



Express Scripts Medicare (PDP)

2025 Formulary (List of Covered Drugs)

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

Formulary ID Number: 25065, v7

This formulary was updated on 08/26/2024. For more recent information or to price a medication, you can visit us on the Web at express-scripts.com. Or you can contact **Express Scripts Medicare® (PDP)** Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 26, 2024. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2026. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted to our website at express-scripts.com.

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

- **Immediate substitutions of certain new versions of brand-name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand-name drug or adding certain new biosimilar versions of an original biological product that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

This drug list was updated in August 2024.

- **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 remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a one-month supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/26/2024. To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the "Drug Name" column of the list.

This drug list was updated in August 2024.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand-name drugs. Generic drugs usually can be substituted for the brand-name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand-name drugs.

For discussion of drug types, please see the *Evidence of Coverage, Chapter 3, Section 3.1*, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

How do I request an appeal?

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

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

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

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

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

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

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

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

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

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

Other coverage that your plan may provide

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

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility

This drug list was updated in August 2024.

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

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

Your Costs

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

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

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

Drug Tiers

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

If you qualify for Extra Help

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

For more information

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

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

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

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

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

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

List of abbreviations

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA
<i>amphotericin b</i>	3	PA; MO
<i>caspofungin</i>	3	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	3	PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	3	MO
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	PA; MO
<i>adefovir</i>	3	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
APTIVUS	4	MO
<i>atazanavir</i>	3	MO

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

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE ORAL SOLUTION	4	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMPLERA	4	MO
<i>darunavir</i>	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
EDURANT	4	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofovir</i>	4	MO
<i>efavirenz-lamivu-tenofovir disop</i>	4	MO
<i>emtricitabine</i>	3	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	4	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	3	MO
<i>etravirine</i>	4	MO
EVOTAZ	4	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
GENVOYA	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days)
LIVTENCITY	4	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc</i>	4	MO

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

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Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO
ODEFSEY	4	MO
<i>oseltamivir</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 90 days)
PIFELTRO	4	MO
PREVYMIS ORAL	4	PA; MO; QL (30 per 30 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
RELENZA DISKHALER	3	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	2	MO
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SOFOSBUVIR- VELPATASVIR	4	PA; MO; QL (28 per 28 days)
STRIBILD	4	MO
SUNLENCA ORAL	4	
SYMTUZA	4	MO
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	3	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	2	MO
VEMLIDY	4	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VOSEVI	4	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPO RINS		
<i>cefaclor oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram</i>	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime injection</i>	3	MO
<i>cefixime</i>	3	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefipodoxime</i>	3	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO	<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3		<i>clarithromycin oral suspension for reconstitution</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	2	MO	<i>clarithromycin oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO	<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO	DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO	<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO	<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>tazicef injection</i>	3	PA; MO	<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
TEFLARO	4	PA; MO	<i>erythromycin oral</i>	3	MO
ERYTHROMYCINS / OTHER MACROLIDES			MISCELLANEOUS ANTIINFECTIVES		
<i>azithromycin intravenous</i>	3	PA; MO	<i>albendazole</i>	4	MO
<i>azithromycin oral packet</i>	2	MO	<i>amikacin injection solution 500 mg/2 ml</i>	3	PA; MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO	ARIKAYCE	4	PA; LA
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1		<i>atovaquone</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil	3	MO	gentamicin in nacl (iso-osm)	3	PA; MO
aztreonam	3	PA; MO	intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml		
CAYSTON	4	PA; MO; LA; QL (84 per 56 days)	gentamicin in nacl (iso-osm)	3	PA
chloroquine phosphate	3	MO	intravenous piggyback 80 mg/100 ml		
clindamycin hcl	1	MO	gentamicin injection solution 40 mg/ml	3	PA; MO
clindamycin in 5 % dextrose	3	PA; MO	hydroxychloroquine oral tablet 200 mg	1	MO
clindamycin phosphate injection	3	PA; MO	imipenem-cilastatin	3	PA; MO
COARTEM	3	MO	isoniazid oral solution	3	MO
colistin (colistimethate na)	4	PA; MO; QL (30 per 10 days)	isoniazid oral tablet	1	MO
dapsone oral	2	MO	ivermectin oral	2	PA; MO; QL (20 per 30 days)
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO	linezolid in dextrose 5%	3	PA; MO
daptomycin intravenous recon soln 500 mg	4	MO	linezolid oral suspension for reconstitution	4	MO
EMVERM	4	MO	linezolid oral tablet	3	MO
ertapenem	3	PA; MO; QL (14 per 14 days)	mefloquine	1	
ethambutol	2	MO	meropenem intravenous recon soln 1 gram	2	PA; QL (30 per 10 days)
			meropenem intravenous recon soln 500 mg	2	PA; QL (10 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os)</i>	3	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	4	MO; QL (12 per 30 days)
<i>pentamidine inhalation</i>	3	PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	3	MO
<i>praziquantel</i>	3	MO
PRIFTIN	2	MO
<i>primaquine</i>	1	MO
<i>pyrazinamide</i>	3	MO
<i>pyrimethamine</i>	4	PA; MO
<i>quinine sulfate</i>	3	MO
<i>rifabutin</i>	3	MO
<i>rifampin intravenous</i>	3	MO
<i>rifampin oral</i>	2	MO
SIRTURO	4	PA; LA
STREPTOMYCIN	4	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	4	PA; MO
<i>tinidazole</i>	2	MO
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin inhalation</i>	4	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECATOR	3	MO
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral tablet	1	MO
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	3	MO
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg	1	MO
amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	3	PA; MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	3	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	3	PA

