



2024 FORMULARY

(LIST OF COVERED DRUGS)

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

FORMULARY ID 24452, VERSION 16

ASTIVA HEALTH MEMBER SERVICES

1-866-688-9021 (TTY: 711)

Hours of Operation are:

8:00AM to 8:00PM, seven days a week, from October 1 - March 31

8:00AM to 8:00PM, Monday to Friday, April 1 - September 30

Visit our website: www.astivahealth.com

PHARMACY HELP DESK

1-833-697-6561

Hours of Operation are:

24 hours a day, 7 days a week

THIS FORMULARY WAS UPDATED ON 10/01/2024. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, PLEASE CONTACT ASTIVA HEALTH INC'S MEMBER SERVICES AT 1-866-688-9021, (TTY USERS SHOULD CALL 711), SEVEN DAYS A WEEK, OCTOBER 1ST – MARCH 31ST 8:00AM TO 8:00PM, MONDAY – FRIDAY, EXCEPT MAJOR HOLIDAYS, APRIL 1ST – SEPTEMBER 30TH 8:00 AM TO 8:00 PM, OR VISIT WWW.ASTIVAHEALTH.COM.

H1993_FORMULARY_2024_C

2024 Part D Comprehensive Formulary **Note to existing members:** This formulary has

changed since last year. Please review this

document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to “we,” “us”, or “our,” it means Astiva Health. When it refers to “plan” or “our plan,” it means Astiva Health Savings Plan (HMO) 001, Astiva Health Premier Plan (HMO) 010, or Astiva Health C-SNP Deluxe (HMO C-SNP) 007, or Astiva Health C-SNP WOW (HMO C-SNP) 008.

This document includes list of the drugs (formulary) for our plan which is current as of

10/01/2024 For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Astiva Health, Inc Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Astiva Health, Inc’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - 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 Astiva Health's 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.

The enclosed formulary is current as of **10/01/2024**. To get updated information about the drugs covered by Astiva Health, Inc, please contact us. Our contact information appears on the front and back cover pages. In the case of non-maintenance changes to the formulary throughout the plan year, Astiva Health, Inc. may make changes via errata sheets mailed to you.

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 Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Astiva Health, Inc requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Astiva Health, Inc before you fill your prescriptions. If you don't get approval, Astiva Health, Inc may not cover the drug.
- **Quantity Limits:** For certain drugs, Astiva Health, Inc limits the amount of the drug that Astiva Health, Inc will cover. For example, Astiva Health, Inc provides 9 tablets per prescription for sumatriptan. This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, Astiva Health, Inc requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Astiva Health, Inc may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Astiva Health, Inc will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Astiva Health, Inc to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Astiva Health, Inc formulary?" on page "v" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Astiva Health, Inc does not cover your drug, you have two options:

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

How do I request an exception to the Astiva Health, Inc's Formulary?

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

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

Generally, Astiva Health, Inc will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

For members who are outside their transition period, and experience a level of care change, in which member is changing from one treatment setting to another (example: LTC to hospital to LTC, hospital to home, home to LTC), upon admission or discharge from a treatment setting or LTC, Astiva Health Inc. will allow the member access to a refill equal to a one-month supply for formulary medications and an emergency one month supply transition fill for non-formulary medications (including Part D drugs that are on Astiva Health's formulary but require prior authorization or step therapy).

This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.

To the extent that an enrollee is outside his or her 90-day transition period, and is in the outpatient setting, The Organization will still provide an emergency supply of non-formulary medications (including Part D drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), on a case by case basis, while an exception request is being processed. To the extent that an enrollee is outside his or her 90-day transition period, and is in the LTC setting, The Organization will still provide an emergency supply of Part D covered non-formulary medications (including Part D covered drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), while an exception request is being processed.

For more information

For more detailed information about your Astiva Health, Inc prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Astiva Health, Inc, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Astiva Health, Inc Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Astiva Health, Inc. If you have trouble finding your drug in the list, turn to the Index that begins on page 101. The first column of the chart lists the drug name. Brand name drugs

are capitalized (e.g., IBU ORAL TABLET) and generic drugs are listed in lower-case italics

(e.g., *ibuprofen oral tablet*). The information in the Requirements/Limits column tells you if

Astiva Health, Inc has any special requirements for coverage of your drug.

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

E: Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help

2024 Part D Comprehensive Formulary

to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug may be covered during the gap period per individual plan design.

GC: Gap Coverage- We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

MO: Mail Order Eligible- This prescription may also be available via mail.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Astiva CSNP 2024 6-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	11
ANESTHETICS	13
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	13
ANTIBACTERIALS	14
ANTICONVULSANTS	20
ANTIDEMENTIA AGENTS	23
ANTIDEPRESSANTS	24
ANTIEMETICS	27
ANTIFUNGALS	27
ANTIGOUT AGENTS	29
ANTIMIGRAINE AGENTS	29
ANTIMYASTHENIC AGENTS	30
ANTIMYCOBACTERIALS	30
ANTINEOPLASTICS	31
ANTIPARASITICS	39
ANTIPARKINSON AGENTS	39
ANTIPSYCHOTICS	41
ANTISPASTICITY AGENTS	44
ANTIVIRALS	44
ANXIOLYTICS	48
BIPOLAR AGENTS	49
BLOOD GLUCOSE REGULATORS	49
BLOOD PRODUCTS AND MODIFIERS	53
CARDIOVASCULAR AGENTS	55
CENTRAL NERVOUS SYSTEM AGENTS	63
DENTAL AND ORAL AGENTS	65
DERMATOLOGICAL AGENTS	65
ELECTROLYTES/MINERALS/METALS/VITAMINS	69
EXCLUDED DRUG COVERAGE	72
GASTROINTESTINAL AGENTS	72
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	74
GENITOURINARY AGENTS	75
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	76
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	77

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	77
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	82
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	83
HORMONAL AGENTS, SUPPRESSANT (THYROID)	84
IMMUNOLOGICAL AGENTS	84
INFLAMMATORY BOWEL DISEASE AGENTS	91
METABOLIC BONE DISEASE AGENTS	91
OPHTHALMIC AGENTS	92
OTIC AGENTS	95
RESPIRATORY TRACT/ PULMONARY AGENTS	95
SKELETAL MUSCLE RELAXANTS	99
SLEEP DISORDER AGENTS	99

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

E: Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug may be covered during the gap period per individual plan design.

GC: Gap Coverage- We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

MO: Mail Order Eligible- This prescription may also be available via mail.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	MO; GC; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	MO; GC; QL (180 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MO; GC
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO; GC
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO; GC
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO; GC
<i>diflunisal oral tablet 500 mg</i>	2	MO; GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	MO; GC
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MO; GC
<i>flurbiprofen oral tablet 100 mg</i>	1	MO; GC
IBU ORAL TABLET 600 MG, 800 MG	1	MO; GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO; GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; GC
<i>indomethacin er oral capsule extended release 75 mg</i>	2	MO; GC
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO; GC
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	MO; GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO; GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO; GC
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	MO; GC
<i>naproxen oral suspension 125 mg/5ml</i>	2	MO; GC
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO; GC
<i>naproxen oral tablet delayed release 375 mg</i>	2	MO; GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO; GC
<i>oxaprozin oral tablet 600 mg</i>	2	MO; GC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MO; GC

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2024 Astiva, Formulary ID 24452, Version 16, effective 10/01/2024. Last updated 09/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO; GC
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	MO; GC; QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MO; GC; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	MO; GC; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	MO; GC; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MO; GC; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; GC; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; GC; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	MO; GC; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	MO; GC; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	MO; GC; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	MO; GC; QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	MO; GC; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MO; GC; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; GC; QL (180 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2024 Astiva, Formulary ID 24452, Version 16, effective 10/01/2024. Last updated 09/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	MO; GC; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; GC; QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MO; GC; QL (240 EA per 30 days)
ANESTHETICS		
<i>Local Anesthetics</i>		
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	MO; GC; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	4	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	MO; GC; QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
<i>Alcohol Deterrents/Anti-Craving</i>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	MO; GC
<i>disulfiram oral tablet 250 mg</i>	2	MO; GC
<i>naltrexone hcl oral tablet 50 mg</i>	2	MO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	MO; GC
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	MO; GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	MO; GC
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	
<i>Opioid Reversal Agents</i>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	MO; GC
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	MO; GC
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	MO; GC
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	MO
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	MO; GC
NICOTROL INHALATION INHALER 10 MG	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	3	MO
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	BvD
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	MO; GC
<i>gentamicin sulfate external cream 0.1 %</i>	2	MO; GC
<i>gentamicin sulfate external ointment 0.1 %</i>	2	MO; GC
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	MO; GC
<i>neomycin sulfate oral tablet 500 mg</i>	2	MO; GC
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	BvD
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	BvD; MO; GC
<i>aztreonam injection solution reconstituted 2 gm</i>	4	BvD
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	1	MO; GC
<i>clindamycin hcl oral capsule 300 mg</i>	2	MO; GC
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	4	BvD
<i>clindamycin phosphate vaginal cream 2 %</i>	2	MO; GC
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BvD
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA
<i>linezolid oral tablet 600 mg</i>	4	PA
<i>methenamine hippurate oral tablet 1 gm</i>	2	MO; GC
<i>metronidazole external cream 0.75 %</i>	2	MO; GC
<i>metronidazole external gel 0.75 %, 1 %</i>	2	MO; GC
<i>metronidazole external lotion 0.75 %</i>	2	MO; GC
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	BvD; MO; GC
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO; GC
<i>metronidazole vaginal gel 0.75 %</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	MO; GC
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	MO; GC
<i>trimethoprim oral tablet 100 mg</i>	1	MO; GC
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	

Beta-Lactam, Cephalosporins

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	MO; GC
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	MO; GC
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	MO; GC
<i>cefadroxil oral tablet 1 gm</i>	2	MO; GC
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	MO; GC
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO; GC
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO; GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	MO; GC
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO; GC
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO; GC
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	MO; GC
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BvD
<i>Beta-Lactam, Penicillins</i>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO; GC
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	MO; GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO; GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	MO; GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	MO; GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	MO; GC
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	2	MO; GC
<i>ampicillin oral capsule 500 mg</i>	1	MO; GC
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	BvD
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	BvD
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	BvD
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	BvD
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO; GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO; GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	BvD; MO; GC
<i>azithromycin oral packet 1 gm</i>	2	MO; GC
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	MO; GC
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO; GC
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	MO; GC
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO; GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	MO; GC
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	BvD
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO; GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO; GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO; GC
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	BvD
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO; GC
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	MO; GC
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	MO; GC
<i>sulfadiazine oral tablet 500 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	MO; GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO; GC
<i>Tetracyclines</i>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO; GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO; GC
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO; GC
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO; GC
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO; GC
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO; GC
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	MO; GC
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO; GC
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	MO; GC
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	MO; GC
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	MO; GC
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	MO; GC
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	MO; GC
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO; GC
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO; GC
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	MO; GC; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	MO; GC; QL (300 EA per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	MO; GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	ST; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	2	MO; GC
<i>valproic acid oral solution 250 mg/5ml</i>	2	MO; GC
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	4	QL (30 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (1100 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide oral capsule 250 mg</i>	2	MO; GC
<i>ethosuximide oral solution 250 mg/5ml</i>	2	MO; GC
<i>methsuximide oral capsule 300 mg</i>	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; GC; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO; GC
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; GC; QL (180 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST
<i>vigabatrin oral packet 500 mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET 500 MG	5	PA; QL (180 EA per 30 days)
VIGPODER ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)
<i>Sodium Channel Agents</i>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	MO; GC
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO; GC
<i>carbamazepine oral tablet 200 mg</i>	2	MO; GC
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO; GC
DILANTIN ORAL CAPSULE 30 MG	4	ST
EPITOL ORAL TABLET 200 MG	2	MO; GC
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (120 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO; GC
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO; GC
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO; GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO; GC
<i>rufinamide oral suspension 40 mg/ml</i>	5	QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	QL (240 EA per 30 days)

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	MO; GC; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	MO; GC; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; MO

