0.25-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>my choice oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>my way oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG</i>	3	ACA; QL (99 per 99 days)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>new day oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)</i>	2	QL (99 per 99 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone-e.estriadiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone-e.estriadiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	QL (99 per 99 days)
<i>norethindrone-e.estriadiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA; QL (99 per 99 days)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	QL (99 per 99 days)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>option-2 oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>PLAN B ONE-STEP ORAL TABLET 1.5 MG</i>	2	ACA; OTC; QL (99 per 99 days)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>SLYND ORAL TABLET 4 MG (28)</i>	2	ACA; QL (99 per 99 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>TAKE ACTION ORAL TABLET 1.5 MG</i>	2	ACA; OTC; QL (99 per 99 days)
<i>tarina 24fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /Img-35mcg (9)</i>	1	ACA; QL (99 per 99 days)
<i>tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /Img-35mcg (9)</i>	1	ACA; QL (99 per 99 days)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA; QL (99 per 99 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	QL (99 per 99 days)
<i>TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG</i>	2	ACA; QL (99 per 99 days)
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA; QL (99 per 99 days)
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	QL (99 per 99 days)
<i>vienna oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>wymzyafe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<b>YAZ (28) ORAL TABLET 3-0.02 MG</b>	3	ACA; QL (99 per 99 days)
<i>zarah oral tablet 3- 0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)

## OPHTHALMOLOGY

### ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin- polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSI ON 0.6 %	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSI ON 5 %	3	
<i>neomycin- bacitracin- polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g</i>	1	

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Effective as of 12/01/2024

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>			
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1		BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3				
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1		BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3				
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1		carteolol ophthalmic (eye) drops 1 %	1				
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1		levobunolol ophthalmic (eye) drops 0.5 %	1				
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1		timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1				
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1		timolol maleate ophthalmic (eye) drops, once daily 0.5 %	2				
<b>TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	3		timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	2				
<b>ANTIVIRALS</b>								
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2		<b>CHOLINESTERASE INHIBITOR MIOTICS</b>					
<b>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</b>	3		PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	SP			
<b>BETA-BLOCKERS</b>								
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1		<b>CYCLOPLEGIC MYDRIATICS</b>					
<i>atropine ophthalmic (eye) drops 1 %</i>								
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>								
<b>DIRECT ACTING MIOTICS</b>								

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Effective as of 12/01/2024

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1		XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL (60 per 30 days)
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>					
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	PA	<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA	<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1		<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2		<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1		<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL (60 per 23 days)	NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	SP	<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2		<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2		<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1		<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<b>OTHER GLAUCOMA DRUGS</b>					
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>			2	ST	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS, SUSPENSION 0.02-0.005 %	2	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	ST
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits			
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2		PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3				
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3		<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1				
<b>STEROIDS</b>								
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1		<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	3				
<i>diluprednate ophthalmic (eye) drops 0.05 %</i>	2		<b>STEROID-SULFONAMIDE COMBINATIONS</b>					
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3		<i>sulacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1				
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1		<b>SULFONAMIDES</b>					
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3		<i>sulacetamide sodium ophthalmic (eye) drops 10 %</i>	1				
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2		<i>sulacetamide sodium ophthalmic (eye) ointment 10 %</i>	1				
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2		<b>SYMPATHOMIMETICS</b>					
			ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3				
			<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2				
			<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1				

