



Express Scripts Medicare (PDP)

2024 Formulary (List of Covered Drugs)

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

Formulary ID Number: 24237, v7

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

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

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

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

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

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

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

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

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

This drug list was updated in August 2023.

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

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

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

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 153. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with “PA” next to them in the formulary.

This drug list was updated in August 2023.

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

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with “QL” next to them in the formulary.
- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with “ST” next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan’s specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at express-scripts.com or contact Customer Service.

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

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

How do I request an appeal?

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

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

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

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

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

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

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

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

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 153.

This drug list was updated in August 2023.

The “Drug Name” column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information in the “Requirements/Limits” column tells you if there are any special requirements for coverage of that particular drug.

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

Your Costs

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

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

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

Drug Tiers

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

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan’s standard benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

This drug list was updated in August 2023.

For more information

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

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

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

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

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

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

List of abbreviations

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA; MO
AMBISOME	4	PA
<i>amphotericin b</i>	3	PA; MO
ANCOBON	4	MO
CANCIDAS	4	
<i>caspofungin</i>	3	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBIA ORAL	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm)</i>	3	PA; MO
<i>intravenous piggyback 200 mg/100 ml</i>		
<i>fluconazole in nacl (iso-osm)</i>	3	PA
<i>intravenous piggyback 400 mg/200 ml</i>		
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	4	MO
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; MO; QL (32 per 30 days)
NOXAFIL ORAL SUSPENSION	4	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAY ED RELEASE (DR/EC)	4	PA; MO; QL (96 per 30 days)
<i>nystatin oral</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension</i>	4	PA; MO; QL (630 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	4	PA; MO; QL (120 per 30 days)
VFEND IV	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
VFEND ORAL TABLET	3	PA; MO
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole intravenous</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	PA; MO
<i>adefovir</i>	3	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	4	MO
<i>atazanavir</i>	3	MO
BARACLUDÉ	4	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMBIVIR	3	MO
COMPLERA	4	MO
<i>darunavir ethanolate</i>	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
EDURANT	4	MO
<i>efavirenz</i>	3	MO
<i>efavirenz-emtricitabin-tenofovir</i>	4	MO
<i>efavirenz-lamivu-tenofovir disop</i>	4	MO
<i>emtricitabine</i>	3	MO
<i>emtricitabine-tenofovir (tdf)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	3	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPZICOM	4	MO
<i>etravirine</i>	4	MO
EVOTAZ	4	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	3	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
GENVOYA	4	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET 100-25 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	4	MO
LIVTENCITY	4	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	4	MO
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL POWDER IN PACKET	3	MO
ODEFSEY	4	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	4	MO
PREVYMIS ORAL	4	PA; MO; QL (30 per 30 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
RELENZA DISKHALER	3	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ritonavir	1	MO
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SITAVIG	3	MO
SOFOSBUVIR- VELPATASVIR	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
STRIBILD	4	MO
SUNLENCA ORAL	4	
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TAMIFLU	3	MO

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

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VIREAD ORAL TABLET 300 MG	4	MO
VOSEVI	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
zidovudine	1	MO
CEPHALOSPORINS		
AVYCAZ	4	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazin injection recon soln 10 gram</i>	3	
<i>cefdinir</i>	1	MO
<i>cefepime injection</i>	3	MO
<i>cefixime</i>	3	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime</i>	3	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
<i>cefuroxime axetil oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
<i>tazicef injection</i>	3	PA; MO
TEFLARO	4	PA; MO
ZERBAXA	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	3	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days)
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	3	MO
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral</i>	3	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
<i>albendazole</i>	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	3	MO
<i>atovaquone-proguanil</i>	3	MO
AZACTAM	3	PA; MO
<i>aztreonam</i>	3	PA; MO
BENZNIDAZOLE	3	MO
BETHKIS	4	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	4	PA; MO; LA; QL (84 per 56 days)
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	3	MO
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	3	PA; MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	3	PA; MO
<i>clindamycin phosphate intravenous</i>	3	PA; MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	3	PA; MO; QL (30 per 10 days)
CUBICIN RF	4	MO

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Drug Name	Drug Tier	Requirements/Limits
DALVANCE	4	PA; MO
dapsone oral	1	MO
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
daptomycin intravenous recon soln 500 mg	4	MO
DARAPRIM	4	PA
EMVERM	4	MO
ertapenem	3	PA; MO; QL (14 per 14 days)
ethambutol	1	MO
FIRVANQ	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	3	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	3	PA
gentamicin injection solution 40 mg/ml	3	PA; MO
HUMATIN	3	MO
hydroxychloroquine	1	MO
imipenem-cilastatin	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO	4	PA; MO
INVANZ INJECTION	3	PA; MO; QL (14 per 14 days)
isoniazid oral	1	MO
ivermectin oral	1	PA; MO; QL (20 per 30 days)
KITABIS PAK	4	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	MO
LAMPIT	3	MO
linezolid in dextrose 5%	3	PA; MO
linezolid oral suspension for reconstitution	4	MO
linezolid oral tablet	3	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	4	MO
meropenem intravenous recon soln 1 gram	3	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	3	PA; MO; QL (10 per 10 days)
metronidazole in nacl (iso-os)	3	PA; MO
metronidazole oral	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	4	PA
SIVEXTRO ORAL	4	MO
SOLOSEC	3	MO
STREPTOMYCIN	4	PA; MO; QL (60 per 30 days)
STROMECTOL	3	PA; MO; QL (20 per 30 days)
tigecycline	4	PA; MO
<i>tinidazole</i>	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER	4	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	4	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECATOR	3	MO
TYGACIL	4	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL	4	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	3	PA; MO	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
ampicillin-sulbactam injection recon soln 15 gram	3	PA	penicillin g potassium injection recon soln 20 million unit	3	PA; MO
AUGMENTIN ES-600	3		penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	3	PA; MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO	penicillin g sodium	3	PA; MO
BICILLIN C-R	2	PA; MO	penicillin v potassium	1	MO
BICILLIN L-A	3	PA; MO	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	3	MO
dicloxacillin	1	MO	piperacillin-tazobactam intravenous recon soln 40.5 gram	3	
nafcillin injection recon soln 1 gram, 2 gram	3	PA; MO	UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
nafcillin injection recon soln 10 gram	4	PA			
oxacillin in dextrose(iso-osm)	3	PA			
oxacillin injection recon soln 1 gram, 10 gram	3	PA			
oxacillin injection recon soln 2 gram	3	PA; MO			

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Drug Name	Drug Tier	Requirements/Limits
UNASYN INJECTION RECON SOLN 3 GRAM	3	PA; MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS	4	PA
BAXDELA ORAL	4	MO
CIPRO ORAL SUSPENSION,MI CROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin oral solution</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	3	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
TETRACYCLINES		
<i>demeocycline</i>	3	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAY ED RELEASE (DR/EC) 50 MG	3	ST; MO
<i>doxy-100</i>	3	PA; MO
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline hyclate oral tablet,delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DOXYCYCLINE HYCLATE ORAL TABLET,DELAY ED RELEASE (DR/EC) 80 MG	4	ST; MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
MINOLIRA ER	3	ST; MO
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
ORACEA	3	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
SEYSARA ORAL TABLET 150 MG	4	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX	3	ST; MO
<i>tetracycline</i>	3	MO
VIBRAMYCIN (CALCIUM)	3	MO
VIBRAMYCIN (MONO)	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
XIMINO	3	ST; MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	MO
MESNEX ORAL	4	MO
XGEVA	4	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
AFINITOR	4	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; MO; QL (330 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA; MO; QL (180 per 30 days)
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	4	PA; QL (30 per 180 days)
ALYMSYS	4	PA; MO
<i>anastrozole</i>	1	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ASTAGRAF XL	3	PA; MO
AYVAKIT	4	PA; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
<i>azathioprine</i>	1	PA; MO
BALVERSA	4	PA; LA
<i>bexarotene</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
bicalutamide	1	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	4	PA; LA; QL (120 per 30 days)
CABOMETYX	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	4	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT ORAL CAPSULE	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
CELLCEPT ORAL TABLET	4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (60 per 30 days)
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide oral capsule	1	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	PA; MO
cyclosporine modified oral capsule	1	PA; MO

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cyclosporine modified oral solution	1	PA	erlotinib oral tablet 25 mg	4	PA; MO; QL (60 per 30 days)
cyclosporine oral capsule	1	PA; MO	everolimus (antineoplastic) oral tablet	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)	everolimus (antineoplastic) oral tablet for suspension 2 mg	4	PA; MO; QL (330 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)	everolimus (antineoplastic) oral tablet for suspension 3 mg	4	PA; MO; QL (240 per 30 days)
DROXIA	2	MO	everolimus (antineoplastic) oral tablet for suspension 5 mg	4	PA; MO; QL (180 per 30 days)
ELIGARD	2	PA; MO	everolimus (immunosuppressive) oral tablet 0.25 mg	3	PA; MO
ELIGARD (3 MONTH)	2	PA; MO	everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	4	PA; MO
ELIGARD (4 MONTH)	2	PA; MO	exemestane	3	MO
ELIGARD (6 MONTH)	2	PA; MO	EXKIVITY	4	PA; LA; QL (120 per 30 days)
EMCYT	4	MO	FARESTON	4	MO
ENSPRYNG	4	PA; MO	FEMARA	3	MO
ENVARSUS XR	3	PA; MO			
ERIVEDGE	4	PA; MO; QL (30 per 30 days)			
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days)			
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days)			
erlotinib oral tablet 100 mg, 150 mg	4	PA; MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
FOTIVDA	4	PA; LA; QL (21 per 28 days)
GAVRETO	4	PA; MO; LA; QL (120 per 30 days)
<i>gefitinib</i>	4	PA; MO; QL (30 per 30 days)
<i>genograf</i>	1	PA; MO
GILOTrif	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE	4	MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG	4	PA; QL (30 per 30 days)
IDHIFA	4	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet</i> 100 mg	4	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet</i> 400 mg	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	1	MO
LEUKERAN	4	MO
LEUPROLIDE (3 MONTH)	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LONSURF	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
LUMAKRAS	4	PA; MO
LUPKYNIS	4	PA; LA; QL (180 per 30 days)
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LYNPARZA	4	PA; MO; QL (120 per 30 days)
LYSODREN	4	
LYTGOBI	4	PA; LA
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL RECON SOLN	4	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
MVASI	4	PA; MO
MYCAPSSA	4	PA; LA
<i>mycophenolate mofetil oral capsule</i>	1	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	PA; MO
<i>mycophenolate sodium</i>	3	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	4	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON	4	PA; MO
<i>nilutamide</i>	4	PA; MO
NINLARO	4	PA; MO; QL (3 per 28 days)
NUBEQA	4	PA; MO; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG	4	PA
ONUREG	4	PA; MO; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days)	RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
PEMAZYRE	4	PA; LA; QL (14 per 21 days)	REVLIMID	4	PA; MO; LA; QL (28 per 28 days)
PIQRAY	4	PA; MO	REZLIDHIA	4	PA; QL (60 per 30 days)
POMALYST	4	PA; MO; LA	REZUROCK	4	PA; LA; QL (30 per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO	RIABNI	4	PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO	ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
PROGRAF ORAL GRANULES IN PACKET	3	PA; MO	ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
PURIXAN	4		RUBRACA	4	PA; MO; LA; QL (120 per 30 days)
QINLOCK	4	PA; LA; QL (90 per 30 days)	RUXIENCE	4	PA; MO
RAPAMUNE ORAL SOLUTION	4	PA; MO	RYDAPT	4	PA; MO; QL (224 per 28 days)
RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO	SANDIMMUNE ORAL	3	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	PA; MO	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 20 MG	4	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; MO; QL (300 per 30 days)
SIGNIFOR	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO
SIKLOS ORAL TABLET 100 MG	3	MO
<i>sirolimus oral solution</i>	4	PA; MO
<i>sirolimus oral tablet</i>	3	PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	4	PA; MO
<i>sorafenib</i>	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SUTENT	4	PA; MO; QL (30 per 30 days)
SYNRIBO	4	PA
TABLOID	3	MO
TABRECTA	4	PA; MO
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; MO; QL (840 per 28 days)
TAGRISSO	4	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARGETIN	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK	4	PA; LA
TEPMETKO	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (56 per 28 days)	VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
TIBSOVO	4	PA	VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 180 days)
<i>toremifene</i>	4	MO	VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
TRAZIMERA	4	PA; MO	VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 per 28 days)
TRELSTAR INTRAMUSCUL AR SUSPENSION FOR RECONSTITUTI ON	3	PA; MO	VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 28 days)
<i>tretinoi</i> n (antineoplastic)	4	MO	VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
TREXALL	3	PA; MO	VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)	VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)	VIZIMPRO	4	PA; MO; QL (30 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 per 30 days)	VONJO	4	PA; QL (120 per 30 days)
TYKERB	4	PA; MO; LA; QL (180 per 30 days)	VOTRIENT	4	PA; MO; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)			
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 per 30 days)			

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WELIREG	4	PA; LA
XALKORI	4	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	4	PA; LA; QL (84 per 28 days)
XOSPATA	4	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
YONSA	4	PA; MO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE	4	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZIRABEV	4	PA; MO
ZOLINZA	4	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	3	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	4	PA; MO
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA	4	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	4	PA; MO
BRIVIACT INTRAVENOUS	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	4	PA; LA
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal</i>	3	MO	FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
DILANTIN 30 MG	3	MO	FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days)
DILANTIN EXTENDED 100 MG	3	MO	<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
DILANTIN INFATABS 50 MG	3	MO	<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
DILANTIN-125 125 MG/5 ML	3	MO	<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>divalproex</i>	1	MO	<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
EPIDIOLEX	4	PA; MO; LA	<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>epitol</i>	1	MO	GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
EPRONTIA	3	PA; MO	GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)
EQUETRO	3	MO	GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
<i>ethosuximide</i>	1	MO			
<i>felbamate oral suspension</i>	4	MO			
<i>felbamate oral tablet</i>	3	MO			
FELBATOL	4	MO			
FINTEPLA	4	PA; LA; QL (360 per 30 days)			
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)			
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
<i>lacosamide oral solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	3	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	3	MO
<i>lamotrigine oral tablets,dose pack</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>methsuximide</i>	3	MO
MYSOLINE	4	MO
NAYZILAM	4	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	1	MO
OXTELLAR XR	3	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	4	PA; MO
<i>rufinamide oral tablet 200 mg</i>	3	PA; MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO
SABRIL	4	PA; MO; LA
SPRITAM	3	MO
subvenite	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	3	MO
TOPAMAX	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	4	PA; MO
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTE NDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTE NDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VALTOCO	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; MO; LA
<i>vigadronate oral powder in packet</i>	4	PA; LA
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	MO; QL (28 per 180 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide</i>	1	PA; MO
ZTALMY	4	PA; LA; QL (1080 per 30 days)
ANTIPARKINS ONISM AGENTS		
APOKYN	4	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	4	PA; QL (90 per 30 days)
AZILECT	3	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	3	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	3	MO
COMTAN	3	MO
DHIVY	3	MO
DUOPA	4	PA; MO
<i>entacapone</i>	3	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)
LODOSYN	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
NOURIANZ	4	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 193 MG	3	PA; QL (30 per 30 days)
PARLODEL	3	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
RYTARY	3	MO
<i>selegiline hcl</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
FROVA	3	MO; QL (27 per 28 days)
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	3	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)

**MISCELLANEOUS
NEUROLOGICAL THERAPY**

ADLARITY	3	MO
AMPYRA	4	PA; MO; LA; QL (60 per 30 days)
ARICEPT	3	MO
AUBAGIO	4	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; LA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; MO; LA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; MO; LA; QL (240 per 30 days)
BAFIERTAM	4	PA; MO; QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg</i>	4	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 240 mg</i>	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
EVRYSDI	4	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	3	MO
<i>fingolimod</i>	4	PA; MO; QL (30 per 30 days)
FIRDAPSE	4	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	3	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	4	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	4	PA; LA; QL (28 per 180 days)
KESIMPTA PEN	4	PA; MO; QL (1.6 per 28 days)
KEVEYIS	4	PA
MAVENCLAD (10 TABLET PACK)	4	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	4	PA; MO; LA; QL (16 per 720 days)

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (5 TABLET PACK)	4	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	4	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	4	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	4	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	4	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	4	PA; MO
PONVORY	4	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	4	PA; MO; QL (14 per 180 days)
RADICAVA ORS	4	PA; MO
RADICAVA ORS STARTER KIT SUSP	4	PA; MO
RELYVRI	4	PA; MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	1	MO
SKYCLARYS	4	PA; LA
TASCENO ODT	4	MO

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TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (14 per 30 days)	XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days)	ZEPOSIA	4	PA; MO; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days)	ZEPOSIA STARTER PACK (7-DAY)	4	PA; MO; QL (7 per 180 days)
TEGSEDI	4	PA; MO; LA	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>teriflunomide</i>	4	PA; MO; QL (30 per 30 days)	<i>baclofen oral suspension</i>	4	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)	<i>baclofen oral tablet</i>	1	MO
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA; MO
VUMERTY	4	PA; MO; QL (120 per 30 days)	<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA; MO
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)	DANTRIUM ORAL CAPSULE 25 MG	3	MO

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LYVISPAH ORAL GRANULES IN PACKET 20 MG	4	MO
MESTINON ORAL	4	MO
MESTINON TIMESPAN	4	MO
<i>pyridostigmine bromide oral syrup</i>	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
tizanidine	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	3	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate</i>	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
<i>endocet</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 per 30 days)	<i>hydrocodone bitartrate, oral only, ext. rel.</i> 24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; MO; QL (60 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG	4	PA; MO; QL (120 per 30 days)	<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
<i>fentanyl transdermal patch</i> 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; MO; QL (10 per 30 days)	<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
<i>fentanyl transdermal patch</i> 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	1	PA; MO; QL (10 per 30 days)	<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
FENTORA	4	PA; MO; QL (120 per 30 days)	<i>hydrocodone-ibuprofen</i>	1	MO; QL (50 per 30 days)
<i>hydrocodone bitartrate, oral only, er</i> 12hr	1	PA; MO; QL (90 per 30 days)	<i>hydromorphone (pf) injection solution</i> 10 (mg/ml) (5 ml)	3	
<i>hydrocodone bitartrate, oral only, ext. rel.</i> 24 hr 100 mg, 120 mg	4	PA; MO; QL (60 per 30 days)	<i>hydromorphone (pf) injection solution</i> 10 mg/ml	3	MO
			<i>hydromorphone oral liquid</i>	3	MO; QL (2400 per 30 days)
			<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
			<i>hydromorphone oral tablet extended release</i> 24 hr	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
<i>levorphanol tartrate</i>	4	MO; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral capsule, extend.releas e pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
NALOCET	3	MO; QL (390 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)	OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)	<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)	<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG	3	PA; QL (90 per 30 days)	<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (1860 per 30 days)	PERCOSET	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	QL (390 per 30 days)	PROLATE ORAL SOLUTION	4	MO; QL (2000 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)	<i>prolate oral tablet</i>	1	MO; QL (390 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)	ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
			ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	QL (180 per 30 days)
			ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)
			SEGLENTIS	3	ST; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TREZIX	3	MO; QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol nasal</i>	3	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
<i>celecoxib</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
DICLOFENAC EPOLAMINE	3	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	1	MO
<i>diclofenac potassium oral powder in packet</i>	1	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	4	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	3	MO
<i>diflunisal</i>	1	MO
DUEXIS	3	ST; MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
FELDENE	3	ST; MO
<i>fenoprofen oral capsule 400 mg</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-famotidine</i>	1	
INDOCIN RECTAL	4	MO
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
KETOROLAC NASAL	3	ST
KLOXXADO	3	MO

Drug Name	Drug Tier	Requirements/Limits
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
<i>lofena</i>	4	MO
LUCEMYRA	4	PA; MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
NAPRELAN CR	3	ST; MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/lec) 375 mg</i>	1	MO