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	PA
dicloxacillin	1	MO
nafcillin injection recon soln 1 gram, 2 gram	3	PA; MO
nafcillin injection recon soln 10 gram	4	PA
oxacillin in dextrose(iso-osm)	3	PA
oxacillin injection recon soln 1 gram, 10 gram	3	PA
oxacillin injection recon soln 2 gram	3	PA; MO
penicillin g potassium injection recon soln 20 million unit	3	PA; MO
penicillin g sodium	3	PA; MO
penicillin v potassium	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	3	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	3	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100</i>	3	PA; MO
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>tetracycline oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	2	MO
MESNEX ORAL	4	MO
XGEVA	4	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
AKEEGA	4	PA; LA; QL (60 per 30 days)
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 180 days)
<i>anastrozole</i>	1	MO
AUGTYRO	4	PA; MO; QL (240 per 30 days)
AYVAKIT	4	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	1	PA; MO
BALVERSA	4	PA; LA
<i>bexarotene</i>	4	PA; MO
<i>bicalutamide</i>	1	MO
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; QL (330 per 30 days)	COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)
BRAFTOVI	4	PA; MO; LA; QL (180 per 30 days)	COPIKTRA	4	PA; LA; QL (60 per 30 days)
BRUKINSA	4	PA; LA; QL (120 per 30 days)	COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
CABOMETYX	4	PA; MO; LA; QL (30 per 30 days)	<i>cyclophosphamide oral capsule</i>	2	PA; MO
CALQUENCE	4	PA; LA; QL (60 per 30 days)	CYCLOPHOSPH AMIDE ORAL TABLET 25 MG	2	PA
CALQUENCE (ACALABRUTIN IB MAL)	4	PA; LA; QL (60 per 30 days)	CYCLOPHOSPH AMIDE ORAL TABLET 50 MG	2	PA; MO
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)	<i>cyclosporine modified oral capsule</i>	3	PA; MO
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days)	<i>cyclosporine modified oral solution</i>	3	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)	<i>cyclosporine oral capsule</i>	3	PA; MO
			DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
			DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROXIA	2	MO	everolimus <i>(antineoplastic)</i> oral tablet for suspension 5 mg	4	PA; MO; QL (180 per 30 days)
ELIGARD	2	PA; MO	everolimus <i>(immunosuppressive)</i> oral tablet 0.25 mg	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO	everolimus <i>(immunosuppressive)</i> oral tablet 0.5 mg, 0.75 mg, 1 mg	4	PA; MO
ELIGARD (4 MONTH)	2	PA; MO	exemestane	3	MO
ELIGARD (6 MONTH)	2	PA; MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOU S RECON SOLN 120 MG	4	PA; MO
ENVARSUS XR	3	PA; MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOU S RECON SOLN 80 MG	3	PA; MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)	FOTIVDA	4	PA; LA; QL (21 per 28 days)
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days)	FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days)
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days)	FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days)
<i>erlotinib oral tablet</i> 100 mg, 150 mg	4	PA; MO; QL (30 per 30 days)	GAVRETO	4	PA; LA; QL (120 per 30 days)
<i>erlotinib oral tablet</i> 25 mg	4	PA; MO; QL (60 per 30 days)			
<i>everolimus</i> <i>(antineoplastic)</i> oral tablet	4	PA; MO; QL (30 per 30 days)			
<i>everolimus</i> <i>(antineoplastic)</i> oral tablet for suspension 2 mg	4	PA; MO; QL (330 per 30 days)			
<i>everolimus</i> <i>(antineoplastic)</i> oral tablet for suspension 3 mg	4	PA; MO; QL (240 per 30 days)			

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gefitinib	4	PA; MO; QL (30 per 30 days)
genograf	3	PA; MO
GILOTRIF	4	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	3	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	4	MO
hydroxyurea	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG	4	PA; QL (30 per 30 days)
IDHIFA	4	PA; MO; LA; QL (30 per 30 days)
imatinib oral tablet 100 mg	4	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	4	PA; MO; QL (60 per 30 days)
IMBRUVIDA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days)
IMBRUVIDA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVIDA ORAL SUSPENSION	4	PA; QL (324 per 30 days)
IMBRUVIDA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
INQOVI	4	PA; MO; QL (5 per 28 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
IWILFIN	4	PA; LA; QL (240 per 30 days)
JAKAFI	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA; MO; QL (30 per 30 days)
JYLAMVO	3	PA

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KISQALI FEMARA CO- PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)	<i>lenalidomide oral</i> <i>capsule 10 mg, 15</i> <i>mg, 25 mg, 5 mg</i>	4	PA; MO; QL (28 per 28 days)
KISQALI FEMARA CO- PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)	<i>lenalidomide oral</i> <i>capsule 2.5 mg, 20</i> <i>mg</i>	4	PA; QL (28 per 28 days)
KISQALI FEMARA CO- PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; MO; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO; QL (90 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days)	LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; MO; QL (60 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days)	<i>letrozole</i>	1	MO
KOSELUGO	4	PA	LEUKERAN	4	MO
KRAZATI	4	PA; QL (180 per 30 days)	<i>leuprolide</i> <i>subcutaneous kit</i>	3	PA; MO
<i>lapatinib</i>	4	PA; MO; QL (180 per 30 days)	LONSURF	4	PA; MO
			LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
			LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)