Cholinesterase Inhibitors

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	MO; GC; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	MO; GC; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; GC; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	MO; GC
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	MO; GC; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	MO; GC; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; GC; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	MO; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO; GC; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	MO; GC; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; GC; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO; GC
<i>trazodone hcl oral tablet 300 mg</i>	2	MO; GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; GC
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; GC
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	MO; GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; GC
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	MO; GC
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	

ANTIEMETICS

Antiemetics, Other

<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO; GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO; GC
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	2	MO; GC
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	MO; GC
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	

Emetogenic Therapy Adjuncts

<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BvD; MO; GC
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD; MO; GC
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BvD; MO; GC
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	BvD; MO

ANTIFUNGALS

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD
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Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BvD
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>ciclopirox olamine external cream 0.77 %</i>	2	MO; GC
<i>ciclopirox olamine external suspension 0.77 %</i>	2	MO; GC
<i>clotrimazole external cream 1 %</i>	1	MO; GC
<i>clotrimazole external solution 1 %</i>	2	MO; GC
<i>clotrimazole mouth/throat troche 10 mg</i>	2	MO; GC
<i>econazole nitrate external cream 1 %</i>	2	MO; GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BvD; MO; GC
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	MO; GC
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO; GC
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	MO; GC
<i>griseofulvin microsize oral tablet 500 mg</i>	2	MO; GC
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	MO; GC
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>itraconazole oral solution 10 mg/ml</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	4	
<i>ketoconazole external cream 2 %</i>	2	MO; GC
<i>ketoconazole external shampoo 2 %</i>	1	MO; GC
<i>ketoconazole oral tablet 200 mg</i>	1	MO; GC
NOXAFIL ORAL PACKET 300 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	MO
<i>nystatin external cream 100000 unit/gm</i>	1	MO; GC
<i>nystatin external ointment 100000 unit/gm</i>	1	MO; GC
<i>nystatin external powder 100000 unit/gm</i>	2	MO; GC
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	MO; GC
<i>nystatin oral tablet 500000 unit</i>	2	MO; GC
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	MO
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	MO; GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	MO; GC
<i>terconazole vaginal suppository 80 mg</i>	2	MO; GC
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO; GC
<i>colchicine oral capsule 0.6 mg</i>	3	MO
<i>colchicine oral tablet 0.6 mg</i>	3	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	PA; MO
<i>probenecid oral tablet 500 mg</i>	2	MO; GC
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	MO; GC; QL (40 EA per 28 days)
<i>Prophylactic</i>		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; MO
EPRONTIA ORAL SOLUTION 25 MG/ML	3	MO
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	MO; GC
<i>propranolol hcl oral tablet 80 mg</i>	6	MO; GC
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	MO; GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; GC
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	MO; GC; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	MO; GC; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	MO; GC; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; GC; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	2	MO; GC; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	MO; GC; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto- injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	MO; GC; QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	MO; GC; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	MO; GC; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	MO; GC
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	MO; GC
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	4	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	MO; GC
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO; GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO; GC
<i>pyrazinamide oral tablet 500 mg</i>	2	MO; GC
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	MO; GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	BvD; MO; GC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	PA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; QL (60 GM per 14 days)
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	MO; GC
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	
<i>nilutamide oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO; GC
<i>toremifene citrate oral tablet 60 mg</i>	5	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	1	MO; GC
INQOVI ORAL TABLET 35-100 MG	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	MO; GC
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
TABLOID ORAL TABLET 40 MG	4	PA
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (60 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	1	MO; GC
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	1	MO; GC
<i>Molecular Target Inhibitors</i>		
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; QL (60 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA; QL (96 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 100 MG	5	PA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	5	PA
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; QL (60 EA per 30 days)
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (30 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	
<i>ivermectin oral tablet 3 mg</i>	2	PA; MO; GC
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	MO; GC
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	MO; GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	MO; GC
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	MO; GC
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine hcl oral tablet 250 mg</i>	2	MO; GC
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; MO; GC
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO; GC
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO; GC
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100 mg</i>	2	MO; GC
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	MO; GC
<i>amantadine hcl oral tablet 100 mg</i>	2	MO; GC
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	MO; GC
<i>entacapone oral tablet 200 mg</i>	2	MO; GC
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	MO; GC
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	MO; GC
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO; GC
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO; GC
<i>Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa oral tablet 25 mg</i>	2	MO; GC
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO; GC
INBRIJA INHALATION CAPSULE 42 MG	5	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
<i>Monoamine Oxidase B (Mao-B) Inhibitors</i>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	MO; GC
<i>selegiline hcl oral tablet 5 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	BvD
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	BvD
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	MO; GC
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	MO; GC
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	MO; GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	MO; GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO; GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO; GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO; GC
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	MO; GC
<i>perphenazine oral tablet 16 mg, 2 mg</i>	2	MO; GC
<i>perphenazine oral tablet 4 mg, 8 mg</i>	2	BvD; MO; GC
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	MO; GC
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO; GC
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO; GC
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	5	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	5	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; GC; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 20 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; GC; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone oral solution 1 mg/ml</i>	2	MO; GC; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; GC; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
<i>Antispasticity Agents</i>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	MO; GC
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	MO; GC
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
LIVTENCITY ORAL TABLET 200 MG	5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
<i>Anti-Hepatitis B (Hbv) Agents</i>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO; GC; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>Anti-Hepatitis C (Hcv) Agents</i>		
MAVYRET ORAL PACKET 50-20 MG	5	PA
MAVYRET ORAL TABLET 100-40 MG	5	PA
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	MO; GC
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI ORAL TABLET 400-100-100 MG	5	PA
<i>Antiherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	1	MO; GC
<i>acyclovir oral suspension 200 mg/5ml</i>	2	MO; GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BvD; MO; GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	MO; GC
<i>trifluridine ophthalmic solution 1 %</i>	2	MO; GC
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	MO; GC
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	MO; GC; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	MO; GC; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	MO; GC; QL (1680 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>Anti-Hiv Agents, Other</i>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	MO; QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Protease Inhibitors (Pi)</i>		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (150 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir oral tablet 100 mg</i>	3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
<i>Anti-Influenza Agents</i>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	MO; GC
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	MO; GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
<i>rimantadine hcl oral tablet 100 mg</i>	2	MO; GC
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	MO
<i>Antivirals</i>		
LAGEVRIO ORAL CAPSULE 200 MG	1	MO; GC
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	MO; GC
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	MO; GC
ANXIOLYTICS		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO; GC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	MO; GC
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	MO; GC
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>Benzodiazepines</i>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	MO; GC; QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	MO; GC; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 2 mg</i>	2	MO; GC; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; GC; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	MO; GC; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	MO; GC; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	MO; GC; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	MO; GC; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; GC; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	MO; GC; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; GC; QL (150 EA per 30 days)

BIPOLAR AGENTS

Mood Stabilizers

<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO; GC
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO; GC
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO; GC
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO; GC
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO; GC
<i>lithium carbonate oral tablet 300 mg</i>	1	MO; GC
<i>lithium oral solution 8 meq/5ml</i>	2	MO; GC

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	MO; GC
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	MO; GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	MO; GC
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	MO; GC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MO; GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO; GC
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	3	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	MO; GC
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	MO; GC
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	6	MO; GC
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; MO; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	MO; GC
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; MO; QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	MO; GC
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	MO; GC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	MO; GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; MO; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; MO; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	4	PA; QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	MO
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	MO
<i>diazoxide oral suspension 50 mg/ml</i>	5	
<i>mifepristone oral tablet 300 mg</i>	5	PA
<i>Insulins</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	6	MO; GC
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	6	MO; GC
<i>cvs gauze sterile pad 2"x2"</i>	6	MO; GC
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	MO; GC
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
FIASP INJECTION SOLUTION 100 UNIT/ML	3	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	6	MO; GC
RELI-ON INSULIN SYRINGE 29G 0.3 ML	6	MO; GC
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
BLOOD PRODUCTS AND MODIFIERS		
<i>Anticoagulants</i>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MO
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	BvD; MO; GC
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO; GC
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO; GC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	MO
<i>Blood Products And Modifiers, Other</i>		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; QL (30 EA per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; QL (60 EA per 30 days)
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	MO; GC
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	2	MO; GC
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
<i>Platelet Modifying Agents</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	MO; GC
BRILINTA ORAL TABLET 60 MG, 90 MG	3	MO
CABLIVI INJECTION KIT 11 MG	5	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	MO; GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	MO; GC
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agonists</i>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO; GC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	MO; GC; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO; GC
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO; GC
<i>Alpha-Adrenergic Blocking Agents</i>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO; GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; GC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO; GC
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	MO; GC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	MO; GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	MO; GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	MO; GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	MO; GC
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO; GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	MO; GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	MO; GC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	MO; GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	MO; GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	MO; GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	MO; GC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO; GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	MO; GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	MO; GC
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO; GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	MO; GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO; GC
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	MO; GC
MULTAQ ORAL TABLET 400 MG	3	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO; GC
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO; GC
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO; GC
<i>Beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	6	MO; GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	6	MO; GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO; GC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	2	MO; GC
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	6	MO; GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	6	MO; GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO; GC
<i>nebivolol hcl oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<i>nebivolol hcl oral tablet 2.5 mg</i>	6	MO; GC
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MO; GC
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	MO; GC
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	MO; GC
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	6	MO; GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	MO; GC
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; GC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	6	MO; GC
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MO; GC
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; GC; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	MO; GC
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO; GC
<i>diltiazem hcl oral tablet 120 mg, 90 mg</i>	2	MO; GC
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	MO; GC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO; GC; QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	MO; GC
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; GC; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	2	MO; GC; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	MO; GC
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	6	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO; GC
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	3	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO; GC
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	MO; GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	MO; GC
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	MO; GC; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	MO; GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	MO; GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO; GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	6	MO; GC
<i>digoxin oral solution 0.05 mg/ml</i>	2	MO; GC; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	MO; GC
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	MO
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	MO; GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	MO; GC
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	4	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	4	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	MO; GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; GC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	6	MO; GC
<i>metyrosine oral capsule 250 mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	MO; GC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	MO; GC
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO; GC
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO; GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO; GC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; GC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	MO; GC
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO; GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO; GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	MO; GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	MO; GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; GC
<i>furosemide injection solution 10 mg/ml</i>	2	BvD; MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	6	MO; GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; GC
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO; GC
<i>Diuretics, Potassium-Sparing</i>		
<i>amiloride hcl oral tablet 5 mg</i>	6	MO; GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MO; GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	6	MO; GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO; GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO; GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	MO; GC
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	MO; GC; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	MO; GC
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	MO; GC
<i>lovastatin oral tablet 10 mg</i>	6	MO; GC; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	6	MO; GC; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	6	MO; GC; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	3	MO; QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	MO; GC; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO; GC; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	MO; GC; QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral packet 4 gm</i>	2	MO; GC
<i>cholestyramine oral packet 4 gm</i>	2	MO; GC
<i>colestipol hcl oral packet 5 gm</i>	2	MO; GC
<i>colestipol hcl oral tablet 1 gm</i>	2	MO; GC
<i>ezetimibe oral tablet 10 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	MO; GC
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	MO; GC
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	MO; GC
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	MO
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO; GC
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	6	MO; GC
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	6	MO; GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO; GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	MO
<i>nitroglycerin rectal ointment 0.4 %</i>	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	6	MO; GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	6	MO; GC
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	MO; GC

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines

<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; GC; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; GC; QL (90 EA per 30 days)

Central Nervous System, Other

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2024 Astiva, Formulary ID 24452, Version 16, effective 10/01/2024. Last updated 09/24/2024.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
<i>Fibromyalgia Agents</i>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	MO; GC; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	MO; QL (55 EA per 28 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	5	PA
<i> fingolimod hcl oral capsule 0.5 mg</i>	5	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA

DENTAL AND ORAL AGENTS

Dental And Oral Agents

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO; GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	MO; GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MO; GC
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	MO; GC

