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2024

藥物清單（處方集）

CareOregon Advantage **Plus**
(HMO-POS D-SNP)

適用的俄勒岡州郡縣：Clackamas、Columbia、Jackson、
Multnomah、Tillamook 及 Washington

H5859_CO2024_CFO_C

請閱讀：本文件包含有關本計劃承保藥物的資訊

處方集 24549, 版本12

本處方集的最後更新日期為 2024 年 3 月。如需更多最新資訊或有其他疑問，請致電 503-416-4279 或免費電話 888-712-3258（聽障專線使用者請致電聽障專線 711）與 **CareOregon Advantage** 客戶服務部聯絡；從 10 月 1 日起至隔年 3 月 31 日止，服務時間為每週七天，上午 8 點至晚上 8 點。從 4 月 1 日起至 9 月 30 日止，服務時間為週一至週五，上午 8 點至晚上 8 點，或請造訪

careoregonadvantage.org/druglist



CareOregon®
Advantage

CareOregon Advantage Plus (HMO-POS D-SNP)

2024 年藥物清單（處方集）

在籍會員請注意：本處方集已在去年更新。請檢閱本文件以確保本處方集仍包含您所服用的藥物。

當本藥物清單（處方集）提及「我們」或「我們的」時，其是指 CareOregon Advantage。當本藥物清單提及「計劃」或「本計劃」時，其是指 CareOregon Advantage Plus。

本文件包含本計劃的藥物清單（處方集），截至 2024 年 3 月為止均為最新資訊。如欲取得最新的處方集，請與我們聯絡。我們的聯絡資訊以及最後更新處方集的日期均列於封面及封底上。

如欲使用您的處方藥福利，您通常必須使用網絡藥房。福利、處方集、藥房網絡和／或共付額／共同保險金可能會於 2025 年 1 月 1 日變更且可能會在一年當中不時發生變更。

什麼是 CareOregon Advantage Plus 處方集？

處方集是由 CareOregon Advantage Plus 與醫療保健服務提供者團隊諮詢過後所選擇的承保藥物清單，其代表了被認定為是優質治療方案之必要一部分的處方療法。只要藥物具有醫療必要性、處方藥是在 CareOregon Advantage Plus 網絡藥房領取且有遵守其他計劃規定，CareOregon Advantage Plus 通常將會承保處方集中所列的藥物。如需更多有關如何領取處方藥的資訊，請參閱您的《承保範圍說明書》。

處方集（藥物清單）可能會有變更嗎？

大多數的藥物承保範圍變更都是發生在 1 月 1 日，但我們可能會在一年當中新增或移除藥物清單中的藥物、將藥物移到不同的分攤費用層級或新增新的限制。我們在進行此類變更時必須遵守 Medicare 的規定。

今年會對您造成影響的變更：在下列情況下，您將會受到在年中期間發生之承保範圍變更的影響：

- **新的學名藥。**如果我們以新的學名藥來取代某品牌藥，而該學名藥屬於相同或較低的分攤費用層級，且限制相同或較少，則我們可能會立即將該品牌藥從我們的藥物清單中移除。此外，在新增一項新的學名藥時，我們可能會決定將品牌藥保留在我們的藥物清單中，但可能會立即將其移到不同的分攤費用層級或新增新的限制。如果您目前正在服用該品牌藥，我們在作出該變更之前可能不會事先告知您，但我們之後會針對我們所作的具體變更向您提供相關資訊。
 - 如果我們作出此類變更，您或您的處方開立者可要求我們作出例外處理並繼續為您承保該品牌藥。我們向您提供的通知也會包含如何申請例外處理的資訊，您可在下文「我該如何針對 CareOregon Advantage Plus 的處方集申請例外處理？」一節找到相關資訊。
- **藥物被從市場下架。**如果 Food and Drug Administration（食品與藥物管理局）認定處方集中的某項藥物不安全或者該藥物的製藥商將藥物從市場中下架，我們會立即將該藥物從我們的處方集中

移除，並向服用該藥物的會員提供通知。

- **其他變更。**我們可能會進行會對目前正在服用某項藥物的會員造成影響的其他變更。例如，我們可能會新增某項不是新上市的學名藥來取代目前列於處方集中的某項品牌藥，或者針對品牌藥新增新的限制或將其移到不同的分攤費用層級，或者同時新增新的限制並將其移到不同的分攤費用層級。或者我們可能會根據新的臨床準則進行變更。如果我們將藥物從我們的處方集中移除、針對某藥物新增事先授權、藥量限制和/或階段療法等限制，或將某藥物移到較高的分攤費用層級，我們必須在變更生效日期前至少提前 30 天通知受到變更影響的會員，或在會員申請續配藥物時通知，屆時，會員將可獲得該藥物 30 天的藥量。
 - 如果我們作出此類其他變更，您或您的處方開立者可要求我們作出例外處理並繼續為您承保該品牌藥。我們向您提供的通知也會包含如何申請例外處理的資訊，您也可在下文「我該如何針對 CareOregon Advantage Plus 的處方集申請例外處理？」一節找到相關資訊。

如果您目前正在服用藥物，將不會對您造成影響的變更。一般而言，如果您正在服用某項 2024 年處方集中所列的藥物且該藥物在年初時屬於承保範圍，則除非是上述情況，否則我們將不會在 2024 承保年度期間中止或減少該藥物的承保範圍。這表示，正在服用這些藥物的會員將仍可在該承保年度的剩餘期間以相同的分攤費用並在沒有新限制的情況下獲得這些藥物。針對不會對您造成影響的變更，您將不會在今年直接收到通知。不過，在明年的 1 月 1 日，此類變更將會對您造成影響，因此請務必檢閱新福利年度的藥物清單以瞭解藥物的任何變更。

隨附的處方集截至 2024 年 3 月為止為最新資訊。如欲取得有關 CareOregon Advantage Plus 承保藥物的最新資訊，請與我們聯絡。我們的聯絡資訊列於封面及封底上。如果我們在年中期間針對我們的處方集進行任何非維護性質的變更，且該變更會對您造成影響，這些變更將會記錄在我們的線上處方集中，線上處方集會在整個計劃年度期間每個月的第一天進行更新。

我該如何使用處方集？

在處方集中尋找藥物的方式有兩種：

1. 醫療病症

處方集從第 1 頁開始。本處方集中的藥物是根據藥物用於治療的醫療病症類型來分類。例如，用於治療心臟疾病的藥物會列在心血管藥物類別下。如果您知道您藥物的用途，請使用從第 1 頁開始的列表查找該類別名稱。然後查看您藥物類別名稱的下方。

2. 按照英文字母順序排列

如果您不確定該查找哪一個類別，您應使用從第 68 頁開始的索引查找您的藥物。該索引提供了

本文件所包含的所有藥物清單，索引是以英文字母順序排列。品牌藥與學名藥均列於索引中。查看索引並尋找您的藥物。您將會在您的藥物旁看到頁碼，您可在該頁碼找到承保範圍資訊。翻到索引中所列的頁碼並在列表中的第一個欄位找到您的藥物名稱。

什麼是學名藥？

CareOregon Advantage Plus 同時承保品牌藥與學名藥。學名藥獲得 Food and Drug Administration（FDA，食品與藥物管理局）核准，與品牌藥具有相同的活性成分。一般而言，學名藥的費用比品牌藥來得低。

我的承保範圍是否有任何限制？

有些承保藥物可能會有額外的承保規定或限制。這些規定和限制可能包括：

- **事先授權：**我們規定您或您的醫師必須針對某些藥物取得事先授權。這表示，您必須先獲得 CareOregon Advantage Plus 的核准，而後才能領取您的處方藥。如果您沒有獲得核准，我們可能不會承保該藥物。
- **藥量限制：**針對某些藥物，CareOregon Advantage Plus 會限制我們將會承保的藥量。例如，針對 sumatriptan（舒馬曲坦），我們會為每份處方提供 9 片藥錠。這可能是標準一個月或三個月藥量以外的額外藥量。
- **階段療法：**在某些情況下，CareOregon Advantage Plus 會規定您必須先嘗試某些藥物來治療您的醫療病症，而後我們才會承保治療該病症的其他藥物。例如，如果 A 藥物和 B 藥物均可治療您的醫療病症，則除非您先嘗試 A 藥物，否則我們可能不會承保 B 藥物。如果 A 藥物對您沒有效用，則我們將會承保 B 藥物。

您可以查看從第 1 頁開始的處方集以瞭解您的藥物是否有任何額外規定或限制。您也可造訪我們的網站以取得更多有關適用於特定承保藥物的限制資訊。我們在線上發布了一些文件，說明我們的事先授權和階段療法限制。您也可以要求我們將這些文件寄給您。我們的聯絡資訊以及最後更新處方集的日期均列於封面及封底上。

您可要求我們針對這些限制或約束進行例外處理，或要求我們提供一份可治療您健康病症的其他類似藥物清單。請參閱第 iv 頁的「我該如何針對 CareOregon Advantage Plus 的處方集申請例外處理？」一節，以瞭解有關如何申請例外處理的資訊。

如果我的藥物未列於處方集中該怎麼辦？

如果您的藥物未包含在本處方集（承保藥物清單）中，您應先與客戶服務部聯絡並詢問您的藥物是否屬於承保範圍。

如果您得知 CareOregon Advantage Plus 不承保您的藥物，您有兩個選項：

- 您可向客戶服務部索取屬於我們承保範圍的類似藥物清單。在您收到這份清單後，請出示給您的醫生看，並要求醫生開立屬於 CareOregon Advantage Plus 承保範圍的類似藥物。
- 您可要求我們進行例外處理並承保您的藥物。請參閱下文以瞭解有關如何申請例外處理的資訊。

我該如何針對 CareOregon Advantage Plus 的處方集申請例外處理？

您可要求 CareOregon Advantage Plus 針對我們的承保規定進行例外處理。您可以要求我們進行的例外處理有許多種類型。

- 您可要求我們承保某項藥物，即使該藥物不在我們的處方集中。如果您的要求獲得核准，該藥物將會以事先決定的分攤費用等級獲得承保，而您將無法要求我們以更低的分攤費用等級提供藥物。
- 您可要求我們免除針對您藥物所規定的承保限制或約束。例如，針對某些藥物，我們會限制我們將會承保的藥量。如果您的藥物有藥量限制，您可要求我們免除該限制並承保較多的藥量。

一般而言，我們僅有在計劃處方集中的替代藥物或其他使用限制對治療您的病症不具有療效和／或會對您造成不良醫療反應時才會核准您的例外處理申請。

您應該與我們聯絡，以要求我們針對處方集或使用限制例外處理作出初步承保決定。**當您申請處方集或使用限制例外處理時，您應提交一份處方開立者或醫師的聲明以作為您申請的佐證。**一般而言，我們必須在收到您處方開立者佐證聲明後的 72 小時內作出決定。如果您或您的醫生認為等候決定長達 72 小時的時間可能會嚴重損害您的健康，您可申請特急（快速）例外處理。如果您的特急申請獲得核准，我們必須在收到您醫生或其他處方開立者之佐證聲明後的 24 小時內向您提供我們的決定。

在與醫生討論變更藥物或申請例外處理之前，我該怎麼做？

身為本計劃的新會員或續保會員，您可能正在服用未包含在我們處方集中的藥物。或者，您可能正在服用包含在我們處方集中的藥物，但您取得藥物的能力受到限制。例如，您可能需要取得我們的事先授權，而後才能領取您的處方藥。您應與您的醫生討論以決定您是否應改用我們有承保的適當藥物或申請進行處方集例外處理，以讓我們可以承保您所服用的藥物。在您與醫生討論以決定適合您的行動方案時，在某些情況下，我們可能會在您成為本計劃會員後的前 108 天期間承保您的藥物。

針對您每項未包含在我們處方集中的藥物或如果您取得藥物的能力受到限制，我們將會承保 90 天的臨時藥量（或者如果您住在長期照護機構則為 31 天藥量）。如果您處方開立的天數較短，我們將允許您多次續配藥物，直到提供的藥量達到 90 天的藥量上限為止（或者如果您住在長期照護機構則為 31 天藥量）。在您首次的 90 天藥量用完後，我們將不會給付這些藥物，即使您成為本計劃會員尚未滿 108 天也一樣。

如果您住在長期照護機構且您需要未包含在我們處方集中的藥物，或者您取得藥物的能力受到限制，但您成為本計劃會員已超過 108 天，我們會在您申請處方集例外處理的期間為您承保 31 天的緊急藥量。

如果您從某照護等級轉換至另一個照護等級（例如您從醫院出院或變更安寧照護狀態），我們會在您申請處方集例外處理的期間為您承保該藥物 30 天的臨時藥量。

如需更多資訊

如需更多有關 CareOregon Advantage Plus 處方藥承保的詳細資訊，請參閱您的《承保範圍說明書》及其他計劃資料。

如果您對 CareOregon Advantage Plus 有疑問，請與我們聯絡。我們的聯絡資訊以及最後更新處方集的日期均列於封面及封底上。

如果您對 Medicare 處方藥承保有一般性疑問，請致電 800-MEDICARE (800-633-4227) 與 Medicare 聯絡，服務時間為每週 7 天，每天 24 小時。聽障專線使用者請致電 877-486-2048。或者請造訪 www.medicare.gov。

CareOregon Advantage Plus 處方集

從第 1 頁開始的處方集提供了 CareOregon Advantage Plus 承保藥物的承保範圍資訊。如果您在列表中找不到您的藥物，請翻到從第 68 頁開始的索引。

表中的第一欄列有藥物名稱。品牌藥以大寫字母標示（例如 OZEMPIC），而學名藥則以小寫字母標示（例如 *etodolac*）。

規定／限制欄中的資訊會告知您 CareOregon Advantage 是否有針對您的藥物承保設定任何特殊規定。

縮寫列表

B/D：此處方藥有 B 部分與 D 部分行政事先授權規定。此藥物視情況而定可能屬於 Medicare B 部分或 D 部分的承保範圍。可能需要提交資訊說明藥物的使用方式及施用地點以作出裁決。

ED：此處方藥通常不屬於 Medicare 處方藥計劃的承保範圍。您在領取此處方藥時所支付的費用將不計入您的總藥物費用中（也就是說，您所支付的費用不會協助您符合重大傷病承保的資格）。此外，如果您有獲得額外補助支付您的處方藥費用，您將不會獲得任何可用於支付此藥物費用的額外補助。

LA：提供管道有限。此處方藥可能僅在某些藥房提供。如需更多資訊，請參閱您的《藥房名錄》或致電 503-416-4279 或免費電話 888-712-3258 與客戶服務部聯絡，聽語障專線使用者請致電 711；從 10 月 1 日起至隔年 3 月 31 日止，服務時間為每週七天，上午 8 點至晚上 8 點。從 4 月 1 日起至 9 月 30 日止，服務時間為週一至週五，上午 8 點至晚上 8 點。