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LUMAKRAS ORAL TABLET 120 MG	4	PA; MO; QL (240 per 30 days)	MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; MO; QL (90 per 30 days)	MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
LUPRON DEPOT	4	PA; MO	MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
LYNPARZA	4	PA; MO; QL (120 per 30 days)	<i>mercaptopurine</i>	2	MO
LYSODREN	4		<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (84 per 28 days)	<i>methotrexate sodium injection</i>	1	PA
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	4	PA; LA; QL (112 per 28 days)	<i>methotrexate sodium oral</i>	1	PA; MO
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (140 per 28 days)	<i>mycophenolate mofetil oral capsule</i>	2	PA; MO
MATULANE	4		<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO	<i>mycophenolate mofetil oral tablet</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO	<i>mycophenolate sodium</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO	NERLYNX	4	PA; MO; LA
MEKINIST ORAL RECON SOLN	4	PA; MO; QL (1200 per 30 days)	<i>nilutamide</i>	4	PA; MO
			NINLARO	4	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA	4	PA; MO; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTI ON	4	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 per 28 days)
OJJAARA	4	PA; QL (30 per 30 days)
ONUREG	4	PA; MO; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib</i>	4	PA; MO; QL (120 per 30 days)
PEMAZYRE	4	PA; LA; QL (28 per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; MO; QL (56 per 28 days)
POMALYST	4	PA; MO; LA; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET	3	PA; MO
PURIXAN	4	
QINLOCK	4	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
REVLIMID	4	PA; MO; LA; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA	4	PA; QL (60 per 30 days)
REZUROCK	4	PA; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; MO; QL (336 per 28 days)
RUBRACA	4	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	4	PA; MO
RYDAPT	4	PA; MO; QL (224 per 28 days)
SANDIMMUNE ORAL SOLUTION	3	PA
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days)
SIGNIFOR	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral solution</i>	4	PA; MO
<i>sirolimus oral tablet</i>	3	PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	4	PA; MO
<i>sorafenib</i>	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	4	PA; MO; QL (30 per 30 days)
TABLOID	3	MO
TABRECTA	4	PA; MO
<i>tacrolimus oral capsule</i>	3	PA; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; MO; QL (840 per 28 days)
TAGRISSO	4	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK	4	PA; LA
TEPMETKO	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (56 per 28 days)
TIBSOVO	4	PA
<i>toremifene</i>	4	MO
TRAZIMERA	4	PA; MO
TRELSTAR INTRAMUSCUL AR SUSPENSION FOR RECONSTITUTI ON	3	PA; MO
<i>tretinoïn</i> (antineoplastic)	4	MO
TRUQAP	4	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 per 30 days)
VANFLYTA	4	PA; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 180 days)
VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VONJO	4	PA; QL (120 per 30 days)
WELIREG	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	4	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; MO; QL (120 per 30 days)
XERMELO	4	PA; LA; QL (84 per 28 days)
XOSPATA	4	PA; LA; QL (90 per 30 days)
XPOVIO	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
ZEJULA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZIRABEV	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	4	PA; MO; QL (120 per 30 days)
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA	4	PA; MO; QL (90 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QL (300 per 30 days)
DIACOMIT	4	PA; LA
<i>diazepam rectal</i>	3	MO
DILANTIN 30 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex</i>	1	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	2	MO
EPRONTIA	3	PA; MO
<i>ethosuximide</i>	2	MO
<i>felbamate</i>	3	MO
FINTEPLA	4	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)	<i>phenobarbital oral elixir</i>	3	PA; MO
<i>lacosamide oral solution</i>	3	MO; QL (1200 per 30 days)	<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)	<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)	<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO	<i>phenytoin oral tablet, chewable</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO	<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	3	MO	<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO	<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>levetiracetam oral tablet</i>	1	MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO	<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
LIBERVANT	4	PA; QL (10 per 30 days)	PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>methsuximide</i>	3	MO	<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)			
<i>oxcarbazepine oral suspension</i>	3	MO			
<i>oxcarbazepine oral tablet</i>	2	MO			

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Drug Name	Drug Tier	Requirements/Limits
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	4	PA; MO
<i>rufinamide oral tablet 200 mg</i>	3	PA; MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO
SPRITAM	3	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	3	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VALTOCO	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; MO; LA
<i>vigadron</i>	4	PA; LA
<i>vigpoder</i>	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	MO; QL (28 per 180 days)
ZONISADE	4	PA; MO
<i>zonisamide</i>	1	PA; MO
ZTALMY	4	PA; LA; QL (1100 per 30 days)
ANTIPARKINS ONISM AGENTS		
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	3	MO
<i>carbidopa</i>	3	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO	EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
<i>carbidopa-levodopa oral tablet,disintegrating</i>	3		<i>ergotamine-caffeine</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	3	MO	<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>entacapone</i>	3	MO	NURTEC ODT	2	PA; QL (16 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)	<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
NEUPRO	3	MO	<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (24 per 28 days)
<i>pramipexole oral tablet</i>	1	MO	<i>sumatriptan</i>	3	MO; QL (18 per 28 days)
<i>rasagiline</i>	3	MO	<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>ropinirole oral tablet</i>	1	MO	<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>selegiline hcl</i>	2	MO	<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>trihexyphenidyl oral tablet</i>	1	MO	<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
MIGRAINE / CLUSTER HEADACHE THERAPY					
<i>dihydroergotamine nasal</i>	4	QL (8 per 28 days)			
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
US NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	2	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg</i>	4	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 240 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod</i>	4	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral tablet</i>	2	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
KESIMPTA PEN	4	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP,SPRINKLE, ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS STARTER KIT SUSP	4	PA; MO
rivastigmine	3	MO
rivastigmine tartrate	2	MO
teriflunomide	4	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; MO; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	3	PA; MO
dantrolene oral	3	MO
pyridostigmine bromide oral tablet 60 mg	2	MO
pyridostigmine bromide oral tablet extended release	2	
tizanidine oral tablet	1	MO

