

More choice, better care. **That's our Advantage.**

2024

Drug List (Formulary)

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

For Oregon counties: Clackamas, Columbia, Jackson,
Multnomah, Tillamook and Washington

H5859_CO2024_CFO_C

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

Formulary ID 24549, Version 13

This formulary was updated April 2024. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call TTY 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30, or visit careoregonadvantage.org/druglist.



CareOregon®
Advantage

CareOregon Advantage Plus (HMO-POS D-SNP)

2024 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means CareOregon Advantage. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of April 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the CareOregon Advantage Plus Formulary?

A formulary is a list of covered drugs selected by CareOregon Advantage Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareOregon Advantage Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

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

The enclosed formulary is current as of April 2024. To get updated information about the drugs covered by CareOregon Advantage Plus please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first day of each month throughout the plan year.

How do I use the Formulary?

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

1. *Medical Condition*

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

2. *Alphabetical Listing*

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 69. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CareOregon Advantage Plus formulary?” on page iv. for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that CareOregon Advantage Plus does not cover your drug, you have two options:

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

How do I request an exception to the CareOregon Advantage Plus Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement**

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 90-day supply (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 90-day supply of medication (or a 31-day supply if you reside in a long-term care facility). After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you transition from one level of care to another (for example, if you are discharged from a hospital or change hospice status) we will cover a temporary 30-day supply of that drug while you pursue a formulary exception.

For more information

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

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

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

CareOregon Advantage Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., OZEMPIC) and generic drugs are listed in lower-case italics (e.g., *etodolac*).

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

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 503-416-4279 or toll-free, 888-712-3258 or, for TTY/TDD users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

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

QL: Quantity Limit. The drug has a maximum quantity limit for each prescription.

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

Discrimination is Against the Law

CareOregon Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareOregon Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareOregon Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareOregon Advantage Customer Service.

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator

315 SW Fifth Ave Portland, OR 97204

Toll-free: 888-712-3258

Fax: 503-416-1313 TTY 711

Email: customerservice@careoregon.org

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html

CareOregon Advantage Plus is an HMO-POS SNP with a Medicare/ Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal. “More choice, better care” refers to our larger pharmacy and provider networks in 2024 as compared to plan year 2023. The pharmacy network may change at any time. You will receive notice when necessary.

COA-23592787-0927-EN

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs</i>	1	
<i>emverm</i>	4	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
<i>Antibacterials</i>		
<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	
CEFAZOLIN INJ 3GM		
<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>cefloxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefloxitin 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	

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>ceftriaxone/dextrose</i>	1	
<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	

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>gentamicin sulfate inj 40mg/ml</i>	1	
<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>mondoxyne 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 20000000unit, 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	

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Drug Name	Drug Tier	Requirements/Limits
TEFLARO	4	
<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>casposfungin acetate inj 70mg</i>	1	
<i>casposfungin 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	

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
NOXAFIL INJ	3	PA MO
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</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

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Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate tabs</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir</i>	1	MO
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)

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR IV INFUSION	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl inj 50mg/ml</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>busulfan</i>	4	PA
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

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	QL (1 EA per 1 days) PA MO
<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

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Drug Name	Drug Tier	Requirements/Limits
JYLAMVO	3	B/D
<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

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Drug Name	Drug Tier	Requirements/Limits
MYLOTARG	4	PA
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib</i>	4	QL (4 EA per 1 days) PA LA
<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
TAGRISSE	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

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	4	QL (1 EA per 1 days) PA
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 15LFU/0.5ML; 23MCG/0.5ML; 5LFU/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	
IXCHIQ	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	

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Drug Name	Drug Tier	Requirements/Limits
PENBRAYA	2	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride odt tbdp 5mg</i>	1	QL (1 EA per 1 days) MO
<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

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	MO
<i>prasugrel</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium</i>	1	MO
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

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Drug Name	Drug Tier	Requirements/Limits
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hemorrhologic Agents		
<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

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Drug Name	Drug Tier	Requirements/Limits
beta-Adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	MO
<i>acebutolol hydrochloride</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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>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	
<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
Hypotensive Agents		
<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
Renin-Angiotensin-Aldosterone Sys Inhib		
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	MO
<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 inj 5mg/ml</i>	1	
<i>nitroglycerin translingual soln 0.4mg/spray</i>	1	MO
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tabs</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp</i>	4	MO
FINTEPLA	4	QL (11.82 ML per 1 days) PA
<i>fosphephenytoin 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/orange</i>	1	QL (49 EA per 180 days)
SYMPAZAN FILM 5MG	3	QL (2 EA per 1 days) PA
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 TBP 0	3	QL (28 EA per 180 days) PA
XCOPRI TBP 0	4	QL (2 EA per 1 days) PA
XCOPRI TBP 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		