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naproxen oral tablet, delayed release (dr/ec) 500 mg	1		SUBOXONE	3	MO; QL (60 per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	1	MO	SUBLINGUAL FILM 12-3 MG		
naproxen sodium oral tablet, er multiphase 24 hr	1	MO	SUBOXONE	3	MO; QL (360 per 30 days)
naproxen-esomeprazole	4	MO	SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
NARCAN	3	MO	sulindac	1	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)	TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)	TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)	TRAMADOL ORAL SOLUTION	4	QL (2400 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)	TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
oxaprozin	3	MO	tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; MO; QL (224 per 28 days)	tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
piroxicam	1	MO	tramadol oral tablet, er multiphase 24 hr	1	PA; MO; QL (30 per 30 days)
RELAFEN DS	4	ST; MO			
SPRIX	4	ST			

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIMOVO	4	ST; MO
VIVITROL	4	MO
ZIMHI	3	
ZIPSOR	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	MO; QL (3.2 per 56 days)

Drug Name	Drug Tier	Requirements/Limits
ABILITY MAINTENA	4	MO; QL (1 per 28 days)
ABILITY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	QL (30 per 30 days)
ABILITY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	4	QL (30 per 30 days)
ABILITY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine sulfate</i>	1	PA; MO	ARISTADA INTRAMUSCUL AR SUSPENSION,EX TENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days)
ANAFRANIL	3	MO	ARISTADA INTRAMUSCUL AR SUSPENSION,EX TENDED REL SYRING 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
APLENZIN	4	MO; QL (30 per 30 days)	<i>armodafinil</i>	3	PA; MO; QL (30 per 30 days)
APTENSIO XR	3	ST; MO	<i>asenapine maleate</i>	3	MO; QL (60 per 30 days)
<i>aripiprazole oral solution</i>	3	MO	ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)	ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	3	MO; QL (60 per 30 days)	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
ARISTADA INITIO	4	MO; QL (4.8 per 365 days)	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
ARISTADA INTRAMUSCUL AR SUSPENSION,EX TENDED REL SYRING 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days)	AUVELITY	4	ST; MO; QL (60 per 30 days)
ARISTADA INTRAMUSCUL AR SUSPENSION,EX TENDED REL SYRING 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days)	AZSTARYS	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
BELSOMRA	3	PA; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained- release 12 hr</i>	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	3	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	3	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate</i>	1	PA; MO;
<i>dipotassium oral tablet 15 mg</i>		QL (180 per 30 days)
<i>clorazepate</i>	1	PA; MO;
<i>dipotassium oral tablet 3.75 mg</i>		QL (90 per 30 days)
<i>clorazepate</i>	1	PA; MO;
<i>dipotassium oral tablet 7.5 mg</i>		QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	3	
CLOZARIL ORAL TABLET 100 MG	4	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	3	
CONCERTA	3	ST; MO
COTEMPLA XR- ODT	3	ST; MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	ST; MO
DAYVIGO	3	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST; MO
<i>dexamethylphenidate</i>	1	MO
<i>dextroamphetamine sulfate</i>	1	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release (dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
DYANAVEL XR	3	ST; MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	4	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	3	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
EVEKEO ODT	3	PA; MO
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED REL 24HR DOSE PACK	2	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	1	MO; QL (30 per 30 days)
<i>fluphenazine decanoate</i>	3	MO
<i>fluphenazine hcl</i>	3	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	3	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)	HETLIOZ	4	PA; MO; QL (30 per 30 days)
FOCALIN	3	MO	HETLIOZ LQ	4	PA; MO; QL (158 per 30 days)
FOCALIN XR	3	ST; MO	<i>imipramine hcl</i>	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)	<i>imipramine pamoate</i>	3	MO
GEODON INTRAMUSCULAR	3	MO	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (3.5 per 180 days)
GEODON ORAL CAPSULE 20 MG	3	MO; QL (60 per 30 days)	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; QL (5 per 180 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	MO; QL (60 per 30 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	MO; QL (30 per 30 days)
HALDOL DECANOATE	3	MO	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO	INVEGA SUSPENSION INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	3				
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	MO			
<i>haloperidol lactate injection</i>	3	MO			
<i>haloperidol lactate oral</i>	1	MO			

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INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)	JORNAY PM	3	ST; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)	KAPVAY	3	ST; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)	LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)	LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)	<i>lithium carbonate</i>	1	MO
			LITHOBID	3	MO
			<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
			<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
			<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
			LOREEV XR ORAL CAPSULE, EXTED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LOREEV XR ORAL CAPSULE,EXTE NDED RELEASE 24HR 2 MG	3	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTE NDED RELEASE 24HR 3 MG	3	PA; MO; QL (90 per 30 days)
<i>loxapine succinate</i>	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
LYBALVI	4	ST; MO; QL (30 per 30 days)
MARPLAN	3	MO
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate</i>	1	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40- 60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO
METHYLPHENI DATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone</i>	3	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
<i>nefazodone</i>	3	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	3	MO; QL (30 per 30 days)
<i>olanzapine- fluoxetine</i>	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sy m)</i>	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	3	MO
PERSERIS	4	MO; QL (1 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	3	MO

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PRISTIQ	3	MO; QL (30 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>procentra</i>	1	MO	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>protriptyline</i>	3	MO	<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
PROVIGIL ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)	QUILLICHEW ER	3	ST; MO
PROVIGIL ORAL TABLET 200 MG	4	PA; MO; QL (60 per 30 days)	QUILLIVANT XR	3	ST; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)	QUVIVIQ	3	PA; MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QL (90 per 30 days)	<i>ramelteon</i>	1	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)	RELEXXII	3	ST; MO
QELBREE ORAL CAPSULE, EXTE NDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)	REMERON ORAL TABLET 15 MG, 30 MG	3	MO
QELBREE ORAL CAPSULE, EXTE NDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)	REMERON SOLTAB	3	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)	REXULTI	3	MO; QL (30 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)			

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	3	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML</i>	4	MO; QL (0.28 per 28 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML</i>	4	MO; QL (0.35 per 28 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML</i>	4	MO; QL (0.42 per 56 days)
<i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML</i>	4	MO; QL (0.56 per 56 days)

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UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	MO; QL (0.7 per 56 days)	<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	MO; QL (0.14 per 28 days)	VERSACLOZ	4	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	MO; QL (0.21 per 28 days)	VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VENLAFAKINE BESYLATE	3	MO; QL (30 per 30 days)	<i>vilazodone</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)	VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)	VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 180 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)	VYVANSE	3	ST; MO
			WAKIX	4	PA; MO; LA; QL (60 per 30 days)
			WELLBUTRIN SR	3	MO; QL (60 per 30 days)
			WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)

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WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XELSTRYM	3	ST; MO
XYREM	4	PA; LA; QL (540 per 30 days)
XYWAV	4	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	3	MO
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	1	MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg	1	MO
amiodarone oral tablet 400 mg	1	
BETAPACE AF	3	MO
dofetilide	3	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone oral capsule, extended release 12 hr	3	MO
propafenone oral tablet	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sotalol af	1	
sotalol oral	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
ALDACTAZIDE ORAL TABLET 25-25 MG	3	MO
ALDACTONE	3	MO
aliskiren	3	MO
ALTACE	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO

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AZOR	3	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
<i>betaxolol oral</i>	1	MO
BIDIL	3	MO; QL (180 per 30 days)
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	3	MO
candesartan	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
captopril	1	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	3	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
CONJUPRI	3	MO
COREG CR	3	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	MO
COZAAR	3	ST; MO
DEMSER	4	PA; MO
DIBENZYLINE	4	PA; MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECIN	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>ethacrynic acid</i>	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FUROSCIX	4	ST

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

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Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR ORAL	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tar-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	4	PA; MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	3	MO
<i>nebivolol</i>	1	MO
<i>nicardipine oral</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril</i>	1	MO
<i>erbumine</i>		
<i>phenoxybenzamine</i>	4	PA; MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
PROCARDIA XL	3	MO
<i>propranolol oral</i>	1	MO
QBRELIS	3	MO
<i>quinapril</i>	1	MO
<i>ramipril</i>	1	MO
SOAANZ	3	ST; MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
<i>taztia xt</i>	1	MO
TEKTURNA	3	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amldipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
THALITONE	3	MO
<i>tiadylt er</i>	1	MO
TIAZAC	3	MO
<i>timolol maleate oral</i>	3	MO
TOPROL XL	3	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	4	PA; MO; LA
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI ORAL	4	PA; MO; LA
VALSARTAN ORAL SOLUTION	4	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ZIAC	3	MO
COAGULATION THERAPY		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
aspirin-dipyridamole	3	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	4	PA; LA
cilostazol	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	3	MO
dipyridamole oral	3	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA
DOPTELET (15 TAB PACK)	4	PA; MO; LA
DOPTELET (30 TAB PACK)	4	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	MO

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FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO	LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO	MULPLETA <i>pentoxifylline</i>	4	PA; MO
<i>heparin (porcine) injection solution</i>	1	MO	PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
jantoven	1	MO	PRADAXA ORAL CAPSULE	3	PA; MO
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)	PRADAXA ORAL PELLETS IN PACKET	4	PA
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)	<i>prasugrel</i>	1	MO
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)	PROMACTA	4	PA; MO; LA
LIPID/CHOLESTEROL LOWERING AGENTS					
ALTOPREV					
4 ST; MO; QL (30 per 30 days)					

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 90 MG	3	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam</i>	3	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol oral packet</i>	3	MO
<i>colestipol oral tablet</i>	3	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	MO
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid (choline)</i>	3	MO
FENOGLIDE	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	3	ST; MO; QL (30 per 30 days)
LOPID	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR	3	MO
<i>omega-3 acid ethyl esters</i>	1	MO
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT	3	MO
QUESTRAN ORAL POWDER	3	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
ROSZET	3	ST; MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA	3	ST; MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZY SPRINKLE	3	MO
CAMZYOS	4	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digoxin oral</i>	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
FILSPARI	4	PA; MO; QL (30 per 30 days)
LANOXIN ORAL	3	MO
<i>ranolazine</i>	1	MO
VECAMYL	4	
VERQUVO	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX	4	PA; MO
VYNDAQEL	3	PA; MO
NITRATES		
ISORDIL	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	3	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATI C / ANTISEBORRH EIC		
<i>acitretin</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	3	
COSENTYX (2 SYRINGES)	4	PA; MO; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)
ENSTILAR	4	MO; QL (400 per 30 days)
ILUMYA	4	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
SILIQ	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
SORILUX	3	MO; QL (120 per 30 days)
SOTYKTU	4	PA; MO
STELARA INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TACLONEX	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	4	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA	4	PA; MO; QL (2 per 28 days)
VECTICAL	3	
VTAMA	4	PA; MO
ZORYVE	3	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
CARAC	4	MO
CIBINQO	4	PA; MO; QL (30 per 30 days)
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
HYFTOR	4	PA
<i>imiquimod topical cream in metered-dose pump</i>	4	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	4	MO
OPZELURA	4	PA; MO; QL (240 per 28 days)
PANRETIN	4	PA; MO
<i>pimecrolimus</i>	3	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	PA; QL (30 per 30 days)
<i>podofilox</i>	1	MO
<i>prodoxin</i>	1	MO; QL (45 per 30 days)
REGRANEX	4	MO; QL (15 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SANTYL	2	MO; QL (180 per 30 days)
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
VALCHLOR	4	PA; MO
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO
THERAPY FOR ACNE		
ABSORICA	4	
ABSORICA LD	4	
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane</i>	3	
ACZONE	3	MO
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel 0.3 %</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adapalene topical swab</i>	1	PA	<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>adapalene-benzoyl peroxide</i>	1	PA; MO	<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
AKLIEF	3	PA; MO	<i>clindamycin phosphate topical swab</i>	1	MO; QL (60 per 30 days)
ALTRENO	3	PA; MO	<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>amnesteem</i>	3		<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	MO
AMZEEQ	3	MO	<i>clindamycin-tretinoin</i>	1	PA; MO
ARAZLO	3	PA; MO	<i>dapsone topical</i>	1	MO
ATRALIN	3	PA; MO	DIFFERIN TOPICAL CREAM	3	PA; MO
<i>avita topical cream</i>	3	PA; MO	DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
<i>azelaic acid</i>	3	MO	DIFFERIN TOPICAL LOTION	3	PA; MO
AZELEX	3	MO	EPIDUO FORTE	3	PA; MO
BENZAMYCIN	3	MO	EPIDUO TOPICAL GEL WITH PUMP	3	PA
<i>brimonidine topical</i>	1	PA; MO	EPSOLAY	3	ST; MO
<i>claravis</i>	3		<i>ery pads</i>	1	MO
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)	<i>erygel</i>	1	MO
<i>clindacin</i>	1	QL (100 per 30 days)	<i>erythromycin with ethanol topical gel</i>	1	MO
<i>clindacin etz topical swab</i>	1	MO; QL (69 per 30 days)			
CLINDAGEL	4	MO; QL (150 per 30 days)			
<i>clindamycin phosphate topical foam</i>	1	QL (100 per 30 days)			
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
FABIOR	3	PA; MO
FINACEA	3	ST; MO
<i>isotretinoin</i>	3	
<i>ivermectin topical cream</i>	1	MO; QL (60 per 30 days)
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
MIRVASO	3	PA; MO
<i>neuac</i>	1	MO
NORITATE	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO; QL (60 per 30 days)
<i>tazarotene topical cream</i>	3	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	3	PA; MO
TAZORAC	3	PA; MO
<i>tretinoin microspheres topical gel</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
TWYNEO	3	PA; MO
VELTIN	3	PA
WINLEVI	3	PA; MO
<i>zenatane</i>	3	
ZIANA	3	PA
ZILXI	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIA LS		
ALTABAX	3	MO; QL (30 per 30 days)
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
KLARON	3	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	3	MO
SULFAMYLYON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole</i>	3	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXELDERM	3	MO; QL (60 per 28 days)
JUBLIA	3	MO; QL (8 per 30 days)
KERYDIN	3	MO; QL (10 per 30 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	MO; QL (100 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
<i>naftifine topical gel 2%</i>	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)
oxiconazole	1	MO; QL (90 per 28 days)
OXISTAT TOPICAL CREAM	3	QL (90 per 28 days)
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)
<i>tavaborole</i>	1	MO; QL (10 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO; QL (5 per 30 days)
<i>penciclovir</i>	3	MO; QL (5 per 30 days)
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTER OIDS		
<i>ala-cort topical cream 1%</i>	1	MO
<i>ala-cort topical cream 2.5%</i>	1	
ALA-SCALP	3	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>apexicon e</i>	1	MO; QL (120 per 30 days)
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	3	MO
CAPEX	3	MO
<i>clobetasol scalp</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON- AEROSOL	3	MO; QL (125 per 28 days)
<i>clocortolone pivalate</i>	1	MO
<i>clodan</i>	3	MO; QL (236 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLODERM	3	MO	<i>fluocinonide topical cream 0.05 %</i>	3	MO; QL (120 per 30 days)
CORDRAN TAPE LARGE ROLL	3	MO	<i>fluocinonide topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
CORDRAN TOPICAL CREAM 0.05 %	3	MO; QL (120 per 30 days)	<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)	<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
DERMA-SMOOTH/FS SCALP OIL	3	MO	<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>desonide</i>	3	MO	<i>fluocinonide-emollient</i>	3	MO; QL (120 per 30 days)
DESOWEN TOPICAL CREAM	3		<i>flurandrenolide topical cream</i>	1	MO; QL (120 per 30 days)
<i>desoximetasone</i>	1	MO	<i>flurandrenolide topical lotion</i>	1	MO; QL (120 per 30 days)
<i>desrx</i>	3	MO	<i>fluticasone propionate topical</i>	1	MO
<i>diflorasone</i>	1	MO; QL (120 per 30 days)	<i>halcinonide</i>	1	MO
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO	<i>halobetasol propionate topical cream</i>	3	MO
DUOBRII	3	MO; QL (200 per 30 days)	HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
<i>fluocinolone and shower cap</i>	3	MO	<i>halobetasol propionate topical ointment</i>	3	MO
<i>fluocinolone topical cream</i>	3	MO			
<i>fluocinolone topical ointment</i>	3	MO			
<i>fluocinolone topical solution</i>	3	MO			

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Drug Name	Drug Tier	Requirements/Limits
HALOG	3	MO
<i>hydrocortisone butyrate topical cream</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	1	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
IMPEKLO	3	MO; QL (136 per 28 days)
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
<i>mometasone topical</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL SOLUTION	3	MO
TEXACORT	3	MO
TOPICORT TOPICAL CREAM	3	MO
TOPICORT TOPICAL GEL	3	MO
TOPICORT TOPICAL OINTMENT 0.05 %	3	MO
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	MO
<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment</i>	1	MO
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	MO
<i>tritocin</i>	1	
ULTRAVATE TOPICAL LOTION	4	MO
VANOS	4	MO; QL (120 per 30 days)
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	MO
<i>malathion</i>	3	MO
NATROBA	3	MO
OVIDE	3	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>spinosad</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC S / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	MO
AGRYLIN	3	MO
<i>anagrelide</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA
AURYXIA	4	PA; MO
BUPHENYL	4	PA
CARBAGLU	4	PA; MO; LA
<i>carglumic acid</i>	4	PA
CARNITOR ORAL	3	MO
<i>cevimeline</i>	3	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
CUVRIOR	4	PA; LA
<i>d10 %-0.45 % sodium chloride</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>d2.5 %-0.45 % sodium chloride</i>	3	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>deferasirox oral granules in packet</i>	4	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA; MO
<i>deferasirox oral tablet 90 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	4	PA; MO
<i>deferiprone</i>	4	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ENDARI	4	PA; MO
EVOXAC	3	MO
EXJADE	4	PA; MO; LA
EXSERVAN	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET 500 MG	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GLASSIA	4	PA; MO; LA
INCRELEX	4	MO; LA

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Drug Name	Drug Tier	Requirements/Limits
JADENU	4	PA; MO
JADENU SPRINKLE	4	PA; MO
<i>lanthanum oral tablet, chewable 1,000 mg</i>	1	MO; QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	1	MO; QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	1	MO; QL (180 per 30 days)
<i>levocarnitine (with sugar)</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LITHOSTAT	3	
LOKELMA	2	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	4	PA; MO
NITYR	3	PA; MO; LA
NORTHERA	4	PA; MO
ORFADIN	4	PA; LA
OXBRYTA ORAL TABLET 300 MG	4	PA; MO; LA; QL (150 per 30 days)
OXBRYTA ORAL TABLET 500 MG	4	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PHEBURANE	4	PA; MO
<i>pilocarpine hcl oral</i>	3	MO
PROLASTIN-C	4	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 180 days)
RAVICTI	4	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
RENELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; QL (180 per 30 days)
RENELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; QL (90 per 30 days)
RENELA ORAL TABLET	4	MO; QL (270 per 30 days)
REVCOVI	4	PA; LA
RILUTEK	4	PA; MO
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate oral powder in packet 0.8 gram	1	MO; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	3	MO; QL (270 per 30 days)
sevelamer hcl	1	MO
sodium chloride 0.9 % intravenous piggyback	3	MO
sodium chloride irrigation	3	MO
sodium phenylbutyrate oral powder	4	PA; MO
sodium phenylbutyrate oral tablet	4	PA
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	4	PA; MO
TAVNEOS	4	PA; LA; QL (180 per 30 days)
THIOLA	4	PA
THIOLA EC	4	PA
TIGLUTIK	4	PA

Drug Name	Drug Tier	Requirements/Limits
tiopronin	4	PA; MO
trientine	4	PA; MO
VELPHORO	4	MO; QL (180 per 30 days)
VELTASSA	2	MO
XURIDEN	4	PA
ZEMAIRA	4	PA; MO; LA
ZOKINVY	4	PA; LA; QL (120 per 30 days)