MO：郵購藥物。此處方藥可透過郵購服務提供。

PA：事先授權。CareOregon Advantage Plus 規定您或您的醫師必須針對某些藥物取得事先授權。這表示，您必須先取得我們的核准，而後才可領取您的處方藥。如果您沒有獲得核准，我們可能不會承保該藥物。

QL：藥量限制。此藥物有每份處方可領取的最高藥量限制。

ST：階段療法。在某些情況下，CareOregon Advantage Plus 會規定您必須先嘗試某些藥物來治療您的醫療病症，而後我們才會承保治療該病症的其他藥物。例如，如果 A 藥物和 B 藥物均可治療您的醫療病症，則除非您先嘗試 A 藥物，否則我們可能不會承保 B 藥物。如果 A 藥物對您沒有效用，則我們將會承保 B 藥物。

歧視是違法行為

CareOregon Advantage 遵循適用的聯邦民權法，不會基於種族、膚色、原國籍、年齡、殘障或性別等理由而歧視他人。CareOregon Advantage 不會因為種族、膚色、原國籍、年齡、殘障或性別等理由而排擠他人或對人有差別待遇。

CareOregon Advantage：

- 為殘障人士提供免費輔助與服務，以讓他們能夠有效地與我們溝通，例如：
 - 合格手語翻譯員
 - 其他格式的書面資訊（大字版、語音版、無障礙電子格式、其他格式）
- 為母語非英語的人士提供免費語言服務，例如：
 - 合格口譯員
 - 其他語言版本的書面資訊

如果您需要上述服務，請與 CareOregon Advantage 客戶服務部聯絡。

如果您認為 CareOregon Advantage 未能提供上述服務，或者基於種族、膚色、原國籍、年齡、殘障或性別等理由透過其他方式歧視他人，您可使用下列聯絡資訊提出申訴：

Grievance Coordinator

315 SW Fifth Ave Portland, OR 97204

免費電話：888-712-3258

傳真：503-416-1313 聽障專線 711

電子郵件：customerservice@careoregon.org

您可親自提交或者透過郵件、傳真或電子郵件提出申訴。

如果您需要協助提出申訴，客戶服務部可為您提供協助。

您也可透過民權辦公室的投訴入口網站在線上向 U.S. Department of Health and Human Services（美國衛生與公眾服務部）的民權辦公室提出民權投訴，網址為 ocrportal.hhs.gov/ocr/portal/lobby.jsf，或者透過郵件或電話提出投訴：

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019、800-537-7697（聽障專線）

您可在下列網站找到投訴申請表 hhs.gov/ocr/office/file/index.html

本節並未列出 Medicare 或 Medicaid 所承保的所有服務，也未列出所有限制或排除項目。CareOregon Advantage Plus 會員必須擁有 Medicare 和 Oregon Health Plan (Medicaid) 才符合資格。如果您在一年當中喪失 Medicaid 的資格，您將無法再獲得 Medicaid 的福利，且您將需支付通常屬於 Medicaid 承保範圍的 Medicare 保費或分攤費用。

CareOregon Advantage Plus 是一項與 Medicare/Medicaid 均簽有合約的 HMO-POS D-SNP 計劃。投保 CareOregon Advantage Plus 需視合約續約情況而定。「更多選擇，更優質的照護」是指，與 2023 年計劃年度相比，我們在 2024 年有規模更大的藥房和醫療服務提供者網絡。

Drug Name	Drug Tier	Requirements/Limits*
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	1	
<i>emverm</i>	4	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
Antibacterials		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE	4	QL (8.4 ML per 1 days) PA
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	
<i>aztreonam</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	4	QL (84 ML per 28 days) PA LA
<i>cefaclor caps</i>	1	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	1	
<i>cefazolin inj 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hydrochloride inj 1gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefepime inj 1gm, 2gm/100ml, 2gm</i>	1	
<i>cefixime</i>	1	
CEFOTAXIME SODIUM INJ 1GM	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%, 2gm; 2.2%</i>	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ceftriaxone/dextrose</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits*
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	
<i>cephalexin caps, susr</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
<i>clindamycin hcl caps 300mg, 75mg</i>	1	
<i>clindamycin hydrochloride caps</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml, 9gm/60ml</i>	1	
<i>colistimethate sodium inj</i>	4	
<i>daptomycin</i>	4	
<i>dicloxacillin sodium</i>	1	
DIFICID SUSR	4	QL (10 ML per 1 days) PA
DIFICID TABS	4	QL (2 EA per 1 days) PA
<i>doxy 100</i>	1	
<i>doxycycline</i>	1	
<i>doxycycline hyclate caps, inj</i>	1	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 150mg, 75mg</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	1	
E.E.S. 400 TABS	3	
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin lactobionate inj 500mg</i>	1	
<i>erythrocin stearate tabs 250mg</i>	3	
<i>erythromycin base tabs</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate susr, tabs</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>erythromycin cpep 250mg</i>	1	
<i>erythromycin tabs 250mg, 500mg</i>	1	
FIRVANQ SOLR 50MG/ML	3	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>imipenem/cilastatin</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>lincomycin hcl inj</i>	1	
<i>linezolid tabs</i>	1	
<i>linezolid susr</i>	4	
<i>linezolid inj 600mg/300ml</i>	1	
<i>meropenem/sodium chloride</i>	3	
MEROPENEM INJ 2GM	3	
<i>meropenem inj 1gm, 500mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs</i>	1	
<i>minocycline hydrochloride</i>	1	
<i>mondoxyn nl caps 100mg, 75mg</i>	1	
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
NAFCILLIN	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>neomycin sulfate tabs</i>	1	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 10gm, 1gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	1	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
SIVEXTRO	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfasalazine tabs, tbec</i>	1	MO
<i>suprax chew</i>	3	
SUPRAX SUSR 500MG/5ML	3	
SYNERCID INJ 350MG; 150MG	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits*
<i>tetracycline hydrochloride caps</i>	1	
<i>tigecycline</i>	4	PA
<i>tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>tobramycin nebu 300mg/5ml</i>	4	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	1	
<i>vancomycin hcl inj 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride oral solr</i>	1	
<i>vancomycin hydrochloride inj 1000mg/200ml, 10gm, 1500mg/300ml, 1gm, 250mg, 500mg/100ml, 500mg, 5gm, 750mg</i>	1	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	1	
<i>vancomycin inj 2000mg/400ml</i>	1	
XENLETA INJ	4	PA
XENLETA TABS	4	QL (2 EA per 1 days) PA
XIFAXAN TABS 550MG	4	MO
ZERBAXA	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	
Antifungals		
ABELCET	3	B/D
<i>amphotericin b liposome</i>	1	B/D
<i>amphotericin b inj</i>	1	B/D
<i>caspofungin acetate inj 70mg</i>	1	
<i>caspofungin acetate inj 50mg</i>	4	
CRESEMBA INJ	4	PA
CRESEMBA CAPS 186MG	4	PA
ERAXIS	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>micafungin</i>	4	
NOXAFIL INJ	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits*
NOXAFIL PACK	4	PA
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr</i>	4	PA MO
<i>posaconazole inj</i>	1	PA MO
<i>posaconazole susp, tbec</i>	4	PA MO
<i>terbinafine hcl tabs</i>	1	
<i>terbinafine hydrochloride tabs</i>	1	
<i>voriconazole tabs</i>	1	
<i>voriconazole susr</i>	4	
<i>voriconazole inj</i>	4	PA
Antimycobacterials		
CAPASTAT SULFATE	3	
<i>cycloserine caps</i>	4	
<i>dapsone tabs</i>	1	MO
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid inj</i>	1	
<i>isoniazid syrp, tabs</i>	1	MO
PRETOMANID	1	QL (1 EA per 1 days) PA
PRIFTIN	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin</i>	1	
<i>rifampin caps, inj</i>	1	
SIRTURO	4	PA
TRECTOR	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	1	
<i>atovaquone susp</i>	1	
BENZNIDAZOLE	2	PA
<i>chloroquine phosphate tabs</i>	1	MO
COARTEM	3	
DARAPRIM	4	LA
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	MO
IMPAVIDO	4	QL (3 EA per 1 days) PA
KRINTAFEL	3	QL (4 EA per 180 days)
LAMPIT	3	PA
<i>mefloquine hcl</i>	1	MO
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitazoxanide tabs</i>	1	PA
<i>paromomycin sulfate caps</i>	1	
PENTAM 300	2	
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	B/D
<i>primaquine phosphate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>pyrimethamine tabs</i>	4	
<i>quinine sulfate caps 324mg</i>	1	QL (42 EA per 30 days) PA
<i>tinidazole tabs</i>	1	PA
Antivirals		
<i>abacavir</i>	1	MO
<i>abacavir sulfate</i>	1	MO
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	MO
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	1	QL (1 EA per 1 days) MO
APTIVUS CAPS	4	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
BARACLUDE SOLN	3	MO
BEYFORTUS INJ 100MG/ML	2	QL (1 ML per 365 days)
BEYFORTUS INJ 50MG/0.5ML	2	QL (2 ML per 365 days)
BIKTARVY TABS 30MG; 120MG; 15MG	4	QL (1 EA per 1 days)
BIKTARVY TABS 50MG; 200MG; 25MG	4	QL (1 EA per 1 days) MO
<i>cidofovir</i>	4	
CIMDUO	4	QL (1 EA per 1 days) MO
COMPLERA	4	MO
<i>darunavir</i>	1	MO
DELSTRIGO	4	QL (1 EA per 1 days) MO
DESCOVY	4	QL (1 EA per 1 days) MO
DOVATO	4	QL (1 EA per 1 days) MO
EDURANT	4	MO
<i>efavirenz</i>	1	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	4	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine/tenofovir disoproxil</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	1	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	4	QL (1 EA per 1 days) MO
EMTRIVA SOLN	3	MO
<i>entecavir</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
EPCLUSA PACK	4	QL (1 EA per 1 days) PA
EPCLUSA TABS 200MG; 50MG	4	QL (2 EA per 1 days) PA
EPIVIR HBV SOLN	3	MO
<i>etravirine tabs 100mg</i>	1	MO
<i>etravirine tabs 200mg</i>	4	MO
EVOTAZ	4	MO
<i>famciclovir tabs</i>	1	
<i>fosamprenavir calcium</i>	4	
FUZEON	4	MO
<i>ganciclovir inj 500mg</i>	1	B/D
GENVOYA	4	QL (1 EA per 1 days) MO
INTELENCE TABS 25MG	3	MO
ISENTRESS HD	4	MO
ISENTRESS PACK, TABS	4	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	4	MO
JULUCA	4	QL (1 EA per 1 days) MO
LAGEVRIO	2	QL (40 EA per 5 days)
<i>lamivudine</i>	1	MO
<i>lamivudine/zidovudine</i>	1	MO
LEXIVA SUSP	3	MO
LIVTENCITY	4	QL (12 EA per 1 days) PA
<i>lopinavir/ritonavir</i>	1	MO
<i>maraviroc tabs 150mg</i>	4	QL (2 EA per 1 days) MO
<i>maraviroc tabs 300mg</i>	4	QL (4 EA per 1 days) MO
MAVYRET TABS	4	QL (3 EA per 1 days) PA
MAVYRET PACK	4	QL (6 EA per 1 days) PA
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR PACK, SOLN	3	MO
ODEFSEY	4	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate caps, susr</i>	1	
PAXLOVID TBPK 150MG; 100MG	2	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	2	QL (30 EA per 5 days)
PEGASYS	4	QL (4 ML per 28 days) PA
PIFELTRO	4	QL (1 EA per 1 days) MO
PLEGRIDY STARTER PACK	3	QL (1 ML per 180 days)
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
PREVYMIS INJ	4	PA
PREVYMIS TABS	4	QL (1 EA per 1 days) PA
PREZCOBIX	4	MO
PREZISTA SUSP	4	MO
PREZISTA TABS 150MG, 75MG	3	MO
RELENZA DISKHALER	3	QL (120 EA per 365 days)
RETROVIR IV INFUSION	3	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits*
REYATAZ PACK	4	MO
<i>ribavirin caps</i>	1	PA
<i>ribavirin tabs 200mg</i>	1	PA
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	MO
RUKOBIA	4	
SELZENTRY SOLN	4	MO
SELZENTRY TABS 25MG	3	QL (4 EA per 1 days) MO
SELZENTRY TABS 75MG	4	QL (8 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR	4	QL (1 EA per 1 days) PA
<i>stavudine caps</i>	1	
STRIBILD	4	MO
SUNLENCA INJ	4	QL (3 ML per 180 days)
SUNLENCA TBPK 300MG	4	QL (4 EA per 180 days)
SUNLENCA TBPK 300MG	4	QL (5 EA per 180 days)
SYMTUZA	4	QL (1 EA per 1 days) MO
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	4	PA
<i>temixys</i>	4	QL (1 EA per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY PD	3	QL (6 EA per 1 days) MO
TIVICAY TABS 10MG	3	QL (1 EA per 1 days) MO
TIVICAY TABS 25MG	4	QL (1 EA per 1 days) MO
TIVICAY TABS 50MG	4	QL (2 EA per 1 days) MO
TRIUMEQ	4	MO
TRIUMEQ PD	4	QL (6 EA per 1 days) MO
TRIZIVIR	4	MO
<i>valacyclovir hydrochloride tabs</i>	1	
<i>valganciclovir</i>	1	MO
<i>valganciclovir hydrochloride</i>	4	MO
VIRACEPT	4	MO
VIREAD POWD	4	MO
VIREAD TABS 150MG, 200MG, 250MG	4	MO
VOSEVI	4	QL (1 EA per 1 days) PA
<i>zidovudine</i>	1	MO
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate caps</i>	1	
<i>trimethoprim tabs</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl inj 50mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>diphenhydramine hydrochloride inj</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	
<i>promethazine hcl tabs 12.5mg, 50mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride inj, syrp, tabs</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine/phenylephrine</i>	1	
Second Generation Antihistamines		
<i>desloratadine</i>	1	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tabs</i>	1	QL (1 EA per 1 days)
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate tabs 250mg</i>	1	QL (4 EA per 1 days) PA
<i>abiraterone acetate tabs 500mg</i>	4	QL (2 EA per 1 days) PA
ABRAXANE	4	PA
<i>adriamycin inj 10mg, 2mg/ml</i>	1	PA
AKEEGA TABS 500MG; 50MG	4	QL (1 EA per 1 days) PA
AKEEGA TABS 500MG; 100MG	4	QL (2 EA per 1 days) PA
ALECENSA	4	QL (8 EA per 1 days) PA
ALIQOPA	4	PA
ALUNBRIG TBPK	4	QL (30 EA per 180 days) PA
ALUNBRIG TABS 180MG, 90MG	4	QL (1 EA per 1 days) PA
ALUNBRIG TABS 30MG	4	QL (6 EA per 1 days) PA
<i>arsenic trioxide inj</i>	1	
AUGTYRO	4	QL (8 EA per 1 days) PA
AVASTIN	4	PA
AYVAKIT	4	QL (1 EA per 1 days) PA
<i>azacitidine</i>	4	
BALVERSA TABS 5MG	4	QL (1 EA per 1 days) PA
BALVERSA TABS 4MG	4	QL (2 EA per 1 days) PA
BALVERSA TABS 3MG	4	QL (3 EA per 1 days) PA
BAVENCIO	4	PA
BELEODAQ	4	PA
<i>bendamustine hydrochloride inj 100mg, 25mg</i>	4	PA
BESREMI	4	QL (2 ML per 28 days) PA
<i>bexarotene caps 75mg</i>	4	PA
<i>bicalutamide</i>	1	
<i>bleomycin sulfate inj 30unit</i>	1	B/D
BORTEZOMIB INJ 3.5MG	4	PA
<i>bortezomib inj 3.5mg</i>	4	PA
BOSULIF	4	PA
BRAFTOVI CAPS 75MG	4	QL (6 EA per 1 days) PA
BRUKINSA	4	QL (4 EA per 1 days) PA
<i>busulfan</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits*
CABOMETYX	4	QL (1 EA per 1 days) PA LA
CALQUENCE	4	QL (2 EA per 1 days) PA
CAPRELSA TABS 300MG	4	QL (1 EA per 1 days) PA LA
CAPRELSA TABS 100MG	4	QL (2 EA per 1 days) PA LA
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine inj 100mg</i>	4	PA
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	4	PA
COMETRIQ	4	PA
COPIKTRA	4	QL (2 EA per 1 days) PA
COTELLIC	4	QL (63 EA per 28 days) PA
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	1	B/D
CYRAMZA	4	PA
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D
<i>dacarbazine inj 200mg</i>	1	PA
<i>dactinomycin</i>	4	PA
DARZALEX	4	PA
DARZALEX FASPRO	4	PA
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	PA
DAURISMO TABS 100MG	4	QL (1 EA per 1 days) PA
DAURISMO TABS 25MG	4	QL (3 EA per 1 days) PA
<i>decitabine</i>	4	
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	PA
<i>doxorubicin hcl inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal</i>	1	PA
<i>doxorubicin hydrochloride inj 10mg</i>	1	PA
DROXIA	3	MO
EMCYT	4	
EMPLICITI	4	PA
<i>epirubicin hcl inj 200mg/100ml</i>	1	
ERBITUX INJ 100MG/50ML	4	PA
ERIVEDGE	4	PA LA
ERLEADA TABS 240MG	4	QL (1 EA per 1 days) PA
ERLEADA TABS 60MG	4	QL (4 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	1	QL (1 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 150mg</i>	4	QL (1 EA per 1 days) PA
ERWINASE	4	PA
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>everolimus tabs 10mg</i>	4	QL (1 EA per 1 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	QL (1 EA per 1 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>everolimus tbso 2mg, 3mg, 5mg</i>	4	PA
EXKIVITY	4	QL (4 EA per 1 days) PA
<i>fludarabine phosphate inj 50mg</i>	1	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	PA
<i>flutamide</i>	1	
FOLOTYN	4	PA
FOTIVDA	4	QL (21 EA per 28 days) PA
FRUZAQLA CAPS 5MG	4	QL (21 EA per 28 days) PA
FRUZAQLA CAPS 1MG	4	QL (84 EA per 28 days) PA
FULVESTRANT	4	PA
GAVRETO	4	QL (4 EA per 1 days) PA
<i>gefitinib</i>	1	QL (1 EA per 1 days) PA MO
<i>gemcitabine hcl</i>	1	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 1gm, 200mg/2ml, 200mg/5.26ml, 200mg, 2gm/20ml, 2gm/52.6ml</i>	1	
GILOTRIF	4	PA LA
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
HALAVEN	4	PA
<i>hydroxyurea caps</i>	1	
IBRANCE	4	QL (21 EA per 28 days) PA
ICLUSIG TABS 10MG, 30MG	4	QL (1 EA per 1 days) PA
ICLUSIG TABS 15MG, 45MG	4	QL (1 EA per 1 days) PA LA
<i>idarubicin hcl</i>	1	PA
<i>idarubicin hydrochloride</i>	1	PA
IDHIFA	4	QL (1 EA per 1 days) PA
<i>ifosfamide inj 1gm</i>	1	
<i>imatinib mesylate</i>	1	PA
IMBRUVICA SUSP	4	QL (8 ML per 1 days) PA
IMBRUVICA CAPS 70MG	4	QL (1 EA per 1 days) PA LA
IMBRUVICA CAPS 140MG	4	QL (3 EA per 1 days) PA LA
IMBRUVICA TABS 280MG, 420MG, 560MG	4	QL (1 EA per 1 days) PA LA
IMFINZI	4	PA
INLYTA	4	PA LA
INQOVI	4	QL (5 EA per 28 days) PA
INREBIC	4	QL (4 EA per 1 days) PA
INTRON A INJ 10000000UNIT/ML, 18000000UNIT, 6000000UNIT/ML	4	PA MO
<i>irinotecan hydrochloride</i>	1	
IWILFIN	4	QL (8 EA per 1 days) PA
JAKAFI	4	PA
JAYPIRCA TABS 100MG	4	QL (2 EA per 1 days) PA
JAYPIRCA TABS 50MG	4	QL (3 EA per 1 days) PA
JEVTANA	4	PA
JYLAMVO	3	B/D