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl caps, soln, tabs</i>	1	MO
<i>amantadine hydrochloride tabs</i>	1	MO
<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
<i>Anxiolytics, Sedatives, and Hypnotics</i>		
<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, syrup</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hydrochloride tabs 50mg</i>	1	MO
<i>hydroxyzine pamoate caps 100mg</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
Opiate Antagonists		
KLOXXADO	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>clomipramine hcl caps</i>	1	MO
<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, tabs</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

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<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
<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
<i>trazodone hydrochloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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

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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
Cathartics and Laxatives		
<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	
Cholelitholytic Agents		
<i>chenodal</i>	4	PA
<i>ursodiol caps 300mg</i>	1	MO
<i>ursodiol tabs</i>	1	MO
Digestants		
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
GI Drugs, Miscellaneous		
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>brey-na</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 REDIHALER AERB 40MCG/ACT	2	QL (10.6 GM per 60 days) MO
QVAR REDIHALER 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 acetonide inj 40mg/ml</i>	1	
Androgens		
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
Antidiabetic Agents		
<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 2.5mg</i>	1	QL (2 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

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 50MG	2	QL (2 EA per 1 days) MO
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

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY	2	QL (2 EA per 1 days) MO
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

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 24 fe</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>finzala</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>lo-zumandimine</i>	1	MO
<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-linyah</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

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Drug Name	Drug Tier	Requirements/Limits
<i>previfem</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zumandimine</i>	1	MO
Estrogens and Antiestrogens		
<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
Gonadotropins and Antigonadotropins		
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

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABS 150MG	4	QL (1 EA per 1 days) PA
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

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO	4	PA MO
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

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin inj 50mg</i>	4	PA
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

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Drug Name	Drug Tier	Requirements/Limits
ORLADEYO CAPS 110MG	4	QL (1 EA per 1 days) PA
<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

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA	4	PA MO
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 1-PEN KIT INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA
YUFLYMA 2-PEN KIT	4	QL (1 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	4	QL (1 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	4	QL (2 EA per 28 days) PA
YUFLYMA CD/UC/HS STARTER	4	QL (3 EA per 180 days) PA
<i>Immunomodulatory Agents</i>		
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
<i>Immunosuppressive Agents</i>		
ASTAGRAF XL CP24 0.5MG, 1MG	3	PA MO
ASTAGRAF XL CP24 5MG	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
ATGAM	4	PA
<i>azasan</i>	1	B/D MO
<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>engraf caps 100mg, 25mg</i>	1	B/D MO
<i>engraf 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>		
FABHALTA	4	QL (2 EA per 1 days) PA
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

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Drug Name	Drug Tier	Requirements/Limits
<i>javygtor tabs</i>	4	PA MO
<i>javygtor pack 500mg</i>	4	PA MO
<i>levocarnitine sf</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
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	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		

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide topical</i>	1	
<i>kourzeq</i>	1	
<i>Antipruritics and Local Anesthetics</i>		
<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)
<i>Skin and Mucous Membrane Agents, Misc</i>		
<i>nitroglycerin oint 0.4%</i>	3	QL (30 GM per 30 days)
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<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>ketconazole crea 2%</i>	1	
<i>ketconazole 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>vandazole</i>	3	
<i>Anti-inflammatory Agents</i>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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		
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>acutane</i>	1	PA
<i>acitretin</i>	1	
ADBRY	4	QL (6 ML per 28 days) PA MO
<i>amnesteem</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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<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
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>aminophylline inj</i>	1	
<i>theo-24</i>	3	MO
<i>theophylline er tb24</i>	1	MO
THEOPHYLLINE ER TB12 200MG	1	MO
<i>theophylline er tb12 100mg, 300mg, 450mg</i>	1	MO
<i>theophylline elix, soln</i>	1	MO
Vitamins		
<i>Multivitamin Preparations</i>		
<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
<i>Vitamin D</i>		
<i>calcitriol caps, oral soln</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>doxercalciferol inj</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>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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CareOregon Advantage Customer Service

Call: 503-416-4279 or toll-free 888-712-3258, TTY 711

Hours of operation:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30

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

Formulary ID 24549, Version 13

This formulary was updated April 2024. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call TTY 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30, or visit careoregonadvantage.org/druglist.



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