SMOKING DETERRENTS

bupropion hcl (smoking deter)	1	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
varenicline	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

azelastine nasal aerosol,spray	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>periogard</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS		
<i>US OTIC PREPARATIONS</i>		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
<i>DERMOTIC OIL</i>	3	MO
<i>flac otic oil</i>	3	MO
<i>fluocinolone acetonide oil</i>	3	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>CIPRO HC</i>	3	MO
<i>CIPRODEX</i>	3	MO; QL (7.5 per 7 days)
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
<i>CIPROFLOXACIN</i>	3	MO
<i>N-FLUOCINOLONE</i>		
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
<i>OTOVEL</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>ACTHAR</i>	4	PA; MO
<i>ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG</i>	3	
<i>ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG</i>	4	
<i>CORTEF</i>	3	MO
<i>CORTROPHIN GEL</i>	4	PA; MO
<i>dexabliss</i>	1	
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	1	MO
<i>EMFLAZA</i>	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone</i>	1	MO
HEMADY	3	MO
<i>hydrocortisone oral</i>	1	MO
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	PA; MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>millipred oral tablet</i>	1	PA; MO
ORAPRED ODT	3	PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	PA; MO
<i>prednisone intensol</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
RAYOS	4	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	3	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	3	
TARPEYO	4	PA; QL (120 per 30 days)

ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO

DIABETES THERAPY

<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)	BASAGLAR TEMPO PEN(U-100)INSLN	3	ST; MO
ACTOS	3	MO; QL (30 per 30 days)	BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
ADMELOG U-100 INSULIN LISPRO	3	PA; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
AFREZZA	3	MO	CYCLOSET	3	MO; QL (180 per 30 days)
<i>alcohol pads</i>	1		<i>diazoxide</i>	3	MO
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)	DROPSAFE ALCOHOL PREP PADS	2	MO
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)	DUETACT	3	MO; QL (30 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)	FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO	FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
APIDRA U-100 INSULIN	3	PA; MO	FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
BAQSIMI	2	MO			
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO			

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Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	PA; MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT (HUMAN)	3	ST; MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTIO N 24 HR 1,000 MG	4	ST; MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTIO N 24 HR 500 MG	4	ST; MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOOPEN 2- PACK	2	MO
GVOKE PFS 1- PACK SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN U-100	2	MO	HUMULIN N NPH U-100 INSULIN	2	MO
HUMALOG KWIKPEN INSULIN	2	MO	HUMULIN R REGULAR U-100 INSULIN	2	MO
HUMALOG MIX 50-50 INSULIN U-100	2	MO	HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO	HUMULIN R U-500 (CONC) KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO	INSULIN ASP PRT-INSULIN ASPART	3	ST; MO
HUMALOG MIX 75-25(U-100)INSULIN	2	MO	INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST; MO
HUMALOG TEMPO PEN(U-100)INSULIN	3	ST; MO	INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO	INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	PA; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	PA; MO	INSULIN DEGLUDEC	3	ST; MO
HUMULIN 70/30 U-100 INSULIN	2	MO	INSULIN GLARGINE	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO	INSULIN GLARGINE-YFGN	3	ST; MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO	INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO	JARDIANCE	2	MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST; MO	JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	2	MO; QL (60 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	PA; MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET	3	ST; MO; QL (60 per 30 days)	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)	KAZANO	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	ST; MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	2	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)	LANTUS U-100 INSULIN	2	MO
JANUVIA	2	MO; QL (30 per 30 days)			

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

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U100 INSULIN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	PA; MO
ONGLYZA	3	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days)
<i>javygtor oral powder in packet 100 mg</i>	1	PA; MO
<i>javygtor oral powder in packet 500 mg</i>	4	PA; MO
<i>javygtor oral tablet,soluble</i>	4	PA; MO
JYNARQUE	4	PA; LA
KORLYM	4	PA
KUVAN	4	PA; MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
<i>miglustat</i>	4	PA; MO; LA
MYALEPT	4	PA; MO; LA
NATESTO	3	PA; MO; QL (21.96 per 30 days)
NATPARA	4	PA; LA
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
ORILISSA	4	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol oral</i>	3	MO
RAYALDEE	4	MO
RECORLEV	4	PA
ROCALTROL ORAL CAPSULE	3	MO
ROCALTROL ORAL SOLUTION	3	
SAMSCA	4	PA; MO
<i>sapropterin</i>	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO
SOMAVERT	4	PA; MO
SYNAREL	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TESTIM	3	PA; MO; QL (300 per 30 days)	<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 %</i> <i>(20.25 mg/1.25</i> <i>gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>100 mg/ml, 200</i> <i>mg/ml</i>	1	PA; MO	<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 % (40.5</i> <i>mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>200 mg/ml (1 ml)</i>	1	PA	<i>testosterone</i> <i>transdermal solution</i> <i>in metered pump</i> <i>w/app</i>	3	PA; MO; QL (180 per 30 days)
<i>testosterone</i> <i>enanthate</i>	1	PA; MO	TLANDO	3	PA; MO; QL (120 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>10 mg/0.5 gram</i> <i>/actuation</i>	3	PA; MO; QL (120 per 30 days)	<i>tolvaptan</i>	4	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)	VOGELXO TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>20.25 mg/1.25 gram</i> <i>(1.62 %)</i>	3	PA; MO; QL (150 per 30 days)	VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1 % (25</i> <i>mg/2.5gram), 1 %</i> <i>(50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)	VOXZOGO	4	PA; MO
			XYOSTED	3	PA; MO; QL (2 per 28 days)
			ZAVESCA	4	PA; MO; LA
			ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
THYROID HORMONES		
CYTOMEL	3	MO
ERMEZA	3	MO
euthyrox	1	MO
LEVOTHYROXINE ORAL CAPSULE	3	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	1	MO
SYNTHROID	3	ST; MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
UVPOSA	3	MO
DARTISLA	3	MO
<i>dicyclomine oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
GLYCATE	3	MO
<i>glycopyrrolate oral solution</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
ROBINUL FORTE	3	MO
ROBINUL ORAL	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	3	PA; MO
<i>alosetron oral tablet 1 mg</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
AMITIZA	3	ST; MO; QL (60 per 30 days)
ANTIVERT ORAL TABLET 50 MG	3	MO
ANTIVERT ORAL TABLET,CHEWA BLE	3	MO
ANUSOL-HC TOPICAL	3	MO
ANZEMET ORAL TABLET 50 MG	3	PA; MO
<i>aprepitant</i>	3	PA; MO
APRISO	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	4	MO
BONJESTA	3	MO
<i>budesonide oral capsule,delayed,exte nd.release</i>	3	MO
<i>budesonide oral tablet,delayed and ext.release</i>	4	MO
<i>budesonide rectal</i>	1	MO
BYLVAY	4	PA; MO; LA
CANASA	3	MO
CHENODAL	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA	4	PA; MO; QL (2 per 28 days)
CIMZIA	4	PA; MO; QL (2 per 28 days)
CLENPIQ	3	ST; MO
COLAZAL	4	MO
<i>compro</i>	3	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	3	MO
CYSTADANE	4	
DELZICOL	3	MO
DICLEGIS	3	MO
DIPENTUM	4	MO
<i>doxylamine- pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	3	PA; MO
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
<i>enulose</i>	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	MO
GIMOTI	4	
GOLYTELY	3	ST; MO
<i>granisetron hcl oral</i>	1	PA; MO
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
IBSRELA	4	ST; MO; QL (60 per 30 days)
INFLECTRA	4	PA; MO; QL (20 per 28 days)
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LIVMARLI	4	PA; LA
LOTRONEX	4	PA; MO
<i>lubiprostone</i>	3	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (dr/rec)</i>	3	MO
<i>mesalamine rectal</i>	3	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO

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<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	1	MO	PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	4	ST; MO
MOTEGRITY	3	ST; MO; QL (30 per 30 days)	peg 3350- electrolytes	1	MO
MOVANTIK	2	MO; QL (30 per 30 days)	peg3350-sod sul- nacl-kcl-asb-c	3	MO
MOVIPREP	3	ST; MO	peg-electrolyte	1	MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
<i>ondansetron</i>	1	PA; MO	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
<i>ondansetron hcl oral solution</i>	3	PA; MO	PERTZYE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO	PERTZYE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	4	ST; MO
OSMOPREP	3	ST; MO			
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	3	ST; MO			

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Drug Name	Drug Tier	Requirements/Limits
PLENVU	3	ST; MO
<i>prochlorperazine</i>	3	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>protozone-hc</i>	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	4	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	MO; QL (12 per 30 days)
RELTONE	4	
REMICADE	4	PA; MO; QL (20 per 28 days)
RENFLEXIS	4	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	MO
<i>scopolamine base</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI	4	PA; MO; QL (1.2 per 56 days)
SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)		
SKYRIZI	4	PA; MO; QL (2.4 per 56 days)
SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)		
<i>sodium,potassium,mag sulfates</i>	3	MO
SUCRAID	4	PA
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO
SYMPROIC	3	MO; QL (30 per 30 days)
SYNDROS	4	PA; MO
TRANSDERM-SCOP	3	MO
TRULANCE	2	MO; QL (30 per 30 days)
UCERIS ORAL	4	MO
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	2	PA
VIBERZI	4	MO; QL (60 per 30 days)
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
ULCER THERAPY		
ACIPHEX	3	MO; QL (60 per 30 days)
<i>amoxicil- clarithromy- lansopraz</i>	1	MO; QL (112 per 180 days)
<i>bismuth subcit k- metronidz-tcn</i>	1	MO; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
CARAFATE	3	MO
<i>cimetidine</i>	1	MO
CYTOTEC	3	MO
DEXILANT	3	MO; QL (30 per 30 days)
<i>dexlansoprazole</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
KONVOMEP	3	QL (600 per 30 days)

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

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PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 30 MG	3	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO; QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 40 MG	3	MO; QL (60 per 30 days)
PYLERA	3	MO; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
TALICIA	3	MO; QL (168 per 180 days)
ZEGERID	4	MO; QL (30 per 30 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO

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ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO	EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO	EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO
ARCALYST	4	PA	EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)	FULPHILA	4	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)	FYLNETRA	4	PA
BESREMI	4	PA; LA	GENOTROPIN	4	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
EGRIFTA SV	4	PA; MO	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
			GRANIX	4	PA; MO

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HUMATROPE INJECTION CARTRIDGE	4	PA; MO
LEUKINE INJECTION RECON SOLN	4	PA; MO
NEULASTA	4	PA; MO
NEULASTA ONPRO	4	PA; MO
NEUPOGEN	4	PA; MO
NIVESTYM	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO
NUTROPIN AQ NUSPIN	4	PA; MO
NYVEPRIA	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days)
RELEUKO	4	PA; MO

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RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
SAIZEN	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SKYTROFA	4	PA; MO
SOGROYA	4	PA; MO
UDENYCA	4	PA; MO
UDENYCA AUTOINJECTOR	4	PA; MO
ZARXIO	4	PA; MO
ZIEXTENZO	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
ZORBTIVE	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO; V
BCG VACCINE, LIVE (PF)	1	MO; V
BEXSERO	1	MO; V
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	1	MO; V
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PA; MO
ENGERIX-B (PF)	1	PA; MO; V
ENGERIX-B PEDIATRIC (PF)	1	PA; MO; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	4	PA
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX	4	PA; MO
GAMMAPLEX (WITH SORBITOL)	4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	1	MO; V
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	MO
HEPLISAV-B (PF)	1	PA; MO; V
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)(STOCKPILE)	1	PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO

Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF)	1	MO; V
INTRAMUSCULAR SOLUTION		
MENQUADFI (PF)	1	MO; V
MENVEO A-C-Y-W-135-DIP (PF)	1	MO; V
INTRAMUSCULAR KIT		
M-M-R II (PF)	1	MO; V
OCTAGAM	4	PA; MO
ODACTRA	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX	3	
REACTIVITY		
PANZYGA INTRAVENOUS SOLUTION 10 %	4	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	4	PA
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIOS (PF)	1	PA; MO; V
PRIORIX (PF)	1	V
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	MO; V
RAGWITEK	3	MO
RECOMBIVAX HB (PF)	1	PA; MO; V
ROTARIX	2	
ROTAQUEQ VACCINE	2	MO
SHINGRIX (PF)	1	MO; V; QL (2 per 720 days)
TDVAX	1	MO; V
TENIVAC (PF)	1	MO; V
TETANUS,DIPH THERIA TOX PED(PF)	2	MO
TICOVAC	2	MO
TRUMENBA	1	MO; V
TWINRIX (PF)	1	MO; V
TYPHIM VI INTRAMUSCUL AR SOLUTION	1	V
TYPHIM VI INTRAMUSCUL AR SYRINGE	1	MO; V
VAQTA (PF) INTRAMUSCUL AR SUSPENSION 25 UNIT/0.5 ML	2	MO

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCUL AR SUSPENSION 50 UNIT/ML	1	MO; V
VAQTA (PF) INTRAMUSCUL AR SYRINGE 25 UNIT/0.5 ML	2	MO
VAQTA (PF) INTRAMUSCUL AR SYRINGE 50 UNIT/ML	1	MO; V
VARIVAX (PF)	1	V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
1ST TIER UNIFINE PENTIPS	3	ST
1ST TIER UNIFINE PENTIPS PLUS	3	ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST
ABOUTTIME PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	3	ST; MO	BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO	BD INSULIN SYRINGE U-500	2	MO
ASSURE ID PEN NEEDLE	3	ST; MO	BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	2	MO
BD AUTOSHIELD DUO PEN NEEDLE	2	MO	BD LO-DOSE MICRO-FINE IV	2	MO
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	MO	BD NANO 2ND GEN PEN NEEDLE	2	MO
BD INSULIN SYRINGE (HALF UNIT)	2	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	MO	BD ULTRA-FINE ORIG PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2		BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO	BD VEO INSULIN SYR (HALF UNIT)	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO	BD VEO INSULIN SYRINGE UF	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO	CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
BD ULTRA-FINE NANO PEN NEEDLE	2	MO	CAREFINE PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
			CARETOUCH INSULIN SYRINGE	3	ST
			CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO	COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1	3	ST; MO
CEQUR SIMPLICITY	2	MO	ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1		
CEQUR SIMPLICITY INSERTER	2	MO	ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16		
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST	COMFORT EZ PEN NEEDLES	3	ST; MO
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO	COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32	3	ST
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST	GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"		

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE	3	ST; MO

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST	EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST	EASY TOUCH LUER LOCK INSULIN	3	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	ST; MO	EASY TOUCH NEEDLE	3	ST; MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 27 GAUGE X 1/2"	3	ST	EASY TOUCH PEN NEEDLE	3	ST; MO
			EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	3	ST; MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
INSULIN PEN NEEDLE	2	MO
INSULIN PEN NEEDLE NEEDLE 29 GAUGE X 15/32", 31 GAUGE X 13/64", 31 GAUGE X 15/64", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO	LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; MO
LITE TOUCH INSULIN PEN NEEDLES	3	ST; MO	MAGELLAN INSULIN SAFETY SYRNG	3	ST; MO
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	3	ST	MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	3	ST; MO
			MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	3	ST
			MAXICOMFORT II PEN NEEDLE	3	ST
			MAXICOMFORT INSULIN SYRINGE	3	ST
			MAXI-COMFORT INSULIN SYRINGE	3	ST; MO
			MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	3	ST; MO	MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
MICRODOT INSULIN PEN NEEDLE	3	ST	MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
MINI ULTRA- THIN II	3	ST; MO	MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	MONOJECT SYRINGE 1/2 ML 28 GAUGE	3	ST
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	3	ST	MONOJECT ULTRA COMFORT INSULIN	3	ST; MO	

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Drug Name	Drug Tier	Requirements/Limits
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	ST
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 31 GAUGE X 15/64"	3	ST; MO
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NOVOFINE 32	3	ST; MO
NOVOFINE AUTOCOVER	3	ST; MO
NOVOFINE PLUS	3	ST; MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD CLASSIC PODS (GEN 3)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	2	MO; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
PEN NEEDLE, DIABETIC, SAFETY	3	ST

Drug Name	Drug Tier	Requirements/Limits
PENTIPS	3	ST
PIP PEN NEEDLE	3	ST; MO
PREVENT DROPSAFE PEN NEEDLE	3	ST
PRO COMFORT INSULIN SYRINGE	3	ST
PRO COMFORT PEN NEEDLE	3	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	ST; MO
PURE COMFORT PEN NEEDLE	3	ST
PURE COMFORT SAFETY PEN NEEDLE	3	ST
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO

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SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST	SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30	3	ST; MO
SAFETY PEN NEEDLE	3	ST	GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30		
SECURESAFE INSULIN SYRINGE	3	ST	GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30		
SECURESAFE PEN NEEDLE	3	ST	GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29		
SKY SAFETY PEN NEEDLE	3	ST	GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28		
SURE COMFORT INS. SYR. U-100	3	ST; MO	GAUGE X 1/2" 1/2", 1/2 ML 31 GAUGE X 1/4"		
			SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	ST
			SURE COMFORT PEN NEEDLE	3	ST; MO
			SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	ST; MO	TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; MO
SURE-FINE PEN NEEDLES	3	ST; MO	TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST	TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16	3	ST; MO	TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	3	ST	TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO	THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	ST	THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	3	ST; MO
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST	TOPCARE CLICKFINE	3	ST
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO	TOPCARE ULTRA COMFORT	3	ST
<i>thinpro insulin syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	1	ST	TRUE COMFORT INSULIN SYRINGE	3	ST
			TRUE COMFORT PEN NEEDLE	3	ST
			TRUE COMFORT PRO INS SYRINGE	3	ST
			TRUE COMFORT SAFETY PEN NEEDLE	3	ST

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TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST	ULTICARE INSULN SYR(HALF UNIT)	3	ST; MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO	ULTICARE PEN NEEDLE	3	ST; MO
TRUEPLUS PEN NEEDLE	3	ST; MO	ULTICARE SAFETY PEN NEEDLE	3	ST
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	3	ST; MO	ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	3	ST	ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
			ULTIGUARD SAFEPACK- INSULIN SYR	3	ST
			ULTIGUARD SAFEPACK-PEN NEEDLE	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	ST	ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	3	ST
ULTILET PEN NEEDLE 29 GAUGE	3	ST	ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST; MO
ULTILET PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO	ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	3	ST
ULTRA CMFT INS SYR (HALF UNIT)	3	ST	ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
ULTRA COMFORT INSULIN SYRINGE	3	ST	ULTRA THIN PEN NEEDLE	3	ST
ULTRA FLO INSULIN SYR(HALF UNIT)	3	ST	ULTRACARE INSULIN SYRINGE	3	ST
			ULTRACARE PEN NEEDLE	3	ST; MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
probenecid-colchicine	1	MO
ULORIC	3	MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)	ACTEMRA SUBCUTANEOUS	4	PA; MO; QL (3.6 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)	ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days)
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)	ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
PROLIA	3	PA; MO; QL (1 per 180 days)	ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
<i>raloxifene</i>	1	MO	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; MO; QL (4.8 per 28 days)
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)			
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)			
<i>risedronate oral tablet, delayed release (drlec)</i>	3	MO; QL (4 per 28 days)			
TERIPARATIDE	4	PA; MO; QL (2.48 per 28 days)			
TYMLOS	4	PA; MO; QL (1.56 per 30 days)			
OTHER RHEUMATOLOGICALS					
ACTEMRA ACTPEN	4	PA; MO; QL (3.6 per 28 days)			

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)	HUMIRA(CF) SUBCUTANEOU S PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; MO; QL (6 per 180 days)	HUMIRA(CF) SUBCUTANEOU S PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA PEN PSOR-UVEITS- ADOL HS	4	PA; MO; QL (4 per 180 days)	HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOU S SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)	HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOU S SYRINGE KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)	HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; MO; QL (2.4 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOU S SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (2 per 180 days)	HYRIMOZ PEN PSORIASIS STARTER	4	PA; MO; QL (1.6 per 180 days)
HUMIRA(CF) PEN CROHNS- UC-HS	4	PA; MO; QL (3 per 180 days)	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOU S SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; MO; QL (1.2 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; MO; QL (4 per 180 days)	HYRIMOZ(CF) PEN	4	PA; MO; QL (1.6 per 28 days)
HUMIRA(CF) PEN PSOR-UV- ADOL HS	4	PA; MO; QL (3 per 180 days)			