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Drug Name	Drug Tier	Requirements/Limits*
<i>kemoplat</i>	1	
KEYTRUDA INJ 100MG/4ML	4	PA
KISQALI TBPK 200MG	4	QL (21 EA per 28 days) PA
KISQALI TBPK 200MG	4	QL (42 EA per 28 days) PA
KISQALI TBPK 200MG	4	QL (63 EA per 28 days) PA
KOSELUGO	4	QL (4 EA per 1 days) PA
KRAZATI	4	QL (6 EA per 1 days) PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	QL (6 EA per 1 days) PA
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	4	PA LA
<i>lenalidomide caps 2.5mg, 20mg</i>	4	PA MO
LENVIMA 10 MG DAILY DOSE	4	QL (1 EA per 1 days) PA
LENVIMA 12MG DAILY DOSE	4	QL (3 EA per 1 days) PA
LENVIMA 14 MG DAILY DOSE	4	QL (2 EA per 1 days) PA
LENVIMA 18 MG DAILY DOSE	4	QL (3 EA per 1 days) PA
LENVIMA 20 MG DAILY DOSE	4	QL (2 EA per 1 days) PA
LENVIMA 24 MG DAILY DOSE	4	QL (3 EA per 1 days) PA
LENVIMA 4 MG DAILY DOSE	4	QL (1 EA per 1 days) PA
LENVIMA 8 MG DAILY DOSE	4	QL (2 EA per 1 days) PA
LEUKERAN	4	
LIBTAYO	4	PA
LONSURF	4	QL (8 EA per 1 days) PA
LORBRENA TABS 100MG	4	QL (1 EA per 1 days) PA
LORBRENA TABS 25MG	4	QL (3 EA per 1 days) PA
LUMAKRAS TABS 320MG	4	QL (3 EA per 1 days) PA
LUMAKRAS TABS 120MG	4	QL (8 EA per 1 days) PA
LUMOXITI	4	PA
LYNPARZA TABS	4	QL (4 EA per 1 days) PA
LYSODREN	4	
LYTGOBI TBPK 4MG	4	QL (3 EA per 1 days) PA
LYTGOBI TBPK 4MG	4	QL (4 EA per 1 days) PA
LYTGOBI TBPK 4MG	4	QL (5 EA per 1 days) PA
MATULANE	4	
MEKINIST	4	PA
MEKTOVI	4	QL (6 EA per 1 days) PA
<i>melphalan hydrochloride</i>	4	PA
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium tabs</i>	1	B/D
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mitomycin inj 20mg, 40mg, 5mg</i>	4	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mutamycin</i>	4	PA
MYLOTARG	4	PA

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Drug Name	Drug Tier	Requirements/Limits*
<i>nelarabine</i>	4	PA
NERLYNX	4	QL (6 EA per 1 days) PA
<i>nilutamide</i>	4	
NINLARO	4	QL (3 EA per 28 days) PA
NIPENT	4	PA
NUBEQA	4	QL (4 EA per 1 days) PA
ODOMZO	4	QL (1 EA per 1 days) PA
OGSIVEO	4	QL (6 EA per 1 days) PA
OJJAARA	4	QL (1 EA per 1 days) PA
ONUREG	4	QL (14 EA per 28 days) PA
OPDIVO INJ 100MG/10ML, 240MG/24ML, 40MG/4ML	4	PA
ORSERDU TABS 345MG	4	QL (1 EA per 1 days) PA
ORSERDU TABS 86MG	4	QL (3 EA per 1 days) PA
<i>oxaliplatin inj 100mg/20ml, 100mg</i>	1	PA
<i>paclitaxel protein-bound particles</i>	4	PA
<i>paclitaxel inj 150mg/25ml, 300mg/50ml, 30mg/5ml, 6mg/ml</i>	1	
<i>paraplatin inj 450mg/45ml, 50mg/5ml</i>	1	
<i>pazopanib hydrochloride</i>	4	QL (4 EA per 1 days) PA
PEMAZYRE	4	QL (14 EA per 21 days) PA
<i>pemetrexed disodium</i>	4	PA
<i>pemetrexed inj 100mg, 500mg</i>	4	PA
PERJETA	4	PA
PIQRAY 200MG DAILY DOSE	4	QL (1 EA per 1 days) PA
PIQRAY 250MG DAILY DOSE	4	QL (2 EA per 1 days) PA
PIQRAY 300MG DAILY DOSE	4	QL (2 EA per 1 days) PA
POMALYST	4	PA
PROLEUKIN	4	PA
PURIXAN	4	PA
QINLOCK	4	QL (3 EA per 1 days) PA
RETEVMO CAPS 80MG	4	QL (4 EA per 1 days) PA
RETEVMO CAPS 40MG	4	QL (6 EA per 1 days) PA
REZLIDHIA	4	QL (2 EA per 1 days) PA
RIABNI	4	PA
RITUXAN	4	PA
<i>romidepsin inj 10mg</i>	4	PA
ROZLYTREK PACK	4	QL (12 EA per 1 days) PA
ROZLYTREK CAPS 200MG	4	QL (3 EA per 1 days) PA
ROZLYTREK CAPS 100MG	4	QL (5 EA per 1 days) PA
RUBRACA	4	QL (4 EA per 1 days) PA
RUXIENCE	4	PA
RYDAPT	4	QL (8 EA per 1 days) PA
SCEMBLIX TABS 40MG	4	QL (10 EA per 1 days) PA
SCEMBLIX TABS 20MG	4	QL (4 EA per 1 days) PA
SIKLOS	3	PA
<i>sorafenib</i>	4	QL (4 EA per 1 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits*
<i>sorafenib tosylate tabs</i>	4	QL (4 EA per 1 days) PA
SPRYCEL	4	PA
STIVARGA	4	PA LA
<i>sunitinib malate</i>	4	QL (1 EA per 1 days) PA
SYNRIBO	4	PA
TABLOID	3	
TABRECTA	4	QL (4 EA per 1 days) PA
TAFINLAR	4	PA
TAGRISO	4	QL (1 EA per 1 days) PA
TALZENNA	4	QL (1 EA per 1 days) PA
TASIGNA	4	PA
TAZVERIK	4	QL (8 EA per 1 days) PA
TECENTRIQ	4	PA
<i>temsirolimus</i>	4	PA
TEPMETKO	4	QL (2 EA per 1 days) PA
<i>thiotepa inj 15mg</i>	4	PA
TIBSOVO	4	QL (2 EA per 1 days) PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg</i>	1	
<i>tretinoin caps 10mg</i>	4	PA
<i>trexall</i>	3	B/D
TRUQAP	4	QL (4 EA per 1 days) PA
TRUSELTIQ CPPK 100MG	4	QL (1 EA per 1 days) PA
TRUSELTIQ CPPK 0, 25MG	4	QL (2 EA per 1 days) PA
TRUSELTIQ CPPK 25MG	4	QL (3 EA per 1 days) PA
TRUXIMA	4	PA
TUKYSA TABS 50MG	4	QL (10 EA per 1 days) PA
TUKYSA TABS 150MG	4	QL (4 EA per 1 days) PA
TURALIO	4	QL (4 EA per 1 days) PA
TYKERB	4	QL (6 EA per 1 days) PA LA
VANFLYTA	4	QL (2 EA per 1 days) PA
VECTIBIX INJ 100MG/5ML	4	PA
VENCLEXTA STARTING PACK	4	QL (42 EA per 180 days) PA
VENCLEXTA TABS 10MG	2	QL (4 EA per 1 days) PA
VENCLEXTA TABS 50MG	4	QL (4 EA per 1 days) PA
VENCLEXTA TABS 100MG	4	QL (6 EA per 1 days) PA
VERZENIO	4	QL (2 EA per 1 days) PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate inj</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
VITRAKVI SOLN	4	QL (10 ML per 1 days) PA
VITRAKVI CAPS 100MG	4	QL (2 EA per 1 days) PA
VITRAKVI CAPS 25MG	4	QL (6 EA per 1 days) PA
VIZIMPRO	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits*
VONJO	4	QL (4 EA per 1 days) PA
VYXEOS	4	PA
WELIREG	4	QL (3 EA per 1 days) PA
XALKORI CAPS	4	QL (2 EA per 1 days) PA LA
XALKORI CPSP	4	QL (4 EA per 1 days) PA LA
XATMEP	3	B/D
XOSPATA	4	QL (3 EA per 1 days) PA
XPOVIO 100 MG ONCE WEEKLY	4	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	4	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	4	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA
XTANDI CAPS	4	QL (4 EA per 1 days) PA
XTANDI TABS 80MG	4	QL (2 EA per 1 days) PA
XTANDI TABS 40MG	4	QL (4 EA per 1 days) PA
YERVOY	4	PA
YONDELIS	4	PA
YONSA	4	QL (4 EA per 1 days) PA
ZALTRAP	4	PA
ZANOSAR	4	PA
ZEJULA TABS	4	QL (1 EA per 1 days) PA
ZEJULA CAPS	4	QL (3 EA per 1 days) PA
ZELBORAF	4	PA LA
ZOLINZA	4	PA
ZYDELIG	4	QL (2 EA per 1 days) PA
ZYKADIA TABS	4	QL (3 EA per 1 days) PA
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK	3	PA MO
ODACTRA	3	QL (1 EA per 1 days) PA MO
RAGWITEK	3	PA MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN	2	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMUNEX-C	4	PA