DERMATOLOGICAL AGENTS

Acne And Rosacea Agents

ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	MO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	MO; GC
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	MO; GC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>tazarotene external cream 0.1 %</i>	2	PA; MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; MO; GC
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO; GC
<i>Dermatitis And Pruitus Agents</i>		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	MO; GC
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	MO; GC
<i>amcinonide external ointment 0.1 %</i>	4	
<i>ammonium lactate external cream 12 %</i>	1	MO; GC
<i>ammonium lactate external lotion 12 %</i>	1	MO; GC
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	MO; GC
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	MO; GC
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	MO; GC
<i>betamethasone dipropionate external cream 0.05 %</i>	2	MO; GC
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	MO; GC
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	MO; GC
<i>betamethasone valerate external cream 0.1 %</i>	2	MO; GC
<i>betamethasone valerate external lotion 0.1 %</i>	2	MO; GC
<i>betamethasone valerate external ointment 0.1 %</i>	2	MO; GC
<i>clobetasol propionate e external cream 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	2	MO; GC
<i>desonide external cream 0.05 %</i>	4	
<i>desonide external lotion 0.05 %</i>	4	
<i>desonide external ointment 0.05 %</i>	2	MO; GC
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone external gel 0.05 %</i>	4	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	
EUCRISA EXTERNAL OINTMENT 2 %	4	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	MO; GC
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	MO; GC
<i>fluocinolone acetonide external solution 0.01 %</i>	4	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	MO; GC
<i>fluocinonide external gel 0.05 %</i>	4	
<i>fluocinonide external ointment 0.05 %</i>	2	MO; GC
<i>fluocinonide external solution 0.05 %</i>	2	MO; GC
<i>fluticasone propionate external cream 0.05 %</i>	1	MO; GC
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO; GC
<i>halobetasol propionate external cream 0.05 %</i>	4	
<i>halobetasol propionate external ointment 0.05 %</i>	2	MO; GC
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	MO; GC
<i>hydrocortisone external cream 1 %</i>	1	MO; GC
<i>hydrocortisone external lotion 2.5 %</i>	1	MO; GC
<i>hydrocortisone external ointment 1 %</i>	2	MO; GC
<i>hydrocortisone external ointment 2.5 %</i>	1	MO; GC
<i>hydrocortisone valerate external cream 0.2 %</i>	2	MO; GC
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	MO; GC
<i>mometasone furoate external cream 0.1 %</i>	2	MO; GC
<i>mometasone furoate external ointment 0.1 %</i>	2	MO; GC
<i>mometasone furoate external solution 0.1 %</i>	2	MO; GC
<i>pimecrolimus external cream 1 %</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	4	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	MO
<i>selenium sulfide external lotion 2.5 %</i>	1	MO; GC
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	MO; GC
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO; GC
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005 %</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	MO; GC
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	MO; GC
<i>diclofenac sodium external gel 3 %</i>	4	PA
<i>fluorouracil external cream 5 %</i>	3	MO
<i>fluorouracil external solution 2 %, 5 %</i>	2	MO; GC
<i>global alcohol prep ease pad 70 %</i>	6	MO; GC
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	MO; GC
HYFTOR EXTERNAL GEL 0.2 %	5	PA
<i>imiquimod external cream 5 %</i>	2	MO; GC
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	MO; GC
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	MO; GC
PANRETIN EXTERNAL GEL 0.1 %	5	PA
<i>podofilox external solution 0.5 %</i>	2	MO; GC
REGRANEX EXTERNAL GEL 0.01 %	5	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>silver sulfadiazine external cream 1 %</i>	2	MO; GC
SSD EXTERNAL CREAM 1 %	1	MO; GC
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	2	MO; GC
<i>Topical Anti-Infectives</i>		
<i>ciclopirox external gel 0.77 %</i>	2	MO; GC
<i>ciclopirox external shampoo 1 %</i>	2	MO; GC
<i>ciclopirox external solution 8 %</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external gel 1 %, 1 % (twice daily)</i>	2	MO; GC
<i>clindamycin phosphate external lotion 1 %</i>	2	MO; GC
<i>clindamycin phosphate external solution 1 %</i>	2	MO; GC
<i>ery external pad 2 %</i>	3	MO
<i>erythromycin external gel 2 %</i>	2	MO; GC
<i>erythromycin external solution 2 %</i>	2	MO; GC
<i>mupirocin calcium external cream 2 %</i>	4	
<i>mupirocin external ointment 2 %</i>	1	MO; GC

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/ Mineral Replacement

<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	BvD; MO; GC
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; MO; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO; GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO; GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO; GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO; GC
KLOR-CON ORAL PACKET 20 MEQ	2	MO; GC
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO; GC
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	MO; GC
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	3	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD; MO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	MO; GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO; GC
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD; MO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	BvD; MO; GC
<i>potassium chloride oral packet 20 meq</i>	2	MO; GC
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	MO; GC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	MO; GC
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; MO; GC
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	MO; GC
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO; GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	MO; GC
<i>Electrolyte/Mineral/Metal Modifiers</i>		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA
FERRIPROX ORAL TABLET 1000 MG	5	PA
KIONEX ORAL SUSPENSION 15 GM/60ML	3	MO
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	MO; GC
SPS ORAL SUSPENSION 15 GM/60ML	3	MO
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	5	PA
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BvD; MO; GC
<i>dextrose-sodium chloride intravenous solution 10- 0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	3	BvD; MO
DOJOLVI ORAL LIQUID 100 %	5	PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD
<i>levocarnitine oral solution 1 gm/10ml</i>	2	MO; GC
<i>levocarnitine oral tablet 330 mg</i>	2	MO; GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BvD
<i>prenatal oral tablet 27-1 mg</i>	2	MO; GC
PROSOL INTRAVENOUS SOLUTION 20 %	4	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; MO; GC

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	MO; GC
<i>calcium acetate oral tablet 667 mg</i>	2	MO; GC
<i>sevelamer carbonate oral packet 0.8 gm</i>	4	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
EXCLUDED DRUG COVERAGE		
Non-Part D Enhancement		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	E; MO; GC; QL (6 EA per 30 days)
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	MO; GC
<i>enulose oral solution 10 gm/15ml</i>	1	MO; GC
<i>generlac oral solution 10 gm/15ml</i>	1	MO; GC
<i>lactulose oral solution 10 gm/15ml</i>	1	MO; GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	MO; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	MO; GC
<i>loperamide hcl oral capsule 2 mg</i>	1	MO; GC
XERMELO ORAL TABLET 250 MG	5	QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	MO; GC
<i>dicyclomine hcl oral tablet 20 mg</i>	1	MO; GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO; GC
<i>Gastrointestinal Agents, Other</i>		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	4	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	MO; GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	MO; GC
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO; GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>na sulfate-k sulfate-mg sulf oral solution 17.5- 3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	MO; GC
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	MO; GC
SUTAB ORAL TABLET 1479-225-188 MG	4	
<i>ursodiol oral capsule 300 mg</i>	2	MO; GC
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	MO; GC
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	MO; GC
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	MO; GC
<i>Protectants</i>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	MO; GC
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>Proton Pump Inhibitors</i>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	MO; GC
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	MO; GC
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO; GC
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO; GC
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
<i>l-glutamine oral packet 5 gm</i>	4	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG	5	PA; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	5	PA; QL (56 EA per 28 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA
VIJOICE ORAL PACKET 50 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA
YARGESA ORAL CAPSULE 100 MG	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	MO; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	MO; GC; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; GC; QL (30 EA per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; GC; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; GC; QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO; GC
ELMIRON ORAL CAPSULE 100 MG	4	
<i>penicillamine oral tablet 250 mg</i>	5	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA; QL (0.5 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	MO; GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO; GC
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO; GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; GC
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BvD; MO; GC
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	MO; GC
<i>prednisolone oral solution 15 mg/5ml</i>	2	BvD; MO; GC
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	BvD; MO; GC
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	BvD; MO; GC
<i>prednisone oral solution 5 mg/5ml</i>	2	BvD; MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD; MO; GC
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO; GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	MO; GC
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	MO; GC
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	MO; GC
<i>danazol oral capsule 200 mg</i>	4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	MO; GC
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	MO; GC
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	MO
<i>testosterone transdermal solution 30 mg/act</i>	3	MO
<i>Estrogens</i>		
DUAVEE ORAL TABLET 0.45-20 MG	3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; GC
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	2	MO; GC
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO; GC
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tablet 10 mcg</i>	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO; GC
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	MO; GC
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO; GC
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO; GC
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	MO; GC
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO; GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	MO; GC
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	MO; GC
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO; GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	MO; GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	MO; GC
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	

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Drug Name	Drug Tier	Requirements/Limits
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO; GC
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO; GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	MO; GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO; GC
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	MO; GC
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; MO
INTROVALE ORAL TABLET 0.15-0.03 MG	2	MO; GC
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
JASMIEL ORAL TABLET 3-0.02 MG	2	MO; GC
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO; GC
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO; GC
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO; GC
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO; GC
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	MO; GC
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO; GC
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO; GC
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO; GC
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO; GC
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO; GC
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO; GC
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	MO; GC
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO; GC
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	MO; GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO; GC
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO; GC
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
LORYNA ORAL TABLET 3-0.02 MG	2	MO; GC
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	MO; GC
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO; GC
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO; GC
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO; GC
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO; GC
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO; GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO; GC
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO; GC
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	MO; GC
NIKKI ORAL TABLET 3-0.02 MG	2	MO; GC
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	MO; GC
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	MO; GC
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	2	MO; GC
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO; GC
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO; GC
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO; GC
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO; GC
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO; GC
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO; GC
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO; GC
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	MO; GC
OCELLA ORAL TABLET 3-0.03 MG	2	MO; GC
OSPHENA ORAL TABLET 60 MG	3	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	MO; GC
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
PREMPHASE ORAL TABLET 0.625-5 MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO; GC
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	MO; GC
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO; GC
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO; GC
SYEDA ORAL TABLET 3-0.03 MG	2	MO; GC
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	MO; GC
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO; GC
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO; GC
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO; GC
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO; GC
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO; GC
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
TURQOZ ORAL TABLET 0.3-30 MG-MCG	2	MO; GC
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	MO; GC
VESTURA ORAL TABLET 3-0.02 MG	2	MO; GC
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO; GC
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	MO; GC
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO; GC
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO; GC
<i>Progestins</i>		
CAMILA ORAL TABLET 0.35 MG	1	MO; GC
DEBLITANE ORAL TABLET 0.35 MG	1	MO; GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	2	MO; GC
ERRIN ORAL TABLET 0.35 MG	1	MO; GC
HEATHER ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	MO; GC
LYLEQ ORAL TABLET 0.35 MG	1	MO; GC
LYZA ORAL TABLET 0.35 MG	1	MO; GC
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	MO; GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	MO; GC
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; GC
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	MO; GC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	MO; GC
NORA-BE ORAL TABLET 0.35 MG	1	MO; GC
<i>norethindrone acetate oral tablet 5 mg</i>	2	MO; GC
<i>norethindrone oral tablet 0.35 mg</i>	1	MO; GC
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	MO; GC
SHAROBEL ORAL TABLET 0.35 MG	1	MO; GC

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

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Drug Name	Drug Tier	Requirements/Limits
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO; GC
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO; GC
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO; GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	2	MO; GC
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	4	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	PA; MO; GC
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>propylthiouracil oral tablet 50 mg</i>	1	MO; GC
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA
<i>Immunoglobulins</i>		

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BvD
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA
JOENJA ORAL TABLET 70 MG	5	PA; QL (60 EA per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO; GC
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA
TAVNEOS ORAL CAPSULE 10 MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (11.648 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA
<i>Immunosuppressants</i>		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	2	BvD; MO; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD; MO; GC
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD; MO; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD; MO; GC