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Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %</i>	3	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	2	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1		<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1		<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	OP	<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1		<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1		<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP
<b>PULMONARY AGENTS</b>			<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1		<i>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION</i>	2	
<i>ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG</i>	4	PA; SP	<i>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION</i>	2	
<i>ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION</i>	2				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2		<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 1 mg/2 ml</i>	1	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2		<i>budesonide inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (120 per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	3		CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; SP; QL (0.67 per 1 day)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; SP; QL (0.34 per 1 day)	COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP	<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2		DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2		<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; SP	HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; SP	<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; SP; QL (0.6 per 1 day)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1		<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	1		<i>ipratropium- albuterol inhalation solution for nebulization 0.5 mg- 3 mg(2.5 mg base)/3 ml</i>	1	
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113- 14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	1		KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; SP; QL (0.48 per 1 day)
			KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; SP; QL (2 per 1 day)
			KALYDECO ORAL GRANULES IN PACKET 5.8 MG	4	PA; SP; QL (0.06 per 1 day)
			KALYDECO ORAL TABLET 150 MG	4	PA; SP; QL (2 per 1 day)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1		ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (4 per 1 day)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2		ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; SP; QL (1 per 1 day)
<i>montelukast oral granules in packet 4 mg</i>	1		<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP
<i>montelukast oral tablet 10 mg</i>	1		<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; SP
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1		PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; SP	PULMOZYME INHALATION SOLUTION 1 MG/ML	4	SP; QL (5 per 1 day)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	4	PA; SP	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	3	
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)	<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
OPSUMIT ORAL TABLET 10 MG	4	PA; SP			
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; SP; QL (2 per 1 day)			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; SP; QL (0.27 per 1 day)	SYMDEKO ORAL TABLETS, SEQUENTIAL 100- 150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; QL (2 per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2		<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP	TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; SP; QL (0.15 per 1 day)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1		TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; SP; QL (0.15 per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2		<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2		<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2		<i>theophylline oral elixir 80 mg/15 ml</i>	1	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2		<i>theophylline oral solution 80 mg/15 ml</i>	1	
			<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
			<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5- 25 MCG, 200-62.5- 25 MCG	2	
TRIKAFFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100- 50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; SP; QL (2 per 1 day)
TRIKAFFTA ORAL TABLETS, SEQUENTIAL 100- 50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; SP; QL (3 per 1 day)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; SP
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	ST; QL (4 per 1 day)
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacain oral tablet 10 mg, 5 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	1	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; SP; QL (1 per 1 day)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</i>	4	PA; SP
<i>ELMIRON ORAL CAPSULE 100 MG</i>	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ</i>	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
klor-con m15 oral tablet,er particles/crystals 15 meq	3		balanced b-100 oral tablet 0.4 mg	1	ACA; OTC
klor-con m20 oral tablet,er particles/crystals 20 meq	1		b-complex with vitamin c oral tablet 400-500 mcg-mg	1	ACA; OTC
potassium chloride oral capsule, extended release 10 meq, 8 meq	1		classic prenatal oral tablet 28 mg iron-800 mcg	1	ACA; OTC
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	2		cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
potassium chloride oral packet 20 meq	2		cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	2	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1		dialyvite 800 oral tablet 0.8 mg	1	ACA; OTC
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1		dodex injection solution 1,000 mcg/ml	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>			ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; SP	fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA; OTC
<b>VITAMINS &amp; HEMATINICS</b>			fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; OTC
b complex 1 (with folic acid) oral tablet 0.4 mg	1	ACA; OTC	folic acid oral tablet 1 mg	1	
b complex-vitamin c-folic acid oral tablet 400 mcg	1	ACA; OTC	folic acid oral tablet 400 mcg, 800 mcg	1	ACA; OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>folitab oral tablet extended release 105 mg iron- 500 mg- 800 mcg</i>	1	OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	ACA; OTC
<i>kobee oral tablet 0.4 mg</i>	1	ACA; OTC
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	ACA; OTC
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	1	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	1	OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>rena-vite oral tablet 0.8 mg</i>	1	ACA; OTC
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	OTC
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	1	ACA; OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>super quints oral tablet 0.4 mg</i>	1	ACA; OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC

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PENTASA .....	76	PONVORY .....	80	PRIVIGEN .....	86
<i>pentazocine-naloxone</i> .....	33	PONVORY 14-DAY		<i>probenecid</i> .....	88
<i>pentoxifylline</i> .....	49	STARTER PACK.....	80	<i>probenecid-colchicine</i> .....	88
<i>perindopril erbumine</i> .....	46	<i>portia 28</i> .....	100	<i>prochlorperazine</i> .....	76