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Drug Name	Drug Tier	Requirements/Limits*
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA
PRIVIGEN	4	PA
VARIZIG INJ 125UNIT/1.2ML	4	PA
ZINPLAVA	4	PA
Toxoids		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	
INFANRIX	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
<i>quadracel inj 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
Vaccines		
ABRYSVO	2	
ACTHIB	2	
AREXVY	2	PA
BCG VACCINE INJ 50MG	2	
BEXSERO	2	PA
DENGVAXIA	2	PA
ENGERIX-B	2	B/D
GARDASIL 9	2	PA
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
IPOL INACTIVATED IPV	2	
IXIARO	2	
JYNNEOS	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENBRAYA	2	

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Drug Name	Drug Tier	Requirements/Limits*
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	
STAMARIL	2	PA
TICOVAC	2	PA
TRUMENBA	2	PA
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	2	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJ 0.25MG/5ML	1	
ATROVENT HFA	3	MO
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps, soln, tabs</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln</i>	1	MO
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	2	QL (4 GM per 30 days) MO
<i>tiotropium bromide</i>	1	QL (30 EA per 30 days) MO
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL (53 EA per 180 days)
<i>varenicline tartrate</i>	1	QL (336 EA per 365 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs</i>	1	
<i>cevimeline hydrochloride</i>	1	MO
<i>donepezil hcl tabs 10mg</i>	1	MO
<i>donepezil hcl tabs 23mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hcl tbdp 10mg</i>	1	MO
<i>donepezil hcl tbdp 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tbdp 10mg</i>	1	MO
<i>donepezil hydrochloride odt tbdp 5mg</i>	1	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 24mg</i>	1	MO
<i>galantamine hydrobromide er cp24 16mg, 8mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide soln, tabs</i>	1	MO
<i>pilocarpine hydrochloride</i>	1	MO
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide soln</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
<i>regonol inj 10mg/2ml</i>	3	
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal system</i>	1	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen tabs 5mg</i>	1	
<i>baclofen tabs 10mg, 20mg</i>	1	MO
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	1	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>tizanidine hcl caps 4mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	1	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
<i>Sympatholytic (Adrenergic Blocking) Agents</i>		
<i>alfuzosin hcl er</i>	1	MO
<i>dihydroergotamine mesylate nasal soln</i>	1	QL (8 ML per 28 days)
<i>dihydroergotamine mesylate inj</i>	4	
<i>ergoloid mesylates tabs</i>	1	MO
<i>tamsulosin hydrochloride</i>	1	MO
<i>Sympathomimetic (Adrenergic) Agents</i>		
ADVAIR HFA	2	QL (12 GM per 30 days) MO
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrp, tabs</i>	1	MO
<i>arformoterol tartrate</i>	1	B/D MO
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days) MO
<i>droxidopa caps 100mg</i>	4	QL (15 EA per 1 days) PA
<i>droxidopa caps 200mg, 300mg</i>	4	QL (6 EA per 1 days) PA
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebu</i>	1	B/D MO
LUCEMYRA	4	QL (16 EA per 1 days) PA
<i>midodrine hcl</i>	1	
<i>midodrine hydrochloride</i>	1	
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid</i>	1	
Antithrombotic Agents		
<i>anagrelide hydrochloride</i>	1	MO
<i>argatroban</i>	1	
<i>aspirin/dipyridamole</i>	1	MO
<i>aspirin/dipyridamole er</i>	1	MO
BRILINTA	2	QL (2 EA per 1 days) MO
CABLIVI	4	QL (1 EA per 1 days) PA
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
ELIQUIS STARTER PACK	2	QL (74 EA per 180 days) MO
ELIQUIS TABS 2.5MG	2	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	2	QL (4 EA per 1 days) MO
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	QL (0.5 ML per 1 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	4	QL (0.4 ML per 1 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	4	QL (0.6 ML per 1 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (0.8 ML per 1 days)
<i>heparin sodium</i>	1	
HEPARIN SODIUM/D5W	1	
HEPARIN SODIUM/DEXTROSE	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/sodium chloride</i>	1	
<i>heparin sodium/sodium chloride 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	MO
<i>prasugrel</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
XARELTO STARTER PACK	2	QL (51 EA per 180 days)
XARELTO SUSR	3	PA MO
XARELTO TABS 15MG, 20MG	2	MO
XARELTO TABS 10MG	2	QL (1 EA per 1 days) MO
XARELTO TABS 2.5MG	2	QL (2 EA per 1 days) MO
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
OXBRYTA TBSO	3	QL (5 EA per 1 days) PA
OXBRYTA TABS 500MG	3	QL (3 EA per 1 days) PA
OXBRYTA TABS 300MG	4	QL (3 EA per 1 days) PA MO
PYRUKYND	4	QL (2 EA per 1 days) PA
PYRUKYND TAPER PACK TBPK 0	4	QL (14 EA per 180 days) PA
PYRUKYND TAPER PACK TBPK 5MG	4	QL (7 EA per 180 days) PA
TAVALISSE	4	QL (2 EA per 1 days) PA MO
<i>Hematopoietic Agents</i>		
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	4	PA
DOPTELET	4	QL (3 EA per 1 days) PA
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
MULPLETA	4	QL (1 EA per 1 days) PA
NEULASTA	4	PA
NYVEPRIA	4	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	4	PA
PROMACTA PACK	4	QL (6 EA per 1 days) PA LA MO
PROMACTA TABS 12.5MG, 25MG	4	QL (1 EA per 1 days) PA LA MO
PROMACTA TABS 50MG, 75MG	4	QL (2 EA per 1 days) PA LA MO
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	4	PA
ROLVEDON	4	PA
STIMUFEND	4	PA
UDENYCA INJ 6MG/0.6ML	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
<i>Hemorrhologic Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits*
<i>pentoxifylline er</i>	1	MO
Blood Formation,Coagulation + Thrombosis Agents		
Hematopoietic Agents		
UDENYCA ONBODY	4	PA
Blood Formation,Coagulation + Thrombosis		
<i>plerixafor</i>	4	PA
UDENYCA INJ 6MG/0.6ML	4	PA
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate tabs</i>	1	MO
<i>doxazosin tabs 2mg</i>	1	MO
<i>prazosin hydrochloride caps</i>	1	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	QL (1 EA per 1 days) MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine pack, powd</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>colestipol hydrochloride</i>	1	MO
<i>ezetimibe</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin</i>	1	QL (1 EA per 1 days) MO
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibrate caps 130mg, 134mg, 200mg, 43mg, 67mg</i>	1	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil tabs</i>	1	MO
<i>icosapent ethyl caps 1gm</i>	1	QL (4 EA per 1 days) MO
<i>icosapent ethyl caps 0.5gm</i>	1	QL (8 EA per 1 days) MO
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	4	QL (2 EA per 1 days) PA MO
<i>lovastatin tabs</i>	1	MO
<i>niacin er</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	MO
PRALUENT	2	QL (2 ML per 28 days) PA MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
REPATHA	2	QL (3 ML per 30 days) PA MO
REPATHA PUSHTRONEX SYSTEM	2	QL (3.5 ML per 30 days) PA MO
REPATHA SURECLICK	2	QL (3 ML per 30 days) PA MO
<i>rosuvastatin calcium</i>	1	MO
<i>simvastatin tabs</i>	1	MO
beta-Adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	MO
<i>acebutolol hydrochloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>atenolol/chlorthalidone</i>	1	MO
<i>atenolol tabs</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>bisoprolol fumarate tabs</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hydrochloride tabs</i>	1	MO
<i>labetalol hydrochloride inj 10mg/2ml, 5mg/ml</i>	1	
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hydrochloride tabs 20mg, 5mg</i>	1	QL (2 EA per 1 days) ST MO
<i>nebivolol hydrochloride tabs 10mg</i>	1	QL (3 EA per 1 days) ST MO
<i>nebivolol hydrochloride tabs 2.5mg</i>	1	QL (5 EA per 1 days) ST MO
<i>nebivolol tabs 20mg, 5mg</i>	1	QL (2 EA per 1 days) ST MO
<i>nebivolol tabs 10mg</i>	1	QL (3 EA per 1 days) ST MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er cp24 120mg, 160mg</i>	1	MO
<i>propranolol hcl soln</i>	1	MO
<i>propranolol hcl tabs 40mg, 60mg</i>	1	MO
<i>propranolol hydrochloride</i>	1	MO
<i>propranolol hydrochloride er</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tabs 120mg, 80mg</i>	1	MO
<i>sotalol hcl af</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
<i>sotalol hydrochloride af</i>	1	MO
<i>sotalol hydrochloride tabs</i>	1	MO
SOTYLIZE	3	PA MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate tabs</i>	1	MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er cp12, tb24</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hydrochloride er cp24</i>	1	MO
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride tabs</i>	1	MO
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>felodipine er</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl caps</i>	1	MO
<i>nicardipine hydrochloride caps</i>	1	MO
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	1	
<i>nifediac cc tb24 30mg</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>taztia xt</i>	1	MO
<i>telmisartan/amlodipine</i>	1	QL (1 EA per 1 days) MO
<i>tiadylt er</i>	1	MO
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tbcr 120mg, 240mg</i>	1	MO
<i>verapamil hcl sr cp24</i>	1	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er cp24 200mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 180mg, 240mg</i>	1	MO
<i>verapamil hydrochloride inj</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
Cardiac Drugs		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 400mg</i>	1	MO
<i>amiodarone hydrochloride tabs</i>	1	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
CAMZYOS	4	QL (1 EA per 1 days) PA
CORLANOR SOLN	3	PA MO
CORLANOR TABS	3	QL (2 EA per 1 days) PA MO
<i>digitek tabs 0.125mg, 0.25mg</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral soln</i>	1	MO
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	MO
<i>mexiletine hydrochloride caps</i>	1	MO
MULTAQ	2	PA MO
NORPACE CR	3	MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	MO
<i>procainamide hcl inj</i>	1	
<i>procainamide hydrochloride inj 500mg/ml</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate tabs</i>	1	MO
<i>ranolazine er</i>	1	MO
VYNDAMAX	4	QL (1 EA per 1 days) PA
VYNDAQEL	4	QL (4 EA per 1 days) PA
<i>Hypotensive Agents</i>		
<i>clonidine hcl ptwk</i>	1	MO
<i>clonidine hydrochloride tabs</i>	1	MO
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	1	MO
<i>hydralazine hcl inj</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs</i>	1	MO
<i>methyldopa tabs 250mg, 500mg</i>	1	MO
<i>minoxidil tabs</i>	1	MO
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>		
<i>aliskiren</i>	1	MO
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>candesartan cilexetil</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>captopril tabs</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
ENTRESTO	2	QL (2 EA per 1 days) MO
<i>eplerenone</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan/hydrochlorothiazide</i>	1	MO
KERENDIA	3	QL (1 EA per 1 days) PA MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>losartan potassium tabs</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs</i>	1	QL (1 EA per 1 days) MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>spironolactone tabs</i>	1	MO
<i>telmisartan</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>trandolapril</i>	1	MO
<i>valsartan/hydrochlorothiazide</i>	1	MO
<i>valsartan tabs</i>	1	MO
Vasodilating Agents		
<i>alyq</i>	1	QL (2 EA per 1 days) PA MO
<i>dipyridamole tabs</i>	1	MO
<i>isosorbide dinitrate tabs</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin translingual soln</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>sildenafil citrate susr</i>	4	QL (6 ML per 1 days) PA MO
<i>sildenafil citrate tabs 20mg</i>	1	QL (3 EA per 1 days) PA MO
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 100mg, 25mg, 50mg</i>	5	QL (6 EA per 30 days) ED
<i>tadalafil tabs 20mg</i>	1	QL (2 EA per 1 days) PA MO
TADLIQ	4	QL (10 ML per 1 days) PA
VERQUVO	3	QL (1 EA per 1 days) PA
Central Nervous System Agents		
Analgesics and Antipyretics		
<i>acetaminophen/codeine phosphate tabs</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine soln</i>	1	QL (166 ML per 1 days)
<i>ascomp/codeine</i>	1	
<i>bac</i>	1	QL (12 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL (4 EA per 1 days)