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BvD
<i>everolimus oral tablet 0.25 mg, 0.75 mg, 1 mg</i>	5	BvD; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BvD; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BvD; MO; GC
GENGRAF ORAL SOLUTION 100 MG/ML	2	BvD; MO; GC
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA-PED \geq 40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; MO; GC
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD; MO; GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BvD; MO; GC
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD; MO; GC
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BvD; MO; GC
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD
REZUROCK ORAL TABLET 200 MG	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	BvD
<i>tacrolimus oral capsule 0.5 mg</i>	2	BvD; MO; GC
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvD
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	MO
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	MO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BvD; MO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	MO
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BvD; MO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	MO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOLE INJECTION INJECTABLE	3	MO
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	MO
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	MO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI INTRAMUSCULAR SOLUTION	3	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	MO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	MO
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	MO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BvD; MO
ROTARIX ORAL SUSPENSION	3	MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	MO
ROTATEQ ORAL SOLUTION	3	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD; MO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	MO
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	MO
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	MO; GC
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	MO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine oral capsule delayed release 400 mg</i>	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	4	
<i>mesalamine rectal enema 4 gm</i>	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	MO; GC
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO; GC
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; GC; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BvD; MO; GC; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO; GC
<i>calcitriol oral solution 1 mcg/ml</i>	4	BvD
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; GC; QL (1 EA per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	BvD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl oral tablet 60 mg</i>	2	MO; GC
<i>risedronate sodium oral tablet 150 mg</i>	2	MO; GC; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; GC; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	MO; GC; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; QL (2 ML per 28 days)

OPHTHALMIC AGENTS

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO; GC
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	MO; GC
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	MO; GC; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	MO; GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO; GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	MO; GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	MO; GC
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	MO; GC
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	MO; GC
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	MO; GC

Ophthalmic Anti-Allergy Agents

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	MO; GC
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	MO; GC
<i>Ophthalmic Anti-Infectives</i>		
AZASITE OPHTHALMIC SOLUTION 1 %	4	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	MO; GC
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO; GC
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO; GC
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	MO; GC
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	MO; GC
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	MO; GC
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	MO; GC
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	MO; GC
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	MO; GC
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO; GC
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	4	PA
<i>Ophthalmic Anti-Inflammatories</i>		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	MO; GC
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	MO; GC
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	MO; GC
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	MO; GC
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	MO; GC
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	MO; GC
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	MO; GC
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	MO; GC
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	MO; GC
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO; GC
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO; GC
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	2	MO; GC
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	MO; GC
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO; GC
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	MO; GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MO; GC
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	MO; GC
AZOPT OPHTHALMIC SUSPENSION 1 %	3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	MO; GC
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO; GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	MO; GC
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	MO; GC
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO; GC
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	MO; GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	MO
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	MO; GC
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	3	MO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	MO; GC
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	MO; GC
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	MO; GC
<i>ofloxacin otic solution 0.3 %</i>	4	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	2	MO; GC; QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 5 mg/5ml</i>	1	MO; GC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	MO; GC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	MO; GC
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	MO; QL (2 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BvD
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO; GC; QL (50 ML per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	3	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	MO; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	MO; GC; QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	MO; GC; QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	MO; GC; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BvD; MO; GC
<i>ipratropium bromide nasal solution 0.03 %</i>	2	MO; GC; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	MO; GC; QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	MO; QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	3	MO; QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	MO; GC; QL (17 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	MO; GC; QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	MO; GC; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BvD; MO; GC
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	MO; GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MO; GC
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	MO; GC
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	MO; GC
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MO; QL (36 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	MO; GC
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	MO; GC
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; MO; GC; QL (90 EA per 30 days)
<i>Pulmonary Fibrosis Agents</i>		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
<i>pirfenidone oral capsule 267 mg</i>	5	PA
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BvD; MO; GC
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	MO; QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	MO; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BvD; MO; GC
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD; MO; GC
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	MO; QL (60 EA per 30 days)

SKELLETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	2	MO; GC
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	MO; GC
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	MO; GC
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	MO; GC

SLEEP DISORDER AGENTS

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	MO; GC; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	4	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)

Index of Drugs/Alphabetical Listing

A		
<i>abacavir sulfate</i>	39	
<i>abacavir sulfate-lamivudine</i>	39	
ABELCET	21	
ABILIFY ASIMTUFII	35	
ABILIFY MAINTENA.....	35	
<i>abiraterone acetate</i>	25	
ABRYSSVO.....	83	
<i>acamprosate calcium</i>	6	
<i>acarbose</i>	43	
ACCUTANE	59	
<i>acebutolol hcl</i>	51	
<i>acetaminophen-codeine</i>	5	
<i>acetazolamide</i>	89	
<i>acetazolamide er</i>	89	
<i>acetic acid</i>	90	
<i>acetylcysteine</i>	93	
<i>acitretin</i>	60	
ACTHIB	83	
ACTIMMUNE	81	
<i>acyclovir</i>	38	
<i>acyclovir sodium</i>	38	
ADACEL.....	83	
<i>adefovir dipivoxil</i>	38	
ADEMPAS.....	93	
ADVAIR HFA	93	
AKEEGA	25	
<i>albendazole</i>	32	
<i>albuterol sulfate</i>	92	
<i>albuterol sulfate hfa</i>	91, 92	
<i>alclometasone dipropionate</i>	60	
ALECENSA	27	
<i>alendronate sodium</i>	86	
<i>alfuzosin hcl er</i>	70	
<i>aliskiren fumarate</i>	53	
<i>allopurinol</i>	22	
<i>alosetron hcl</i>	67	
<i>alprazolam</i>	42	
ALPRAZOLAM INTENSOL	42	
ALTAVERA	73	
ALUNBRIG	27	
ALVAIZ.....	48	
<i>alyacen 1/35</i>	73	
<i>amantadine hcl</i>	33	
<i>ambrisentan</i>	93	
<i>amcinonide</i>	60	
<i>amikacin sulfate</i>	7	
<i>amiloride hcl</i>	55	
<i>amiloride-hydrochlorothiazide</i>	53	
<i>amiodarone hcl</i>	50	
<i>amitriptyline hcl</i>	20	
<i>amlodipine besy-benazepril hcl</i>	53	
<i>amlodipine besylate</i>	51	
<i>amlodipine besylate-valsartan</i>	53	
<i>amlodipine-atorvastatin</i>	53	
<i>amlodipine-olmesartan</i>	53	
<i>ammonium lactate</i>	60	
AMNESTEEM.....	60	
<i>amoxapine</i>	20	
<i>amoxicillin</i>	10	
<i>amoxicillin-pot clavulanate</i> ..	10	
<i>amoxicillin-pot clavulanate er</i>	10	
<i>amphetamine-</i> <i>dextroamphetamine</i>	57	
<i>amphotericin b</i>	21	
<i>amphotericin b liposome</i>	21	
<i>ampicillin</i>	10	
<i>ampicillin sodium</i>	10	
<i>ampicillin-sulbactam sodium</i> ..	10	
<i>anagrelide hcl</i>	48	
<i>anastrozole</i>	27	
ANORO ELLIPTA.....	93	
<i>apraclonidine hcl</i>	89	
<i>aprepitant</i>	20, 21	
APRI.....	73	
APTIOM.....	16	
APTIVUS	41	
ARANELLE.....	73	
ARCALYST.....	79	
AREXVY	83	
ARIKAYCE	7	
<i>aripiprazole</i>	35	
<i>armodafinil</i>	95	
ARNUITY ELLIPTA.....	90	
<i>asenapine maleate</i>	35	
ASMANEX (120 METERED DOSES).....	90	
ASMANEX (30 METERED DOSES).....	90	
ASMANEX (60 METERED DOSES).....	91	
ASMANEX HFA	91	
<i>aspirin-dipyridamole er</i>	49	
ASSURE ID INSULIN SAFETY SYR	45	
<i>atazanavir sulfate</i>	41	
<i>atenolol</i>	51	
<i>atenolol-chlorthalidone</i>	53	
<i>atomoxetine hcl</i>	58	
<i>atorvastatin calcium</i>	56	
<i>atovaquone</i>	33	
<i>atovaquone-proguanil hcl</i>	33	
<i>atropine sulfate</i>	87	
ATROVENT HFA.....	91	
AUBRA EQ.....	73	
AUGTYRO.....	27	
AURYXIA.....	66	
AUSTEDO	58	
AUSTEDO XR.....	58	
AUSTEDO XR PATIENT TITRATION	58	
AUVELITY	17	
AVIANE.....	73	
AVONEX PEN.....	59	
AVONEX PREFILLED	59	
AYVAKIT	27	
AZASITE	87	
<i>azathioprine</i>	81	
<i>azelastine hcl</i>	87, 90	
<i>azithromycin</i>	11, 12	
AZOPT	89	
<i>aztreonam</i>	7	
B		
<i>bacitracin</i>	88	
<i>bacitracin-polymyxin b</i>	88	
<i>bacitra-neomycin-polymyxin-</i> <i>hc</i>	87	
<i>baclofen</i>	38	
<i>balsalazide disodium</i>	86	
BALVERSA	27	
BALZIVA.....	73	
BAQSIMI ONE PACK	45	
BARACLUDGE.....	38	
<i>bcg vaccine</i>	83	
BELSOMRA	94	
<i>benazepril hcl</i>	50	
<i>benazepril-hydrochlorothiazide</i>	53	
BENLYSTA	81	

<i>benznidazole</i>	33	<i>bupropion hcl er (sr)</i>	17	<i>cefprozil</i>	9
<i>benzoyl peroxide-erythromycin</i>	60	<i>bupropion hcl er (xl)</i>	17, 18	<i>ceftazidime</i>	9
<i>benztropine mesylate</i>	33	<i>buspirone hcl</i>	42	<i>ceftriaxone sodium</i>	9, 10
BESREMI.....	81	<i>butalbital-apap-caffeine</i>	4	<i>cefuroxime axetil</i>	10
<i>betaine</i>	68	<i>butalbital-asa-caff-codeine</i>	4	<i>cefuroxime sodium</i>	10
<i>betamethasone dipropionate</i> 60		<i>butalbital-aspirin-caffeine</i>	4	<i>celecoxib</i>	4
<i> aug</i>	60	BYLVAY	67	<i>cephalexin</i>	10
<i>betamethasone valerate</i> ..	60, 61	BYLVAY (PELLETS)	67	<i>cetirizine hcl</i>	90
BETASERON	59	C		<i>chlordiazepoxide hcl</i>	42
<i>betaxolol hcl</i>	51, 89	<i>cabergoline</i>	78	<i>chlorhexidine gluconate</i>	59
<i>bethanechol chloride</i>	70	CABLIVI.....	49	<i>chloroquine phosphate</i>	33
<i>bexarotene</i>	32	CABOMETYX.....	27	<i>chlorpromazine hcl</i>	34
BEXSERO.....	83	<i>calcipotriene</i>	62	<i>chlorthalidone</i>	55
<i>bicalutamide</i>	25	<i>calcitonin (salmon)</i>	86	<i>chlorzoxazone</i>	94
BICILLIN L-A	11	<i>calcitriol</i>	86	<i>cholestyramine</i>	56
BIKTARVY	39	<i>calcium acetate</i>	66	<i>cholestyramine light</i>	56
<i>bisoprolol fumarate</i>	51	<i>calcium acetate (phos binder)</i>	66	<i>ciclopirox</i>	63
<i>bisoprolol-hydrochlorothiazide</i>	53	CALQUENCE.....	27, 28	<i>ciclopirox olamine</i>	21
BLISOVI FE 1.5/30	73	CAMILA	76	<i>cilostazol</i>	49
BOOSTRIX.....	83	CAMZYOS	53	CIMDUO	40
<i>bosentan</i>	93	<i>candesartan cilexetil</i>	49	<i>cinacalcet hcl</i>	86
BOSULIF	27	<i>candesartan cilexetil-hctz</i>	53	<i>ciprofloxacin hcl</i>	12, 90
BRAFTOVI.....	27	CAPLYTA.....	35	<i>ciprofloxacin in d5w</i>	12
BREO ELLIPTA	93	CAPRELSA.....	28	<i>ciprofloxacin-dexamethasone</i>	90
BREZTRI AEROSPHERE ..	93	<i>captopril</i>	50	<i>ciprofloxacin-fluocinolone pf90</i> <i>citalopram hydrobromide</i>	18
<i>brillyln</i>	73	<i>carbamazepine</i>	16	CLARAVIS	60
BRILINTA	49	<i>carbamazepine er</i>	16	<i>clarithromycin</i>	12
<i>brimonidine tartrate</i>	89	<i>carbidopa</i>	34	<i>clarithromycin er</i>	12
<i>brimonidine tartrate-timolol</i> 89		<i>carbidopa-levodopa</i>	34	CLENPIQ	67
BRIVIACT	13	<i>carbidopa-levodopa er</i>	34	<i>clindamycin hcl</i>	7
<i>bromfenac sodium</i>	88	<i>carbidopa-levodopa-</i> <i> entacapone</i>	33	<i>clindamycin palmitate hcl</i>	8
<i>bromfenac sodium (once-daily)</i>	88	CARDURA XL	70	<i>clindamycin phos-benzoyl</i> <i> perox</i>	60
<i>bromocriptine mesylate</i> ..	33, 34	<i>carglumic acid</i>	63	<i>clindamycin phosphate</i>	8, 63
BROMSITE.....	88	<i>carteolol hcl</i>	89	<i>clindamycin phosphate in d5w</i> 8	
BRONCHITOL	92	CARTIA XT.....	52	CLINIMIX E/DEXTROSE (2.75/5)	65
BRUKINSA	27	<i>carvedilol</i>	51	CLINIMIX E/DEXTROSE (4.25/10)	65
<i>budesonide</i>	86, 91	<i>carvedilol phosphate er</i>	51	CLINIMIX E/DEXTROSE (4.25/5)	65
<i>budesonide er</i>	86	<i>casprofungin acetate</i>	21	CLINIMIX E/DEXTROSE (5/15)	65
<i>budesonide-formoterol</i> <i> fumarate</i>	93	CAYSTON	92	CLINIMIX E/DEXTROSE (5/20)	65
<i>bumetanide</i>	55	<i>cefaclor</i>	9	CLINIMIX/DEXTROSE (4.25/10)	65
<i>buprenorphine hcl</i>	6	<i>cefaclor er</i>	9	CLINIMIX/DEXTROSE (4.25/5)	65
<i>buprenorphine hcl-naloxone</i> <i> hcl</i>	6	<i>cefadroxil</i>	9	CLINIMIX/DEXTROSE (4.25/10)	65
<i>bupropion hcl</i>	18	<i>cefazolin sodium</i>	9	CLINIMIX/DEXTROSE (4.25/5)	65
<i>bupropion hcl er (smoking det)</i>	7	<i>cefdinir</i>	9		
		<i>cefepime hcl</i>	9		
		<i>cefixime</i>	9		
		<i>cefotetan disodium</i>	9		
		<i>cefoxitin sodium</i>	9		
		<i>cefpodoxime proxetil</i>	9		