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<i>prochlorperazine maleate</i>	76	<i>rasagiline</i>	25	<b>ROZLYTREK</b>	19
<i>progesterone micronized</i>	93	<b>RAYALDEE</b>	68	<b>RUCONEST</b>	112
<b>PROMACTA</b>	49	<b>REBIF (WITH ALBUMIN)</b>	80	<i>rufinamide</i>	23
<i>promethazine</i>	107	<b>REBIF REBIDOSE</b>	81	<b>RUKOBIA</b>	6
<i>promethazine-dm</i>	108	<b>REBIF TITRATION PACK</b>	81	<b>RUXIENCE</b>	19
<i>promethegan</i>	107	<i>reclipsen (28)</i>	100	<b>RYBELSUS</b>	70
<i>propafenone</i>	41	<b>RECOMBIVAX HB (PF)</b>	86	<b>RYDAPT</b>	19
<i>proparacaine</i>	104	<b>RECTIV</b>	76	<b>S</b>	
<i>propranolol</i>	46	<b>RELENZA DISKHALER</b>	6	<b>SANTYL</b>	59
<i>hydrochlorothiazid</i>	46	<b>RELION NOVOLIN 70/30</b>	66	<i>sapropterin</i>	68
<i>propylthiouracil</i>	64	<b>RELION NOVOLIN N</b>	66	<b>SARCLISA</b>	19
<b>PROQUAD (PF)</b>	86	<b>RELION NOVOLIN R</b>	66	<b>SAVELLA</b>	91
<i>protriptyline</i>	39	<i>rena-vite</i>	116	<b>SAXENDA</b>	59
<b>PULMICORT FLEXHALER</b>	111	<i>repaglinide</i>	70	<b>SCEMBLIX</b>	19
<b>PULMOZYME</b>	111	<b>REPATHA PUSHTRONEX</b>	51	<i>scopolamine base</i>	76
<i>purelax</i>	76	<b>REPATHA SURECLICK</b>	51	<i>selegiline hcl</i>	25
<b>PURIXAN</b>	18	<b>REPATHA SYRINGE</b>	51	<i>selenium sulfide</i>	52
<b>PYLERA</b>	78	<b>RETACRIT</b>	78	<b>SELZENTRY</b>	6
<i>pyrazinamide</i>	10	<b>RETEVMO</b>	18	<b>SEREVENT DISKUS</b>	112
<i>pyridostigmine bromide</i>	28	<b>REVLIMID</b>	18	<i>sertraline</i>	39
<b>Q</b>		<b>REXULTI</b>	39	<i>setlakin</i>	100
<b>QINLOCK</b>	18	<b>REZLIDHIA</b>	19	<i>sevelamer carbonate</i>	73
<b>QUADRACEL (PF)</b>	86	<b>RHOPRESSA</b>	105	<i>sharobel</i>	93
<b>QUAZEPAM</b>	39	<b>RIABNI</b>	19	<b>SHINGRIX (PF)</b>	86
<i>quetiapine</i>	39	<b>RIASTAP</b>	49	<b>SIGNIFOR</b>	19
<b>QUILLICHEW ER</b>	39	<i>ribavirin</i>	78	<i>sildenafil (pulm.hypertension)</i>	112
<b>QUILLIVANT XR</b>	39	<b>RIDAURA</b>	90	<b>SILIQ</b>	52
<i>quinapril</i>	46	<i>rifabutin</i>	10	<i>silodosin</i>	114
<i>quinapril-hydrochlorothiazide</i>	46	<i>rifampin</i>	10	<i>silver sulfadiazine</i>	53
<i>quinidine gluconate</i>	41	<i>riluzole</i>	61	<b>SIMBRINZA</b>	105
<i>quinidine sulfate</i>	41	<i>rimantadine</i>	6	<i>simliya (28)</i>	100
<i>quinine sulfate</i>	10	<b>RINVOQ</b>	90	<i>simpesesse</i>	100
<i>quit 2</i>	62	<b>RINVOQ LQ</b>	90	<b>SIMPONI</b>	91
<i>quit 4</i>	62	<i>risedronate</i>	61, 88	<i>simvastatin</i>	51
<b>QULIPTA</b>	26	<i>risperidone</i>	39	<i>sirolimus</i>	19
<b>QVAR REDIHALER</b>	111	<i>ritonavir</i>	6	<b>SIRTURO</b>	10
<b>R</b>		<i>rivastigmine</i>	27	<b>SIVEXTRO</b>	10
<b>RABAVERT (PF)</b>	86	<i>rivastigmine tartrate</i>	27	<b>SKYLA</b>	92
<i>rabeprazole</i>	78	<i>rivelsa</i>	100	<b>SKYRIZI</b>	52, 76
<b>RAGWITEK</b>	86	<i>rizatriptan</i>	26	<b>SLYND</b>	100
<i>raloxifene</i>	88	<b>ROCKLATAN</b>	105	<i>smoothlax</i>	77
<i>ramelteon</i>	39	<i>roflumilast</i>	111	<i>sodium chlor 0.9% bacteriostat</i>	61
<i>ramipril</i>	46	<i>ropinirole</i>	25	<i>sodium chloride</i>	61, 112
<i>ranolazine</i>	51	<i>rosadan</i>	54, 55	<i>sodium chloride 0.9 %</i>	61
		<b>ROSADAN</b>	55	<b>SODIUM OXYBATE</b>	40
		<i>rosuvastatin</i>	51		
		<b>ROTATEQ VACCINE</b>	86		