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Drug Name	Drug Tier	Requirements/Limits*
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (2 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine ptwk</i>	1	QL (4 EA per 28 days) ST
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine</i>	1	
<i>celecoxib caps</i>	1	QL (2 EA per 1 days) MO
<i>codeine sulfate tabs 30mg, 60mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>duramorph</i>	1	
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>etodolac caps, tabs</i>	1	MO
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>flurbiprofen tabs 50mg</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (184 ML per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits*
<i>hydromorphone hcl tabs</i>	1	
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>ibu</i>	1	MO
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
LAZANDA SOLN 100MCG/ACT, 400MCG/ACT	4	PA
<i>meloxicam tabs</i>	1	MO
<i>methadone hcl inj, oral soln, tabs</i>	1	
<i>methadone hydrochloride intensol</i>	1	
<i>methadone hydrochloride conc, soln, tabs</i>	1	
<i>methadose sugar-free</i>	2	
METHADOSE CONC 10MG/ML	2	
<i>morphine sulfate er tbc</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate oral soln, tabs</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	
<i>naproxen susp, tbc</i>	1	MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO
OXYCODONE HCL ER T12A 15MG, 30MG, 40MG, 60MG, 80MG	3	QL (3 EA per 1 days) PA
<i>oxycodone hcl caps</i>	1	
<i>oxycodone hydrochloride</i>	1	
OXYCODONE HYDROCHLORIDE ER T12A 10MG, 20MG	3	QL (3 EA per 1 days) PA
<i>oxycodone hydrochloride er t12a 40mg</i>	3	QL (3 EA per 1 days) PA
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
OXYCONTIN T12A	3	QL (3 EA per 1 days) PA
<i>piroxicam caps</i>	1	MO
<i>sulindac tabs</i>	1	MO
<i>tencon tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL (8 EA per 1 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine tabs</i>	1	MO
<i>amphetamine/dextroamphetamine cp24</i>	1	QL (1 EA per 1 days) MO
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	1	QL (1 EA per 1 days) PA MO
<i>armodafinil tabs 50mg</i>	1	QL (3 EA per 1 days) PA MO
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>dextroamphetamine sulfate er</i>	1	MO
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	1	MO
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 50mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 10mg, 40mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 10mg, 20mg</i>	1	MO
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 36mg, 54mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride tabs</i>	1	MO
<i>modafinil tabs 100mg</i>	1	QL (1 EA per 1 days) PA MO
<i>modafinil tabs 200mg</i>	1	QL (2 EA per 1 days) PA MO
WAKIX TABS 17.8MG	4	QL (2 EA per 1 days) PA
WAKIX TABS 4.45MG	4	QL (4 EA per 1 days) PA
Anticonvulsants		
APTIOM TABS 200MG, 400MG, 800MG	4	QL (1 EA per 1 days) PA MO
APTIOM TABS 600MG	4	QL (2 EA per 1 days) PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN	4	PA MO
BRIVIACT TABS	4	QL (2 EA per 1 days) PA MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
<i>clobazam tabs</i>	1	MO
<i>clobazam susp</i>	1	PA MO
<i>clonazepam odt</i>	1	MO
<i>clonazepam tabs</i>	1	MO
DIACOMIT	4	PA MO
<i>dilantin infatabs</i>	1	MO
DILANTIN-125	2	MO
<i>dilantin caps 100mg</i>	1	MO
<i>dilantin caps 30mg</i>	3	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium csdr</i>	1	MO
EPIDIOLEX	4	PA MO
<i>epitol</i>	1	MO
EPRONTIA	3	QL (16 ML per 1 days) PA
<i>ethosuximide caps, soln</i>	1	MO
<i>felbamate tabs</i>	1	MO
<i>felbamate susp</i>	4	MO
FINTEPLA	4	QL (11.82 ML per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits*
<i>fosphenytoin sodium</i>	1	
FYCOMPA SUSP	4	QL (24 ML per 1 days) PA MO
FYCOMPA TABS 2MG	3	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (1 EA per 1 days) PA MO
<i>gabapentin caps, soln</i>	1	MO
<i>gabapentin tabs 600mg, 800mg</i>	1	MO
<i>lacosamide inj</i>	1	
<i>lacosamide oral soln</i>	1	MO
<i>lacosamide tabs</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er</i>	1	ST
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	QL (35 EA per 180 days)
<i>lamotrigine starter kit/green</i>	1	QL (98 EA per 180 days)
<i>lamotrigine starter kit/orange</i>	1	QL (49 EA per 180 days)
<i>lamotrigine chew, tabs</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 50%</i>	1	
<i>methsuximide</i>	1	MO
NAYZILAM	3	QL (10 EA per 30 days)
<i>oxcarbazepine</i>	1	MO
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	MO
<i>pregabalin soln</i>	1	MO
<i>pregabalin caps</i>	1	QL (3 EA per 1 days) MO
<i>primidone tabs</i>	1	MO
ROWEEPRA TABS 500MG	1	MO
<i>rufinamide susp</i>	4	PA MO
<i>rufinamide tabs 200mg</i>	1	MO
<i>rufinamide tabs 400mg</i>	4	MO
SPRITAM TB3D 1000MG, 250MG, 500MG	3	QL (2 EA per 1 days) PA MO
SPRITAM TB3D 750MG	3	QL (4 EA per 1 days) PA MO
<i>subvenite</i>	1	MO
<i>subvenite starter kit/blue</i>	1	QL (35 EA per 180 days)
<i>subvenite starter kit/green</i>	1	QL (98 EA per 180 days)
<i>subvenite starter kit/orange</i>	1	QL (49 EA per 180 days)
SYMPAZAN FILM 5MG	3	QL (2 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits*
SYMPAZAN FILM 10MG, 20MG	4	QL (2 EA per 1 days) PA
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate csp, tabs</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps, soln</i>	1	MO
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days)
<i>vigabatrin</i>	4	PA LA MO
<i>vigadrone</i>	4	PA LA MO
<i>vigpoder</i>	4	PA
XCOPRI TABS 100MG, 50MG	4	QL (1 EA per 1 days) PA
XCOPRI TABS 150MG, 200MG	4	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	3	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA
ZONISADE	3	QL (20 ML per 1 days) PA MO
<i>zonisamide caps</i>	1	MO
ZTALMY	4	PA MO
Antimanic Agents		
LITHIUM	2	PA
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate caps, tabs</i>	1	MO
Antimigraine Agents		
AIMOVIG	3	QL (1 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
EMGALITY INJ 120MG/ML	3	PA
EMGALITY INJ 100MG/ML	4	PA
<i>migergot</i>	4	
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
REYVOW TABS 50MG	2	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	2	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
<i>sumatriptan soln</i>	1	QL (12 EA per 30 days)
UBRELVY	4	QL (16 EA per 30 days) PA
<i>zolmitriptan odt</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs</i>	1	QL (12 EA per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl caps, soln, tabs</i>	1	MO
<i>amantadine hydrochloride tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>apomorphine hydrochloride inj</i>	4	PA
<i>benztropine mesylate tabs</i>	1	MO
<i>bromocriptine mesylate caps, tabs</i>	1	MO
<i>cabergoline</i>	1	
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa/entacapone</i>	1	MO
<i>carbidopa tabs</i>	1	MO
EMSAM	4	QL (1 EA per 1 days) PA MO
<i>entacapone</i>	1	MO
INBRIJA	4	PA
KYNMOBI	4	PA
KYNMOBI TITRATION KIT	4	PA
NEUPRO	3	QL (1 EA per 1 days) PA MO
ONGENTYS	2	QL (1 EA per 1 days) ST MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>rasagiline mesylate tabs</i>	1	QL (1 EA per 1 days) ST MO
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl caps, tabs</i>	1	MO
<i>selegiline hydrochloride</i>	1	MO
<i>trihexyphenidyl hcl soln</i>	1	MO
<i>trihexyphenidyl hydrochloride</i>	1	MO
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam intensol</i>	1	
<i>alprazolam tabs</i>	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs</i>	1	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	1	
<i>chlordiazepoxide hydrochloride</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam intensol</i>	1	
DIAZEPAM RECTAL GEL	1	
<i>diazepam conc, oral soln, tabs</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>eszopiclone</i>	1	QL (1 EA per 1 days)
HETLIOZ LQ	4	QL (5 ML per 1 days) PA
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride inj, syrp</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine hydrochloride tabs 50mg</i>	1	MO
<i>hydroxyzine pamoate caps 100mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	1	MO
<i>lorazepam intensol</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam tabs</i>	1	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	MO
<i>ramelteon</i>	1	ST MO
<i>tasimelteon</i>	4	QL (1 EA per 1 days) PA MO
<i>temazepam</i>	1	QL (1 EA per 1 days)
<i>zaleplon</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs</i>	1	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	1	MO
<i>atomoxetine hydrochloride caps 100mg, 40mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine caps 100mg, 40mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 10mg, 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine caps 18mg</i>	1	QL (5 EA per 1 days) MO
DAYBUE	4	QL (120 ML per 1 days) PA
<i>guanfacine er tb24 2mg, 4mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride tb24 1mg, 2mg, 4mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride tb24 3mg</i>	1	QL (2 EA per 1 days) MO
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride soln, tabs</i>	1	MO
NUEDEXTA	4	QL (2 EA per 1 days) PA MO
RADICAVA	4	PA MO
RADICAVA ORS	4	QL (50 ML per 28 days) PA
RADICAVA ORS STARTER KIT	4	QL (70 ML per 180 days) PA
RELYVRIO	4	QL (2 EA per 1 days) PA
<i>riluzole</i>	1	MO
<i>sodium oxybate</i>	4	PA LA
VEOZAH	2	QL (1 EA per 1 days) PA MO
XYREM	4	PA LA
XYWAV	4	QL (18 ML per 1 days) PA
Fibromyalgia Agents		
SAVELLA	2	QL (2 EA per 1 days) PA MO
SAVELLA TITRATION PACK	2	QL (55 EA per 180 days) PA
Opiate Antagonists		
KLOXXADO	2	

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Drug Name	Drug Tier	Requirements/Limits*
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
<i>naltrexone hydrochloride tabs</i>	1	
OPVEE	2	
ZIMHI	2	
Psychotherapeutic Agents		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INJ 960MG/3.2ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA	4	MO
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG, 30MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE MAINTENANCE KIT TBPk 15MG, 20MG, 2MG, 5MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPk 10MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE TABS 30MG	4	QL (1 EA per 1 days) PA MO
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	MO
<i>amitriptyline hydrochloride tabs</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole</i>	1	MO
<i>aripiprazole odt</i>	4	MO
ARISTADA INJ 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	4	PA MO
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 60 days) PA MO
<i>asenapine maleate sl</i>	1	ST MO
AUVELITY	3	QL (2 EA per 1 days) PA MO
<i>bupropion hcl tabs</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	MO
<i>bupropion hydrochloride tabs</i>	1	MO
CAPLYTA	4	QL (1 EA per 1 days) PA MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	1	MO
<i>chlorpromazine hydrochloride tabs</i>	1	MO
<i>citalopram hydrobromide soln</i>	1	MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO
<i>citalopram hydrobromide tabs 10mg, 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO
<i>citalopram tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>clomipramine hcl caps</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>clomipramine hydrochloride</i>	1	MO
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 25mg</i>	1	ST
<i>clozapine odt tbdp 200mg</i>	4	ST
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
<i>compro</i>	1	
<i>desipramine hcl tabs</i>	1	MO
<i>desipramine hydrochloride</i>	1	MO
<i>desvenlafaxine er</i>	1	QL (1 EA per 1 days) MO
<i>doxepin hcl caps 100mg, 10mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl conc</i>	1	MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	1	QL (1 EA per 1 days) ST MO
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (1 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (2 EA per 1 days) PA MO
<i>duloxetine hcl cpep 30mg, 40mg</i>	1	MO
<i>duloxetine hydrochloride cpep</i>	1	MO
<i>escitalopram oxalate soln, tabs</i>	1	MO
FANAPT	4	QL (2 EA per 1 days) ST
FANAPT TITRATION PACK	3	QL (8 EA per 180 days) ST
FETZIMA	3	QL (1 EA per 1 days) PA MO
FETZIMA TITRATION PACK	3	PA
<i>fluoxetine dr</i>	1	MO
<i>fluoxetine hydrochloride caps, soln</i>	1	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl inj</i>	1	
<i>fluphenazine hcl conc</i>	1	MO
<i>fluphenazine hcl tabs 1mg</i>	1	MO
<i>fluphenazine hydrochloride</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	MO
<i>imipramine hcl tabs</i>	1	MO
<i>imipramine hydrochloride</i>	1	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	4	QL (3.5 ML per 180 days) PA
INVEGA HAFYERA INJ 1560MG/5ML	4	QL (5 ML per 180 days) PA
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	
INVEGA TRINZA	4	PA
<i>loxapine</i>	1	MO
<i>loxapine succinate</i>	1	MO
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL (2 EA per 1 days) MO
LYBALVI	4	QL (1 EA per 1 days) PA MO
MARPLAN	3	MO
<i>mirtazapine odt</i>	1	MO
<i>mirtazapine tabs</i>	1	MO
<i>molindone hydrochloride</i>	1	MO
<i>nefazodone hydrochloride</i>	1	MO
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	MO
<i>nortriptyline hcl soln</i>	1	MO
<i>nortriptyline hydrochloride caps</i>	1	MO
NUPLAZID CAPS	4	QL (1 EA per 1 days) PA MO
NUPLAZID TABS 10MG	4	QL (1 EA per 1 days) PA MO
<i>olanzapine odt</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine inj</i>	1	
<i>olanzapine tabs</i>	1	MO
<i>paliperidone er</i>	1	ST MO
<i>paroxetine</i>	1	QL (1 EA per 1 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	MO
<i>paroxetine hydrochloride tabs</i>	1	MO
<i>paroxetine hydrochloride susp</i>	1	PA MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>perphenazine tabs</i>	1	MO
<i>phenelzine sulfate tabs</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	
<i>protriptyline hcl</i>	1	MO
<i>quetiapine fumarate</i>	1	MO
<i>quetiapine fumarate er</i>	1	MO
REXULTI	4	QL (1 EA per 1 days) MO
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	4	
<i>risperidone</i>	1	MO
<i>risperidone er</i>	1	
<i>risperidone odt</i>	1	MO
SECUADO	4	QL (1 EA per 1 days) PA
<i>sertraline hcl conc</i>	1	MO
<i>sertraline hcl tabs 50mg</i>	1	MO
<i>sertraline hydrochloride conc, tabs</i>	1	MO
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>trazodone hydrochloride</i>	1	MO
<i>trifluoperazine hcl tabs</i>	1	MO
<i>trifluoperazine hydrochloride</i>	1	MO
<i>trimipramine maleate caps</i>	1	MO
TRINTELLIX	3	QL (1 EA per 1 days) PA MO
UZEDY INJ 50MG/0.14ML	4	QL (0.14 ML per 30 days)
UZEDY INJ 75MG/0.21ML	4	QL (0.21 ML per 30 days)
UZEDY INJ 100MG/0.28ML	4	QL (0.28 ML per 30 days)
UZEDY INJ 125MG/0.35ML	4	QL (0.35 ML per 30 days)
UZEDY INJ 150MG/0.42ML	4	QL (0.42 ML per 56 days)
UZEDY INJ 200MG/0.56ML	4	QL (0.56 ML per 56 days)
UZEDY INJ 250MG/0.7ML	4	QL (0.7 ML per 56 days)
VENLAFAXINE BESYLATE ER	3	QL (1 EA per 1 days) MO
<i>venlafaxine hcl tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride</i>	1	MO
<i>venlafaxine hydrochloride er cp24</i>	1	MO
<i>venlafaxine hydrochloride er tb24 225mg</i>	1	QL (1 EA per 1 days) MO
VERSACLOZ	4	PA
VIIBRYD STARTER PACK	3	PA
<i>vilazodone hydrochloride</i>	1	QL (1 EA per 1 days) PA MO
VRAYLAR CPPK	3	QL (7 EA per 180 days) ST
VRAYLAR CAPS	4	QL (1 EA per 1 days) ST MO
<i>ziprasidone hcl</i>	1	MO
<i>ziprasidone hydrochloride</i>	1	MO
<i>ziprasidone mesylate</i>	1	
ZURZUVAE CAPS 30MG	2	QL (1 EA per 1 days) PA MO
ZURZUVAE CAPS 20MG, 25MG	2	QL (2 EA per 1 days) PA MO
ZYPREXA RELPREVV INJ 210MG	3	PA
ZYPREXA RELPREVV INJ 300MG, 405MG	4	PA
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO TABS 6MG	4	QL (2 EA per 1 days) PA MO
AUSTEDO TABS 12MG, 9MG	4	QL (4 EA per 1 days) PA MO
INGREZZA CAPS	4	QL (1 EA per 1 days) PA MO
INGREZZA CPPK	4	QL (28 EA per 180 days) PA MO
<i>tetrabenazine tabs 25mg</i>	1	QL (4 EA per 1 days) PA MO
<i>tetrabenazine tabs 12.5mg</i>	1	QL (8 EA per 1 days) PA MO
Devices		
<i>Devices</i>		
ALCOHOL PREP PADS	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits*
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (3 EA per 365 days) PA
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (10 EA per 30 days) PA
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL (3 EA per 365 days) PA
OMNIPOD 5 G7 PODS (GEN 5)	2	QL (10 EA per 30 days) PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL (3 EA per 365 days) PA
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (10 EA per 30 days) PA
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (3 EA per 365 days) PA
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (3 EA per 365 days) PA
OMNIPOD DASH PODS (GEN 4)	2	QL (10 EA per 30 days) PA
Electrolytic, Caloric, and Water Balance		
Alkalinizing Agents		
<i>potassium citrate er</i>	1	
<i>sodium bicarbonate inj 4.2%, 7.5%, 8.4%</i>	1	
Ammonia Detoxicants		
<i>carglumic acid</i>	4	PA LA MO
<i>constulose</i>	1	MO
<i>enulose</i>	1	MO
<i>generlac</i>	1	MO
<i>lactulose soln</i>	1	MO
RAVICTI	4	PA MO
<i>sodium phenylbutyrate powd, tabs</i>	4	PA MO
Caloric Agents		
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D