CLINIMIX/DEXTROSE		
(5/15).....	65	
CLINIMIX/DEXTROSE		
(5/20).....	65	
<i>clobazam</i>	15	
<i>clobetasol propionate</i>	61	
<i>clobetasol propionate e</i>	61	
<i>clomipramine hcl</i>	20	
<i>clonazepam</i>	42, 43	
<i>clonidine</i>	49	
<i>clonidine hcl</i>	49	
<i>clopidogrel bisulfate</i>	49	
<i>clorazepate dipotassium</i>	43	
<i>clotrimazole</i>	21	
<i>clotrimazole-betamethasone</i>	62	
<i>clozapine</i>	37	
COARTEM.....	33	
<i>codeine sulfate</i>	5	
<i>colchicine</i>	22, 23	
<i>colchicine-probenecid</i>	23	
<i>colestipol hcl</i>	56	
<i>colistimethate sodium (cba)</i> ...	8	
COMBIGAN.....	89	
COMBIVENT RESPIMAT.....	93	
COMETRIQ (100 MG DAILY DOSE).....	28	
COMETRIQ (140 MG DAILY DOSE).....	28	
COMETRIQ (60 MG DAILY DOSE).....	28	
COMFORT ASSIST INSULIN SYRINGE.....	45	
COMPLERA.....	39	
<i>constulose</i>	66	
COPAXONE.....	59	
COPIKTRA.....	28	
COSENTYX.....	80	
COSENTYX (300 MG DOSE).....	79	
COSENTYX SENSOREADY (300 MG).....	80	
COSENTYX UNOREADY.....	80	
COTELLIC.....	28	
CREON.....	69	
<i>cromolyn sodium</i>	69, 87, 94	
CRYSSELLE-28.....	73	
<i>cvs gauze sterile</i>	45	
<i>cyclobenzaprine hcl</i>	94	
<i>cyclophosphamide</i>	24	
<i>cyclosporine</i>	81, 87	
<i>cyclosporine modified</i>	81	
<i>cyproheptadine hcl</i>	90	
CYRED EQ.....	73	
CYSTADROPS.....	87	
CYSTAGON.....	69	
CYSTARAN.....	87	
D		
<i>dalfampridine er</i>	59	
<i>danazol</i>	72	
<i>dapsone</i>	24	
DAPTACEL.....	83	
<i>daptomycin</i>	8	
<i>darifenacin hydrobromide er</i>	69	
<i>darunavir</i>	41	
DAURISMO.....	28	
DAYBUE.....	58	
DEBLITANE.....	77	
<i>deferasirox</i>	65	
<i>deferasirox granules</i>	64	
<i>deferiprone</i>	65	
DELSTRIGO.....	40	
DEPO-SUBQ PROVERA.....	104	
.....	77	
DESCOVY.....	40	
<i>desipramine hcl</i>	20	
<i>desmopressin ace spray refrig</i>	71	
.....	71	
<i>desmopressin acetate</i>	71	
<i>desogestrel-ethinyl estradiol</i>	73	
<i>desonide</i>	61	
<i>desoximetasone</i>	61	
<i>desvenlafaxine er</i>	18	
<i>desvenlafaxine succinate er</i>	18	
<i>dexamethasone</i>	71	
<i>dexamethasone sodium phosphate</i>	88	
<i>dexlansoprazole</i>	68	
<i>dexmethylphenidate hcl</i>	58	
<i>dextroamphetamine sulfate</i>	57	
<i>dextroamphetamine sulfate er</i>	57	
<i>dextrose</i>	65	
<i>dextrose-sodium chloride</i>	66	
DIACOMIT.....	13	
<i>diazepam</i>	15, 43	
DIAZEPAM INTENSOL.....	43	
<i>diazoxide</i>	45	
<i>diclofenac potassium</i>	4	
<i>diclofenac sodium</i>	4, 62, 88	
<i>diclofenac sodium er</i>	4	
<i>dicloxacillin sodium</i>	11	
<i>dicyclomine hcl</i>	67	
DIFICID.....	12	
<i>diflunisal</i>	4	
<i>digoxin</i>	53	
<i>dihydroergotamine mesylate</i>	23	
DILANTIN.....	16	
<i>diltiazem hcl</i>	52	
<i>diltiazem hcl er</i>	52	
<i>diltiazem hcl er beads</i>	52	
<i>diltiazem hcl er coated beads</i>	52	
<i>dilt-xr</i>	52	
<i>dimethyl fumarate</i>	59	
<i>dimethyl fumarate starter pack</i>	59	
<i>diphenoxylate-atropine</i>	67	
<i>diphtheria-tetanus toxoids dt</i>	83	
<i>disopyramide phosphate</i>	50	
<i>disulfiram</i>	6	
<i>divalproex sodium</i>	43	
<i>divalproex sodium er</i>	43	
<i>dofetilide</i>	50	
DOJOLVI.....	66	
<i>donepezil hcl</i>	17	
<i>dorzolamide hcl</i>	89	
<i>dorzolamide hcl-timolol mal</i>	89	
<i>dorzolamide hcl-timolol mal pf</i>	89	
DOVATO.....	39	
<i>doxazosin mesylate</i>	49	
<i>doxepin hcl</i>	20	
DOXY 100.....	13	
<i>doxycycline hyclate</i>	13	
<i>doxycycline monohydrate</i>	13	
DRIZALMA SPRINKLE.....	18	
<i>dronabinol</i>	21	
<i>drospirenone-ethinyl estradiol</i>	73	
DROXIA.....	25	
<i>droxidopa</i>	49	
DUAVEE.....	72	
<i>duloxetine hcl</i>	19	
DUPIXENT.....	80	
DUREZOL.....	88	
<i>dutasteride</i>	70	
<i>dutasteride-tamsulosin hcl</i>	70	
E		
<i>econazole nitrate</i>	21	
EDURANT.....	39	
<i>efavirenz</i>	39	
<i>efavirenz-emtricitab-tenofo df</i>	40	

<i>efavirenz-lamivudine-tenofovir</i>	ESTARYLLA.....	73	<i>fluconazole in sodium chloride</i>	21
.....	<i>estradiol</i>	72	.....	21
ELIGARD	<i>ethambutol hcl</i>	24	<i>flucytosine</i>	22
ELIQUIS	<i>ethosuximide</i>	15	<i>fludrocortisone acetate</i>	71
ELIQUIS DVT/PE STARTER	<i>ethynodiol diac-eth estradiol</i>	73	<i>flunisolide</i>	91
PACK	<i>etodolac</i>	4	<i>fluocinolone acetonide</i>	61, 90
ELMIRON.....	<i>etonogestrel-ethinyl estradiol</i>	73	<i>fluocinonide</i>	61
ELURYNG.....	.....	73	<i>fluocinonide emulsified base</i>	61
EMGALITY	<i>etravirine</i>	39	<i>fluorometholone</i>	88
EMSAM	EUCRISA.....	61	<i>fluorouracil</i>	62
<i>emtricitabine</i>	EUTHYROX	77	<i>fluoxetine hcl</i>	19
<i>emtricitabine-tenofovir df</i>	<i>everolimus</i>	28, 82	<i>fluphenazine decanoate</i>	34
EMTRIVA.....	EVOTAZ.....	41	<i>fluphenazine hcl</i>	34
EMVERM	EVRYSDI.....	58	<i>flurbiprofen</i>	4
<i>enalapril maleate</i>	EXEL COMFORT POINT		<i>flurbiprofen sodium</i>	88
<i>enalapril-hydrochlorothiazide</i>	PEN NEEDLE.....	45	<i>fluticasone propionate</i>	61, 91
.....	<i>exemestane</i>	27	<i>fluticasone propionate hfa</i> ...	91
ENBREL	<i>ezetimibe</i>	56	<i>fluticasone-salmeterol</i>	94
ENBREL MINI	<i>ezetimibe-simvastatin</i>	56	<i>fluvastatin sodium</i>	56
ENBREL SURECLICK	F		<i>fluvastatin sodium er</i>	56
ENGERIX-B	FALMINA.....	73	<i>fluvoxamine maleate</i>	19
ENILLORING.....	<i>famciclovir</i>	38	<i>fondaparinux sodium</i>	48
<i>enoxaparin sodium</i>	<i>famotidine</i>	68	<i>fosamprenavir calcium</i>	41
.....	FANAPT	35	<i>fosinopril sodium</i>	50
ENPRESSE-28.....	FANAPT TITRATION PACK		<i>fosinopril sodium-hctz</i>	54
ENSKYCE .....	.....	36	FOTIVDA.....	28
ENSPRYNG.....	<i>febuxostat</i>	23	FRUZAQLA.....	28
<i>entacapone</i>	<i>felbamate</i>	13	<i>furosemide</i>	55
<i>entecavir</i>	<i>felodipine er</i>	51	FUZEON	40
ENTRESTO	<i>fenofibrate</i>	55	FYCOMPA.....	13, 14
<i>enulose</i>	<i>fenofibrate micronized</i>	55	G	
ENVARUSUS XR	<i>fenofibric acid</i>	55	<i>gabapentin</i>	15
EPIDIOLEX	<i>fentanyl</i>	5	GALAFOLD.....	69
<i>epinephrine</i>	<i>fentanyl citrate</i>	5	<i>galantamine hydrobromide</i> ..	17
EPITOL	FERRIPROX	65	<i>galantamine hydrobromide er</i>	17
<i>eplerenone</i>	<i>fesoterodine fumarate er</i>	70	.....	17
EPRONTIA	FETZIMA.....	19	GARDASIL 9	83
ERAXIS	FETZIMA TITRATION	19	<i>gatifloxacin</i>	88
<i>ergotamine-caffeine</i>	FIASP.....	45	GATTEX	67
ERIVEDGE.....	FIASP FLEXTOUCH	45	GAVILYTE-C.....	67
ERLEADA	FIASP PENFILL	45	GAVILYTE-G.....	67
<i>erlotinib hcl</i>	FILSPARI.....	54	GAVRETO.....	28
ERRIN.....	<i>finasteride</i>	70	<i>gefitinib</i>	28
<i>ertapenem sodium</i>	<i>finolimid hcl</i>	59	<i>gemfibrozil</i>	55
<i>ery</i>	FINTEPLA	13	<i>generlac</i>	67
ERYTHROCIN	FIRMAGON.....	78	GENGRAF	82
LACTOBIONATE	FIRMAGON (240 MG DOSE)		<i>gentamicin in saline</i>	7
.....	.....	78	<i>gentamicin sulfate</i>	7, 88
<i>erythromycin</i>	FIRVANQ	8	GENVOYA	39
.....	<i>flecainide acetate</i>	50	GILOTRIF	28
<i>erythromycin ethylsuccinate</i> .12	<i>fluconazole</i>	21	GLEOSTINE	24
<i>escitalopram oxalate</i>				
<i>esomeprazole magnesium</i>				