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sodium phenylbutyrate .....	61	sulfacetamide-prednisolone	106	tarina fe 1/20 (28) .....	101
sodium polystyrene sulfonate	73	sulfadiazine .....	12	TASIGNA .....	20
sodium,potassium,mag sulfates .....	77	sulfamethoxazole-trimethoprim .....	12	tasimelteon .....	40
SOFOSBUVIR-VELPATASVIR.....	6	SULFAMYLYON .....	55	TAVALISSE .....	49
solifenacin .....	113	sulfasalazine .....	77	TAVNEOS .....	61
SOLIQUA 100/33 .....	66	sulindac .....	33	tazarotene .....	55
SOLTAMOX.....	19	sumatriptan .....	26	TDVAX .....	87
soluvita .....	116	sumatriptan succinate .....	26	TECVAYLI .....	20
soluvita a,c,d with fluoride.	116	sumatriptan-naproxen .....	26	telmisartan .....	46
SOMATULINE DEPOT .....	19	sunitinib malate .....	19	telmisartan-amlodipine.....	46
SOMAVERT .....	68	SUNOSI.....	40	telmisartan-hydrochlorothiazid .....	46
sorafenib.....	19	super b maxi complex .....	116	temazepam .....	40
sotalol .....	41	super quints .....	117	temozolomide .....	20
sotalol af.....	41	SUPREP BOWEL PREP KIT .....	77	TENIVAC (PF) .....	87
SOTYKTU .....	52	syeda .....	100	tenofovir disoproxil fumarate .	6
SOTYLIZE.....	41	SYMDEKO .....	112	terazosin .....	46
SPIKEVAX 2024-2025(12Y UP)(PF)	87	SYMLINPEN 120 .....	70	terbinafine hcl.....	3
spinosal.....	59	SYMLINPEN 60 .....	71	terbutaline.....	112
SPIRIVA RESPIMAT .....	112	SYMTUZA.....	6	terconazole .....	94
SPIRIVA WITH HANIDHALER.....	112	SYNAGIS.....	6	teriflunomide.....	81
spironolactone .....	46	SYNJARDY .....	71	testosterone .....	69
spironolacton- hydrochlorothiaz .....	46	SYNJARDY XR.....	71	testosterone cypionate .....	68
sprintec (28) .....	100	SYNTHROID .....	72	testosterone enanthate .....	69
SPRYCEL .....	19	T		tetrabenazine .....	27
sps (with sorbitol) .....	73	TABLOID .....	19	tetracycline .....	12
sronyx .....	100	TABRECTA.....	19	THALOMID .....	20
ssd.....	53	tacrolimus .....	19, 54	theophylline .....	112
SSKI .....	64	tadalafil .....	114	thioridazine .....	40
st.joseph aspirin .....	33	tadalafil (pulm. hypertension)	112	thiothixene .....	40
st.joseph aspirin .....	33	TAFINLAR .....	19	THYQUIDITY .....	72
STAMARIL (PF) .....	87	tafluprost (pf).....	105	tiagabine .....	23
STELARA.....	52	TAGRISSO .....	19	TIBSOVO .....	20
STIOLTO RESPIMAT .....	112	TAKE ACTION .....	100	tilia fe.....	101
STIVARGA.....	19	TAKHZYRO .....	112	timolol maleate .....	46, 103
stop smoking aid.....	62	TALTZ AUTOINJECTOR ..	52	tinidazole .....	10
stress formula with iron.....	116	TALTZ AUTOINJECTOR (2		TIROSINT .....	72
stress formula with iron(sulf)	116	PACK) .....	52	TIROSINT-SOL .....	72
STRIBILD .....	6	TALTZ AUTOINJECTOR (3		TIVICAY .....	6
STRIVERDI RESPIMAT ..	112	PACK) .....	52	tizanidine .....	28
sucralfate .....	78	TALTZ SYRINGE .....	52, 53	TOBRADEX .....	105