Drug Name	Drug Tier	Requirements/Limits
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)
buprenorphine hcl sublingual	1	MO
endocet	2	MO; QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	4	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	3	PA; MO; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; MO; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	MO; QL (5550 per 30 days)

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hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)	morphine oral solution	2	MO; QL (900 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	2	MO; QL (50 per 30 days)	morphine oral tablet	2	MO; QL (180 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	3		morphine oral tablet extended release	2	PA; MO; QL (120 per 30 days)
hydromorphone oral liquid	3	MO; QL (2400 per 30 days)	oxycodone oral capsule	2	MO; QL (360 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)	oxycodone oral concentrate	3	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	3	PA; MO; QL (60 per 30 days)	oxycodone oral solution	2	MO; QL (1200 per 30 days)
methadone oral solution 10 mg/5 ml	2	PA; MO; QL (600 per 30 days)	oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	MO; QL (180 per 30 days)
methadone oral solution 5 mg/5 ml	2	PA; MO; QL (1200 per 30 days)	oxycodone oral tablet 5 mg	2	MO; QL (360 per 30 days)
methadone oral tablet 10 mg	2	PA; MO; QL (120 per 30 days)	oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
methadone oral tablet 5 mg	2	PA; MO; QL (240 per 30 days)	oxycodone-acetaminophen oral tablet 2.5-325 mg	2	QL (360 per 30 days)
morphine concentrate oral solution	2	MO; QL (900 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	2	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	2	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal	3	MO; QL (10 per 28 days)
celecoxib	2	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical solution in metered-dose pump	4	MO; QL (224 per 28 days)
diflunisal	2	MO
etodolac oral capsule	2	MO
etodolac oral tablet	2	MO

Drug Name	Drug Tier	Requirements/Limits
flurbiprofen oral tablet 100 mg	1	MO
ibu oral tablet 600 mg, 800 mg	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	1	MO
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naloxone nasal	1	MO
naltrexone	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet, delayed release (dr/ec) 375 mg	1	MO
oxaprozin oral tablet	3	MO
piroxicam	2	MO
sulindac	1	MO
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVITROL	4	MO	ARISTADA	4	MO; QL (3.9 per 56 days)
PSYCHOTHERAPEUTIC DRUGS					
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; QL (2.4 per 56 days)	ARISTADA	4	MO; QL (1.6 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; QL (3.2 per 56 days)	ARISTADA	4	MO; QL (2.4 per 28 days)
ABILIFY MAINTENA amitriptyline amoxapine aripiprazole oral solution aripiprazole oral tablet aripiprazole oral tablet,disintegrating	4 1 2 3 2 3	MO; QL (1 per 28 days) MO MO MO MO; QL (30 per 30 days) MO; QL (60 per 30 days)	ARISTADA	4	MO; QL (3.2 per 28 days)
ARISTADA INITIO	4	MO; QL (4.8 per 365 days)	armodafinil	3	PA; MO; QL (30 per 30 days)
			asenapine maleate	3	MO; QL (60 per 30 days)
			atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
AUVELITY	4	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CAPLYTA	3	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	3	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	3	
<i>desipramine</i>	3	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine -amphetamine oral capsule,extended release 24hr</i>	3	MO
<i>dextroamphetamine -amphetamine oral tablet</i>	2	MO
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)	<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)	<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)	<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	4	MO	<i>fluoxetine oral solution</i>	1	MO
<i>escitalopram oxalate oral solution</i>	3	MO	<i>fluphenazine decanoate</i>	3	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)	<i>fluphenazine hcl</i>	3	MO
FANAPT ORAL TABLET	3	ST; MO; QL (60 per 30 days)	<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	ST; MO; QL (8 per 180 days)	<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	MO; QL (28 per 180 days)	<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FETZIMA ORAL CAPSULE,EXTE NDED RELEASE 24 HR	3	MO; QL (30 per 30 days)	<i>haloperidol</i>	1	MO
			<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	3	
			<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate injection	3	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
haloperidol lactate oral	1	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)
imipramine hcl	3	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (5 per 180 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)	<i>lithium carbonate</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)	<i>lithium citrate</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)	<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
			<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
			<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
			<i>loxapine succinate</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	MO; QL (60 per 30 days)
MARPLAN	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	3	
<i>molindone oral tablet 5 mg</i>	3	MO
<i>nefazodone</i>	3	MO
<i>nortriptyline oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>perphenazine</i>	3	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	3	MO
<i>protriptyline</i>	3	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)	risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	3	MO; QL (30 per 30 days)	risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	3	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	3	MO; QL (60 per 30 days)	risperidone oral tablet,disintegrating 4 mg	3	MO; QL (120 per 30 days)
ramelteon	2	MO; QL (30 per 30 days)	SECUADO	4	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)	sertraline oral concentrate	3	MO
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	2	MO; QL (2 per 28 days)	sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	4	MO; QL (2 per 28 days)	sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
risperidone oral solution	1	MO	SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	4	PA; LA; QL (540 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)	thioridazine	2	MO
			thiothixene	3	MO
			tranylcypromine	3	MO
			trazodone	1	MO
			trifluoperazine	2	MO
			trimipramine	3	MO
			TRINTELLIX	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	4	MO; QL (0.28 per 28 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	4	MO; QL (0.35 per 28 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	MO; QL (0.21 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	4	MO; QL (0.42 per 56 days)	<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	MO; QL (0.56 per 56 days)	<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	MO; QL (0.7 per 56 days)	<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
			VERSACLOZ	4	
			<i>vilazodone</i>	2	MO; QL (30 per 30 days)
			VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
			<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
			<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl	3	MO; QL (60 per 30 days)
ziprasidone mesylate	3	MO
zolpidem oral tablet	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg	3	MO
amiodarone oral tablet 200 mg	1	MO
amiodarone oral tablet 400 mg	3	
dofetilide	3	MO
flecainide	2	MO