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	4	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
KEVZARA	4	PA; MO; QL (2.28 per 28 days)
KINERET	4	PA; QL (20.1 per 30 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
OLUMIANT	4	PA; MO; QL (30 per 30 days)
ORENCIA CLICKJECT	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	3	MO
<i>penicillamine</i>	4	PA; MO
RASUVO (PF)	3	MO
REDITREX (PF)	3	MO
RIDAURA	4	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR	4	PA; MO; QL (30 per 30 days)
YUSIMRY(CF) PEN	4	PA; QL (4.8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
<i>amabelz</i>	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
<i>camila</i>	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO	<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1%), 0.5 mg/0.5 gram (0.1%), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1%)</i>	1	PA; MO; QL (30 per 30 days)
DEPO-SUBQ PROVERA 104	3	MO	<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1%)</i>	1	PA; MO; QL (37.5 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1%), 0.5 MG/0.5 GRAM (0.1%), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1%)	3	PA; MO; QL (30 per 30 days)	<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1%)	3	PA; MO; QL (37.5 per 30 days)	<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	1	PA; QL (4 per 28 days)
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)	<i>estradiol transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; MO; QL (4 per 28 days)
DUAVEE	2	MO	<i>estradiol vaginal</i>	3	MO
ELESTRIN	3	PA; MO; QL (70 per 30 days)	<i>estradiol valerate</i>	3	MO
<i>errin</i>	1	MO	<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRACE ORAL	3	PA; MO	ESTRING	3	MO
ESTRACE VAGINAL	3	ST; MO	ESTROGEL	3	MO; QL (50 per 30 days)
<i>estradiol oral</i>	3	PA; MO	EVAMIST	3	PA; MO; QL (16.2 per 30 days)
			FEMRING	3	ST; MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
MIRENA	3	
MYFEMBREE	4	PA; MO
NEXPLANON	3	
NUVARING	3	MO
ORIAHNN	4	PA; MO
OSPHENA	3	MO
PHEXXI	3	MO
SKYLA	3	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	3	MO
<i>zafemy</i>	3	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>amethia</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
BALCOLTRA	3	MO
<i>balziva (28)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>brielllyn</i>	1	MO
<i>camrese lo</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>desog-e.estriadiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	MO
<i>drospirenone-e.estriadiol-oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>finzala</i>	1	MO
<i>gemmily</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>iclevia</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>milil</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
NEXTSTELLIS	3	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethynodiol estradiol-iron</i>	1	
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethynodiol estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethynodiol estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 1/35 (28)</i>	1	MO
<i>nylia 7/7/7 (28)</i>	1	MO
<i>nymyo</i>	1	MO
<i>ocella</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
QUARTETTE	3	MO
<i>reclipsen (28)</i>	1	MO
<i>rivilsa</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	MO
SLYND	3	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarrylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
TYBLUME	3	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienna</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO
<i>wymzya fe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zovia 1-35 (28)</i>	1	MO

OPHTHALM OLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	2	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	3	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf)</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	3	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OPHTHALMOL OGICS		
ALOMIDE		
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
BYOOVIZ	4	PA; MO
CEQUA	3	MO; QL (60 per 30 days)
CIMERLI	4	PA; MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTADROPS	4	PA
CYSTARAN	4	PA
<i>epinastine</i>	1	MO
LACRISERT	3	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	MO
OXERVATE	4	PA; MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
TYRVAYA	3	MO; QL (8.4 per 30 days)
VERKAZIA	4	PA; MO; QL (120 per 30 days)
VUITY	3	PA; MO
XIIDRA	2	MO; QL (60 per 30 days)
ZERVIATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; MO
ACULAR LS	3	ST; MO
ACUVAIL (PF)	3	ST; MO
<i>bromfenac</i>	1	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	2	MO
<i>tafluprost (pf)</i>	1	MO
TRAVATAN Z	3	ST; MO
<i>travoprost</i>	1	MO
VYZULTA	3	ST; MO
XALATAN	3	ST; MO
XELPROS	3	ST
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATION S		
MAXITROL	3	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>difluprednate</i>	1	MO
DUREZOL	3	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
INVELTYS	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P	3	MO
<i>apraclonidine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye)</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATOR Y AND ALLERGY		
ANTIALLERGIC AGENTS		
AUVI-Q	3	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>desloratadine</i>	1	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-Injector 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-Injector 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE		
<i>acetylcysteine</i>	1	PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATIO N	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATIO N	2	MO; QL (6.1 per 30 days)
<i>alyq</i>	4	PA; QL (60 per 30 days)
<i>ambrisentan</i>	4	PA; MO; LA
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
<i>arformoterol</i>	3	PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER	3	ST; MO; QL (1 per 30 days)
ARNUYITY ELLIPTA	3	ST; MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BECONASE AQ	3	ST; MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)

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

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DULERA	2	MO; QL (13 per 30 days)	FLOVENT	3	ST; MO; QL (240 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)	DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATOR		
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATOR	3	ST; MO; QL (12 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATOR	3	ST; MO; QL (24 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATOR	3	ST; MO; QL (10.6 per 30 days)
FASENRA	4	PA; MO; QL (1 per 28 days)	<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FASENRA PEN	4	PA; MO; QL (1 per 28 days)	FLUTICASONE FUROATE- VILANTEROL	3	ST; MO; QL (60 per 30 days)
FIRAZYR	4	PA; MO	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATOR	3	ST; MO; QL (12 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATOR, N, 50 MCG/ACTUATOR N	3	ST; MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATOR	3	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATOR	3	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (12 per 30 days)
<i>formoterol fumarate</i>	3	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA	4	PA; MO; LA
<i>icatibant</i>	4	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALBITOR	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (56 per 28 days)
LETAIRIS	4	PA; MO; LA
<i>levalbuterol hcl</i>	3	PA; MO
LEVALBUTERO L TARTRATE	3	ST; MO; QL (30 per 30 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER	3	ST; MO; QL (2 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)	REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)
PULMOZYME	4	PA; MO	REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
QNACL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (4.9 per 30 days)	roflumilast	3	PA; MO; QL (30 per 30 days)
QNACL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (8.7 per 30 days)	RUCONEST	4	PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)	RYALTRIS	3	ST; MO; QL (29 per 30 days)
sajazir			sildenafil	4	PA; MO; QL (224 per 30 days)
SEREVENT DISKUS			(pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml		
sildenafil			sildenafil	1	PA; MO; QL (90 per 30 days)
(pulmonary arterial hypertension) oral tablet 20 mg			(pulmonary arterial hypertension) oral tablet 20 mg		

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	3	ST; MO; QL (10.2 per 30 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
TADLIQ	4	PA; MO; QL (300 per 30 days)
TAKHYRO	4	PA; MO; LA
<i>terbutaline oral</i>	3	MO
TEZSPIRE	4	PA; MO; QL (1.91 per 30 days)
THEO-24	2	MO
<i>theophylline oral solution</i>	3	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	1	QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOU S RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOU S SYRINGE 150 MG/ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOU S SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	4	PA; MO; QL (90 per 30 days)
zafirlukast	3	MO
ZETONNA	3	ST; MO; QL (6.1 per 30 days)
zileuton	4	MO
ZYFLO	4	MO

Drug Name	Drug Tier	Requirements/Limits
UROLOGICA LS		
ANTICHOLINE RGICS / ANTISPASMOD ICS		
<i>darifenacin</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO
<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
GEMTESA	3	ST; MO
MYRBETRIQ ORAL SUSPENSION, EX TENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine</i>	1	MO
TOVIAZ	3	MO
<i>trospium</i>	1	MO
VESICARE	3	MO
VESICARE LS	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	3	MO
ENTADFI	3	PA; MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	3	ST; MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
<i>silodosin</i>	3	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CIALIS ORAL TABLET 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTE S		
<i>calcium acetate(phosphat bind)</i>	1	MO; QL (360 per 30 days)
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	3	MO
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
<i>potassium chloride-d5-0.45%nacl</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll, 40 meqll</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meqll</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meqll</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous</i>	3	
<i>potassium chloride oral capsule, extended release</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meqll</i>	3	
<i>potassium chloride-d5-0.9%nacl</i>	3	
<i>sodium chloride 0.45 % intravenous</i>	3	MO
<i>sodium chloride 3 % hypertonic</i>	3	
<i>sodium chloride 5 % hypertonic</i>	3	MO
TPN	3	
ELECTROLYTES		

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
CLINIMIX E 4.25%/D10W SULF FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA
DOJOLVI	4	PA; MO; LA
<i>intralipid intravenous emulsion 20 %</i>	3	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
ISOLYTE S PH 7.4	3	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE	3	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	PA
<i>premasol 10 %</i>	3	PA
PROSOL 20 %	3	PA
<i>travasol 10 %</i>	3	PA
TROPHAMINE 10 %	3	PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	
<i>prenatal vitamin oral tablet</i>	1	

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ABILIFY MYCITE	ADCIRCA	141	<i>allopurinol</i>	126
STARTER KIT	ADDERALL	46	ALLOPURINOL.....	126
<i>abiraterone</i>	ADDERALL XR	46	<i>almotriptan malate</i>	33
ABOUTTIME PEN	<i>adefovir</i>	2	ALOGLIPTIN	86
NEEDLE.....	ADEMPAS.....	142	ALOGLIPTIN-	
ABSORICA.....	ADLARITY	35	METFORMIN	86
ABSORICA LD	ADMELOG SOLOSTAR		ALOGLIPTIN-	
<i>acamprosate</i>	U-100 INSULIN	86	PIOGLITAZONE	86
ACANYA	ADMELOG U-100		ALOMIDE	138
<i>acarbose</i>	INSULIN LISPRO	86	<i>alosetron</i>	96
ACCOLATE	ADVAIR DISKUS.....	142	ALPHAGAN P	140
<i>accutane</i>	ADVAIR HFA	142	ALREX	140
<i>acebutolol</i>	ADVOCATE PEN		ALTABAX	75
<i>acetaminophen-caff-</i>	NEEDLE	109	ALTACE	60
<i>dihydrocod</i>	ADVOCATE SYRINGES ..	109	<i>altavera</i> (28)	134
<i>acetaminophen-codeine</i>	ADZENYS XR-ODT	46	ALTOPREV	66
<i>acetazolamide</i>	AEMCOLO	8	ALTRENO	73
<i>acetic acid</i>	AFINITOR	15	ALUNBRIG	15
<i>acetylcysteine</i>	AFINITOR DISPERZ	15	ALVESCO	142
ACIPHEX	AFREZZA	86	<i>alyacen</i> 1/35 (28)	134
<i>acitretin</i>	AGRYLIN	80	ALYMSYS	15
ACTEMRA	AIMOVIG		<i>alyq</i>	142
ACTEMRA ACTPEN.....	AUTOINJECTOR	33	<i>amabelz</i>	131
ACTHAR	AIRDUO DIGIHALER	142	<i>amantadine hcl</i>	2
ACTHIB (PF).....	AIRDUO RESPICLICK	142	AMBIEN	46
ACTIMMUNE	AJOVY AUTOINJECTOR ..	33	AMBIEN CR	46
ACTIVELLA	AJOVY SYRINGE	33	AMBISOME	1
ACTONEL	AKLIEF	73	<i>ambrisentan</i>	142
ACTOPLUS MET	<i>ala-cort</i>	77	<i>amcinonide</i>	77
ACTOS	ALA-SCALP	77	<i>amethia</i>	134

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<i>amikacin</i>	8	<i>apexicon e</i>	77	ASSURE ID PEN NEEDLE
<i>amiloride</i>	60	APIDRA SOLOSTAR U-	109
<i>amiloride-hydrochlorothiazide</i>	60	100 INSULIN	86	ASTAGRAF XL.....15
<i>amiodarone</i>	60	APIDRA U-100 INSULIN	86	ATACAND.....60
AMITIZA	97	APLENZIN	47	ATACAND HCT.....60
<i>amitriptyline</i>	46	APOKYN	32	atazanavir.....2
AMJEVITA (PREFERRED NDCS STARTING WITH 55513)	127, 128	<i>apomorphine</i>	32	ATELVIA.....126
<i>amlodipine</i>	60	<i>apraclonidine</i>	140	atenolol.....60
<i>amlodipine-atorvastatin</i>	67	<i>aprepitant</i>	97	atenolol-chlorthalidone.....60
<i>amlodipine-benazepril</i>	60	<i>apri</i>	134	ATIVAN.....47
<i>amlodipine-olmesartan</i>	60	APRISO	97	atomoxetine.....47
<i>amlodipine-valsartan</i>	60	APTENSIO XR	47	atorvastatin.....67
<i>amlodipine-valsartan- hcthiazid</i>	60	APTIOM	26	atovaquone.....8
<i>ammonium lactate</i>	71	APTIVUS	2	atovaquone-proguanil.....8
<i>amnesteem</i>	73	ARALAST NP	80	ATRALIN.....73
<i>amoxapine</i>	46	<i>aranelle (28)</i>	134	atropine.....138
<i>amoxicil-clarithromy- lansopraz</i>	101	ARANESP (IN POLYSORBATE)	103, 104	ATROVENT HFA.....143
<i>amoxicillin</i>	11	ARAVA	128	AUBAGIO.....35
<i>amoxicillin-pot clavulanate</i>	11	ARAZLO	73	<i>aura eq</i>.....134
<i>amphetamine sulfate</i>	47	ARCALYST	104	AUGMENTIN.....12
<i>amphotericin b</i>	1	<i>arformoterol</i>	142	AUGMENTIN ES-600.....12
<i>ampicillin</i>	11	ARICEPT	35	AURYXIA.....80
<i>ampicillin sodium</i>	11	ARIKAYCE	8	AUSTEDO.....35
<i>ampicillin-sulbactam</i>	12	ARIMIDEX	15	AUSTEDO XR.....35
AMPYRA	35	<i>ariPIPRAZOLE</i>	47	AUVELITY.....47
AMZEEQ	73	ARISTADA	47	AUVI-Q.....141
ANAFRANIL	47	ARISTADA INITIO	47	AVALIDE.....60
<i>anagrelide</i>	80	ARIIXTRA	65	AVAPRO.....60
<i>anastrozole</i>	15	<i>armodafinil</i>	47	AVEED.....93
ANCOBON	1	ARMONAIR DIGIHALER		<i>aviane</i>.....134
ANDRODERM	93		142	<i>avita</i>.....73
ANDROGEL	93	ARNURITY ELLIPTA	142	AVONEX.....104
ANGELIQ	131	AROMASIN	15	AVYCAZ.....6
ANNOVERA	133	ARTHROTEC 50	43	AYGESTIN.....131
ANORO ELLIPTA	142	ARTHROTEC 75	43	AYVAKIT.....15
ANTARA	67	<i>asenapine maleate</i>	47	AZACTAM.....8
ANTIVERT	97	<i>ashlyna</i>	134	AZASAN.....15
ANUSOL-HC	97	ASMANEX HFA	142	AZASITE.....137
ANZEMET	97	ASMANEX		<i>azathioprine</i>.....15
		TWISTHALER	143	<i>azelaic acid</i>.....73
		<i>aspirin-dipyridamole</i>	65	<i>azelastine</i>83, 138
		ASPRUZYO SPRINKLE	69	<i>azelastine-fluticasone</i>143
				AZELEX.....73

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AZILECT	32	BD SAFETYGLIDE	8
<i>azithromycin</i>	7	INSULIN SYRINGE	110
AZOPT	139	BD SAFETYGLIDE	138
AZOR	61	SYRINGE	138
AZSTARYS	47	BD ULTRA-FINE MICRO	143
<i>aztreonam</i>	8	PEN NEEDLE	15
AZULFIDINE	97	BD ULTRA-FINE MINI	106
AZULFIDINE EN-TABS	97	PEN NEEDLE	134
<i>bacitracin</i>	137	BD ULTRA-FINE NANO	16
<i>bacitracin-polymyxin b</i>	137	PEN NEEDLE	12
<i>baclofen</i>	38	BD ULTRA-FINE ORIG	61
BACTRIM	13	PEN NEEDLE	131
BACTRIM DS	13	BD ULTRA-FINE SHORT	2
BAFIERTAM	35	PEN NEEDLE	8
BALCOLTRA	134	BD VEO INSULIN SYR	139
<i>balsalazide</i>	97	(HALF UNIT)	126
BALVERSA	15	BD VEO INSULIN	<i>bismuth subcit k-metronidz- tcn</i>
<i>balziva (28)</i>	134	SYRINGE UF	101
BANZEL	26	BECONASE AQ	61
BAQSIMI	86	BELBUCA	<i>bisoprolol fumarate</i>
BARACLUDE	2	39	<i>bisoprolol- hydrochlorothiazide</i>
BASAGLAR KWIKPEN	86	BELSOMRA	61
U-100 INSULIN	86	<i>benazepril</i>	106
BASAGLAR TEMPO	86	<i>benazepril- hydrochlorothiazide</i>	<i>blisovi 24 fe</i>
PEN(U-100)INSLN	86	BENICAR	134
BAXDELA	13	BENICAR HCT	<i>blisovi fe 1.5/30 (28)</i>
BCG VACCINE, LIVE (PF)	106	BENLYSTA	97
BD AUTOSHIELD DUO	109	BENZAMYCIN	106
PEN NEEDLE	109	BENZNIDAZOLE	BOOSTRIX TDAP
BD ECLIPSE LUER-LOK	109	<i>benztropine</i>	143
BD INSULIN SYRINGE	109	<i>bepotastine besilate</i>	<i>bosentan</i>
BD INSULIN SYRINGE	109	BEPREVE	143
(HALF UNIT)	109	BERINERT	<i>BOSULIF</i>
BD INSULIN SYRINGE	109	BESIVANCE	16
U-500	109	BESREMI	<i>BRAFTOVI</i>
BD INSULIN SYRINGE	109	<i>betaine</i>	143
ULTRA-FINE	109	<i>betamethasone dipropionate</i>	<i>BREO ELLIPTA</i>
BD LO-DOSE MICRO- FINE IV	109	<i>betamethasone valerate</i>	BREZTRI AEROSPHERE
BD NANO 2ND GEN PEN NEEDLE	109	<i>betamethasone, augmented</i>	<i>brielllyn</i>
		BETAPACE AF	BRILIINTA
		BETASERON	<i>brimonidine</i>
		<i>betaxolol</i>	73, 141
		<i>bethanechol chloride</i>	<i>brimonidine-timolol</i>
			<i>brinzolamide</i>
			BRIVIACT
			<i>bromfenac</i>
			<i>bromocriptine</i>
			BROMBSITE
			BRONCHITOL
			BROVANA
			BRUKINSA