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Drug Name	Drug Tier	Requirements/Limits*
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>clinolipid</i>	4	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose inj 40%</i>	1	
DOJOLVI	4	PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
INTRALIPID INJ 20GM/100ML	2	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	1	B/D
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Diuretics		
<i>amiloride hcl tabs</i>	1	MO
<i>amiloride hydrochloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide inj</i>	1	
<i>bumetanide tabs</i>	1	MO
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>furosemide inj</i>	1	
<i>furosemide oral soln, tabs</i>	1	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide</i>	1	MO
JYNARQUE TABS	4	QL (4 EA per 1 days) PA MO
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA
JYNARQUE TBPK 0, 15MG	4	QL (2 EA per 1 days) PA MO
<i>metolazone</i>	1	MO
<i>toremide tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
<i>triamterene caps</i>	1	MO
Ion-removing Agents		
FOSRENOL PACK	3	ST MO
<i>lanthanum carbonate</i>	1	ST MO
LOKELMA	3	QL (3 EA per 1 days) PA MO
<i>sevelamer carbonate</i>	1	MO
<i>sevelamer hydrochloride</i>	1	MO
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
VELPHORO	4	ST MO
VELTASSA	3	QL (1 EA per 1 days) PA
Irrigating Solutions		
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
Replacement Preparations		
<i>calcium acetate caps</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>dextrose/sodium chloride</i>	1	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
NORMOSOL -R	2	
NORMOSOL-M/D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	1	
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride sr tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
TPN ELECTROLYTES	3	
Uricosuric Agents		
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tabs</i>	1	MO
Enzymes		
Enzymes		
ALDURAZYME	4	PA LA
CEREZYME	4	PA
ELAPRASE	4	PA LA
FABRAZYME	4	PA LA
LUMIZYME	4	PA LA
NAGLAZYME	4	PA LA
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML	4	QL (1 ML per 1 days) PA MO
PALYNZIQ INJ 20MG/ML	4	QL (2 ML per 1 days) PA MO
REVCOVI	4	PA
STRENSIQ	4	PA MO
SUCRAID	4	PA LA MO
VPRIV	4	PA
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
CIPROFLOXACIN SOLN 0.2%	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
PERIOGARD	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>sulfacetamide sodium oint, soln</i>	1	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
XDEMVY	4	QL (10 ML per 30 days) PA
ZIRGAN	3	
Anti-inflammatory Agents		
<i>blephamide s.o.p.</i>	3	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>cyclosporine emul 0.05%</i>	1	QL (60 EA per 30 days) MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
<i>difluprednate</i>	1	ST
<i>flac</i>	1	
<i>flunisolide soln 0.025%</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone susp</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FML	3	
FML FORTE	3	
<i>hydrocortisone/acetic acid</i>	1	
<i>ketorolac tromethamine</i>	1	
MAXIDEX SUSP	3	
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	1	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
PRED MILD	3	
PREDNISOLONE ACETATE	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	1	
VERKAZIA	4	QL (4 EA per 1 days) PA
Antiallergic Agents		
<i>azelastine hcl soln</i>	1	
<i>azelastine hydrochloride ophthalmic soln</i>	1	
<i>azelastine hydrochloride nasal soln 0.1%</i>	1	QL (60 ML per 30 days)
<i>cromolyn sodium soln 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>epinastine hcl</i>	1	
Antiglaucoma Agents		
<i>acetazolamide er</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>acetazolamide tabs</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>brimonidine tartrate/timolol maleate</i>	1	ST MO
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride soln</i>	1	MO
<i>latanoprost soln</i>	1	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
LUMIGAN	2	ST MO
<i>methazolamide tabs</i>	1	MO
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	MO
RHOPRESSA	2	ST MO
ROCKLATAN	2	QL (5 ML per 28 days) ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	1	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	ST MO
VUITY	3	QL (0.09 ML per 1 days)
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	1	
<i>apraclonidine</i>	1	
CYSTADROPS	4	QL (20 ML per 28 days) PA MO
CYSTARAN	4	PA MO
IOPIDINE SOLN 1%	3	
OXERVATE	4	QL (1 ML per 1 days) PA
Local Anesthetics		
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>proparacaine hcl soln</i>	1	
Mydriatics		
ATROPINE SULFATE SOLN 1%	1	MO
<i>cyclopentolate hcl soln 1%</i>	1	
Eye, Ear, Nose + Throat Preparations		
Antiallergic Agents		
<i>olopatadine hcl</i>	1	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits*
<i>alosetron hydrochloride tabs 1mg</i>	4	PA MO
<i>balsalazide disodium</i>	1	
DIPENTUM	4	MO
<i>mesalamine dr tbec</i>	1	
<i>mesalamine dr cpdr</i>	1	MO
<i>mesalamine er cpcr</i>	1	MO
<i>mesalamine enem, kit, supp</i>	1	
PENTASA	3	MO
Antidiarrhea Agents		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>diphenoxylate/atropine liqd</i>	1	
<i>loperamide hcl caps</i>	1	
<i>loperamide hydrochloride caps</i>	1	
<i>opium</i>	1	QL (2.4 ML per 1 days) PA
<i>opium tincture tinc 1%</i>	1	QL (2.4 ML per 1 days) PA
XERMELO	4	QL (3 EA per 1 days) PA MO
Antiemetics		
<i>aprepitant caps 40mg</i>	1	QL (1 EA per 30 days) PA
<i>aprepitant caps 125mg</i>	1	QL (2 EA per 30 days) PA
<i>aprepitant caps 80mg</i>	1	QL (4 EA per 30 days) PA
<i>aprepitant caps 0</i>	1	QL (6 EA per 30 days) PA
<i>dronabinol</i>	1	QL (4 EA per 1 days) PA
EMEND SUSR	3	QL (2 EA per 30 days) PA
<i>granisetron hcl inj 1mg/ml</i>	1	PA
<i>granisetron hydrochloride inj</i>	1	PA
<i>granisetron hydrochloride tabs</i>	1	QL (2 EA per 1 days) PA
<i>meclizine hcl tabs</i>	1	
<i>meclizine hydrochloride tabs 12.5mg, 25mg</i>	1	
<i>ondansetron hcl soln</i>	1	B/D
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hydrochloride inj</i>	1	
<i>ondansetron hydrochloride oral soln, tabs</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>scopolamine</i>	1	PA
Antiulcer Agents and Acid Suppressants		
<i>cimetidine hcl soln</i>	1	MO
<i>cimetidine hydrochloride soln 300mg/5ml</i>	1	MO
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	1	MO
<i>esomeprazole magnesium cpdr</i>	1	MO
<i>famotidine susr</i>	1	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>lansoprazole odt</i>	1	MO
<i>lansoprazole cpdr, tbdd</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>misoprostol tabs</i>	1	MO
<i>omeprazole dr cpdr</i>	1	MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	MO
<i>pantoprazole sodium inj</i>	1	
<i>pantoprazole sodium tbec</i>	1	MO
<i>rabeprazole sodium</i>	1	MO
<i>sucralfate susp, tabs</i>	1	MO
<i>Cathartics and Laxatives</i>		
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
OSMOPREP	3	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
<i>Cholelitholytic Agents</i>		
<i>chenodal</i>	4	PA
<i>ursodiol caps 300mg</i>	1	MO
<i>ursodiol tabs</i>	1	MO
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT	2	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	MO
<i>GI Drugs, Miscellaneous</i>		
BYLVAY	4	PA
BYLVAY (PELLETS)	4	PA
CHOLBAM	4	PA MO
ENTYVIO INJ 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA
GATTEX	4	PA MO
LINZESS	2	QL (1 EA per 1 days) MO
LIVMARLI	4	QL (3 ML per 1 days) PA
LUBIPROSTONE	1	QL (2 EA per 1 days) MO
MOTEGRITY	2	QL (1 EA per 1 days) PA MO
MOVANTIK	3	QL (1 EA per 1 days) PA MO
OCALIVA	4	QL (1 EA per 1 days) PA MO
RELISTOR INJ	4	PA
RELISTOR TABS	4	QL (3 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits*
SKYRIZI INJ 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA MO
SKYRIZI INJ 600MG/10ML	4	QL (30 ML per 180 days) PA
STELARA INJ 130MG/26ML	4	QL (104 ML per 180 days) PA
SYMPROIC	3	QL (1 EA per 1 days) PA
VIBERZI	4	QL (2 EA per 1 days) PA MO
Prokinetic Agents		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride inj, tabs</i>	1	
<i>metoclopramide hydrochloride oral soln 10mg/10ml</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	4	MO
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique</i>	4	
CUVRIOR	4	PA
<i>deferasirox pack</i>	4	PA
<i>deferasirox tabs 360mg, 90mg</i>	1	PA
<i>deferasirox tabs 180mg</i>	1	PA MO
<i>deferasirox tbso 125mg</i>	1	PA MO
<i>deferasirox tbso 250mg, 500mg</i>	4	PA MO
<i>deferiprone tabs 1000mg</i>	1	PA MO
<i>deferiprone tabs 500mg</i>	4	PA MO
FERRIPROX SOLN	4	PA MO
<i>penicillamine tabs</i>	4	
<i>trientine hydrochloride caps 250mg</i>	4	
Hormones and Synthetic Substitutes		
Adrenals		
ARMONAIR DIGIHALER	3	MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breynd</i>	1	QL (20.4 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) ST MO
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (20.4 GM per 30 days) MO
<i>budesonide cpep 3mg</i>	1	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
CORTISONE ACETATE TABS 25MG	2	
<i>deflazacort</i>	4	PA
DEPO-MEDROL INJ 20MG/ML	3	B/D
<i>dexabliss</i>	3	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>dexamethasone 6-day therapy pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>dxevo 11-day</i>	3	
EMFLAZA	4	PA
<i>fludrocortisone acetate tabs</i>	1	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
KENALOG-10	3	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone sodium succinate</i>	1	B/D
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	B/D
<i>methylprednisolone tabs</i>	1	B/D
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln</i>	1	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	1	B/D
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D
QVAR REDHALER AERB 40MCG/ACT	2	QL (10.6 GM per 60 days) MO
QVAR REDHALER AERB 80MCG/ACT	2	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJ 100MG, 250MG	3	
SOLU-MEDROL INJ 500MG	2	B/D
TARPEYO	4	QL (4 EA per 1 days) PA
TRELEGY ELLIPTA	2	QL (2 EA per 1 days) ST MO
<i>triamcinolone acetanide inj 40mg/ml</i>	1	
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	MO
<i>danazol caps</i>	1	
<i>methitest</i>	3	PA MO
<i>oxandrolone tabs 10mg</i>	1	QL (2 EA per 1 days) PA
<i>oxandrolone tabs 2.5mg</i>	1	QL (4 EA per 1 days) PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj</i>	1	
<i>testosterone pump</i>	1	MO
<i>testosterone gel</i>	1	MO
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 100mg, 50mg</i>	1	QL (3 EA per 1 days) MO
<i>alogliptin</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hcl</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hydrochloride</i>	2	QL (2 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>alogliptin/pioglitazone tabs 12.5mg; 30mg, 25mg; 15mg, 25mg; 30mg, 25mg; 45mg</i>	2	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN	2	MO
BYDUREON BCISE	2	QL (4 ML per 28 days) PA MO
BYETTA INJ 5MCG/0.02ML	2	QL (1.2 ML per 30 days) PA MO
BYETTA INJ 10MCG/0.04ML	2	QL (2.4 ML per 30 days) PA MO
CYCLOSET	3	MO
DAPAGLIFLOZIN PROPANEDIOL	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 10MG; 1000MG	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
FARXIGA	2	QL (1 EA per 1 days) MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
<i>glimepiride tabs 4mg</i>	1	QL (2 EA per 1 days) MO
<i>glimepiride tabs 2mg</i>	1	QL (4 EA per 1 days) MO
<i>glimepiride tabs 1mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide er tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide tabs 10mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tabs 5mg</i>	1	QL (8 EA per 1 days) MO
GLYXAMBI	2	QL (1 EA per 1 days) MO
INSULIN ASPART	2	MO
INSULIN ASPART FLEXPEN	2	MO
INSULIN ASPART PENFILL	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART	2	MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	2	
INSULIN LISPRO	2	MO
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	2	
JANUMET	2	QL (2 EA per 1 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	2	QL (1 EA per 1 days) MO
JANUMET XR TB24 1000MG; 50MG	2	QL (2 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits*
JANUVIA	2	QL (1 EA per 1 days) MO
JARDIANCE	2	QL (1 EA per 1 days) MO
KORLYM	4	PA MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
<i>metformin hydrochloride er tb24 750mg</i>	1	QL (2 EA per 1 days) MO
<i>metformin hydrochloride er tb24 500mg</i>	1	QL (4 EA per 1 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (3 EA per 1 days) MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (5 EA per 1 days) MO
<i>mifepristone tabs 300mg</i>	4	PA
<i>miglitol</i>	1	QL (3 EA per 1 days) MO
MOUNJARO	2	QL (2 ML per 28 days) PA MO
<i>nateglinide</i>	1	QL (3 EA per 1 days) MO
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG FLEXPEN RELION	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	MO
NOVOLOG MIX 70/30 RELION	2	MO
NOVOLOG PENFILL	2	MO
NOVOLOG RELION	2	MO
OZEMPIC INJ 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA MO
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (1 EA per 1 days) MO
QTERN	3	QL (1 EA per 1 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (8 EA per 1 days) MO
<i>saxagliptin hydrochloride</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg, 500mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
SYMLINPEN 120	4	MO
SYMLINPEN 60	3	MO
SYNJARDY	2	QL (2 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits*
SYNJARDY XR TB24 25MG; 1000MG	2	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
<i>tranylcypromine sulfate</i>	1	MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA MO
VICTOZA	2	QL (9 ML per 30 days) PA MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	2	QL (2 EA per 1 days) MO
Antihypoglycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide susp</i>	4	MO
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	2	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
PROGLYCEM	2	
ZEGALOGUE	3	
Contraceptives		
<i>afirmelle</i>	1	
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30</i>	1	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24.fe</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>aurovela fe 1.5/30</i>	1	MO
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	MO
<i>ayuna</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal</i>	1	MO
<i>chateal eq</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35</i>	1	MO
<i>dasetta 7/7/7</i>	1	MO
<i>daysee</i>	1	MO
<i>deblitane</i>	1	MO
<i>delyla</i>	1	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	MO
<i>eluryng</i>	1	MO
<i>emoquette</i>	1	MO
<i>enilloring</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>finzala</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>gemmily</i>	1	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30</i>	1	MO
<i>hailey fe 1/20</i>	1	MO
<i>haloette</i>	1	MO
<i>heather</i>	1	MO
<i>iclevia</i>	1	MO
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	MO
<i>jencycla</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	MO
KYLEENA	2	QL (1 EA per 365 days)
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
LILETTA	2	QL (1 EA per 365 days)
<i>lillow</i>	1	MO
LO LOESTRIN FE	3	MO
<i>lo-zumandimine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutra</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyza</i>	1	MO
<i>marlissa</i>	1	MO
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>microgestin fe 1/20</i>	1	MO
<i>mili</i>	1	MO
MIRENA	2	QL (1 EA per 365 days)
<i>mono-lynyah</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35-28</i>	1	MO
NEXPLANON	2	QL (1 EA per 365 days)
<i>nikki</i>	1	MO
<i>nora-be</i>	1	MO
<i>norelgestromin/ethinyl estradiol</i>	1	MO
<i>norethindrone</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>nylia 1/35</i>	1	MO
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea</i>	1	MO
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>reclipsen</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sharobel</i>	1	MO
<i>simliya</i>	1	MO
<i>simpesse</i>	1	MO
SKYLA	2	QL (1 EA per 365 days)
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20</i>	1	MO
<i>tarina fe 1/20 eq</i>	1	MO
<i>taysofy</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>trivora-28</i>	1	MO
<i>tulana</i>	1	MO
<i>turqoz</i>	1	MO
<i>tyblume</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele</i>	1	MO
<i>volnea</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>zarah</i>	1	MO
<i>zovia 1/35</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zumandimine</i>	1	MO
<i>Estrogens and Antiestrogens</i>		
<i>amabelz</i>	1	MO
<i>anastrozole</i>	1	MO
<i>dotti</i>	1	QL (16 EA per 28 days) MO
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estradiol crea, oral tabs, vaginal tabs</i>	1	MO
<i>estradiol pttw</i>	1	QL (16 EA per 28 days) MO
<i>estradiol ptwk</i>	1	QL (4 EA per 28 days) MO
ESTRING	3	MO
<i>exemestane</i>	1	MO
KISQALI FEMARA 200 DOSE	4	QL (49 EA per 28 days) PA
KISQALI FEMARA 400 DOSE	4	QL (70 EA per 28 days) PA
KISQALI FEMARA 600 DOSE	4	QL (91 EA per 28 days) PA
<i>letrozole</i>	1	MO
<i>lyllana</i>	1	QL (16 EA per 28 days) MO
<i>menest</i>	3	MO
<i>mimvey</i>	1	MO
<i>prefest</i>	3	MO
PREMARIN	3	MO
<i>raloxifene hydrochloride</i>	1	MO
SOLTAMOX	4	PA MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO
<i>yuvafem</i>	1	MO
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD	2	PA
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG/VIAL	4	PA
LEUPROLIDE ACETATE INJ 22.5MG	4	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH)	4	PA
LUPRON DEPOT (6-MONTH)	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
MYFEMBREE	4	QL (1 EA per 1 days) PA
ORGOVYX	4	PA
ORIAHNN	4	QL (2 EA per 1 days) PA
ORILISSA TABS 150MG	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits*
ORILISSA TABS 200MG	4	QL (2 EA per 1 days) PA
SYNAREL	4	PA
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	2	PA
TRELSTAR MIXJECT INJ 11.25MG	3	PA
Leptins		
MYALEPT	4	PA MO
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon nasal soln</i>	1	MO
<i>calcitonin salmon inj</i>	4	
<i>calcitonin-salmon soln</i>	1	MO
<i>cinacalcet hydrochloride</i>	1	MO
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA MO
NATPARA	4	QL (2 EA per 28 days) PA MO
TERIPARATIDE INJ 620MCG/2.48ML	4	QL (2.48 ML per 28 days) PA MO
<i>teriparatide inj 600mcg/2.4ml</i>	4	QL (2.48 ML per 28 days) PA MO
TYMLOS	4	QL (1.56 ML per 30 days) PA MO
Pituitary		
ACTHAR	4	PA
<i>cortrophin</i>	4	PA
<i>desmopressin acetate tabs</i>	1	MO
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate nasal soln 0.01%</i>	1	MO
Progestins		
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate inj</i>	1	
<i>medroxyprogesterone acetate tabs</i>	1	MO
<i>megestrol acetate susp, tabs</i>	1	
<i>norethindrone acetate tabs</i>	1	MO
<i>progesterone caps</i>	1	MO
Somatostatin Agonists and Antagonists		
<i>lanreotide acetate</i>	4	PA
MYCAPSSA	4	QL (4 EA per 1 days) PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	MO
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	4	MO
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	PA MO
SOMATULINE DEPOT	4	PA
Somatotropin Agonists and Antagonists		
EGRIFTA SV	4	QL (1 EA per 1 days) PA
GENOTROPIN	4	PA MO
GENOTROPIN MINIQUICK	4	PA MO
HUMATROPE INJ 12MG, 24MG, 6MG	4	PA MO
INCRELEX	4	PA LA MO
NORDITROPIN FLEXPRO	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits*
NUTROPIN AQ NUSPIN 10	4	PA MO
NUTROPIN AQ NUSPIN 20	4	PA MO
NUTROPIN AQ NUSPIN 5	4	PA MO
OMNITROPE	4	PA MO
SAIZEN	4	PA MO
SAIZENPREP RECONSTITUTIONKIT	4	PA MO
SOMAVERT	4	PA LA MO
ZORBTIVE	4	PA LA MO
Thyroid and Antithyroid Agents		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	MO
ARMOUR THYROID	3	MO
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
<i>levo-t</i>	2	MO
<i>levothyroxine sodium tabs</i>	1	MO
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	4	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
<i>liothyronine sodium tabs</i>	1	MO
<i>methimazole tabs 10mg, 5mg</i>	1	MO
<i>np thyroid 120</i>	1	MO
<i>np thyroid 15</i>	1	MO
<i>np thyroid 30</i>	1	MO
<i>np thyroid 60</i>	1	MO
<i>np thyroid 90</i>	1	MO
<i>propylthiouracil tabs</i>	1	MO
SYNTHROID TABS	2	MO
TIROSINT-SOL	3	PA MO
<i>unithroid</i>	2	MO
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride caps</i>	1	MO
<i>finasteride tabs</i>	1	MO
Alcohol Deterrents		
<i>disulfiram tabs 250mg</i>	1	MO
Antidotes		
<i>acetylcysteine soln</i>	1	B/D
<i>leucovorin calcium tabs</i>	1	
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	
<i>levoleucovorin calcium</i>	4	PA
<i>levoleucovorin inj 50mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits*
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	MO
<i>colchicine tabs</i>	1	
<i>febuxostat</i>	1	QL (1 EA per 1 days) MO
Antisense Oligonucleotides		
EXONDYS 51	4	PA
TEGSEDI	4	QL (6 ML per 28 days) PA MO
Bone Anabolic Agents		
EVENITY	4	QL (2.34 ML per 28 days) PA
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	1	MO
ALENDRONATE SODIUM TABS 5MG	1	QL (1 EA per 1 days)
<i>alendronate sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>ibandronate sodium inj</i>	1	
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	PA
PROLIA	3	QL (1 ML per 180 days)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST MO
<i>risedronate sodium tabs 30mg</i>	1	ST
<i>risedronate sodium tabs 150mg, 5mg</i>	1	ST MO
XGEVA	4	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	PA
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	4	QL (4 EA per 1 days) PA
KEVEYIS	4	QL (4 EA per 1 days) PA LA
Cariostatic Agents		
<i>dentagel</i>	1	
<i>fluoride chew 1mg</i>	1	
<i>nafrinse</i>	1	
<i>prevident 5000 dry mouth</i>	1	
<i>prevident fluoride</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 1.1</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm</i>	1	
<i>sodium fluoride 5000 ppm dry mouth</i>	1	
SODIUM FLUORIDE CHEW 1MG	1	MO
<i>sodium fluoride gel</i>	1	
Complement Inhibitors		
CINRYZE	4	PA
HAEGARDA	4	PA
<i>icatibant acetate</i>	4	PA
ORLADEYO CAPS 110MG	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits*
<i>sajazir</i>	4	PA
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA MO
<i>Disease-modifying Antirheumatic Drugs</i>		
ACTEMRA ACTPEN	4	PA
ACTEMRA INJ 162MG/0.9ML	4	PA
AVSOLA	4	PA
CIMZIA STARTER KIT	4	QL (3 EA per 180 days) PA MO
CIMZIA INJ 200MG	4	QL (1 EA per 28 days) PA
CIMZIA INJ 200MG/ML	4	QL (1 EA per 28 days) PA MO
COSENTYX UNOREADY	4	PA
COSENTYX INJ 125MG/5ML	4	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	QL (6 EA per 180 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	4	QL (4 EA per 180 days) PA
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA
CYLTEZO INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA
ENBREL MINI	4	QL (8 ML per 28 days) PA MO
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA MO
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA MO
ENBREL INJ 25MG	4	QL (8 EA per 28 days) PA MO
ENBREL INJ 50MG/ML	4	QL (8 ML per 28 days) PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	4	QL (2 EA per 180 days) PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	4	QL (6 EA per 180 days) PA MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	QL (4 EA per 180 days) PA MO
HUMIRA PEN-PS/UV STARTER INJ 0	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	4	QL (4 EA per 180 days) PA MO
HUMIRA PEN INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA MO
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA MO
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	4	QL (2 EA per 28 days) PA MO
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA MO
INFLECTRA	4	PA
KINERET	4	QL (18.76 ML per 28 days) PA MO
<i>leflunomide tabs</i>	1	MO
ORENCIA	4	PA MO
ORENCIA CLICKJECT	4	PA MO
OTEZLA TBPK	4	QL (55 EA per 180 days) PA
OTEZLA TABS	4	QL (60 EA per 30 days) PA MO
RENFLEXIS	4	PA
RINVOQ	4	QL (1 EA per 1 days) PA MO
SIMPONI ARIA	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits*
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA MO
SIMPONI INJ 100MG/ML	4	QL (1 ML per 28 days) PA MO
XELJANZ XR	4	QL (1 EA per 1 days) PA
XELJANZ SOLN	4	PA
XELJANZ TABS	4	QL (2 EA per 1 days) PA
YUFLYMA	4	QL (2 EA per 28 days) PA
YUFLYMA 1-PEN KIT	4	QL (6 EA per 28 days) PA
YUFLYMA 2-PEN KIT	4	QL (1 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT	4	QL (1 EA per 28 days) PA
YUFLYMA CD/UC/HS STARTER	4	QL (3 EA per 180 days) PA
Immunomodulatory Agents		
ACTIMMUNE	4	PA LA MO
AVONEX PEN	4	QL (4 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	4	QL (1 EA per 28 days) MO
BETASERON	4	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack</i>	1	
<i>dimethyl fumarate cpdr</i>	1	MO
ENSPRYNG	4	QL (3 ML per 28 days) PA
EXTAVIA	4	QL (15 EA per 30 days) MO
<i>fingolimod</i>	4	QL (1 EA per 1 days) PA MO
GILENYA CAPS 0.25MG	4	QL (1 EA per 1 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatiramer acetate inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
<i>glatopa inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatopa inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
JOENJA	4	QL (2 EA per 1 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	2	QL (7 EA per 180 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (12 EA per 180 days) PA
MAYZENT TABS 1MG	4	QL (1 EA per 1 days) PA
MAYZENT TABS 2MG	4	QL (1 EA per 1 days) PA MO
MAYZENT TABS 0.25MG	4	QL (4 EA per 1 days) PA MO
OCREVUS	4	QL (20 ML per 180 days) PA
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
REBIF	4	QL (6 ML per 28 days) MO
REBIF REBIDOSE	4	QL (6 ML per 28 days) MO
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ML per 180 days) MO
REBIF TITRATION PACK	4	QL (4.2 ML per 180 days) MO
<i>teriflunomide</i>	4	PA MO
THALOMID	4	PA MO
TYSABRI	4	PA LA
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5MG, 1MG	3	PA MO
ASTAGRAF XL CP24 5MG	4	PA MO
ATGAM	4	PA
<i>azasan</i>	1	B/D MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>azathioprine inj</i>	1	B/D
<i>azathioprine tabs</i>	1	B/D MO
BENLYSTA INJ 120MG, 400MG	4	PA
BENLYSTA INJ 200MG/ML	4	QL (8 ML per 28 days) PA MO
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine caps 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine inj 50mg/ml</i>	1	B/D
<i>everolimus tabs 0.25mg</i>	1	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>engraft caps 100mg, 25mg</i>	1	B/D MO
<i>engraft soln</i>	1	B/D MO
LUPKYNIS	4	QL (6 EA per 1 days) PA
<i>mycophenolate mofetil inj</i>	1	B/D
<i>mycophenolate mofetil caps, tabs</i>	1	B/D MO
<i>mycophenolate mofetil susr</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	4	PA
PROGRAF INJ	3	B/D
PROGRAF PACK	3	B/D MO
SAPHNELO	4	PA
SIMULECT	4	B/D
<i>sirolimus soln, tabs</i>	1	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	4	PA
<i>Kallikrein-Kinin System Inhibitors</i>		
ORLADEYO CAPS 150MG	4	QL (1 EA per 1 days) PA
TAKHZYRO INJ 150MG/ML	4	QL (4 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA MO
TAVNEOS	4	QL (6 EA per 1 days) PA
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	4	PA LA MO
<i>betaine anhydrous</i>	4	PA MO
BOTOX	3	PA
CERDELGA	4	QL (2 EA per 1 days) PA MO
CYSTAGON	3	LA MO
<i>dalfampridine er</i>	1	QL (2 EA per 1 days) PA MO
ELMIRON	3	PA
ENDARI	4	PA
EVRYSDI	4	QL (6.67 ML per 1 days) PA
FILSPARI	4	QL (1 EA per 1 days) PA
FIRDAPSE	4	QL (8 EA per 1 days) PA
GALAFOLD	4	QL (0.5 EA per 1 days) PA MO
<i>javygtor tabs</i>	4	PA MO
<i>javygtor pack 500mg</i>	4	PA MO
<i>levocarnitine sf</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits*
<i>levocarnitine soln, tabs</i>	1	MO
LODOCO	3	QL (1 EA per 1 days) PA MO
<i>metyrosine</i>	4	PA
<i>miglustat</i>	4	PA LA MO
<i>nitisinone caps 20mg</i>	1	PA MO
<i>nitisinone caps 10mg, 2mg, 5mg</i>	4	PA MO
NITYR	4	PA LA
OPFOLDA	2	QL (8 EA per 28 days) PA
ORFADIN SUSP	4	PA MO
REZUROCK	4	QL (2 EA per 1 days) PA
<i>sapropterin dihydrochloride</i>	4	PA MO
SKYCLARYS	4	QL (3 EA per 1 days) PA
SOHONOS CAPS 1MG	4	QL (4 EA per 1 days) PA
TYBOST	3	MO
VIJOICE TBPK 125MG, 50MG	4	QL (1 EA per 1 days) PA
VIJOICE TBPK 0	4	QL (2 EA per 1 days) PA
VOWST	4	QL (4 EA per 1 days) PA
VOXZOGO	4	QL (1 EA per 1 days) PA
XEOMIN	3	PA
XURIDEN	4	QL (8 EA per 1 days) PA MO
<i>yargesa</i>	4	PA MO
ZOKINVY	4	PA
Protective Agents		
<i>dexrazoxane</i>	4	
MESNEX TABS	4	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	2	QL (1 EA per 365 days)
Oxytocics		
Oxytocics		
<i>mifepristone tabs 200mg</i>	1	QL (1 EA per 1 days)
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	1	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	4	B/D MO
DUPIXENT INJ 200MG/1.14ML	4	PA
DUPIXENT INJ 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA
FASENRA	4	PA
FASENRA PEN	4	PA
<i>montelukast sodium chew 4mg</i>	1	MO
<i>montelukast sodium chew 5mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium pack, tabs</i>	1	QL (1 EA per 1 days) MO
NUCALA INJ 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA MO
NUCALA INJ 100MG	4	QL (3 EA per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits*
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA MO
<i>zafirlukast</i>	1	QL (2 EA per 1 days) MO
Antifibrotic Agents		
OFEV	4	QL (2 EA per 1 days) PA MO
<i>pirfenidone caps</i>	4	QL (9 EA per 1 days) PA MO
PIRFENIDONE TABS 534MG	4	QL (3 EA per 1 days) PA MO
<i>pirfenidone tabs 801mg</i>	4	QL (3 EA per 1 days) PA MO
<i>pirfenidone tabs 267mg</i>	4	QL (6 EA per 1 days) PA MO
Antitussives		
<i>promethazine/codeine</i>	5	QL (420 ML per 30 days) ED
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO TABS	4	QL (2 EA per 1 days) PA MO
KALYDECO PACK 13.4MG, 25MG, 50MG, 75MG	4	QL (2 EA per 1 days) PA MO
ORKAMBI PACK	4	QL (2 EA per 1 days) PA MO
ORKAMBI TABS	4	QL (4 EA per 1 days) PA MO
SYMDEKO	4	QL (2 EA per 1 days) PA MO
TRIKAFTA THPK	4	QL (2 EA per 1 days) PA MO
TRIKAFTA TBPk	4	QL (3 EA per 1 days) PA MO
Mucolytic Agents		
PULMOZYME	4	QL (150 ML per 30 days) B/D MO
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast tabs 500mcg</i>	1	PA MO
<i>roflumilast tabs 250mcg</i>	1	QL (1 EA per 1 days) PA MO
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INJ 1000MG, 500MG	4	PA LA
BRONCHITOL	4	QL (560 EA per 28 days) PA
PROLASTIN-C	4	PA LA
XOLAIR INJ 150MG/ML, 300MG/2ML, 75MG/0.5ML	4	PA
XOLAIR INJ 150MG/ML, 150MG, 75MG/0.5ML	4	PA LA
ZEMAIRA	4	PA LA
Vasodilating Agents		
ADEMPAS	4	PA MO
<i>ambrisentan</i>	4	PA LA MO
<i>bosentan</i>	4	PA LA MO
OPSUMIT	4	QL (1 EA per 1 days) PA MO
TRACLEER TBSO	4	QL (4 EA per 1 days) PA LA MO
<i>treprostinil</i>	4	PA LA
VENTAVIS	4	PA MO
Skin and Mucous Membrane Agents		
Anti-infectives		
<i>klayesta</i>	1	
Anti-inflammatory Agents		
<i>fluocinolone acetonide topical</i>	1	
<i>kourzeq</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits*
Antipruritics and Local Anesthetics		
<i>lidocaine hcl jelly gel 2%</i>	1	QL (60 ML per 30 days)
<i>premium lidocaine</i>	1	QL (70.88 GM per 30 days)
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir crea 5%</i>	1	PA
<i>acyclovir oint 5%</i>	1	PA
<i>ciclodan</i>	1	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate external soln 1%</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>crotan</i>	3	
<i>econazole nitrate</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>ketoconazole crea 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>miconazole 3</i>	1	
<i>mupirocin</i>	1	
<i>nyamyc</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystop</i>	1	
<i>penciclovir</i>	1	PA
<i>permethrin</i>	1	
<i>rosadan</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>terconazole</i>	1	
<i>vandazole</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits*
<i>amcinonide</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>budesonide foam 2mg</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
<i>clodan</i>	1	
<i>desonide</i>	1	
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
<i>mometasone furoate</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide</i>	1	
<i>oralone dental paste</i>	1	
<i>prednicarbate</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>tovet</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
Antipruritics and Local Anesthetics		