Drug Name	Drug Tier	Requirements/Limits
mexiletine	2	MO
pacerone oral tablet 100 mg, 400 mg	3	MO
pacerone oral tablet 200 mg	1	MO
propafenone oral capsule,extended release 12 hr	3	MO
propafenone oral tablet	2	MO
quinidine sulfate oral tablet	1	MO
sotalol af	1	
sotalol oral	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
aliskiren	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>captopril</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	3	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	2	MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	3	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
KERENDIA	2	PA; QL (30 per 30 days)
labetalol oral	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
matzim la	1	MO
metolazone	2	MO
metoprolol succinate	1	MO
metoprolol tar-hydrochlorothiaz	1	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metyrosine	4	PA; MO
minoxidil oral	1	MO
moexipril oral tablet 15 mg	1	
moexipril oral tablet 7.5 mg	1	MO
nadolol	3	MO
nebivolol	1	MO
nicardipine oral	3	MO

Drug Name	Drug Tier	Requirements/Limits
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	3	MO
olmesartan	1	MO
olmesartanamlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
perindopril erbumine	1	MO
pindolol	2	MO
prazosin	1	MO
propranolol oral	1	MO
quinapril	1	
ramipril	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
telmisartan	1	MO
telmisartanamlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO

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<i>timolol maleate oral</i>	3	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>treprostinil sodium</i>	4	PA; MO
<i>triamterene-hydrochlorothiazide</i>	1	MO
UPTRAVI ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK	4	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole</i>	3	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	4	PA; LA
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	3	MO; QL (60 per 30 days)
<i>dipyridamole oral</i>	3	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
DOPTELET (15 TAB PACK)	4	PA; MO; LA
DOPTELET (30 TAB PACK)	4	PA; MO; LA
ELIQUIS	2	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
<i>heparin (porcine) injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
jantoven	1	MO
pentoxifylline	1	MO
prasugrel	2	MO
PROMACTA	4	PA; MO; LA
warfarin	1	MO
XARELTO DVT- PE TREAT 30D START	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTI ON	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
LIPID/CHOLE STEROL LOWERING AGENTS		
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet	2	MO
cholestyramine light oral powder in packet	2	
colesevelam	3	MO

Drug Name	Drug Tier	Requirements/Limits
colestipol oral packet	3	
colestipol oral tablet	3	MO
ezetimibe	1	MO
ezetimibe- simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline)	3	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	2	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
niacin oral tablet 500 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet extended release 24 hr</i>	3	MO
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	2	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
<i>ranolazine</i>	3	MO
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATICS / ANTISEBORRH EICS		
acitretin	3	MO
calcipotriene scalp	2	MO; QL (120 per 30 days)
calcipotriene topical cream	3	MO; QL (120 per 30 days)
calcipotriene topical ointment	3	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	4	PA; MO; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; MO; QL (10 per 28 days)
selenium sulfide topical lotion	1	MO

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
SOTYKTU	4	PA; MO; QL (30 per 30 days)
STELARA INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TREMFYA	4	PA; MO; QL (2 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	1	MO
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocan iii</i>	3	PA; QL (90 per 30 days)
<i>methoxsalen</i>	4	MO
PANRETIN	4	PA; MO
<i>pimecrolimus</i>	3	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	2	MO
REGRANEX	4	QL (15 per 30 days)
SANTYL	2	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
VALCHLOR	4	PA; MO
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	3	
<i>amnesteem</i>	3	
<i>claravis</i>	3	
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
<i>tazarotene topical cream</i>	3	PA; MO
<i>tazarotene topical gel</i>	3	PA; MO
<i>tretinoi topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoi topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
<i>zenatane</i>	3	

Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIA LS		
<i>gentamicin topical cream</i>	3	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	2	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole</i>	3	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>naftifine topical gel 2 %</i>	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	2	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	3	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	3	MO
<i>desonide topical ointment</i>	3	MO
<i>fluocinolone and shower cap</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream 0.05 %</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	3	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical ointment</i>	3	MO
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	3	MO
<i>permethrin</i>	2	MO; QL (60 per 30 days)