<i>glimepiride</i>	43	IBU	4	<i>isosorbide dinitrate</i>	57
<i>glipizide</i>	43	<i>ibuprofen</i>	4	<i>isosorbide mononitrate</i>	57
<i>glipizide er</i>	43	<i>icatibant acetate</i>	79	<i>isosorbide mononitrate er</i>	57
<i>glipizide-metformin hcl</i>	43	ICLEVIA	74	<i>isotretinoin</i>	60
<i>global alcohol prep ease</i>	62	ICLUSIG	28	<i>isradipine</i>	52
<i>glyburide</i>	44	<i>icosapent ethyl</i>	56	ISTURISA	71
<i>glyburide micronized</i>	43	IDHIFA	26	<i>itraconazole</i>	22
<i>glyburide-metformin</i>	44	ILEVRO	88	<i>ivabradine hcl</i>	54
<i>glycopyrrolate</i>	67	<i>imatinib mesylate</i>	28	<i>ivermectin</i>	32
<i>granisetron hcl</i>	21	IMBRUVICA	28, 29	IWILFIN	29
<i>griseofulvin microsize</i>	22	<i>imipenem-cilastatin</i>	11	IXCHIQ	84
<i>griseofulvin ultramicrosize</i> ...	22	<i>imipramine hcl</i>	20	IXIARO	84
<i>guanfacine hcl</i>	49	<i>imiquimod</i>	62	J	
<i>guanfacine hcl er</i>	58	IMOVAX RABIES	84	JAKAFI	29
H		IMVEXXY MAINTENANCE		JANTOVEN	48
<i>halobetasol propionate</i>	61	PACK	72	JANUMET	44
HALOETTE	73	IMVEXXY STARTER PACK		JANUMET XR	44
<i>haloperidol</i>	35	.....	72	JANUVIA	44
<i>haloperidol decanoate</i>	35	INBRIJA	34	JARDIANCE	44
<i>haloperidol lactate</i>	35	INCASSIA.....	77	JASMIEL	74
HAVRIX	83	INCRELEX	71	JAYPIRCA	29
HEATHER	77	<i>indapamide</i>	55	JOENJA	80
<i>heparin sodium (porcine)</i>	48	<i>indomethacin</i>	4	JUBLIA	22
HEPLISAV-B.....	84	<i>indomethacin er</i>	4	JULEBER	74
HIBERIX.....	84	INFANRIX.....	84	JULUCA	40
HUMIRA (2 PEN)	82	INLYTA	29	JUNEL 1.5/30.....	74
HUMIRA (2 SYRINGE).....	82	INQOVI.....	25	JUNEL 1/20.....	74
HUMIRA-CD/UC/HS		INREBIC	29	JUNEL FE 1.5/30	74
STARTER	82	INTELENCE	39	JUNEL FE 1/20	74
HUMIRA-PED>/=40KG UC		INTRALIPID.....	66	JUXTAPID	56
STARTER	82	INTRAROSA	74	JYNNEOS	84
HUMIRA-PSORIASIS/UEVIT		INTROVALE	74	K	
STARTER	82	INVEGA HAFYERA.....	36	KALYDECO	92
<i>hydralazine hcl</i>	57	INVEGA SUSTENNA.....	36	KARIVA.....	74
<i>hydrochlorothiazide</i>	55	INVEGA TRINZA.....	36	KATERZIA	52
<i>hydrocodone-acetaminophen</i> .5		INVOKAMET.....	44	<i>kcl in dextrose-nacl</i>	63
<i>hydrocodone-ibuprofen</i>	5	INVOKAMET XR	44	<i>kcl-lactated ringers-d5w</i>	63
<i>hydrocortisone</i>	61, 71, 86	INVOKANA	44	KELNOR 1/35.....	74
<i>hydrocortisone (perianal)</i>	61	IPOL	84	KELNOR 1/50.....	74
<i>hydrocortisone ace-pramoxine</i>		<i>ipratropium bromide</i>	91	KERENDIA.....	55
.....	62	<i>ipratropium-albuterol</i>	94	KESIMPTA	59
<i>hydrocortisone valerate</i>	61	<i>irbesartan</i>	50	<i>ketoconazole</i>	22
<i>hydromorphone hcl</i>	5	<i>irbesartan-hydrochlorothiazide</i>		<i>ketorolac tromethamine</i> ...	4, 88
<i>hydroxychloroquine sulfate</i> ..	33	.....	54	KINERET	82
<i>hydroxyurea</i>	25	ISENTRESS	39	KINRIX	84
<i>hydroxyzine hcl</i>	42	ISENTRESS HD	39	KIONEX.....	65
<i>hydroxyzine pamoate</i>	42	ISIBLOOM.....	74	KISQALI (200 MG DOSE)..	29
HYFTOR.....	62	ISOLYTE-P IN D5W	66	KISQALI (400 MG DOSE)..	29
I		ISOLYTE-S PH 7.4.....	63	KISQALI (600 MG DOSE)..	29
<i>ibandronate sodium</i>	86	<i>isoniazid</i>	24	KISQALI FEMARA (200 MG	
IBRANCE	28	<i>isosorb dinitrate-hydralazine</i> 54		DOSE)	26

KISQALI FEMARA (400 MG DOSE).....	26	LENVIMA (24 MG DAILY DOSE).....	29	<i>loperamide hcl</i>	67
KISQALI FEMARA (600 MG DOSE).....	26	LENVIMA (4 MG DAILY DOSE).....	30	<i>lopinavir-ritonavir</i>	41
KLOR-CON.....	64	LENVIMA (8 MG DAILY DOSE).....	30	<i>lorazepam</i>	43
KLOR-CON 10.....	63	LESSINA.....	74	LORAZEPAM INTENSOL.....	43
KLOR-CON M10.....	63	<i>letrozole</i>	27	LORBRENA.....	30
KLOR-CON M15.....	64	<i>leucovorin calcium</i>	26	LORYNA.....	74
KLOR-CON M20.....	64	LEUKERAN.....	24	<i>losartan potassium</i>	50
KLOXXADO.....	6	LEUKINE.....	48	<i>losartan potassium-hctz</i>	54
KOSELUGO.....	29	<i>leuprolide acetate</i>	78	<i>loteprednol etabonate</i>	88
KRAZATI.....	29	<i>leuprolide acetate (3 month)</i>	78	<i>lovastatin</i>	56
KURVELO.....	74	LEVEMIR.....	46	LOW-OGESTREL.....	74
L		LEVEMIR FLEXPEN.....	46	<i>loxapine succinate</i>	35
<i>labetalol hcl</i>	51	<i>levetiracetam</i>	14	<i>lubiprostone</i>	67
<i>lacosamide</i>	16	<i>levetiracetam er</i>	14	LUMAKRAS.....	26
<i>lactulose</i>	67	<i>levobunolol hcl</i>	89	LUMIGAN.....	90
LAGEVRIO.....	42	<i>levocarnitine</i>	66	LUPKYNIS.....	82
<i>lamivudine</i>	38, 40	<i>levocetirizine dihydrochloride</i>	90	LUPRON DEPOT (1-MONTH).....	78
<i>lamivudine-zidovudine</i>	40	<i>levofloxacin</i>	12	LUPRON DEPOT (3-MONTH).....	78
<i>lamotrigine</i>	14	<i>levofloxacin in d5w</i>	12	LUPRON DEPOT (4-MONTH).....	78
<i>lamotrigine er</i>	14	LEVONEST.....	74	LUPRON DEPOT (6-MONTH).....	78
<i>lamotrigine starter kit-blue</i>	14	<i>levonorgest-eth estrad 91-day</i>	74	LUPRON DEPOT-PED (1-MONTH).....	78
<i>lamotrigine starter kit-green</i>	14	<i>levonorgestrel-ethinyl estrad</i>	74	LUPRON DEPOT-PED (3-MONTH).....	78
<i>lamotrigine starter kit-orange</i>	14	<i>levonorg-eth estrad triphasic</i>	74	LUPRON DEPOT-PED (6-MONTH).....	78
LAMPIT.....	33	LEVORA 0.15/30 (28).....	74	<i>lurasidone hcl</i>	36
LANOXIN.....	54	<i>levothyroxine sodium</i>	77	LUTERA.....	75
<i>lansoprazole</i>	68	LEVOXYL.....	77	LYBALVI.....	36
LANTUS.....	46	<i>l-glutamine</i>	69	LYLEQ.....	77
LANTUS SOLOSTAR.....	45	LIALDA.....	86	LYNPARZA.....	26
<i>lapatinib ditosylate</i>	29	LIBERVANT.....	15	LYSODREN.....	25
LARIN 1.5/30.....	74	<i>lidocaine</i>	6	LYTGOBI (12 MG DAILY DOSE).....	30
LARIN 1/20.....	74	<i>lidocaine hcl</i>	6	LYTGOBI (16 MG DAILY DOSE).....	30
LARIN FE 1.5/30.....	74	<i>lidocaine viscous hcl</i>	6	LYTGOBI (20 MG DAILY DOSE).....	30
LARIN FE 1/20.....	74	<i>lidocaine-prilocaine</i>	6	LYZA.....	77
<i>latanoprost</i>	89	<i>linezolid</i>	8	M	
LEENA.....	74	LINZESS.....	67	<i>magnesium sulfate</i>	64
<i>leflunomide</i>	80	<i>liothyronine sodium</i>	78	<i>malathion</i>	63
<i>lenalidomide</i>	25	<i>lisinopril</i>	50	<i>maraviroc</i>	40
LENVIMA (10 MG DAILY DOSE).....	29	<i>lisinopril-hydrochlorothiazide</i>	54	<i>marlissa</i>	75
LENVIMA (12 MG DAILY DOSE).....	29	<i>lithium</i>	43	MARPLAN.....	18
LENVIMA (14 MG DAILY DOSE).....	29	<i>lithium carbonate</i>	43	MATULANE.....	24
LENVIMA (18 MG DAILY DOSE).....	29	<i>lithium carbonate er</i>	43	MATZIM LA.....	52
LENVIMA (20 MG DAILY DOSE).....	29	LIVMARLI.....	67		
		LIVTENCITY.....	38		
		LOKELMA.....	65		
		LONSURF.....	26		