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Drug Name	Drug Tier	Requirements/Limits*
DOXEPIN HYDROCHLORIDE CREA 5%	1	QL (90 GM per 30 days)
<i>glydo</i>	1	
<i>lidocaine hcl jelly prsy 2%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	
<i>lidocaine hydrochloride external soln 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA
<i>lidocaine/prilocaine</i>	1	QL (60 GM per 30 days)
<i>lidocaine ptch</i>	1	QL (3 EA per 1 days) PA
<i>lidocaine oint</i>	1	QL (70.88 GM per 30 days)
<i>phenazopyridine hydrochloride</i>	1	
Cell Stimulants and Proliferants		
KEPIVANCE	4	PA LA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%, 0.025%</i>	1	QL (45 GM per 30 days)
Depigmenting and Pigmenting Agents		
<i>methoxsalen</i>	1	
Emollients, Demulcents, and Protectants		
<i>ammonium lactate</i>	1	
Skin and Mucous Membrane Agents, Misc		
<i>accutane</i>	1	PA
<i>acitretin</i>	1	
ADBRY	4	QL (6 ML per 28 days) PA MO
<i>amnestem</i>	1	PA
ARAZLO	3	PA
<i>bexarotene gel 1%</i>	4	PA
<i>calcipotriene crea, oint</i>	1	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	1	QL (120 ML per 30 days)
<i>calcitrene</i>	1	QL (120 GM per 30 days)
<i>claravis</i>	1	PA
COSENTYX SENSOREADY PEN	4	PA MO
COSENTYX INJ 150MG/ML	4	PA MO
DUPIXENT INJ 300MG/2ML	4	PA
DUPIXENT INJ 200MG/1.14ML	4	PA MO
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil external soln 2%, 5%</i>	1	
HYFTOR	4	PA
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	PA
<i>myorisan</i>	1	PA
PANRETIN	4	PA
<i>podofilox</i>	1	
QBREXZA	3	QL (1 EA per 1 days) PA
RECTIV	3	QL (30 GM per 30 days)
REGRANEX	4	QL (15 GM per 30 days) PA
SANTYL	3	