DIAGNOSTIC S / MISCELLAN EOUS AGENTS

MISCELLANEOUS AGENTS

<i>acamprosate</i>	3	MO
<i>anagrelide</i>	2	MO
<i>carglumic acid</i>	4	PA; MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>d10 %-0.45 % sodium chloride</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i>	3	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>deferasirox oral tablet</i>	2	PA; MO
<i>deferiprone</i>	4	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>intravenous piggyback</i>		
<i>dextrose 5%-0.2 % sod chloride</i>	3	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	4	PA; MO
ENDARI	4	PA; MO
INCRELEX	4	MO; LA
<i>levocarnitine (with sugar)</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LOKELMA	2	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl oral	3	MO
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; MO; LA
REZDIFFRA	4	PA; MO; QL (30 per 30 days)
riluzole	2	PA; MO
sodium chloride 0.9 % intravenous parenteral solution	3	MO
sodium chloride irrigation	3	MO
sodium phenylbutyrate oral powder	4	PA; MO
sodium phenylbutyrate oral tablet	4	PA
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
trientine oral capsule 250 mg	4	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
NICOTROL	3	
NICOTROL NS	3	MO
varenicline oral tablet 0.5 mg, 1 mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
varenicline oral tablet 1 mg (56 pack)	3	
varenicline oral tablets,dose pack	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	
periogard	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATION		
S		
acetic acid otic (ear)	1	MO
flac otic oil	3	
fluocinolone acetonide oil	3	MO

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hydrocortisone-acetic acid	3	MO
ofloxacin otic (ear)	2	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	2	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear)	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets, dose pack	1	MO
prednisolone oral solution	2	MO
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	MO

Drug Name	Drug Tier	Requirements/Limits
prednisone	1	MO
prednisone intensol	3	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	2	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads	2	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
diazoxide	4	MO
DROPSAFE ALCOHOL PREP PADS	2	PA

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FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)	GVOKE	2	MO
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)	GVOKE HYPOOPEN 2-PACK	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)	GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	2	MO
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)	HUMALOG KWIKPEN INSULIN	2	MO
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	2	MO
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	2	MO
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)	HUMALOG MIX 75-25(U-100)INSULN	2	MO
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)	HUMALOG U-100 INSULIN	2	MO
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)	HUMULIN 70/30 U-100 INSULIN	2	MO
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)	HUMULIN 70/30 U-100 KWIKPEN	2	MO
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)	HUMULIN N NPH INSULIN KWIKPEN	2	MO
			HUMULIN N NPH U-100 INSULIN	2	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R REGULAR U-100 INSULIN	2	MO
HUMULIN R U- 500 (CONC) INSULIN	2	MO
HUMULIN R U- 500 (CONC) KWIKPEN	2	MO
INSULIN LISPRO SUBCUTANEOU S SOLUTION	2	MO
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OZEMPICTM SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)	SYNJARDY	2	MO; QL (60 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)	TOUJEO MAX U-300 SOLOSTAR	2	MO
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)	TOUJEO SOLOSTAR U-300 INSULIN	2	MO
<i>saxagliptin</i>	2	MO; QL (30 per 30 days)	TRULICITY	2	PA; MO; QL (2 per 28 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	MO; QL (60 per 30 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	MO; QL (30 per 30 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
SOLIQUA 100/33	2	MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	4	PA; MO
<i>danazol</i>	3	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol oral</i>	3	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; MO
<i>paricalcitol oral</i>	3	MO
<i>sapropterin</i>	4	PA; MO
SOMAVERT	4	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
THYROID HORMONES	4	PA; MO
<i>euthyrox</i>	1	MO
<i>levothyroxine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	1	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	3	PA; MO
<i>alosetron oral tablet 1 mg</i>	4	PA; MO
<i>aprepitant</i>	3	PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet, delayed and ext. release</i>	4	MO
<i>compro</i>	3	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	3	MO
<i>dronabinol</i>	3	PA
<i>enulose</i>	1	MO
GATTEX 30-VIAL	4	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	
<i>gransetron hcl oral</i>	3	PA; MO
<i>hydrocortisone rectal</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
INFLECTRA	4	PA; MO; QL (20 per 28 days)
lactulose oral solution 10 gram/15 ml	1	MO
LINZESS	3	ST; MO; QL (30 per 30 days)
lubiprostone	3	MO; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	3	MO
mesalamine oral capsule, extended release	3	
mesalamine oral capsule, extended release 24hr	3	MO
mesalamine oral tablet, delayed release (drlec)	3	MO
mesalamine rectal	3	MO
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
nitroglycerin rectal	2	MO