MAVYRET	38	<i>miglustat</i>	69	<i>neomycin-polymyxin-dexameth</i>	87
MAYZENT	59	MILI	75	.....	87
MAYZENT STARTER PACK		<i>minocycline hcl</i>	13	<i>neomycin-polymyxin-</i>	
.....	59	<i>minoxidil</i>	57	<i>gramicidin</i>	87
<i>meclizine hcl</i>	20	<i>mirtazapine</i>	18	<i>neomycin-polymyxin-hc</i> ..	87, 90
<i>medroxyprogesterone acetate</i>		<i>misoprostol</i>	68	NERLYNX	30
.....	77	M-M-R II.....	84	NEUPRO	34
<i>mefloquine hcl</i>	33	<i>modafinil</i>	95	<i>nevirapine</i>	39
<i>megestrol acetate</i>	77	<i>moexipril hcl</i>	50	<i>nevirapine er</i>	39
MEKINIST	30	<i>molindone hcl</i>	35	<i>niacin er (antihyperlipidemic)</i>	
MEKTOVI	30	<i>mometasone furoate</i> .61, 62, 91		.....	56
<i>meloxicam</i>	4	<i>montelukast sodium</i>	91	<i>nicardipine hcl</i>	52
<i>memantine hcl</i>	16, 17	<i>morphine sulfate</i>	5	NICOTROL.....	7
<i>memantine hcl er</i>	16	<i>morphine sulfate (concentrate)</i>		<i>nifedipine</i>	52
MENACTRA	84	.....	5	<i>nifedipine er</i>	52
MENEST	72	<i>morphine sulfate er</i>	5	<i>nifedipine er osmotic release</i>	52
MENQUADFI.....	84	MOTPOLY XR	16	NIKKI.....	75
MENVEO.....	84	MOUNJARO.....	44	<i>nilutamide</i>	25
<i>mercaptopurine</i>	25	MOVANTIK	67	NINLARO	26
<i>meropenem</i>	11	<i>moxifloxacin hcl</i>	12, 88	<i>nitazoxanide</i>	33
<i>mesalamine</i>	86	<i>moxifloxacin hcl in nacl</i>	12	<i>nitisinone</i>	69
<i>mesalamine er</i>	86	MULTAQ.....	50	NITRO-BID.....	57
MESNEX	26	<i>multiple electro type 1 ph 5.5</i>		<i>nitrofurantoin macrocrystal</i> ...	8
<i>metformin hcl</i>	44	.....	64	<i>nitrofurantoin monohyd macro</i>	
<i>metformin hcl er</i>	44	<i>mupirocin</i>	63	.....	8
<i>methadone hcl</i>	5	<i>mupirocin calcium</i>	63	<i>nitroglycerin</i>	57
<i>methazolamide</i>	89	<i>mycophenolate mofetil</i>	82	<i>nizatidine</i>	68
<i>methenamine hippurate</i>	8	<i>mycophenolate sodium</i>	82	NORA-BE	77
<i>methimazole</i>	79	MYRBETRIQ	70	<i>norethin ace-eth estrad-fe</i>	75
<i>methocarbamol</i>	94	N		<i>norethindrone</i>	77
<i>methotrexate sodium</i>	82	<i>na sulfate-k sulfate-mg sulf</i> ..	68	<i>norethindrone acetate</i>	77
<i>methotrexate sodium (pf)</i>	82	<i>nabumetone</i>	4	<i>norethindrone acet-ethinyl est</i>	
<i>methsuximide</i>	15	<i>nadolol</i>	51	.....	75
<i>methylphenidate hcl</i>	58	<i>nafcillin sodium</i>	11	<i>norethindrone-eth estradiol</i> ..	75
<i>methylprednisolone</i>	71	<i>naloxone hcl</i>	6, 7	<i>norgestimate-eth estradiol</i> ...	75
<i>metoclopramide hcl</i>	67	<i>naltrexone hcl</i>	6	<i>norgestim-eth estrad triphasic</i>	
<i>metolazone</i>	55	NAMZARIC.....	17	.....	75
<i>metoprolol succinate er</i>	51	<i>naproxen</i>	4	NORTREL 0.5/35 (28).....	75
<i>metoprolol tartrate</i>	51	<i>naproxen dr</i>	4	NORTREL 1/35 (21).....	75
<i>metoprolol-</i>		<i>naproxen sodium</i>	4	NORTREL 1/35 (28).....	75
<i>hydrochlorothiazide</i>	54	<i>naratriptan hcl</i>	23	NORTREL 7/7/7	75
<i>metronidazole</i>	8	NATACYN	88	<i>nortriptyline hcl</i>	20
<i>metyrosine</i>	54	<i>nateglinide</i>	44	NORVIR.....	41
<i>mexiletine hcl</i>	50	NAYZILAM.....	15	NOVOLIN 70/30.....	46
MICROGESTIN 1.5/30	75	<i>nebivolol hcl</i>	51	NOVOLIN 70/30 FLEXPEN	
MICROGESTIN 1/20	75	NECON 0.5/35 (28)	75	.....	46
MICROGESTIN FE 1.5/30..	75	<i>nefazodone hcl</i>	19	NOVOLIN 70/30 FLEXPEN	
MICROGESTIN FE 1/20.....	75	<i>neomycin sulfate</i>	7	RELION	46
<i>midodrine hcl</i>	49	<i>neomycin-bacitracin zn-</i>		NOVOLIN 70/30 RELION ..	46
<i>mifepristone</i>	45	<i>polymyx</i>	88	NOVOLIN N	46
<i>miglitol</i>	44			NOVOLIN N FLEXPEN	46

NOVOLIN N FLEXPEN	OMNITROPE.....	71, 72	<i>perindopril erbumine</i>	50
RELION	<i>ondansetron</i>	21	PERIOGARD	59
NOVOLIN N RELION	<i>ondansetron hcl</i>	21	<i>permethrin</i>	63
NOVOLIN R.....	ONUREG	26	<i>perphenazine</i>	35
NOVOLIN R FLEXPEN	OPSUMIT	93	<i>phenelzine sulfate</i>	18
NOVOLIN R FLEXPEN	ORGOVYX.....	26	<i>phenobarbital</i>	14
RELION	ORKAMBI.....	92	<i>phenytoin</i>	16
NOVOLIN R RELION	<i>orphenadrine citrate er</i>	94	<i>phenytoin sodium extended</i> ...	16
NOVOLOG	ORSERDU	25	PIFELTRO	39
NOVOLOG 70/30 FLEXPEN	<i>oseltamivir phosphate</i>	41	<i>pilocarpine hcl</i>	59, 89
RELION	OSPHERA.....	75	<i>pimecrolimus</i>	62
NOVOLOG FLEXPEN.....	OTEZLA	80	<i>pimozide</i>	35
NOVOLOG FLEXPEN	<i>oxacillin sodium</i>	11	PIMTREA.....	76
RELION	<i>oxacillin sodium in dextrose</i> .11		<i>pindolol</i>	51
NOVOLOG MIX 70/30	<i>oxaprozin</i>	4	<i>pioglitazone hcl</i>	44
NOVOLOG MIX 70/30	<i>oxazepam</i>	42	<i>pioglitazone hcl-metformin hcl</i>	
FLEXPEN	<i>oxcarbazepine</i>	16	.....	44
NOVOLOG MIX 70/30	<i>oxybutynin chloride</i>	70	<i>piperacillin sod-tazobactam so</i>	
RELION	<i>oxybutynin chloride er</i>	70	.....	11
NOVOLOG PENFILL	<i>oxycodone hcl</i>	5, 6	PIQRAY (200 MG DAILY	
NOVOLOG RELION	<i>oxycodone hcl er</i>	5	DOSE)	30
NOXAFIL	<i>oxycodone-acetaminophen</i>	6	PIQRAY (250 MG DAILY	
NUBEQA	OZEMPIC (0.25 OR 0.5		DOSE)	30
NUCALA	MG/DOSE).....	44	PIQRAY (300 MG DAILY	
NUEDEXTA	OZEMPIC (1 MG/DOSE)....	44	DOSE)	30
NUPLAZID	OZEMPIC (2 MG/DOSE)....	44	<i>pirfenidone</i>	93
NUTRILIPID	P		<i>piroxicam</i>	4
NYAMYC	<i>paliperidone er</i>	36	<i>pitavastatin calcium</i>	56
NYLIA 1/35	PANRETIN	62	PLASMA-LYTE A	64
NYLIA 7/7/7	<i>pantoprazole sodium</i>	68	<i>podofilox</i>	62
NYMYO.....	PANZYGA.....	79	<i>polymyxin b-trimethoprim</i> ...	87
<i>nystatin</i>	<i>paricalcitol</i>	86	POMALYST.....	25
<i>nystatin-triamcinolone</i>	<i>paroxetine hcl</i>	19	PORTIA-28	76
NYSTOP	PAXLOVID (150/100).....	42	<i>posaconazole</i>	22
O	PAXLOVID (300/100).....	42	<i>potassium chloride</i>	64
OCELLA	<i>pazopanib hcl</i>	30	<i>potassium chloride crys er</i>	64
<i>octreotide acetate</i>	PEDIARIX	84	<i>potassium chloride er</i>	64
ODEFSEY	PEDVAX HIB	84	<i>potassium chloride in nacl</i>	64
ODOMZO	<i>peg 3350-kcl-na bicarb-nacl</i> 68		<i>potassium citrate er</i>	64
OFEV	<i>peg-3350/electrolytes</i>	68	<i>potassium cl in dextrose 5%</i> .64	
<i>ofloxacin</i>	PEGASYS	81	<i>pramipexole dihydrochloride</i> 34	
OGSIVEO	PEMAZYRE	30	<i>prasugrel hcl</i>	49
OJEMDA.....	PENBRAYA	84	<i>pravastatin sodium</i>	56
OJJAARA.....	<i>penicillamine</i>	70	<i>prazosin hcl</i>	49
<i>olanzapine</i>	<i>penicillin g pot in dextrose</i> ...	11	<i>prednisolone</i>	71
<i>olanzapine-fluoxetine hcl</i>	<i>penicillin g potassium</i>	11	<i>prednisolone acetate</i>	88
<i>olmesartan medoxomil</i>	<i>penicillin g sodium</i>	11	<i>prednisolone sodium</i>	
<i>olmesartan medoxomil-hctz</i> ..	<i>penicillin v potassium</i>	11	<i>phosphate</i>	71, 88
<i>olmesartan-amlodipine-hctz</i> ..	PENTACEL.....	84	<i>prednisone</i>	71
<i>omega-3-acid ethyl esters</i>	<i>pentamidine isethionate</i>	33	PREDNISONE INTENSOL.71	
<i>omeprazole</i>	<i>pentoxifylline er</i>	54		