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Drug Name	Drug Tier	Requirements/Limits*
SKYRIZI PEN	4	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 150MG/ML	4	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 75MG/0.83ML	4	QL (2 EA per 84 days) PA MO
STELARA INJ 45MG/0.5ML	4	QL (1.5 ML per 84 days) PA
STELARA INJ 90MG/ML	4	QL (2 ML per 56 days) PA
<i>tacrolimus oint 0.03%, 0.1%</i>	1	PA
TALTZ	4	PA MO
<i>tazarotene crea</i>	1	PA
<i>tazarotene gel</i>	1	QL (30 GM per 30 days) PA
VALCHLOR	4	PA
VEREGEN	4	
<i>zenatane</i>	1	PA
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>flavoxate hcl</i>	1	MO
MYRBETRIQ TB24	2	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er</i>	1	MO
<i>oxybutynin chloride soln</i>	1	MO
<i>oxybutynin chloride tabs 5mg</i>	1	MO
<i>solifenacin succinate</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate</i>	1	QL (2 EA per 1 days) MO
<i>tolterodine tartrate er</i>	1	QL (1 EA per 1 days) MO
<i>tropium chloride</i>	1	QL (2 EA per 1 days) MO
<i>tropium chloride er</i>	1	QL (1 EA per 1 days) MO
VESICARE LS	3	PA MO
Respiratory Smooth Muscle Relaxants		
<i>aminophylline inj</i>	1	
<i>theo-24</i>	3	MO
<i>theophylline</i>	1	MO
<i>theophylline er tb24</i>	1	MO
THEOPHYLLINE ER TB12 200MG	1	MO
<i>theophylline er tb12 100mg, 300mg, 450mg</i>	1	MO
Vitamins		
Multivitamin Preparations		
<i>pnv prenatal plus multivitamin + dha</i>	1	PA
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	PA
Vitamin D		
<i>calcitriol caps, oral soln</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>doxercalciferol inj</i>	1	
<i>doxercalciferol caps</i>	1	MO
<i>paricalcitol inj</i>	1	PA
<i>paricalcitol caps</i>	1	PA MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

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<i>trifluoperazine hcl</i>	36
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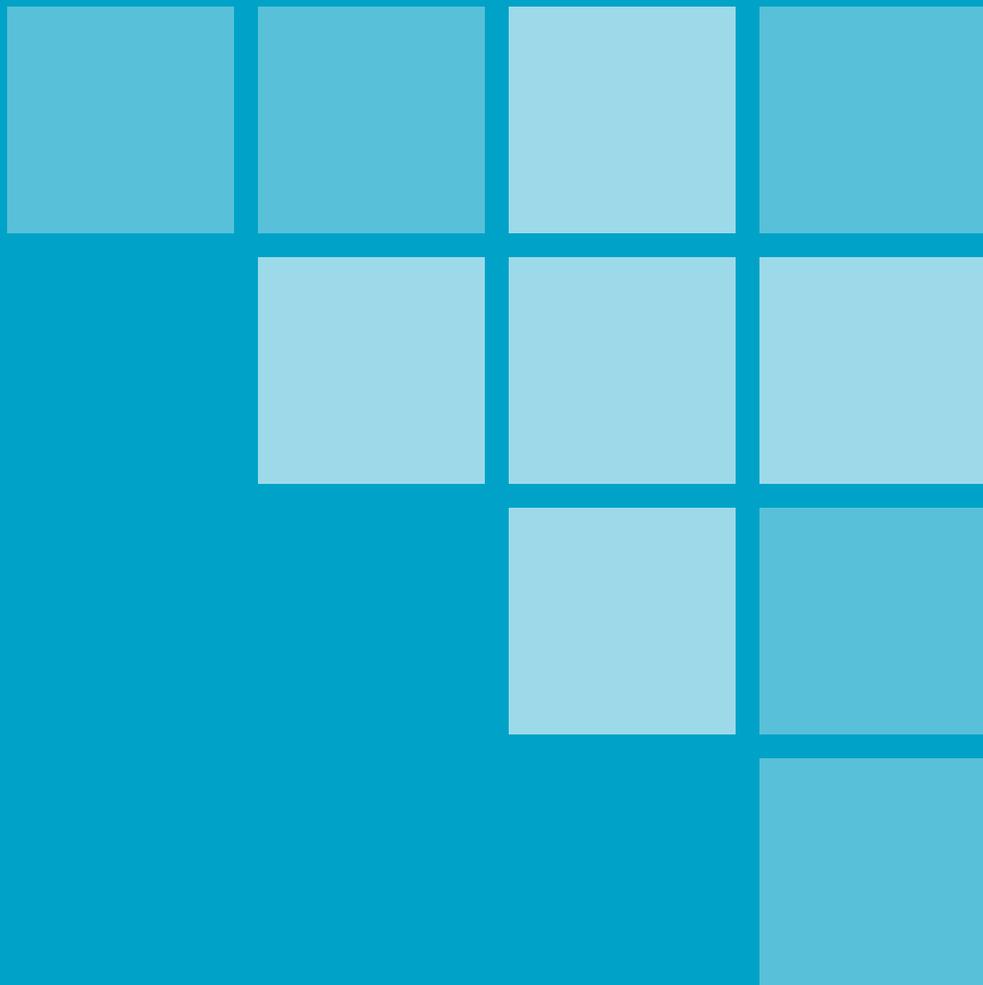
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營業時間：

從 10 月 1 日起至隔年 3 月 31 日止，服務時間為每週七天，上午 8 點至晚上 8 點

從 4 月 1 日起至 9 月 30 日止，服務時間為週一至週五，上午 8 點至晚上 8 點

請閱讀：本文件包含有關本計劃承保藥物的資訊

處方集 24549, 版本 12

本處方集的最後更新日期為 2024 年 3 月。如需更多最新資訊或有其他疑問，請致電 503-416-4279 或免費電話 888-712-3258（聽障專線使用者請致電聽障專線 711）與 **CareOregon Advantage** 客戶服務部聯絡；從 10 月 1 日起至隔年 3 月 31 日止，服務時間為每週七天，上午 8 點至晚上 8 點。從 4 月 1 日起至 9 月 30 日止，服務時間為週一至週五，上午 8 點至晚上 8 點，或請造訪 careoregonadvantage.org/druglist。



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