sulfacetamide sodium .....	106	TALZENNA.....	20	tobramycin .....	10, 103
		tamoxifen .....	20	tobramycin in 0.225 % nacl..	10
		tamsulosin.....	114	TOBRAMYCIN WITH NEBULIZER.....	10
		tarina 24 fe .....	100	tobramycin-dexamethasone	106
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<i>tolmetin</i>	33	<i>tri-lo-estarryla</i>	101	VANFLYTA	20
<i>tolterodine</i>	114	<i>tri-lo-marzia</i>	101	VAQTA (PF)	87
<i>tolvaptan</i>	69	<i>tri-lo-mili</i>	101	<i>varenicline</i>	62
<i>topiramate</i>	24	<i>tri-lo-sprintec</i>	101	VARIVAX (PF)	87
<i>topotecan</i>	20	<i>trimethobenzamide</i>	77	VARIZIG	87
<i>toremifene</i>	20	<i>trimethoprim</i>	12	VARUBI	77
<i>torsemide</i>	46	<i>tri-mili</i>	101	VAXCHORA VACCINE	87
TOUJEO MAX U-300 SOLOSTAR	66	<i>trimipramine</i>	40	VAXELIS (PF)	87
TOUJEO SOLOSTAR U-300 INSULIN	67	TRINTELLIX	40	VAXNEUVANCE (PF)	87
<i>tramadol</i>	33	<i>tri-sprintec (28)</i>	101	VCF CONTRACEPTIVE FILM	94
TRAMADOL	33	TRIUMEQ	7	VCF CONTRACEPTIVE GEL	94
<i>tramadol-acetaminophen</i>	33	TRIUMEQ PD	7	<i>velvet triphasic regimen (28)</i>	101
<i>trandolapril</i>	46	<i>tri-vylibra</i>	101	VELPHORO	73
<i>trandolapril-verapamil</i>	46	<i>tri-vylibra lo</i>	101	VELTASSA	73
<i>tranexamic acid</i>	94	<i>tropicamide</i>	103	VEMLIDY	7
<i>tranylcypromine</i>	40	<i>trospium</i>	114	VENCLEXTA	20
<i>travoprost</i>	105	TRULANCE	77	VENCLEXTA STARTING PACK	20
TRAZIMERA	20	TRULICITY	71	<i>venlafaxine</i>	40
<i>trazodone</i>	40	TRUMENBA	87	VENTOLIN HFA	113
TRECATOR	10	TRUQAP	20	<i>verapamil</i>	47
TRELEGY ELLIPTA	113	TUKYSA	20	VERQUVO	51
TREMFYA	53	<i>tulana</i>	93	VERZENIO	20
TREMFYA PEN	53	<i>turqoz (28)</i>	101	<i>vestura (28)</i>	101
TRESIBA FLEXTOUCH U- 100	67	TWINRIX (PF)	87	V-GO 20	65
TRESIBA FLEXTOUCH U- 200	67	TWIRLA	94	V-GO 30	65
TRESIBA U-100 INSULIN	67	TYBLUME	101	V-GO 40	65
<i>tretinoin</i>	55	TYBOST	7	VIBERZI	77
<i>tretinoin (antineoplastic)</i>	20	<i>tydemy</i>	101	VICTOZA 2-PAK	71
TREXALL	20	TYPHIM VI	87	VICTOZA 3-PAK	71
<i>triamcinolone acetonide</i>	59, 62	<b>U</b>		<i>vienna</i>	101
<i>triamterene</i>	46	UBRELVY	26	<i>vigabatrin</i>	24
<i>triamterene-hydrochlorothiazid</i>	47	<i>unithroid</i>	72	<i>vilazodone</i>	40
<i>triazolam</i>	40	UPTRAVI	47	<i>viorele (28)</i>	101
<i>trientine</i>	61	<i>ursodiol</i>	77	VIRACEPT	7
<i>tri-estarryla</i>	101	<b>V</b>		VIREAD	7
<i>trifluoperazine</i>	40	<i>valacyclovir</i>	7	<i>vitamin b complex-folic acid</i>	117
<i>trifluridine</i>	103	<i>valganciclovir</i>	7	<i>vitamins a,c,d and fluoride</i>	117
<i>trihexyphenidyl</i>	25	<i>valproate sodium</i>	24	VIVITROL	33
TRIJARDY XR	71	<i>valproic acid</i>	24	VIVJOA	3
TRIKAFFTA	113	<i>valsartan</i>	47	VIVOTIF	88
<i>tri-legest fe</i>	101	<i>valsartan-hydrochlorothiazide</i>	47	<i>volnea (28)</i>	101
<i>tri-linyah</i>	101	VALTOCO	24	VONJO	20
		<i>vancomycin</i>	13		
		<i>vandazole</i>	94		