<i>preferred plus insulin syringe</i>	<i>ramipril</i>	50	S
.....	<i>ranolazine er</i>	54	SANTYL
<i>pregabalin</i>	<i>rasagiline mesylate</i>	34	<i>sapropterin dihydrochloride</i>
PREHEVBRIO.....	RAVICTI.....	69	SAVELLA.....
PREMARIN	RECLIPSEN.....	76	SAVELLA TITRATION
PREMASOL.....	RECOMBIVAX HB.....	85	PACK
PREMPHASE	REGRANEX	62	SCSEMBLIX.....
PREMPRO	RELENZA DISKHALER	42	<i>scopolamine</i>
<i>prenatal</i>	RELI-ON INSULIN		SECUADO
PREVYMIS.....	SYRINGE.....	47	<i>selegiline hcl</i>
PREZCOBIX.....	<i>repaglinide</i>	44	<i>selenium sulfide</i>
PREZISTA	REPATHA.....	56	SELZENTRY
PRIFTIN.....	REPATHA PUSHTRONEX		SEREVENT DISKUS
<i>primaquine phosphate</i>	SYSTEM	56	<i>sertraline hcl</i>
<i>primidone</i>	REPATHA SURECLICK	56	SETLAKIN.....
PRIORIX.....	RETACRIT	49	<i>sevelamer carbonate</i>
PRIVIGEN	RETEVMO.....	30	SHAROBEL.....
<i>probenecid</i>	REXULTI.....	37	SHINGRIX
<i>prochlorperazine</i>	REYATAZ	41	SIGNIFOR.....
<i>prochlorperazine maleate</i>	REZLIDHIA.....	30	<i>sildenafil citrate</i>
PROCTO-MED HC	REZUROCK	82	<i>silodosin</i>
PROCTOSOL HC.....	RHOPRESSA.....	89	<i>silver sulfadiazine</i>
PROCTOZONE-HC.....	<i>ribavirin</i>	38	SIMBRINZA
<i>progesterone</i>	<i>rifabutin</i>	24	<i>simvastatin</i>
PROGRAF	<i>rifampin</i>	24	<i>sirolimus</i>
PROLASTIN-C.....	<i>riluzole</i>	58	SIRTURO
PROLIA	<i>rimantadine hcl</i>	42	SKYRIZI
PROMACTA.....	RINVOQ	80	SKYRIZI PEN.....
<i>promethazine hcl</i>	RINVOQ LQ	80	<i>sodium chloride</i>
<i>propafenone hcl</i>	<i>risedronate sodium</i>	86, 87	<i>sodium fluoride</i>
<i>propranolol hcl</i>	RISPERDAL CONSTA	37	<i>sodium oxybate</i>
<i>propranolol hcl er</i>	<i>risperidone</i>	37	<i>sodium polystyrene sulfonate</i>
<i>propylthiouracil</i>	<i>ritonavir</i>	41	<i>sofosbuvir-velpatasvir</i>
PROQUAD.....	<i>rivastigmine</i>	17	SOHONOS
PROSOL.....	<i>rivastigmine tartrate</i>	17	<i>solifenacin succinate</i>
<i>protriptyline hcl</i>	RIVFLOZA	70, 71	SOLQUA.....
PULMOZYME.....	<i>rizatriptan benzoate</i>	23	SOLTAMOX
PURIXAN	ROCKLATAN	89	SOMAVERT
<i>pyrazinamide</i>	<i>roflumilast</i>	93	<i>sorafenib tosylate</i>
<i>pyridostigmine bromide</i>	<i>ropinirole hcl</i>	34	<i>sotalol hcl</i>
Q	<i>rosuvastatin calcium</i>	56	<i>sotalol hcl (af)</i>
QINLOCK.....	ROTARIX	85	SPIRIVA RESPIMAT.....
QUADRACEL	ROTATEQ	85	<i>spironolactone</i>
<i>quetiapine fumarate</i>	ROZLYTREK	31	<i>spironolactone-hctz</i>
<i>quetiapine fumarate er</i>	RUBRACA.....	31	SPRINTEC 28
<i>quinapril hcl</i>	<i>rufinamide</i>	16	SPRITAM.....
<i>quinidine sulfate</i>	RUKOBIA.....	40	SPRYCEL.....
<i>quinine sulfate</i>	RYBELSUS.....	45	SPS
R	RYDAPT	31	SRONYX.....
RABAVERT	RYTARY	34	SSD.....
<i>raloxifene hcl</i>			STELARA

STIVARGA.....	31	TENIVAC	85	<i>trandolapril-verapamil hcl er</i>	54
STRIBILD.....	39	<i>tenofovir disoproxil fumarate</i>	40	<i>tranexamic acid</i>	49
SUBOXONE.....	6	TEPMETKO.....	31	<i>tranylcyromine sulfate</i>	18
<i>sucralfate</i>	68	<i>terazosin hcl</i>	49	TRAVASOL.....	66
<i>sulfacetamide sodium</i>	88	<i>terbinafine hcl</i>	22	<i>travoprost (bak free)</i>	90
<i>sulfacetamide sodium (acne)</i> 13		<i>terbutaline sulfate</i>	92	<i>trazodone hcl</i>	19
<i>sulfacetamide-prednisolone</i> .87		<i>terconazole</i>	22	TRECTOR	24
<i>sulfadiazine</i>	13	<i>teriparatide (recombinant)</i> ...87		TRELEGY ELLIPTA.....	94
<i>sulfamethoxazole-trimethoprim</i>	13	<i>testosterone</i>	72	TRELSTAR MIXJECT	79
<i>sulfasalazine</i>	86	<i>testosterone cypionate</i>	72	TRESIBA	47
<i>sulindac</i>	5	<i>testosterone enanthate</i>	72	TRESIBA FLEXTOUCH....	47
<i>sumatriptan</i>	23	<i>tetrabenazine</i>	58	<i>tretinoin</i>	32, 60
<i>sumatriptan succinate</i>	23, 24	<i>tetracycline hcl</i>	13	TREXALL.....	83
<i>sumatriptan succinate refill</i> ..	23	THALOMID.....	25	<i>triamcinolone acetonide</i> .59, 62	
<i>sunitinib malate</i>	31	<i>theophylline er</i>	93	<i>triamterene-hctz</i>	54
SUNLENCA.....	41	<i>thioridazine hcl</i>	35	<i>trientine hcl</i>	65
SUTAB.....	68	<i>thiothixene</i>	35	TRI-ESTARYLLA	76
SYEDA.....	76	TIADYLT ER.....	52	<i>trifluoperazine hcl</i>	35
SYMDEKO	92	<i>tiagabine hcl</i>	15	<i>trifluridine</i>	38
SYMLINPEN 120.....	45	TIBSOVO.....	31	<i>trihexyphenidyl hcl</i>	33
SYMLINPEN 60.....	45	TICOVAC	85	TRIKAFTA	92, 93
SYMPAZAN.....	15	<i>tigecycline</i>	8	<i>trimethoprim</i>	8
SYMTUZA.....	39	<i>timolol maleate</i>	51, 89	TRI-MILI.....	76
SYNAREL	79	<i>timolol maleate (once-daily)</i> 89		<i>trimipramine maleate</i>	20
SYNJARDY	45	<i>tinidazole</i>	8	TRINTELLIX.....	19
SYNJARDY XR	45	<i>tiotropium bromide</i>		TRI-NYMYO	76
SYNTHROID.....	78	<i>monohydrate</i>	91	TRI-SPRINTEC	76
T		TIVICAY.....	39	TRIUMEQ.....	41
TABLOID	26	TIVICAY PD	39	TRIUMEQ PD.....	41
TABRECTA.....	31	<i>tizanidine hcl</i>	38	TRIVORA (28).....	76
<i>tacrolimus</i>	62, 83	TOBI PODHALER	92	TRI-VYLIBRA.....	76
TAFINLAR	31	<i>tobramycin</i>	88, 92	TRIZIVIR	40
TAGRISSE	31	<i>tobramycin sulfate</i>	7	TROPHAMINE.....	66
TAKHZYRO.....	79	<i>tobramycin-dexamethasone</i> ..87		<i>tropium chloride</i>	70
TALZENNA.....	31	<i>tolterodine tartrate</i>	70	<i>tropium chloride er</i>	70
<i>tamoxifen citrate</i>	25	<i>tolterodine tartrate er</i>	70	TRULICITY	45
<i>tamsulosin hcl</i>	70	<i>tolvaptan</i>	65	TRUMENBA.....	85
TARINA FE 1/20 EQ.....	76	<i>topiramate</i>	23	TRUQAP	31
TASIGNA	31	<i>topiramate er</i>	23	TUKYSA	31
TAVNEOS	80	<i>toremifene citrate</i>	25	TURALIO.....	31
<i>tazarotene</i>	60	TORPENZ.....	31	TURQOZ.....	76
TAZORAC	60	<i>torse mide</i>	55	TWINRIX.....	85
TAZVERIK.....	31	TOUJEO MAX SOLOSTAR		TYBOST.....	41
TDVAX.....	85	.....	47	TYMLOS.....	87
TEFLARO.....	10	TOUJEO SOLOSTAR	47	TYPHIM VI.....	85
TEGSEDI	69	TPN ELECTROLYTES	66	U	
<i>telmisartan</i>	50	<i>tramadol hcl</i>	6	UBRELVY	23
<i>telmisartan-amlodipine</i>	54	<i>tramadol-acetaminophen</i>	6	UNITHROID	78
<i>telmisartan-hctz</i>	54	<i>trandolapril</i>	50	<i>ursodiol</i>	68
<i>temazepam</i>	94				

V		
<i>valacyclovir hcl</i>	38	
VALCHLOR	24	
<i>valganciclovir hcl</i>	38	
<i>valproic acid</i>	14	
<i>valsartan</i>	50	
<i>valsartan-hydrochlorothiazide</i>	54	
VALTOCO 10 MG DOSE... 15		
VALTOCO 15 MG DOSE... 15		
VALTOCO 20 MG DOSE... 15		
VALTOCO 5 MG DOSE.... 15		
<i>vancomycin hcl</i>	8	
VANFLYTA	32	
VAQTA.....	85	
<i>varenicline tartrate</i>	7	
<i>varenicline tartrate (starter)</i> ..7		
VARIVAX	85	
VARUBI (180 MG DOSE)..21		
VASCEPA.....	56	
VELIVET	76	
VELPHORO.....	66	
VEMLIDY	38	
VENCLEXTA.....	32	
VENCLEXTA STARTING PACK	32	
<i>venlafaxine besylate er</i>	19	
<i>venlafaxine hcl</i>	20	
<i>venlafaxine hcl er</i>	19	
VENTOLIN HFA.....	92	
<i>verapamil hcl</i>	53	
<i>verapamil hcl er</i>	53	
VERQUVO	55	
VERSACLOZ	37	
VERZENIO.....	32	
VESTURA	76	
VICTOZA	45	
VIENVA.....	76	
<i>vigabatrin</i>	15	
VIGADRONE	16	
VIGPODER.....	16	
VIJOICE.....	69	
<i>vilazodone hcl</i>	20	
VIRACEPT	41	
VIREAD.....	40	
VITRAKVI.....	32	
VIVITROL	6	
VIZIMPRO.....	32	
VONJO.....	32	
<i>voriconazole</i>	22	
VOSEVI	38	
VRAYLAR.....	37	
VYFEMLA.....	76	
VYLIBRA	76	
VYNDAMAX	69	
VYZULTA.....	90	
W		
<i>warfarin sodium</i>	48	
WELIREG	26	
X		
XALKORI.....	32	
XARELTO	48	
XARELTO STARTER PACK	48	
XATMEP.....	26	
XCOPRI	15	
XCOPRI (250 MG DAILY DOSE)	14	
XCOPRI (350 MG DAILY DOSE)	14	
XDEMVI	88	
XERMELO.....	67	
XGEVA	87	
XIFAXAN	9	
XOFLUZA (40 MG DOSE).42		
XOFLUZA (80 MG DOSE).42		
XOLAIR.....	80, 81	
XOSPATA.....	32	
XPOVIO (100 MG ONCE WEEKLY).....	26	
XPOVIO (40 MG ONCE WEEKLY).....	26	
XPOVIO (40 MG TWICE WEEKLY).....	26	
XPOVIO (60 MG ONCE WEEKLY).....	27	
XPOVIO (60 MG TWICE WEEKLY).....	27	
XPOVIO (80 MG ONCE WEEKLY).....	27	
XPOVIO (80 MG TWICE WEEKLY).....	27	
XTANDI.....	25	
XULTOPHY	45	
XURIDEN	69	
Y		
YARGESA	69	
YF-VAX	85	
YONSA	25	
Z		
<i>zafirlukast</i>	91	
<i>zaleplon</i>	94	
ZARXIO	49	
ZEJULA	32	
ZELBORAF	32	
ZEMDRI.....	7	
ZENPEP	69	
<i>zidovudine</i>	40	
ZIEXTENZO	49	
ZILBRYSQ.....	81	
ZIMHI.....	7	
<i>ziprasidone hcl</i>	37	
<i>ziprasidone mesylate</i>	37	
ZIRGAN	38	
ZOKINVY	69	
ZOLINZA	27	
<i>zolmitriptan</i>	24	
<i>zolpidem tartrate</i>	95	
ZONISADE	15	
<i>zonisamide</i>	15	
ZOVIA 1/35 (28).....	76	
ZTALMY	15	
ZURZUVAE.....	18	
ZYDELIG.....	32	
ZYKADIA.....	32	
ZYPREXA RELPREVV	37	



This formulary was updated on **10/01/2024**. For more recent information or other questions, please contact Astiva Health Inc's Member Services at 1-866-688-9021, (TTY users should call 711), from 8:00AM to 8:00PM seven days a week, October 1st – March 31st. 8:00 AM to 8:00 PM Monday – Friday, except major holidays, April 1st – September 30th, or visit www.astivahealth.com.

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