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BRYHALI.....	77	candesartan-		cefpodoxime.....	6
budesonide.....	97, 143	hydrochlorothiazid.....	61	cefrizol.....	6
BUDESONIDE-		CAPEX.....	77	ceftazidime.....	6
FORMOTEROL.....	143	CAPLYTA.....	48	ceftriaxone.....	6
bumetanide.....	61	CAPRELSA.....	16	cefuroxime axetil.....	6
BUPHENYL.....	80	captopril.....	61	cefuroxime sodium.....	7
buprenorphine hcl.....	39	CARAC.....	71	CELEBREX.....	43
buprenorphine transdermal		CARAFATE.....	101	celecoxib.....	43
patch.....	39	CARBAGLU.....	80	CELEXA.....	48
buprenorphine-naloxone.....	43	carbamazepine.....	26	CELLCEPT.....	16
bupropion hcl.....	48	CARBATROL.....	26	CELONTIN.....	26
BUPROPION HCL.....	48	carbidopa.....	32	cephalexin.....	7
bupropion hcl (smoking		carbidopa-levodopa.....	32	CEQUA.....	138
deter).....	83	carbidopa-levodopa-		CEQUR SIMPLICITY.....	111
buspirone.....	48	entacapone.....	32	CEQUR SIMPLICITY	
butorphanol.....	43	CARDIZEM.....	61	INSERTER.....	111
BUTRANS.....	39	CARDIZEM CD.....	61	CERDELGA.....	93
BYDUREON BCISE.....	86	CARDIZEM LA.....	61	cetirizine.....	141
BYETTA.....	86	CARDURA.....	61	cevimeline.....	80
BYLVAY.....	97	CARDURA XL.....	61	CHEMET.....	80
BYOOVIZ.....	138	CAREFINE PEN NEEDLE		CHENODAL.....	97
BYSTOLIC.....	61	.....	110	chlorhexidine gluconate.....	83
cabergoline.....	93	CARETOUCH INSULIN		chloroquine phosphate.....	8
CABLIVI.....	65	SYRINGE.....	110	chlorpromazine.....	48
CABOMETYX.....	16	CARETOUCH PEN		chlorthalidone.....	61
CADUET.....	67	NEEDLE.....	110, 111	CHOLBAM.....	97
calcipotriene.....	70	carglumic acid.....	80	cholestyramine (with sugar) ...	67
CALCIPOTRIENE.....	70	CARNITOR.....	80	cholestyramine light.....	67
calcipotriene-betamethasone ...	70	CAROSPIR.....	61	CIALIS.....	150
calcitonin (salmon).....	93	carteolol.....	138	CIBINQO.....	71
calcitriol.....	70, 93	cartia xt.....	61	ciclopirox.....	75
calcium acetate(phosphat		carvedilol.....	61	cilostazol.....	65
bind).....	150	carvedilol phosphate.....	61	CILOXAN.....	137
CALQUENCE.....	16	CASODEX.....	16	CIMDUO.....	2
CALQUENCE		caspofungin.....	1	CIMERLI.....	138
(ACALABRUTINIB MAL). 16		CAYSTON.....	8	cimetidine.....	101
CAMBIA.....	43	cefaclor.....	6	CIMZIA.....	97
camila.....	131	cefadroxil.....	6	CIMZIA POWDER FOR	
camrese lo.....	134	cefazolin.....	6	RECONST.....	97
CAMZYOS.....	69	cefdinir.....	6	cinacalcet.....	93
CANASA.....	97	cefpeme.....	6	CINRYZE.....	143
CANCIDAS.....	1	cefixime.....	6	CIPRO.....	13
candesartan.....	61	cefoxitin.....	6	CIPRO HC.....	84

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CIPRODEX	84	CLINIMIX E 4.25%/D5W	COMFORT TOUCH PEN
<i>ciprofloxacin hcl</i>	13, 84, 137	SULF FREE	NEEDLE
<i>ciprofloxacin in 5 % dextrose</i>	13	CLINIMIX E 5%/D15W	COMPLERA
<i>ciprofloxacin-dexamethasone</i>	84	SULFIT FREE	<i>compro</i>
CIPROFLOXACIN-		CLINIMIX E 5%/D20W	COMTAN
FLUOCINOLONE	84	SULFIT FREE	CONCERTA
CITALOPRAM	48	CLINISOL SF 15 %	CONDYLOX
<i>citalopram</i>	48	<i>clobazam</i>	CONJUPRI
<i>claravis</i>	73	<i>clobetasol</i>	<i>constulose</i>
CLARINEX	141	<i>clobetasol-emollient</i>	CONZIP
CLARINEX-D 12 HOUR	141	CLOBEX	COPAXONE
<i>clarithromycin</i>	7	<i>clocortolone pivalate</i>	COPIKTRA
CLENPIQ	97	<i>clodan</i>	CORDRAN
CLEOCIN	133	CLODERM	CORDRAN TAPE LARGE
CLEOCIN HCL	8	<i>clomipramine</i>	ROLL
CLEOCIN PEDIATRIC	8	<i>clonazepam</i>	COREG CR
CLEOCIN T	73	<i>clonidine</i>	CORGARD
CLICKFINE PEN		<i>clonidine hcl</i>	CORLANOR
NEEDLE	111	<i>clopidogrel</i>	CORTEF
CLIMARA	131	<i>clorazepate dipotassium</i>	CORTIFOAM
CLIMARA PRO	131	<i>clotrimazole</i>	CORTROPHIN GEL
<i>clindacin</i>	73	<i>clotrimazole-betamethasone</i>	COSENTYX
<i>clindacin etz</i>	73	<i>clozapine</i>	COSENTYX (2 SYRINGES)
CLINDAGEL	73	CLOZARIL	COSENTYX PEN (2 PENS)
<i>clindamycin hcl</i>	8	COARTEM	COSEOPT
<i>clindamycin in 5 % dextrose</i>	8	<i>codeine sulfate</i>	COSEOPT (PF)
<i>clindamycin pediatric</i>	8	COLAZAL	COTELLIC
<i>clindamycin phosphate</i>	8, 73, 133	COLCHICINE (GOUT)	COTEMPLA XR-ODT
<i>clindamycin-benzoyl peroxide</i>	73	<i>colchicine (gout)</i>	COZAAR
<i>clindamycin-tretinoiin</i>	73	COLCRYS	CREON
CLINDESSE	133	<i>colesevelam</i>	CRESEMBA
CLINIMIX 5%/D15W		COLESTID	CRESTOR
SULFITE FREE	152	<i>colestipol</i>	CRINONE
CLINIMIX 4.25%/D10W		<i>colistin (colistimethate na)</i>	<i>cromolyn</i>
SULF FREE	152	COMBIGAN	138, 143
CLINIMIX 4.25%/D5W		COMBIPATCH	<i>crotan</i>
SULFIT FREE	80	COMBIVENT RESPIMAT	134
CLINIMIX 5%-D20W(SULFITE-FREE)	152	COMBIVIR	CUBICIN RF
CLINIMIX E 2.75%/D5W		COMETRIQ	CUPRIMINE
SULF FREE	80	COMFORT EZ INSULIN	CUVPOSA
CLINIMIX E 4.25%/D10W		SYRINGE	CUVRIOR
SUL FREE	152	COMFORT EZ PEN	<i>cyclobenzaprine</i>
		NEEDLES	<i>cyclophosphamide</i>

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CYCLOPHOSPHAMIDE	16	DAYVIGO	48	<i>dexlansoprazole</i>	101
CYCLOSET	86	DDAVP	93	<i>dexamethylphenidate</i>	49
<i>cyclosporine</i>	17, 138	<i>deblitane</i>	131	<i>dextroamphetamine sulfate</i>	49
<i>cyclosporine modified</i>	16, 17	<i>deferasirox</i>	81	<i>dextroamphetamine-amphetamine</i>	49
CYLTEZO(CF)	128	<i>deferiprone</i>	81	<i>dextrose 10 % and 0.2 % nacl.</i>	81
CYLTEZO(CF) PEN	128	DELESTROGEN	131	<i>dextrose 10 % in water (d10w)</i>	81
CYLTEZO(CF) PEN	128	DELSTRIGO	2	<i>dextrose 5 % in water (d5w)</i>	81
CROHN'S-UC-HS	128	DELZICOL	97	<i>dextrose 5%-0.2 % sod chloride</i>	81
CYMBALTA	48	<i>demeclacycline</i>	13	DHIVY	32
<i>cyred eq</i>	134	DEMSEER	61	DIACOMIT	26
CYSTADANE	97	DENAVIR	76	DIASTAT	26
CYSTADROPS	138	DEPAKOTE	26	DIASTAT ACUDIAL	26
CYSTAGON	150	DEPAKOTE ER	26	<i>diazepam</i>	27, 49
CYSTARAN	138	DEPAKOTE SPRINKLES	26	<i>diazepam intensol</i>	49
CYTOMEL	96	DEPEN TITRATABS	128	<i>diazoxide</i>	86
CYTOTEC	101	DEPO-ESTRADIOL	131	DIBENZYLINE	61
<i>d10 %-0.45 % sodium chloride</i>	80	DEPO-PROVERA	131, 132	DICLEGIS	97
<i>d2.5 %-0.45 % sodium chloride</i>	81	DEPO-SUBQ PROVERA	104	DICLOFENAC	
<i>d5 % and 0.9 % sodium chloride</i>	81	DEPO-TESTOSTERONE	93	EPOLAMINE	43
<i>d5 %-0.45 % sodium chloride</i>	81	DERMA-SMOOTH/EFS		<i>diclofenac potassium</i>	43
<i>dabigatran etexilate</i>	65	SCALP OIL	78	<i>diclofenac sodium</i>	43, 71, 139
<i>dalfampridine</i>	35	DERMOTIC OIL	84	<i>diclofenac-misoprostol</i>	43
DALIRESP	143	DESCOVY	2	<i>dicloxacillin</i>	12
DALVANCE	9	<i>desipramine</i>	48	<i>dicyclomine</i>	96
<i>danazol</i>	93	<i>desloratadine</i>	141	DIFFERIN	73
DANTRIUM	38	<i>desmopressin</i>	93	DIFCID	7
<i>dantrolene</i>	38	<i>desog-e.estradiolle.estradiol</i>	134	diflorasone	78
<i>dapsone</i>	9, 73	<i>desogestrel-ethinyl estradiol</i>	134	DIFLUCAN	1
DAPTACEL (DTAP PEDIATRIC) (PF)	106	<i>desonide</i>	78	<i>diflunisal</i>	43
DAPTOMYCIN	9	DESOWEN	78	<i>dilfluprednate</i>	140
<i>daptomycin</i>	9	<i>desoximetasone</i>	78	<i>digoxin</i>	69
DARAPRIM	9	<i>desrx</i>	78	<i>dihydroergotamine</i>	33
<i>darifenacin</i>	149	DESVENLAFAKINE	49	DILANTIN 30 MG	27
DARTISLA	96	<i>desvenlafaxine succinate</i>	49	DILANTIN EXTENDED	
<i>darunavir ethanolate</i>	2	DETROL	149	100 MG	27
DAURISMO	17	DETROL LA	149	DILANTIN INFATABS 50	
DAYPRO	43	<i>dexabliss</i>	84	MG	27
DAYTRANA	48	<i>dexamethasone</i>	84	DILANTIN-125 125 MG/5	
		<i>dexamethasone sodium phosphate</i>	140	ML	27
		DEXEDRINE SPANSULE	49	DILAUDID	39

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<i>diltiazem hcl</i>	61, 62	DRIZALMA SPRINKLE	49	EASY GLIDE INSULIN	
<i>dilt-xr</i>	62	<i>dronabinol</i>	97	SYRINGE	113
<i>dimethyl fumarate</i>	35	DROPLET INSULIN		EASY GLIDE PEN	
DIOVAN	62	SYR(HALF UNIT)	112	NEEDLE	113
DIOVAN HCT	62	DROPLET INSULIN		EASY TOUCH	114
DIPENTUM	97	SYRINGE	112	EASY TOUCH FLIPLOCK	
<i>diphenoxylate-atropine</i>	96	DROPLET MICRON PEN		INSULIN	114
DIPROLENE		NEEDLE	112	EASY TOUCH INSULIN	
(AUGMENTED)	78	DROPLET PEN NEEDLE	113	SAFETY SYR	114
<i>dipyridamole</i>	65	DROPSAFE ALCOHOL		EASY TOUCH INSULIN	
<i>disulfiram</i>	81	PREP PADS	86	SYRINGE	114
DIURIL	62	DROPSAFE INSULIN		EASY TOUCH LUER	
<i>divalproex</i>	27	SYRINGE	113	LOCK INSULIN	114
DIVIGEL	132	DROPSAFE PEN NEEDLE	113	EASY TOUCH PEN	
<i>dofetilide</i>	60	<i>drospirenone-e.estradiol-lm.fa</i>	134	NEEDLE	114
DOJOLVI	152			EASY TOUCH SAFETY	
<i>dolishale</i>	134	<i>drospirenone-ethinyl estradiol</i>	134	PEN NEEDLE	114, 115
<i>donepezil</i>	36	DROXIA	17	EASY TOUCH	
DOPTELET (10 TAB		<i>droxidopa</i>	81	SHEATHLOCK INSULIN	115
PACK)	65	DUAKLIR PRESSAIR	143	EASY TOUCH UNI-SLIP	115
DOPTELET (15 TAB		DUAVEE	132	<i>econazole</i>	75
PACK)	65	DUETACT	86	EDARBI	62
DOPTELET (30 TAB		DUEXIS	43	EDARBYCLOR	62
PACK)	65	DULERA	144	EDECRIN	62
DORYX	13	<i>duloxetine</i>	49	EDURANT	2
DORYX MPC	13	DUOBRII	78	<i>efavirenz</i>	2
<i>dorzolamide</i>	139	DUOPA	32	<i>efavirenz-emtricitabin-tenofovir</i>	2
<i>dorzolamide-timolol</i>	139	DUPIXENT PEN	71	<i>efavirenz-lamivu-tenofovir</i>	
<i>dorzolamide-timolol (pf)</i>	139	DUPIXENT SYRINGE	71	<i>disop</i>	2
<i>dotti</i>	132	DUREZOL	140	EFFEXOR XR	49, 50
DOVATO	2	<i>dutasteride</i>	150	EFFIENT	65
<i>doxazosin</i>	62	<i>dutasteride-tamsulosin</i>	150	EFUDEX	71
<i>doxepin</i>	49, 71	DYANAVEL XR	49	EGRIFTA SV	104
<i>doxercalciferol</i>	93	DYMISTA	144	ELESTRIN	132
<i>doxy-100</i>	13	DYRENium	62	<i>eletriptan</i>	33
<i>doxycycline hyolate</i>	13	DYSport	106	ELIDEL	71
DOXYCYCLINE		<i>e.e.s. 400</i>	7	ELIGARD	17
HYCLATE	14	E.E.S. GRANULES	7	ELIGARD (3 MONTH)	17
<i>doxycycline monohydrate</i>	14	EASY COMFORT		ELIGARD (4 MONTH)	17
DOXYCYCLINE		INSULIN SYRINGE	113	ELIGARD (6 MONTH)	17
MONOHYDRATE	14	EASY COMFORT PEN		ELIQUIS	65
<i>doxylamine-pyridoxine (vit</i>		NEEDLES	113	ELIQUIS DVT-PE TREAT	
<i>b6)</i>	97			30D START	65

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ELMIRON	150	epitol	27	ethacrynic acid	62
<i>eluryng</i>	133	EPIVIR	3	ethambutol	9
EMBRACE PEN NEEDLE	115	<i>eplerenone</i>	62	ethosuximide	27
EMCYT	17	EPOGEN	104	ethynodiol diac-eth estradiol	134
EMEND	97, 98	EPRONTIA	27	etodolac	43, 44
EMFLAZA	84	EPSOLAY	73	etonogestrel-ethinyl estradiol	133
EMGALITY PEN	33	EPZICOM	3	etravirine	3
EMGALITY SYRINGE	33	EQUETRO	27	EUCRISA	71
EMSAM	50	ERAXIS(WATER DILUENT)	1	euthyrox	96
<i>emtricitabine</i>	2	<i>ergoloid</i>	50	EVAMIST	132
<i>emtricitabine-tenofovir (tdf)</i>	2	<i>ergotamine-caffeine</i>	33	EVEKEO	50
EMTRIVA	3	ERIVEDGE	17	EVEKEO ODT	50
EMVERM	9	ERLEADA	17	EVENITY	126
<i>enalapril maleate</i>	62	<i>erlotinib</i>	17	<i>everolimus (antineoplastic)</i>	17
<i>enalapril-hydrochlorothiazide</i>	62	ERMEZA	96	<i>everolimus</i> (immunosuppressive)	17
ENBREL	128	<i>errin</i>	132	EVISTA	126
ENBREL MINI	128	ERTACZO	75	EVOTAZ	3
ENBREL SURECLICK	128	<i>ertapenem</i>	9	EVOXAC	81
ENDARI	81	<i>ery pads</i>	73	EVYSDI	36
<i>endocet</i>	39	<i>erygel</i>	73	EXELDERM	75
ENGERIX-B (PF)	106	ERYPED 200	7	EXELOM PATCH	36
ENGERIX-B PEDIATRIC (PF)	106	ERYPED 400	7	<i>exemestane</i>	17
<i>enoxaparin</i>	65	<i>ery-tab</i>	7	EXFORGE	62
<i>enpresse</i>	134	ERY-TAB	7	EXFORGE HCT	62
<i>enskyce</i>	134	ERYTHROCIN	7	EXJADE	81
ENSPRYNG	17	<i>erythrocin (as stearate)</i>	7	EXKIVITY	17
ENSTILAR	70	<i>erythromycin</i>	8, 137	EXSERVAN	81
<i>entacapone</i>	32	<i>erythromycin ethylsuccinate</i>	8	EXTAVIA	104
ENTADFI	150	<i>erythromycin with ethanol</i>	73, 74	EYSUVIS	140
<i>entecavir</i>	3	<i>erythromycin-benzoyl</i>		EZALLOR SPRINKLE	67
ENTRESTO	69	<i>peroxide</i>	74	<i>ezetimibe</i>	67
<i>enulose</i>	98	ESBRIET	144	<i>ezetimibe-simvastatin</i>	67
ENVARSUS XR	17	<i>escitalopram oxalate</i>	50	FABIOR	74
EPCLUSA	3	<i>esomeprazole magnesium</i>	101	<i>falmina (28)</i>	134
EPIDIOLEX	27	<i>estarrylla</i>	134	famciclovir	3
EPIDUO	73	ESTRACE	132	<i>famotidine</i>	101
EPIDUO FORTE	73	<i>estradiol</i>	132	FANAPT	50
<i>epinastine</i>	138	<i>estradiol valerate</i>	132	FARESTON	17
EPINEPHRINE	141	<i>estradiol-norethindrone acet</i>	132	FARXIGA	86
<i>epinephrine</i>	141	ESTRING	132	FASENRA	144
EPIPEN 2-PAK	141	ESTROGEL	132	FASENRA PEN	144
EPIPEN JR 2-PAK	141	<i>eszopiclone</i>	50	febuxostat	126