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<i>voriconazole</i>	3	XELJANZ	91	ZEPOSIA	27
VOSEVI	7	XELJANZ XR	91	ZEPOSIA STARTER KIT (28-DAY)	27
VRAYLAR	40	XEMBIFY	88	ZEPOSIA STARTER PACK (7-DAY)	27
VUMERTY	81	XEOMIN	88	<i>zidovudine</i>	7
<i>vyfemla (28)</i>	101	XGEVA	13	ZIEXTENZO	79
<i>vylibra</i>	102	XIFAXAN	10	<i>zileuton</i>	113
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<b>W</b>		XOLAIR	113	<i>ziprasidone hcl</i>	40, 41
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<i>warfarin</i>	49	XTANDI	21	ZOKINVY	61
<i>water for irrigation, sterile</i>	61	xulane	94	<i>zoledronic acid</i>	69
WEGOVY	59, 60	XULTOPHY 100/3.6	67	<i>zoledronic acid-mannitol-water</i>	61, 69
<i>wera (28)</i>	102	XYWAV	40	ZOLINZA	21
<b>WIDE-SEAL DIAPHRAGM</b>		<b>Y</b>		<i>zolmitriptan</i>	26
	92	YAZ (28)	102	<i>zolpidem</i>	41
<i>wixela inh</i>	113	YF-VAX (PF)	88	<i>zonisamide</i>	24
<i>women's gentle laxative(bisac)</i>		<i>yuvafem</i>	93	ZONTIVITY	49
	77	<b>Z</b>		<i>zovia 1-35 (28)</i>	102
<i>wymzya fe</i>	102	zafemy	94	ZTALMY	24
<b>X</b>		zafirlukast	113	<i>zumandimine (28)</i>	102
XALKORI	20	zaleplon	40	ZYDELIG	21
XARELTO	49	zarah	102	ZYLET	106
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