Drug Name	Drug Tier	Requirements/Limits
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
ondansetron hcl oral solution	3	PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	PA; MO
peg 3350-electrolytes	1	
peg-electrolyte	1	MO
prochlorperazine	3	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	ST; MO; QL (12 per 30 days)
scopolamine base	3	MO
SKYRIZI INTRAVENOUS	4	PA; MO; QL (30 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; MO; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	3	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	3	
SUCRAID	4	PA
sulfasalazine	1	MO
SYMPROIC	2	MO; QL (30 per 30 days)
TRULANCE	2	MO; QL (30 per 30 days)
ursodiol oral capsule 300 mg	2	MO
ursodiol oral tablet	2	MO
VARUBI	2	PA
VOWST	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA	4	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule,delayed release(dr/lec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/lec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/lec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/lec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/lec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/lec) 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	3	MO
sucralfate oral tablet	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	PA; MO
ARCALYST	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
BESREMI	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
NIVESTYM	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
NYVEPRIA	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGERIX-B (PF)	1	PA; V
ENGERIX-B PEDIATRIC (PF)	1	PA; V
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF)	1	PA; V
HIBERIX (PF)	2	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	2	
IPOLO	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	PA; V
KINRIX (PF)	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V
M-M-R II (PF)	1	V
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIOD (PF)	1	PA; V
PRIORIX (PF)	1	V
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	PA; V
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD INSULIN SYRINGE	2	PA; MO
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	2	PA
BD PEN NEEDLE	2	PA; MO
BD PEN NEEDLE	2	PA
CEQUR SIMPLICITY	2	MO
CEQUR SIMPLICITY INSERTER	2	MO
GAUZE PADS 2 X 2	2	PA
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	2	PA
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6- G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6- G7 PODS (GEN 5)	2	
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
OMNIPOD GO PODS	2	
OMNIPOD GO PODS 10 UNITS/DAY	2	
OMNIPOD GO PODS 15 UNITS/DAY	2	
OMNIPOD GO PODS 20 UNITS/DAY	2	
OMNIPOD GO PODS 25 UNITS/DAY	2	
OMNIPOD GO PODS 30 UNITS/DAY	2	
OMNIPOD GO PODS 40 UNITS/DAY	2	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	2	PA

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	2	MO
<i>probencid</i>	2	MO
<i>probencid-colchicine</i>	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; MO; QL (3.6 per 28 days)
ACTPEN		
ACTEMRA	4	PA; MO; QL (3.6 per 28 days)
SUBCUTANEOUS		
BENLYSTA	4	PA; MO
SUBCUTANEOUS		
CYLTEZO(CF) PEN	4	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	4	PA; MO; QL (8 per 28 days)	HUMIRA(CF) (PREFERRED NDCS	4	PA; MO; QL (4 per 28 days)
ENBREL SUBCUTANEOU S SOLUTION	4	PA; MO; QL (8 per 28 days)	STARTING WITH 00074) SUBCUTANEOU S SYRINGE KIT 40 MG/0.4 ML		
ENBREL SUBCUTANEOU S SYRINGE	4	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOU S SYRINGE KIT 40 MG/0.8 ML		
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOU S SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOU S PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN CROHNS- UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOU S SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	4	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV- ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	4	PA; MO; QL (3 per 180 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA CLICKJECT	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOU S SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOU S SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOU S SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	4	PA; MO
RIDAURA	4	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (84 per 180 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR	4	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC- HS	4	PA; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOU S AUTO- INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	2	MO
dotti	2	PA; MO; QL (8 per 28 days)
errin	1	MO
estradiol oral	3	PA; MO
estradiol transdermal patch semiweekly	2	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	2	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate</i>	3	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
<i>fyavolv</i>	3	PA; MO
<i>heather</i>	1	MO
<i>incassia</i>	1	MO
<i>jintelii</i>	3	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	2	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone aceteth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	2	MO
<i>etonogestrel-ethinyl estradiol</i>	2	
LILETTA	2	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	MO
MYFEMBREE	4	PA; MO
NEXPLANON	2	
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>xulane</i>	2	MO
<i>zafemy</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>desog-e.estradiolle.estradiol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarrylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>juleber</i>	1	MO
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgestrel.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month</i>	1	
<i>levonorgestrel estrad triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>norethindrone aceth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-eth estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	3	MO
<i>tri-estarrylla</i>	1	MO
<i>tri-legest fe</i>	3	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
vienna	1	MO
zovia 1-35 (28)	1	MO
OPHTHALM OLOGY		
ANTIBIOTICS		
bacitracin <i>ophthalmic (eye)</i>	2	MO
bacitracin- polymyxin b	1	MO
ciprofloxacin hcl <i>ophthalmic (eye)</i>	1	MO
erythromycin <i>ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
gentamicin <i>ophthalmic (eye)</i> drops	1	MO; QL (70 per 30 days)
levofloxacin <i>ophthalmic (eye)</i> drops 0.5 %	2	
moxifloxacin <i>ophthalmic (eye)</i> drops	2	MO
NATACYN	3	
neomycin- bacitracin- polymyxin	2	MO
neomycin- polymyxin- gramicidin	2	MO
neo-polycin	2	
ofloxacin <i>ophthalmic (eye)</i>	1	MO
polycin	1	

Drug Name	Drug Tier	Requirements/Limits
polymyxin b sulf- trimethoprim	1	MO
tobramycin <i>ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine	2	MO
ZIRGAN	3	MO
BETA- BLOCKERS		
betaxolol <i>ophthalmic (eye)</i>	2	MO
carteolol	1	MO
levobunolol <i>ophthalmic (eye)</i> drops 0.5 %	1	MO
timolol maleate <i>ophthalmic (eye)</i> drops	1	MO
timolol maleate <i>ophthalmic (eye)</i> gel forming solution	3	MO
MISCELLANEO US OPHTHALMOL OGICS		
atropine ophthalmic <i>(eye) drops 1 %</i>	2	MO
azelastine <i>ophthalmic (eye)</i>	2	MO
cromolyn <i>ophthalmic (eye)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
cyclosporine ophthalmic (eye)	2	MO; QL (60 per 30 days)
CYSTARAN	4	PA
epinastine	2	MO
OXERVATE	4	PA; MO
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%	2	MO
sulfacetamide sodium ophthalmic (eye) drops	1	MO
sulfacetamide sodium ophthalmic (eye) ointment	1	
sulfacetamide-prednisolone	1	MO
XDEMVY	4	PA; QL (10 per 42 days)
XIIDRA	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ketorolac ophthalmic (eye)	1	MO