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<i>felbamate</i>	27	FLAREX	140	FML FORTE	140
FELBATOL	27	<i>flavoxate</i>	149	FML LIQUIFILM	140
FELDENE	44	FLEBOGAMMA DIF	106	FOCALIN	51
<i>felodipine</i>	62	<i>flecainide</i>	60	FOCALIN XR	51
FEMARA	17	FLECTOR	44	<i>fondaparinux</i>	65
FEMRING	132	FLEQSUHVY	38	FORFIVO XL	51
FENOFIBRATE	67	FLOLIPID	67	<i>formoterol fumarate</i>	145
<i>fenofibrate</i>	67	FLOMAX	150	FORTEO	126
<i>fenofibrate micronized</i>	67	FLOVENT DISKUS	144	FORTESTA	93
FENOFIBRATE MICRONIZED	67	FLOVENT HFA	144	FOSAMAX	127
<i>fenofibrate nanocrystallized</i>	67	<i>fluconazole</i>	1	FOSAMAX PLUS D	127
<i>fenofibric acid (choline)</i>	67	<i>fluconazole in nacl (iso-osm)</i>	1	<i>fosamprenavir</i>	3
FENOGLIDE	67	<i>flucytosine</i>	1	<i>fosfomycin tromethamine</i>	14
<i>fenoprofen</i>	44	<i>fludrocortisone</i>	85	<i>fosinopril</i>	62
fentanyl	40	<i>flunisolide</i>	144	<i>fosinopril-hydrochlorothiazide</i>	62
<i>fentanyl citrate</i>	39	<i>fluocinolone</i>	78	FOSRENOL	81
FENTANYL CITRATE	40	<i>fluocinolone acetonide oil</i>	84	FOTIVDA	18
FENTORA	40	<i>fluocinolone and shower cap</i>	78	FRAGMIN	65, 66
FERRIPROX	81	<i>fluocinonide</i>	78	FREESTYLE PRECISION	115
FERRIPROX (2 TIMES A DAY)	81	<i>fluocinonide-emollient</i>	78	FROVA	33
<i>fesoterodine</i>	149	<i>fluoride (sodium)</i>	152	<i>frovatriptan</i>	33
FETZIMA	50	<i>fluorometholone</i>	140	FULPHILA	104
FEXMID	38	FLUOROURACIL	71	FUROSCIX	62
FIASP FLEXTOUCH U-100 INSULIN	86	<i>fluorouracil</i>	71	<i>furosemide</i>	62
FIASP PENFILL U-100 INSULIN	87	<i>fluoxetine</i>	50	FUZEON	3
FIASP U-100 INSULIN	87	<i>fluoxetine (pmdd)</i>	50	<i>fyavolv</i>	133
FILSPARI	69	<i>fluphenazine decanoate</i>	50	FYCOMPA	27
FINACEA	74	<i>fluphenazine hcl</i>	50	FYLNETRA	104
<i>finasteride</i>	150	<i>flurandrenolide</i>	78	<i>gabapentin</i>	27
<i> fingolimod</i>	36	<i>flurbiprofen</i>	44	GALAFOLD	93
FINTEPLA	27	<i>flurbiprofen sodium</i>	139	<i>galantamine</i>	36
<i>finzala</i>	134	FLUTICASONE		GAMMAGARD LIQUID	106
FIRAZYR	144	FUROATE-VILANTEROL		GAMMAGARD S-D (IGA	
FIRDAPSE	36	<i>fluticasone propionate</i>	78, 145	< 1 MCG/ML)	106
FIRMAGON KIT W DILUENT SYRINGE	18	FLUTICASONE		GAMMAKED	106
FIRVANQ	9	PROPIONATE	144, 145	GAMMAPLEX	107
<i>flac otic oil</i>	84	FLUTICASONE		GAMMAPLEX (WITH	
FLAGYL	9	PROPION-SALMETEROL	145	SORBITOL)	107
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GAUZE PAD	115	GRASTEK	107	HUMALOG KWIKPEN
<i>gavilyte-c</i>	98	<i>griseofulvin microsize</i>	1	INSULIN
<i>gavilyte-g</i>	98	<i>griseofulvin ultramicrosize</i>	1	HUMALOG MIX 50-50
GAVRETO	18	GVOKE	87	INSULN U-100
<i>gefitinib</i>	18	GVOKE HYPOOPEN 2-		HUMALOG MIX 50-50
GELNIQUE	149	PACK	87	KWIKPEN
<i>gemfibrozil</i>	67	GVOKE PFS 1-PACK		88
<i>gemmily</i>	134	SYRINGE	87	HUMALOG MIX 75-25
GEMTESA	149	GYNAZOLE-1	133	KWIKPEN
<i>generlac</i>	98	HADLIMA(CF)	128	88
<i>gengraf</i>	18	HADLIMA(CF)		HUMALOG MIX 75-25(U-100)INSULN
GENOTROPIN	104	PUSHTOUCH	128	88
GENOTROPIN		HAEGARDA	145	HUMALOG TEMPO
MINIQUICK	104	<i>hailey 24 fe</i>	134	PEN(U-100)INSULN
gentamicin	9, 75, 137	<i>halcinonide</i>	78	88
<i>gentamicin in nacl (iso-osm)</i>	9	HALDOL DECANOATE	51	HUMALOG U-100
GENVOYA	3	<i>halobetasol propionate</i>	78	INSULIN
GEODON	51	HALOBETASOL		88
GILENYA	36	PROPIONATE	78	HUMATIN
GILOTRIF	18	HALOG	79	9
GIMOTI	98	<i>haloperidol</i>	51	HUMATROPE
GLASSIA	81	<i>haloperidol decanoate</i>	51	105
<i>glatiramer</i>	36	<i>haloperidol lactate</i>	51	HUMIRA
<i>glatopa</i>	36	HARVONI	3	129
GLEEVEC	18	HAVRIX (PF)	107	HUMIRA PEN
GLEOSTINE	18	HEALTHWISE INSULIN		129
<i>glimepiride</i>	87	SYRINGE	115	HUMIRA PEN CROHNS-UC-HS START
<i>glipizide</i>	87	HEALTHWISE PEN		129
<i>glipizide-metformin</i>	87	NEEDLE	115	HUMIRA PEN PSOR-UVEITS-ADOL HS
GLUCAGEN HYPOKIT	87	HEALTHY ACCENTS		129
GLUCAGON		UNIFINE PENTIP	115	HUMIRA(CF)
EMERGENCY KIT		HEMADY	85	129
(HUMAN)	87	<i>heparin (porcine)</i>	66	CROHNS STARTER
GLUCOTROL XL	87	HEPLISAV-B (PF)	107	129
GLUMETZA	87	HETLIOZ	51	HUMIRA(CF) PEN
GLYCATE	96	HETLIOZ LQ	51	PEDIATRIC UC
<i>glycopyrrolate</i>	96	HIBERIX (PF)	107	129
GLYXAMBI	87	HIPREX	14	HUMIRA(CF) PEN PSOR-UV-ADOL HS
GOCOVRI	32	HORIZANT	36	129
GOLYTELY	98	HULIO(CF)	128	HUMULIN 70/30 U-100
GRALISE	27	HULIO(CF) PEN	128	INSULIN
<i>granisetron hcl</i>	98	HUMALOG JUNIOR		88
GRANIX	104	KWIKPEN U-100	88	HUMULIN 70/30 U-100
				KWIKPEN
				88
				HUMULIN N NPH
				INSULIN KWIKPEN
				88
				HUMULIN N NPH U-100
				INSULIN
				88
				HUMULIN R REGULAR
				U-100 INSULN
				88

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HUMULIN R U-500 (CONC) INSULIN	88	ILUMYA	70	INPEN (NOVOLOG OR FIASP) BLUE	116
HUMULIN R U-500 (CONC) KWIKPEN	88	IMBRUVICA	18	INPEN (NOVOLOG OR FIASP) GREY	116
hydralazine	62	imipenem-cilastatin	9	INPEN (NOVOLOG OR FIASP) PINK	116
HYDREA	18	imipramine hcl	51	INQOVI	19
hydrochlorothiazide	62	imipramine pamoate	51	INREBIC	19
hydrocodone bitartrate	40	imiquimod	71	INSPRA	62
hydrocodone-acetaminophen	40	IMITREX	33	INSULIN ASP PRT-	
hydrocodone-ibuprofen	40	IMITREX STATDOSE	33	INSULIN ASPART	88
hydrocortisone	79, 85, 98	PEN	33	INSULIN ASPART U-100	88
hydrocortisone butyrate	79	IMITREX STATDOSE		INSULIN DEGLUDEC	88
hydrocortisone valerate	79	REFILL	34	INSULIN GLARGINE	88
hydrocortisone-acetic acid	84	IMOVAX RABIES		INSULIN GLARGINE-	
hydrocortisone-pramoxine	98	VACCINE (PF)	107	YFGN	88
hydromorphone	40	IMPAVIDO	9	INSULIN LISPRO	89
hydromorphone (pf)	40	IMPEKLO	79	INSULIN LISPRO	
hydroxychloroquine	9	IMURAN	18	PROTAMIN-LISPRO	88
hydroxyurea	18	IMVEXXY		INSULIN PEN NEEDLE	116
hydroxyzine hcl	141	MAINTENANCE PACK	133	INSULIN SYRINGE	
HYFTOR	71	IMVEXXY STARTER		MICROFINE	116
HYRIMOZ PEN		PACK	133	INSULIN SYRINGE-	
CROHN'S-UC STARTER	129	INBRIJA	32	NEEDLE U-100	116
HYRIMOZ PEN		incassia	133	INSUPEN PEN NEEDLE	
PSORIASIS STARTER	129	INCONTROL PEN		.....	116, 117
HYRIMOZ(CF)	130	NEEDLE	115	INTELENCE	3
HYRIMOZ(CF) PEDI		INCRELEX	81	intralipid	152
CROHN STARTER	129	INCRUSE ELLIPTA	145	INTRALIPID	152
HYRIMOZ(CF) PEN	129	indapamide	62	INTRAROSA	133
HYSINGLA ER	41	INDERAL LA	62	introvale	135
HYZAAR	62	INDOCIN	44	INVANZ	9
ibandronate	127	INFANRIX (DTAP) (PF)	107	INVEGA	51
IBRANCE	18	INFLECTRA	98	INVEGA HAFYERA	51
IBSRELA	98	INGREZZA	36	INVEGA SUSTENNA	51, 52
ibu	44	INGREZZA INITIATION		INVEGA TRINZA	52
ibuprofen	44	PACK	36	INVELTYS	140
ibuprofen-famotidine	44	INLYTA	18	INVOKAMET	89
icatibant	145	INNOPRAN XL	62	INVOKAMET XR	89
iclevia	134	INPEN (FOR HUMALOG)		INVOKANA	89
ICLUSIG	18	BLUE	115	IOPIDINE	141
icosapent ethyl	67	INPEN (FOR HUMALOG)		IOPOL	107
IDHIFA	18	GREY	116	ipratropium bromide	84, 145
ILEVRO	139	INPEN (FOR HUMALOG)			
		PINK	116		

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<i>ipratropium-albuterol</i>	145	<i>junel 1.5/30 (21)</i>	135	<i>klor-con 10</i>	150
<i>irbesartan</i>	62	<i>junel 1/20 (21)</i>	135	<i>klor-con 8</i>	150
<i>irbesartan-hydrochlorothiazide</i>	62	<i>junel fe 1.5/30 (28)</i>	135	<i>klor-con m10</i>	150
<i>IRESSA</i>	19	<i>junel fe 1/20 (28)</i>	135	<i>klor-con m15</i>	151
<i>ISENTRESS</i>	3	<i>junel fe 24</i>	135	<i>klor-con m20</i>	151
<i>ISENTRESS HD</i>	3	<i>JUXTAPID</i>	67	<i>klor-con oral packet 20</i>	151
<i>isibloom</i>	135	<i>JYNARQUE</i>	94	<i>KLOXXADO</i>	44
<i>ISOLYTE S PH 7.4</i>	152	<i>JYNNEOS</i>		<i>KOMBIGLYZE XR</i>	89
<i>ISOLYTE-P IN 5 % DEXTROSE</i>	152	(PF)(STOCKPILE)	107	<i>KONVOMEП</i>	101
<i>isoniazid</i>	9	<i>kaitlib fe</i>	135	<i>KORLYM</i>	94
<i>ISORDIL</i>	69	<i>KALBITOR</i>	145	<i>KOSELUGO</i>	19
<i>ISORDIL TITRADOSE</i>	69	<i>KALETRA</i>	3, 4	<i>KRAZATI</i>	19
<i>isosorbide dinitrate</i>	69	<i>KALYDECO</i>	145	<i>KRINTAFEL</i>	9
<i>isosorbide mononitrate</i>	69	<i>KANJINTI</i>	19	<i>KRISTALOSE</i>	98
<i>isosorbide-hydralazine</i>	62	<i>KAPSPARGO SPRINKLE</i>	62	<i>kurvelo (28)</i>	135
<i>isotretinoin</i>	74	<i>KAPVAY</i>	52	<i>KUVAN</i>	94
<i>isradipine</i>	62	<i>kariva (28)</i>	135	<i>KYLEENA</i>	133
<i>ISTALOL</i>	138	<i>KATERZIA</i>	62	<i>l norgestrel estradiol-e estrad.</i>	135
<i>ISTURISA</i>	93, 94	<i>KAZANO</i>	89	<i>labetalol</i>	62
<i>itraconazole</i>	1	<i>kelnor 1/35 (28)</i>	135	<i>lacosamide</i>	28
<i>ivermectin</i>	9, 74	<i>kelnor 1-50 (28)</i>	135	<i>LACRISERT</i>	138
<i>IXIARO (PF)</i>	107	<i>KENALOG</i>	79	<i>lactulose</i>	98
<i>JADENU</i>	82	<i>KEPPRA</i>	28	<i>LAMICTAL</i>	28
<i>JADENU SPRINKLE</i>	82	<i>KEPPRA XR</i>	28	<i>LAMICTAL ODT</i>	28
<i>JAKAFI</i>	19	<i>KERENDIA</i>	62	<i>LAMICTAL STARTER</i>	
<i>jantoven</i>	66	<i>KERYDIN</i>	75	(BLUE) KIT	28
<i>JANUMET</i>	89	<i>KESIMPTA PEN</i>	36	<i>LAMICTAL STARTER</i>	
<i>JANUMET XR</i>	89	<i>ketoconazole</i>	1, 75, 76	(GREEN) KIT	28
<i>JANUVIA</i>	89	<i>ketodan</i>	76	<i>LAMICTAL STARTER</i>	
<i>JARDIANCE</i>	89	<i>ketoprofen</i>	44	(ORANGE) KIT	28
<i>jasmiel (28)</i>	135	<i>KETOROLAC</i>	44	<i>LAMICTAL XR</i>	28
<i>JATENZO</i>	94	<i>ketorolac</i>	139	<i>LAMICTAL XR STARTER</i>	
<i>javygtor</i>	94	<i>KEVEYIS</i>	36	(BLUE)	28
<i>JAYPIRCA</i>	19	<i>KEVZARA</i>	130	<i>LAMICTAL XR STARTER</i>	
<i>JENTADUETO</i>	89	<i>KINERET</i>	130	(GREEN)	28
<i>JENTADUETO XR</i>	89	<i>KINRIX (PF)</i>	107	<i>LAMICTAL XR STARTER</i>	
<i>jinteli</i>	133	<i>KISQALI</i>	19	(ORANGE)	28
<i>JORNAY PM</i>	52	<i>KISQALI FEMARA CO-</i>		<i>lamivudine</i>	4
<i>JUBLIA</i>	75	<i>PACK</i>	19	<i>lamivudine-zidovudine</i>	4
<i>juleber</i>	135	<i>KITABIS PAK</i>	9	<i>lamotrigine</i>	28
<i>JULUCA</i>	3	<i>KLARON</i>	75	<i>LAMPIT</i>	9
		<i>KLISYRI</i>	19	<i>LANOXIN</i>	69
		<i>KLONOPIN</i>	28	<i>lansoprazole</i>	102

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<i>lanthanum</i>	82	<i>levonorgestrel-ethinyl estrad.</i>	135	LOESTRIN FE 1.5/30 (28-DAY)	135
LANTUS SOLOSTAR U-100 INSULIN	89	<i>levonorg-eth estrad triphasic.</i>	135	LOESTRIN FE 1/20 (28-DAY)	135
LANTUS U-100 INSULIN..	89	<i>levora-28</i>	135	<i>lofena</i>	44
<i>lapatinib</i>	19	<i>levorphanol tartrate</i>	41	LOKELMA	82
<i>larin 1.5/30 (21)</i>	135	LEVOTHYROXINE	96	LOMOTIL	96
<i>larin 1/20 (21)</i>	135	<i>levothyroxine</i>	96	LONSURF	20
<i>larin fe 1.5/30 (28)</i>	135	<i>levoxyl</i>	96	<i>loperamide</i>	96
<i>larin fe 1/20 (28)</i>	135	LEXAPRO	52	LOPID	68
LASIX	62	LEXETTE	79	<i>lopinavir-ritonavir</i>	4
<i>latanoprost</i>	139	LEXIVA	4	LOPRESSOR	63
LATUDA	52	LIALDA	98	LOPROX	76
<i>layolis fe</i>	135	LICART	44	<i>lorazepam</i>	52
LEDIPASVIR-SOFOSBUVIR	4	<i>lidocaine</i>	72	<i>lorazepam intensol</i>	52
<i>leena 28</i>	135	<i>lidocaine hcl</i>	72	LORBRENA	20
<i>leflunomide</i>	130	<i>lidocaine viscous</i>	72	LOREEV XR	52, 53
<i>lenalidomide</i>	19	LIDODERM	72	<i>loryna (28)</i>	135
LENVIMA	19, 20	LILETTA	133	<i>losartan</i>	63
LESCOL XL	68	<i>linezolid</i>	9	<i>losartan-hydrochlorothiazide</i>	63
<i>lessina</i>	135	<i>linezolid in dextrose 5%</i>	9	LOSEASONIQUE	135
LETAIRIS	145	LINZESS	98	LOTEMAX	140
<i>letrozole</i>	20	<i>liothyronine</i>	96	LOTEMAX SM	140
<i>leucovorin calcium</i>	15	LIPITOR	68	LOTENSIN	63
LEUKERAN	20	LIPOFEN	68	<i>loteprednol etabonate</i>	140
LEUKINE	105	<i>lisinopril</i>	62	LOTREL	63
<i>leuprolide</i>	20	<i>lisinopril-hydrochlorothiazide</i>	62	LOTRONEX	98
LEUPROLIDE (3 MONTH)	20	LITE TOUCH INSULIN PEN NEEDLES	117	<i>lovastatin</i>	68
<i>levalbuterol hcl</i>	145	LITE TOUCH INSULIN SYRINGE	117	LOVAZA	68
LEVALBUTEROL TARTRATE	145	<i>lithium carbonate</i>	52	LOVENOX	66
LEVAMLODIPINE	62	LITHOBID	52	<i>low-ogestrel (28)</i>	135
LEVEMIR FLEXPEN	90	LITHOSTAT	82	<i>loxapine succinate</i>	53
LEVEMIR U-100 INSULIN	90	LIVALO	68	<i>lubiprostone</i>	98
<i>levetiracetam</i>	28	LIVMARLI	98	LUCEMYRA	44
<i>levobunolol</i>	138	LIVTENCITY	4	LULICONAZOLE	76
<i>levocarnitine</i>	82	LO LOESTRIN FE	135	LUMAKRAS	20
<i>levocarnitine (with sugar)</i>	82	LOCOID	79	LUMIGAN	139
<i>levocetirizine</i>	141	LOCOID LIPOCREAM	79	LUNESTA	53
<i>levofloxacin</i>	13, 137	LODINE	44	LUPKYNIS	20
<i>levofloxacin in d5w</i>	13	LODOSYN	32	LUPRON DEPOT	20
<i>levonest (28)</i>	135	LOESTRIN 1.5/30 (21)	135	LUPRON DEPOT (3 MONTH)	20
		LOESTRIN 1/20 (21)	135		

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LUPRON DEPOT (4 MONTH).....	20	matzim la.....	63	megestrol.....	20
LUPRON DEPOT (6 MONTH).....	20	MAVENCLAD (10 TABLET PACK).....	36	MEKINIST.....	21
LUPRON DEPOT-PED.....	20	MAVENCLAD (4 TABLET PACK).....	36	MEKTOVI.....	21
LUPRON DEPOT-PED (3 MONTH).....	20	MAVENCLAD (5 TABLET PACK).....	37	meloxicam.....	44
<i>lurasidone</i>	53	MAVENCLAD (6 TABLET PACK).....	37	<i>meloxicam submicronized</i>	44
<i>lutera</i> (28).....	135	MAVENCLAD (7 TABLET PACK).....	37	<i>memantine</i>	37
LUZU.....	76	MAVENCLAD (8 TABLET PACK).....	37	MEMANTINE.....	37
LYBALVI.....	53	MAVENCLAD (9 TABLET PACK).....	37	MENACTRA (PF).....	107
<i>lyeq</i>	133	MAVYRET.....	4	MENEST.....	133
<i>lyllana</i>	133	MAXALT.....	34	MENOSTAR.....	133
LYNPARZA.....	20	MAXALT-MLT.....	34	MENQUADFI (PF).....	107
LYRICA.....	29	MAXICOMFORT II PEN NEEDLE.....	117	MENVEO A-C-Y-W-135-DIP (PF).....	107
LYRICA CR.....	29	MAXICOMFORT INSULIN SYRINGE.....	117	MEPRON.....	9
LYSODREN.....	20	MAXI-COMFORT INSULIN SYRINGE.....	117	<i>mercaptopurine</i>	21
LYTGOBI.....	20	MAXICOMFORT SAFETY PEN NEEDLE.....	117, 118	<i>meropenem</i>	9
LYUMJEV KWIKPEN U-100 INSULIN.....	90	MAXIDEX.....	140	<i>merzee</i>	135
LYUMJEV KWIKPEN U-200 INSULIN.....	90	MAXITROL.....	140	<i>mesalamine</i>	98
LYUMJEV TEMPO PEN(U-100)INSULN.....	90	MAYZENT.....	37	MESNEX.....	15
LYUMJEV U-100 INSULIN.....	90	MAYZENT STARTER(FOR 1MG MAINT).....	37	MESTINON.....	39
LYVISPAH.....	38, 39	MAYZENT STARTER(FOR 2MG MAINT).....	37	MESTINON TIMESSPAN....	39
<i>lyza</i>	133	meclizine.....	98	<i>metformin</i>	90
MACROBID.....	14	meclofenamate.....	44	METFORMIN.....	90
MACRODANTIN.....	14	MEDROL.....	85	<i>methadone</i>	41
<i>mafenide acetate</i>	75	MEDROL (PAK).....	85	<i>methamphetamine</i>	53
MAGELLAN INSULIN SAFETY SYRNG.....	117	medroxyprogesterone.....	133	<i>methazolamide</i>	139
MAGELLAN SYRINGE...117		mefenamic acid.....	44	<i>methenamine hippurate</i>	14
<i>magnesium sulfate</i>	151	mefloquine.....	9	<i>methimazole</i>	85
MALARONE.....	9			METHITEST.....	94
MALARONE PEDIATRIC.....	9			<i>methotrexate sodium</i>	21
<i>malathion</i>	80			<i>methotrexate sodium (pf)</i>	21
<i>maraviroc</i>	4			<i>methoxsalen</i>	72
MARINOL.....	98			<i>methscopolamine</i>	96
<i>marlissa</i> (28).....	135			<i>methsuximide</i>	29
MARPLAN.....	53			METHYLIN.....	53
MATULANE.....	20			<i>methylphenidate</i>	53
				<i>methylphenidate hcl</i>	53
				METHYLPHENIDATE HCL.....	53

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<i>metoprolol succinate</i>	63	M-M-R II (PF)	107	<i>nafcillin</i>	12
<i>metoprolol ta-</i>		<i>modafinil</i>	53, 54	<i>naftifine</i>	76
<i>hydrochlorothiaz</i>	63	<i>moexipril</i>	63	NAFTIN	76
<i>metoprolol tartrate</i>	63	<i>molindone</i>	54	NALFON	44
METROCREAM	74	<i>mometasone</i>	79, 145	NALOCET	41
METROGEL	74	MONOJECT INSULIN		<i>naloxone</i>	44
METROLOTION	74	SAFETY SYRING	118	<i>naltrexone</i>	44
<i>metronidazole</i>	9, 74, 134	MONOJECT INSULIN		NAMENDA	37
<i>metronidazole in nacl (iso-os)</i>	9	SYRINGE	118	NAMENDA TITRATION	
<i>metyrosine</i>	63	MONOJECT SYRINGE	118	PAK	37
<i>mexiletine</i>	60	MONOJECT ULTRA		NAMENDA XR	37
<i>mibelas 24 fe</i>	135	COMFORT INSULIN	118	NAMZARIC	37
<i>micafungin</i>	1	<i>montelukast</i>	145	NAPRELAN CR	44
MICARDIS	63	<i>morphine</i>	41	<i>naproxen</i>	44, 45
MICARDIS HCT	63	<i>morphine concentrate</i>	41	<i>naproxen sodium</i>	45
<i>miconazole-3</i>	134	MOTEGRITY	99	<i>naproxen-esomeprazole</i>	45
MICRODOT INSULIN		MOTOFEN	96	<i>naratriptan</i>	34
PEN NEEDLE	118	MOUNJARO	90	NARCAN	45
<i>microgestin 1.5/30 (21)</i>	136	MOVANTIK	99	NARDIL	54
<i>microgestin 1/20 (21)</i>	136	MOVIPREP	99	NATACYN	137
<i>microgestin 24 fe</i>	136	<i>moxifloxacin</i>	13, 137	NATAZIA	136
<i>microgestin fe 1.5/30 (28)</i>	136	<i>moxifloxacin-</i>		<i>nateglinide</i>	90
<i>microgestin fe 1/20 (28)</i>	136	<i>sod. chloride(iso)</i>	13	NATESTO	94
<i>midodrine</i>	82	MS CONTIN	41	NATPARA	94
<i>migergot</i>	34	MULPLETA	66	NATROBA	80
<i>miglitol</i>	90	MULTAQ	60	NAYZILAM	29
<i> miglustat</i>	94	<i>mupirocin</i>	75	<i>nebivolol</i>	63
MIGRANAL	34	<i>mupirocin calcium</i>	75	NEBUPENT	10
<i> mili</i>	136	MVASI	21	<i>necon 0.5/35 (28)</i>	136
<i> millipred</i>	85	MYALEPT	94	NEEDLES, INSULIN	
<i> mimvey</i>	133	MYAMBUTOL	10	DISP.,SAFETY	119
MINI ULTRA-THIN II	118	MYCAPSSA	21	<i> nefazodone</i>	54
MINIPRESS	63	MYCOBUTIN	10	<i> neomycin</i>	10
MINIVELLE	133	<i>mycophenolate mofetil</i>	21	<i> neomycin-bacitracin-poly-hc.</i>	140
<i> minocycline</i>	14	<i>mycophenolate sodium</i>	21	<i> neomycin-bacitracin-</i>	
MINOLIRA ER	14	MYDAYIS	54	<i> polymyxin</i>	137
<i> minoxidil</i>	63	MYFEMBREE	134	<i> neomycin-polymyxin b-</i>	
MIRAPEX ER	32	MYFORTIC	21	<i> dexameth</i>	140
MIRENA	134	MYRBETRIQ	149	<i> neomycin-polymyxin-</i>	
<i> mirtazapine</i>	53	MYSOLINE	29	<i> gramicidin</i>	137
MIRVASO	74	MYTESI	96	<i> neomycin-polymyxin-hc.</i>	84, 140
<i> misoprostol</i>	102	<i>nabumetone</i>	44	<i> neo-polycin</i>	137
MITIGARE	126	<i>nadolol</i>	63	<i> neo-polycin hc</i>	140

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NEORAL	21	NIVESTYM	105	NOVOLOG FLEXPEN U-
NEO-SYNALAR	75	<i>nizatidine</i>	102	100 INSULIN
NERLYNX	21	NOCDURNA (MEN)	94	..... 91
NESINA	90	NOCDURNA (WOMEN)	94	NOVOLOG MIX 70-30 U-
<i>neuac</i>	74	<i>nora-be</i>	133	100 INSULN
NEULASTA	105	NORDITROPIN		..... 91
NEULASTA ONPRO	105	FLEXPRO	105	NOVOLOG MIX 70-
NEUPOGEN	105	<i>noreth-ethinyl estradiol-iron</i>	136	30FLEXPEN U-100
NEUPRO	32	<i>norethindrone (contraceptive)</i>	133	..... 91
NEURONTIN	29	<i>norethindrone acetate</i>	133	NOVOLOG PENFILL U-
NEVANAC	139	<i>norethindrone ac-eth estradiol</i>	133, 136	100 INSULIN
<i>nevirapine</i>	4	<i>norethindrone-e.estradiol-iron</i>	136	..... 91
NEXAVAR	21	<i>norgestimate-ethinyl estradiol</i>	136	NOVOLOG U-100
NEXIUM	102	NORITATE	74	INSULIN ASPART
NEXIUM PACKET	102	NORLIQVA	63	..... 91
NEXLETOL	68	NORPRAMIN	54	NOXAFL
NEXLIZET	68	NORTHERA	82	..... 1
NEXPLANON	134	<i>nortrel 0.5/35 (28)</i>	136	NUBEQA
NEXTSTELLIS	136	<i>nortrel 1/35 (21)</i>	136	NUCALA
<i>niacin</i>	68	<i>nortrel 1/35 (28)</i>	136	..... 146
NIACOR	68	<i>nortrel 7/7/7 (28)</i>	136	NUCYNTA
<i>nicardipine</i>	63	<i>nortriptyline</i>	54	..... 45
NICOTROL	83	NORVASC	63	NUCYNTA ER
NICOTROL NS	83	NORVIR	4	NUDEXTA
<i>nifedipine</i>	63	NOURIANZ	32	NUPLAZID
<i>nikki (28)</i>	136	NOVOFINE 32	119	NURTEC ODT
NILANDRON	21	NOVOFINE		..... 34
<i>nilutamide</i>	21	AUTOCOVER	119	NUTRILIPID
<i>nimodipine</i>	63	NOVOFINE PLUS	119	NUTROPIN AQ NUSPIN
NINLARO	21	NOVOLIN 70/30 U-100		..... 105
<i>nisoldipine</i>	63	INSULIN	91	NUVARING
<i>nitazoxanide</i>	10	NOVOLIN 70-30		..... 134
<i>nitisinone</i>	82	FLEXPEN U-100	91	NUVIGIL
<i>nitro-bid</i>	69	NOVOLIN N FLEXPEN	91	NUZYRA
NITRO-DUR	69	NOVOLIN N NPH U-100		nyamyc
<i>nitrofurantoin</i>	14	INSULIN	91	..... 76
<i>nitrofurantoin macrocrystal</i>	14	NOVOLIN R FLEXPEN	91	nylia 1/35 (28)
<i>nitrofurantoin monohyd/m-</i>		NOVOLIN R REGULAR		..... 136
<i>cryst</i>	14	U100 INSULIN	91	nylia 7/7/7 (28)
<i>nitroglycerin</i>	69			..... 136
NITROLINGUAL	69			NYMALIZE
NITROSTAT	69			..... 63
NITYR	82			<i>nymyo</i>
				..... 136
				<i>nystatin</i>
				..... 1, 76
				<i>nystatin-triamcinolone</i>
				..... 76
				<i>nystop</i>
				..... 76
				NYVEPRIA
				OCALIVA
				<i>ocella</i>
				OCTAGAM
				<i>octreotide acetate</i>
				..... 21
				OCUFLOX
				ODACTRA
				ODEFSEY
			 4
				ODOMZO
				OFEV
			 146
				<i>ofloxacin</i>
			 13, 84, 137
				<i>olanzapine</i>
			 54

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<i>olanzapine-fluoxetine</i>	54	ORENITRAM MONTH 1	PAMELOR	54
<i>olmesartan</i>	63	TITRATION KT	PANCREAZE	99
<i>olmesartanamlodipin-</i>		ORENITRAM MONTH 2	PANDEL	79
<i>hcثiazid</i>	63	TITRATION KT	PANRETIN	72
<i>olmesartan-</i>		ORENITRAM MONTH 3	<i>pantoprazole</i>	102
<i>hydrochlorothiazide</i>	63	TITRATION KT	PANZYGA	107
<i>olopatadine</i>	84, 138	ORFADIN	<i>paricalcitol</i>	94
OLUMIANT	130	ORGOVYX	PARLODEL	32
OLUX-E	79	ORIAHNN	PARNATE	54
OMECLAMOX-PAK	102	ORILISSA	<i>paromomycin</i>	10
<i>omega-3 acid ethyl esters</i>	68	ORKAMBI	<i>paroxetine hcl</i>	54
<i>omeprazole</i>	102	ORLADEYO	<i>paroxetine</i>	
<i>omeprazole-sodium</i>		ORSERDU	<i>mesylate(menop.sym)</i>	54
<i>bicarbonate</i>	102	<i>oseltamivir</i>	PAXIL	54
OMNARIS	146	OSENI	PAXIL CR	54
OMNIPOD 5 G6 INTRO		OSMOLEX ER	PEDIARIX (PF)	107
KIT (GEN 5)	119	OSMOPREP	PEDVAX HIB (PF)	107
OMNIPOD 5 G6 PODS		OSPHENA	<i>peg 3350-electrolytes</i>	99
(GEN 5)	119	OTEZLA	<i>peg3350-sod sul-nacl-kcl-asb-</i>	
OMNIPOD CLASSIC		OTEZLA STARTER	<i>c</i>	99
PODS (GEN 3)	119	OTOVEL	PEGASYS	105
OMNIPOD DASH INTRO		OTREXUP (PF)	<i>peg-electrolyte</i>	99
KIT (GEN 4)	119	OVIDE	PEMAZYRE	22
OMNIPOD DASH PODS		<i>oxacillin</i>	PEN NEEDLE, DIABETIC,	
(GEN 4)	119	OXBRYTA	SAFETY	119
OMNITROPE	105	<i>oxcarbazepine</i>	<i>penciclovir</i>	76
<i>ondansetron</i>	99	OXERVATE	<i>penicillamine</i>	130
<i>ondansetron hcl</i>	99	<i>oxiconazole</i>	PENICILLIN G POT IN	
ONEXTON	74	OXISTAT	DEXTROSE	12
ONFI	29	OXTELLAR XR	<i>penicillin g potassium</i>	12
ONGENTYS	32	<i>oxybutynin chloride</i>	<i>penicillin g procaine</i>	12
ONGLYZA	91	OXYCODONE	<i>penicillin g sodium</i>	12
ONTRUZANT	21	<i>oxycodone</i>	<i>penicillin v potassium</i>	12
ONUREG	21	OXYCONTIN	PENNSAID	45
ONZETRA XSAIL	34	<i>oxymorphone</i>	PENTACEL (PF)	107
OPSUMIT	146	OXYTROL	PENTAM	10
OPZELURA	72	OZEMPIC	<i>pentamidine</i>	10
ORACEA	14	<i>pacerone</i>	PENTASA	99
ORALAIR	107	<i>paliperidone</i>	PENTIPS	119
ORAPRED ODT	85	PALYNZIQ	<i>pentoxifylline</i>	66
ORENCIA	130		PEPCID	102
ORENCIA CLICKJECT	130		PERCOCET	42
ORENITRAM	63		PERFOROMIST	146

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<i>perindopril erbumine</i>	64	POMALYST	22	<i>prenatal vitamin oral tablet</i>	152
<i>periogard</i>	84	PONVORY	37	PRETOMANID	10
<i>permethrin</i>	80	PONVORY 14-DAY		PREVACID	102
<i>perphenazine</i>	54	STARTER PACK	37	PREVACID SOLUTAB	103
PERSERIS	54	<i>portia 28</i>	136	<i>prevalite</i>	68
PERTZYE	99	<i>posaconazole</i>	2	PREVENT DROPSAFE	
PHEBURANE	82	<i>potassium chlorid-d5-</i>		PEN NEEDLE	119
<i>phenelzine</i>	54	<i>0.45%nacl</i>	151	PREVYMIS	4
<i>phenobarbital</i>	29	<i>potassium chloride</i>	151	PREZCOBIX	4
<i>phenoxybenzamine</i>	64	<i>potassium chloride in</i>		PREZISTA	4
PHENYTEK	29	<i>0.9%nacl</i>	151	PRIFTIN	10
<i>phenytoin</i>	29	<i>potassium chloride in 5 % dex</i>	151	PRILOSEC	103
<i>phenytoin sodium extended</i>	29	<i>potassium chloride in lr-d5</i>	151	PRIMAQUINE	10
PHEXXI	134	<i>potassium chloride in water</i>	151	PRIMAXIN IV	10
PHOSPHOLINE IODIDE	138	<i>potassium chloride-0.45 %</i>		PRIMIDONE	30
PIFELTRO	4	<i>nacl</i>	151	<i>primidone</i>	30
<i>pilocarpine hcl</i>	82, 138	<i>potassium chloride-d5-</i>		PRIORIX (PF)	108
<i>pimecrolimus</i>	72	<i>0.2%nacl</i>	151	PRISTIQ	55
<i>pimozide</i>	54	<i>potassium chloride-d5-</i>		PRIVIGEN	108
<i>pimtrea (28)</i>	136	<i>0.9%nacl</i>	151	PRO COMFORT INSULIN	
<i>pindolol</i>	64	<i>potassium citrate</i>	150	SYRINGE	119
<i>pioglitazone</i>	91	PRADAXA	66	PRO COMFORT PEN	
<i>pioglitazone-glimepiride</i>	91	PRALUENT PEN	68	NEEDLE	119
<i>pioglitazone-metformin</i>	91	pramipexole	32	PROAIR DIGIHALER	146
PIP PEN NEEDLE	119	prasugrel	66	PROAIR RESPICLICK	146
<i>piperacillin-tazobactam</i>	12	pravastatin	68	<i>probenecid</i>	126
PIQRAY	22	praziquantel	10	<i>probenecid-colchicine</i>	126
<i>pirfenidone</i>	146	prazosin	64	PROCARDIA XL	64
PIRFENIDONE	146	PRED FORTE	140	<i>procentra</i>	55
<i>piroxicam</i>	45	PRED MILD	140	prochlorperazine	100
PLAQUENIL	10	prednisolone	85	<i>prochlorperazine maleate oral</i>	100
PLASMA-LYTE 148	152	prednisolone acetate	140	PROCRT	105
PLASMA-LYTE A	152	prednisolone sodium		<i>procto-med hc</i>	100
PLAVIX	66	phosphate	85, 140	<i>proctosol hc</i>	100
PLEGRIDY	105	prednisone	85	<i>protozone-hc</i>	100
PLENAMINE	152	prednisone intensol	85	PROCYSBI	150
PLENVU	100	PREFEST	133	PRODIGY INSULIN	
PLIAGLIS	72	pregabalin	30	SYRINGE	119
<i>podofilox</i>	72	PREHEVBRIOP (PF)	108	<i>progesterone micronized</i>	133
<i>polycin</i>	137	PREMARIN	133	PROGLYCEM	91
<i>polymyxin b sulfate</i>	10	premasol 10 %	152	PROGRAF	22
<i>polymyxin b sulf-</i>		PREMPHASE	133	PROLASTIN-C	82
<i>trimethoprim</i>	137	PREMPRO	133		

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PROLATE	42	QUDEXY XR	30	RELAFEN DS	45
<i>prolate</i>	42	QUESTRAN	68	RELENZA DISKHALER	4
PROLENSA	139	QUESTRAN LIGHT	68	RELEUKO	105
PROLIA	127	<i>quetiapine</i>	55	RELEXXII	55
PROMACTA	66	QUETIAPINE	55	RELISTOR	100
<i>promethazine</i>	141	QUILLICHEW ER	55	RELPAX	34
PROMETRIUM	133	QUILLIVANT XR	55	RELTONE	100
<i>propafenone</i>	60	<i>quinapril</i>	64	RELYVRIA	37
<i>propranolol</i>	64	<i>quinidine gluconate</i>	60	REMERON	55
<i>propylthiouracil</i>	85	<i>quinidine sulfate</i>	60	REMERON SOLTAB	55
PROQUAD (PF)	108	<i>quinine sulfate</i>	10	REMICADE	100
PROSCAR	150	QULIPTA	34	RENAGEL	82
PROSOL 20 %	152	QUVIVIQ	55	RENFLEXIS	100
PROTONIX	103	QVAR REDIHALER	147	RENVELA	82
<i>protriptyline</i>	55	RABAVERT (PF)	108	<i>repaglinide</i>	91
PROVERA	133	<i>rabeprazole</i>	103	REPATHA	68
PROVIGIL	55	RADICAVA ORS	37	REPATHA	
PROZAC	55	RADICAVA ORS		PUSHTRONEX	68
<i>prudoxin</i>	72	STARTER KIT SUSP	37	REPATHA SURECLICK	68
PULMICORT	147	RAGWITEK	108	RESTASIS	139
PULMICORT		<i>raloxifene</i>	127	RESTASIS MULTIDOSE	139
FLEXHALER	146	<i>ramelteon</i>	55	RETACRIT	106
PULMOZYME	147	<i>ramipril</i>	64	RETEVMO	22
PURE COMFORT PEN		<i>ranolazine</i>	69	RETIN-A	74
NEEDLE	119	RAPAFLA	150	RETIN-A MICRO	74
PURE COMFORT		RAPAMUNE	22	RETROVIR	4
SAFETY PEN NEEDLE	119	<i>rasagiline</i>	32	REVATIO	147
PURIXAN	22	RASUVO (PF)	130	REVCORI	82
PYLERA	103	RAVICTI	82	REVLIMID	22
<i>pyrazinamide</i>	10	RAYALDEE	94	REXULTI	55
<i>pyridostigmine bromide</i>	39	RAYOS	85	REYATAZ	4
PYRIDOSTIGMINE		REBIF (WITH ALBUMIN)		REYVOW	34
BROMIDE	39		105	REZLIDHIA	22
<i>pyrimethamine</i>	10	REBIF REBIDOSE	105	REZUROCK	22
PYRUKYND	82	REBIF TITRATION PACK		REZVOGLAR KWIKPEN	92
QBRELIS	64		105	RHOFADE	74
QUELBREE	55	<i>reclipsen (28)</i>	136	RHOPRESSA	139
QINLOCK	22	RECOMBIVAX HB (PF)	108	RIABNI	22
QNDSL	147	RECORLEV	94	<i>ribavirin</i>	4
QTERN	91	RECTIV	100	RIDAURA	130
QUADRACEL (PF)	108	REDITREX (PF)	130	<i>rifabutin</i>	10
QUALAQUIN	10	REGLAN	100	<i>rifampin</i>	10
QUARTETTE	136	REGRANEX	72	RILUTEK	82

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<i>riluzole</i>	82	SAFETY PEN NEEDLE	120	<i>sharobel</i>	133
<i>rimantadine</i>	4	SAFYRAL	136	SHINGRIX (PF)	108
RINVOQ	130	SAIZEN	106	SIGNIFOR	23
<i>risedronate</i>	82, 127	<i>sajazir</i>	147	SIKLOS	23
RISPERDAL	56	SALAGEN		<i>sildenafil (pulmonary arterial hypertension)</i>	147
RISPERDAL CONSTA	56	(PILOCARPINE)	83	SILENOR	57
<i>risperidone</i>	56	SAMSCA	94	SILIQ	70
RITALIN	56	SANCUSO	100	<i>silodosin</i>	150
RITALIN LA	56	SANDIMMUNE	22	SILVADENE	72
ritonavir	5	SANDOSTATIN	22	<i>silver sulfadiazine</i>	72
<i>rivastigmine</i>	37	SANTYL	72	SIMBRINZA	140
<i>rivastigmine tartrate</i>	37	SAPHRIS	56	SIMPONI	131
<i>rivelsa</i>	136	<i>sapropterin</i>	94	<i>simvastatin</i>	68
<i>rizatriptan</i>	34	SAVAYSA	66	SINEMET	32
ROBINUL	96	SAVELLA	130	SINGULAIR	148
ROBINUL FORTE	96	SCEMBLIX	23	<i>sirolimus</i>	23
ROCALTROL	94	<i>scopolamine base</i>	100	SIRTURO	10
ROCKLATAN	139	SEASONIQUE	136	SITAVIG	5
<i>roflumilast</i>	147	SECUADO	56	SIVEXTRO	10
<i>ropinirole</i>	32	SECURESAFE INSULIN		SKY SAFETY PEN	
<i>rosuvastatin</i>	68	SYRINGE	120	NEEDLE	120
ROSZET	68	SECURESAFE PEN		SKYCLARYS	37
ROTARIX	108	NEEDLE	120	SKYLA	134
ROTATEQ VACCINE	108	SEGMENTIS	42	SKYRIZI	70, 100
ROWASA	100	SEGLUROMET	92	SKYTROFA	106
<i>roweepra</i>	30	<i>selegiline hcl</i>	32	SLYND	136
ROXICODONE	42	<i>selenium sulfide</i>	70	SOAANZ	64
ROXYBOND	42	SELZENTRY	5	<i>sodium chloride</i>	83
ROZEREM	56	SEMGLEE(INSULIN		<i>sodium chloride 0.45 %</i>	151
ROZLYTREK	22	GLARGINE-YFGN)	92	<i>sodium chloride 0.9 %</i>	83
RUBRACA	22	SEMGLEE(INSULIN		<i>sodium chloride 3 %</i>	
RUCONEST	147	GLARG-YFGN)PEN	92	<i>hypertonic</i>	151
<i>rufinamide</i>	30	SENSIPAR	94	<i>sodium chloride 5 %</i>	
RUKOBIA	5	SEREVENT DISKUS	147	<i>hypertonic</i>	151
RUXIENCE	22	SEROQUEL	56	SODIUM OXYBATE	57
RYALTRIS	147	SEROQUEL XR	56	<i>sodium phenylbutyrate</i>	83
RYBELSUS	92	SEROSTIM	106	<i>sodium polystyrene sulfonate</i>	83
RYDAPT	22	SERTRALINE	57	<i>sodium, potassium, mag</i>	
RYTARY	32	<i>sertraline</i>	57	<i>sulfates</i>	100
RYTHMOL SR	60	<i>setlakin</i>	136	SOFOSBUVIR-	
SABRIL	30	<i>sevelamer carbonate</i>	83	VELPATASVIR	5
SAFESNAP INSULIN		<i>sevelamer hcl</i>	83	SOGROYA	106
SYRINGE	119, 120	SEYSARA	14		

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<i>solifenacin</i>	149	STRIBILD	5	SUTENT	23
SOLIQUA 100/33	92	STRIVERDI RESPIMAT	148	<i>syeda</i>	136
SOLODYN	14	STROMECTOL	10	SYMBICORT	148
SOLOSEC	10	SUBOXONE	45	SYMBYAX	57
SOLTAMOX	23	<i>subvenite</i>	30	SYMDEKO	148
SOMATULINE DEPOT	23	<i>subvenite starter (blue) kit</i>	30	SYMFI	5
SOMAVERT	94	<i>subvenite starter (green) kit</i>	30	SYMFI LO	5
SOOLANTRA	74	<i>subvenite starter (orange) kit</i>	30	SYMJEPI	141
<i>sorafenib</i>	23	SUCRAID	100	SYMLINPEN 120	92
SORILUX	70	<i>sucralfate</i>	103	SYMLINPEN 60	92
<i>sorine</i>	60	SULAR	64	SYMPAZAN	30
<i>sotalol</i>	60	<i>sulfacetamide sodium</i>	139	SYMPROIC	100
<i>sotalol af</i>	60	<i>sulfacetamide sodium (acne)</i>	75	SYMTUZA	5
SOTYKTU	70	<i>sulfacetamide-prednisolone</i>	139	SYNALAR	79
SOTYLIZE	60	<i>sulfadiazine</i>	13	SYNAREL	94
SOVALDI	5	<i>sulfamethoxazole-trimethoprim</i>	13	SYNDROS	100
<i>spinosad</i>	80	SULFAMYLYON	75	SYNJARDY	92
SPIRIVA RESPIMAT	148	<i>sulfasalazine</i>	100	SYNJARDY XR	92
SPIRIVA WITH HANDIHALER	148	<i>sulindac</i>	45	SYNRIBO	23
<i>spironolactone</i>	64	<i>sumatriptan</i>	34	SYNTROID	96
<i>spironolacton-hydrochlorothiaz</i>	64	<i>sumatriptan succinate</i>	34	SYPRINE	83
SPORANOX	2	<i>sumatriptan-naproxen</i>	34	TABLOID	23
<i>sprintec (28)</i>	136	<i>sunitinib malate</i>	23	TABRECTA	23
SPRITAM	30	SUNLENCA	5	TACLONEX	70
SPRIX	45	SUNOSI	57	<i>tacrolimus</i>	23, 72
SPRYCEL	23	SUPRAX	7	<i>tadalafil</i>	150
<i>sps (with sorbitol)</i>	83	SUPREP BOWEL PREP KIT	100	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	148
<i>sronyx</i>	136	SURE COMFORT INS.		TADLIQ	148
<i>ssd</i>	72	SYR. U-100	120	TAFINLAR	23
STALEVO 100	32	SURE COMFORT		<i>tafluprost (pf)</i>	140
STALEVO 125	32	INSULIN SYRINGE	120	TAGRISSO	23
STALEVO 150	32	SURE COMFORT PEN		TAKHZYRO	148
STALEVO 200	33	NEEDLE	120	TALICIA	103
STALEVO 75	33	SURE COMFORT		TALTZ AUTOINJECTOR	70
STEGLATRO	92	SAFETY PEN NEEDLE		TALTZ SYRINGE	70
STEGLUJAN	92		120, 121	TALZENNA	23
STELARA	70	SURE-FINE PEN		TAMIFLU	5
STIOLTO RESPIMAT	148	NEEDLES	121	<i>tamoxifen</i>	23
STIVARGA	23	SURE-JECT INSULIN		<i>tamsulosin</i>	150
STRATTERA	57	SYRINGE	121	TAPERDEX	85
STREPTOMYCIN	10	SUTAB	100	TARGADOX	14

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TARGRETIN	23	teriflunomide	38	TIROSINT	96
<i>tarina 24 fe</i>	136	TERIPARATIDE	127	TIROSINT-SOL	96
<i>tarina fe 1-20 eq (28)</i>	136	TERUMO INSULIN		TIVICAY	5
TARPEYO	85	SYRINGE	122	TIVICAY PD	5
TASCENSO ODT	37	TESTIM	95	<i>tizanidine</i>	39
TASIGNA	23	<i>testosterone</i>	95	TLANDO	95
<i>tasimelteon</i>	57	TESTOSTERONE	95	TOBI	10
TASMAR	33	<i>testosterone cypionate</i>	95	TOBI PODHALER	10
<i>tavaborole</i>	76	<i>testosterone enanthate</i>	95	TOBRADEX	140
TAVALISSE	66	TETANUS,DIPHTHERIA		TOBRADEX ST	140
TAVNEOS	83	TOX PED(PF)	108	<i>tobramycin</i>	10, 137
<i>tazarotene</i>	74	<i>tetrabenazine</i>	38	<i>tobramycin in 0.225 % nacl</i>	10
TAZAROTENE	74	<i>tetracycline</i>	14	<i>tobramycin sulfate</i>	10
<i>tazicef</i>	7	TEXACORT	79	<i>tobramycin-dexamethasone</i>	140
TAZORAC	74	TEZSPIRE	148	TOBREX	137
<i>taztia xt</i>	64	THALITONE	64	<i>tolcapone</i>	33
TAZVERIK	23	THALOMID	23, 24	TOLSURA	2
TDVAX	108	THEO-24	148	<i>tolterodine</i>	150
TECFIDERA	38	<i>theophylline</i>	148	<i>tolvaptan</i>	95
TECHLITE INSULIN		<i>thinpro insulin syringe</i>	122	TOPAMAX	30
SYRINGE	121	THINPRO INSULIN		TOPCARE CLICKFINE	122
TECHLITE INSULN		SYRINGE	122	TOPCARE ULTRA	
SYR(HALF UNIT)	121	THIOLA	83	COMFORT	122
TECHLITE PEN NEEDLE	122	THIOLA EC	83	TOPICORT	79
TEFLARO	7	<i>thioridazine</i>	57	<i>topiramate</i>	30
TEGRETOL	30	<i>thiothixene</i>	57	TOPROL XL	64
TEGRETOL XR	30	THYQUIDITY	96	<i>toremifene</i>	24
TEGSEDI	38	<i>tiadylt er</i>	64	<i>torsemide</i>	64
TEKTURNA	64	<i>tiagabine</i>	30	TOSYMRA	34
<i>telmisartan</i>	64	TIAZAC	64	TOUJEO MAX U-300	
<i>telmisartan-amlodipine</i>	64	TIBSOVO	24	SOLOSTAR	92
<i>telmisartan-hydrochlorothiazid</i>	64	TICOVAC	108	TOUJEO SOLOSTAR U-	
TENIVAC (PF)	108	<i>tigecycline</i>	10	300 INSULIN	92
<i>tenofovir disoproxil fumarate</i>	5	TIGLUTIK	83	<i>tovet emollient</i>	79
TENORETIC 100	64	TIKOSYN	60	TOVIAZ	150
TENORETIC 50	64	<i>tilia fe</i>	136	TPN ELECTROLYTES	151
TENORMIN	64	<i>timolol maleate</i>	64, 138	TRACLEER	148
TEPMETKO	23	<i>timolol maleate (pf)</i>	138	TRADJENTA	92
<i>terazosin</i>	64	TIMOPTIC OCUDOSE		TRAMADOL	45
<i>terbinafine hcl</i>	2	(PF)	138	<i>tramadol</i>	45
<i>terbutaline</i>	148	TIMOPTIC-XE	138	<i>tramadol-acetaminophen</i>	46
<i>terconazole</i>	134	<i>tinidazole</i>	10	<i>trandolapril</i>	64
		<i>tiopronin</i>	83	<i>trandolapril-verapamil</i>	64

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<i>tranexamic acid</i>	134	<i>tri-lo-sprintec</i>	136	TYMLOS	127
TRANSDERM-SCOP	100	<i>trimethoprim</i>	14	TYPHIM VI	108
<i>tranylcypromine</i>	57	<i>tri-mili</i>	137	TYRVAYA	139
<i>travasol 10 %</i>	152	<i>trimipramine</i>	57	TYVASO DPI	148
TRAVATAN Z	140	TRINTELLIX	57	UBRELVY	34
<i>travoprost</i>	140	<i>tri-nymyo</i>	137	UCERIS	100
TRAZIMERA	24	<i>tri-sprintec (28)</i>	137	UDENYCA	106
<i>trazodone</i>	57	<i>tritocin</i>	80	UDENYCA	
TRECATOR	10	TRIUMEQ	5	AUTOINJECTOR	106
TRELEGY ELLIPTA	148	TRIUMEQ PD	5	ULORIC	126
TRELSTAR	24	<i>trivora (28)</i>	137	ULTICARE	123
TREMFYA	71	<i>tri-vylibra</i>	137	ULTICARE INSULIN	
<i>treprostинil sodium</i>	64	<i>tri-vylibra lo</i>	137	SYRINGE	123
TRESIBA FLEXTOUCH		TRIZIVIR	5	ULTICARE INSULIN	
U-100	92	TROKENDI XR	31	SYR(HALF UNIT)	123
TRESIBA FLEXTOUCH		TROPHAMINE 10 %	152	ULTICARE PEN NEEDLE	
U-200	92	<i>trospium</i>	150	ULTICARE SAFETY PEN	
TRESIBA U-100 INSULIN	92	TRUDHESA	34	NEEDLE	123
<i>tretinoин (antineoplastic)</i>	24	TRUE COMFORT		ULTIGUARD	
<i>tretinoин microspheres</i>	74	INSULIN SYRINGE	122	SAFEPACK-INSULIN	
<i>tretinoин topical</i>	74	TRUE COMFORT PEN		SYR	123
TREXALL	24	NEEDLE	122	ULTIGUARD	
TREXIMET	34	TRUE COMFORT PRO		SAFEPACK-PEN	
TREZIX	43	INS SYRINGE	122	NEEDLE	123
<i>triамcinolone acetonide</i>		TRUE COMFORT		ULTILET INSULIN	
	79, 80, 84	SAFETY PEN NEEDLE	122	SYRINGE	124
<i>triamterene</i>	64	TRUEPLUS INSULIN	123	ULTILET PEN NEEDLE	124
<i>triamterene-</i>		TRUEPLUS PEN NEEDLE		ULTRA CMFT INS SYR	
<i>hydrochlorothiazid</i>	64		123	(HALF UNIT)	124
<i>trianex</i>	80	TRULANCE	100	ULTRA COMFORT	
TRIBENZOR	64	TRULICITY	93	INSULIN SYRINGE	124
TRICOR	68	TRUMENBA	108	ULTRA FLO INSUL	
<i>triderm</i>	80	TRUVADA	5	SYR(HALF UNIT)	124
<i>trientine</i>	83	TUDORZA PRESSAIR	148	ULTRA FLO INSULIN	
<i>tri-estarrylla</i>	136	TUKYSA	24	SYRINGE	124
<i>trifluoperazine</i>	57	TURALIO	24	ULTRA FLO PEN	
<i>trifluridine</i>	138	TWINRIX (PF)	108	NEEDLE	124
TRIJARDY XR	92, 93	TWYNEO	74	ULTRA THIN PEN	
TRIKAFFTA	148	TYBLUME	137	NEEDLE	124
<i>tri-legest fe</i>	136	TYBOST	5	ULTRACARE INSULIN	
TRILEPTAL	30	<i>tydemy</i>	137	SYRINGE	124
TRILIPIX	68	TYGACIL	10		
<i>tri-lo-estarrylla</i>	136	TYKERB	24		

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ULTRACARE PEN NEEDLE	124	valsartan-hydrochlorothiazide	64	VERSACLOZ	58
ULTRA-THIN II (SHORT) INS SYR	125	VALTOCO	31	VERZENIO	24
ULTRA-THIN II (SHORT) PEN NDL	125	VALTREX	5	VESICARE	150
ULTRA-THIN II INS PEN NEEDLES	125	VANCOCIN	10, 11	VESICARE LS	150
ULTRA-THIN II INSULIN SYRINGE	125	vancomycin	11	vestura (28)	137
ULTRAVATE	80	VANCOMYCIN	11	VFEND	2
UNASYN	12, 13	vandazole	134	VFEND IV	2
UNIFINE PENTIPS	125	VANISHPOINT INSULIN SYRINGE	125	V-GO 20	126
UNIFINE PENTIPS MAXFLOW	125	VANISHPOINT SYRINGE	125	V-GO 30	126
UNIFINE PENTIPS PLUS MAXFLOW	125	VANOS	80	V-GO 40	126
UNIFINE SAFECONTROL	125	VAQTA (PF)	108	VIBERZI	101
UNIFINE ULTRA PEN NEEDLE	125	VARIVAX (PF)	108	VIBRAMYCIN	14
unithroid	96	VARUBI	101	VIBRAMYCIN (CALCIUM)	14
UPTRAVI	64	VASCEPA	68	VIBRAMYCIN (MONO)	14
UROCIT-K 10	150	VASERETIC	64	VICTOZA 3-PAK	93
UROCIT-K 15	150	VASOTEC	64	vienna	137
UROCIT-K 5	150	VECAMYL	69	vigabatrin	31
UROXATRAL	150	VECTICAL	71	vigadrone	31
URSO 250	100	velivet triphasic regimen (28)	137	VIGAMOX	138
URSO FORTE	100	VELPHORO	83	VIIBRYD	58
ursodiol	100, 101	VELTASSA	83	VIJOICE	24
UZEDY	57, 58	VELTIN	74	vilazodone	58
VABOMERE	10	VEMLIDY	5	VIMOVO	46
VAGIFEM	133	VENCLEXTA	24	VIMPAT	31
valacyclovir	5	VENCLEXTA STARTING PACK	24	VIOKACE	101
VALCHLOR	72	venlafaxine	58	VIRACEPT	5
VALCYTE	5	VENLAFAKINE		VIREAD	5, 6
valganciclovir	5	BESYLATE	58	VITRAKVI	24
VALIUM	58	VENTAVIS	148	VIVELLE-DOT	133
valproic acid	31	VENTOLIN HFA	149	VIVITROL	46
valproic acid (as sodium salt)	31	verapamil	64	VIVJOA	2
VALSARTAN	64	VERDESO	80	VIZIMPRO	24
valsartan	64	VERELAN	64	VOGELXO	95
		VERELAN PM	64	VONJO	24
		VERIFINE INSULIN SYRINGE	125	voriconazole	2
		VERIFINE PEN NEEDLE	126	VOSEVI	6
		VERKAZIA	139	VOTRIENT	24
		VERQUVO	69	VOXZOGO	95
				VRAYLAR	58
				VTAMA	71
				VURITY	139
				VUMERTY	38

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vyfemla (28)	137	XIIDRA	139	ZENZEDI	59
vylibra.....	137	XIMINO	14	ZEPATIER	6
VYNDAMAX.....	69	XOFLUZA	6	ZEPOSIA	38
VYNDAQEL.....	69	XOLAIR	149	ZEPOSIA STARTER	
VYTORIN 10-10.....	68	XOPENEX HFA	149	PACK (7-DAY).....	38
VYTORIN 10-20.....	68	XOSPATA	25	ZERBAXA	7
VYTORIN 10-40.....	68	XPOVIO	25	ZERVIATE	139
VYTORIN 10-80.....	68	XTAMPZA ER	43	ZESTORETIC	64
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Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at express-scripts.com.

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You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

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

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