Drug Name	Drug Tier	Requirements/Limits
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	2	MO
methazolamide	3	MO
OTHER GLAUCOMA DRUGS		
dorzolamide	1	
dorzolamide-timolol	1	MO
latanoprost	1	MO
travoprost	2	MO
STEROID-ANTIBIOTIC COMBINATION S		
neomycin-bacitracin-poly-hc	2	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	3	MO
neo-polycin hc	2	
tobramycin-dexamethasone	2	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
fluorometholone	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate</i>	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral</i>	3	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	PA; MO
<i>ADEMPAS</i>	4	PA; MO; LA; QL (90 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
<i>alyq</i>	4	PA; QL (60 per 30 days)
<i>ambrisentan</i>	4	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol</i>	3	PA; MO; QL (120 per 30 days)	ATROVENT HFA	3	MO; QL (25.8 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)	<i>bosentan</i>	4	PA; MO; LA; QL (60 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30)	2	MO; QL (1 per 30 days)	<i>breyna</i>	2	MO; QL (10.3 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)	BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)	<i>budesonide</i> <i>inhalation</i> <i>suspension for</i> <i>nebulization 0.25</i> <i>mg/2 ml, 0.5 mg/2</i> <i>ml</i>	3	PA; MO; QL (120 per 30 days)
			<i>budesonide</i> <i>inhalation</i> <i>suspension for</i> <i>nebulization 1 mg/2</i> <i>ml</i>	3	PA; MO; QL (60 per 30 days)
			<i>budesonide-</i> <i>formoterol</i>	2	QL (10.2 per 30 days)
			CINRYZE	4	PA; MO
			COMBIVENT	2	MO; QL (8 per 30 days)
			RESPIMAT		
			<i>cromolyn inhalation</i>	2	PA; MO
			DULERA	2	MO; QL (13 per 30 days)
			<i>flunisolide</i>	2	MO; QL (50 per 30 days)

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FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATOR N	3	ST; MO; QL (12 per 30 days)	KALYDECO	4	PA; MO; QL (56 per 28 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATOR N	3	ST; MO; QL (24 per 30 days)	<i>montelukast oral granules in packet</i>	3	MO
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATOR N	3	ST; MO; QL (10.6 per 30 days)	<i>montelukast oral tablet</i>	1	MO
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)	<i>montelukast oral tablet, chewable</i>	1	MO
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)	OFEV	4	PA; MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	3	PA; MO; QL (120 per 30 days)	OPSUMIT	4	PA; MO; LA; QL (30 per 30 days)
<i>icatibant</i>	4	PA; MO	OPSYNVI	4	PA; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO	ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
<i>ipratropium-albuterol</i>	1	PA; MO	ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
			<i>pirfenidone oral capsule</i>	4	PA; MO; QL (270 per 30 days)
			<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days)
			<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days)
			PULMOZYME	4	PA; MO

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QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATOR N	2	MO; QL (10.6 per 30 days)	<i>terbutaline oral</i>	3	MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATOR N	2	MO; QL (21.2 per 30 days)	<i>theophylline oral solution</i>	3	
<i>roflumilast</i>	3	PA; MO; QL (30 per 30 days)	<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>sajazir</i>	4	PA; MO	<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	2	PA; MO; QL (90 per 30 days)	<i>tiotropium bromide</i>	2	QL (90 per 90 days)
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)	TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)	TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)	TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (84 per 28 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days)	<i>wixela inhub</i>	2	QL (60 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)	XOLAIR SUBCUTANEOUS AUTO- INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)
			XOLAIR SUBCUTANEOUS AUTO- INJECTOR 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
zafirlukast	3	MO
UROLOGICALS		
ANTICHOLINE RGICS / ANTISPASMOD ICS		
mirabegron	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED RELEASE RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride oral syrup	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine</i>	3	MO
<i>trospium oral tablet</i>	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	PA; LA
ELMIRON	2	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLY- TES			<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	3	
ELECTROLYTE S			<i>potassium chloride intravenous</i>	3	
<i>klor-con 10</i>	1	MO	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>klor-con 8</i>	1	MO	<i>potassium chloride oral liquid</i>	3	MO
<i>klor-con m10</i>	1	MO	<i>potassium chloride oral packet</i>	3	
<i>klor-con m15</i>	1	MO	<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>klor-con m20</i>	1	MO	<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20</i>	3	MO	<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>magnesium sulfate injection solution</i>	3	MO	<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>magnesium sulfate injection syringe</i>	3		<i>potassium chloride- 0.45 % nacl</i>	3	
<i>potassium chlorid- d5-0.45%nacl</i>	3		<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3				
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	3				
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3				

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.9%nacl</i>	3	
<i>sodium chloride 0.45 % intravenous</i>	3	MO
<i>sodium chloride 3 % hypertonic</i>	3	
<i>sodium chloride 5 % hypertonic</i>	3	MO

MISCELLANEOUS NUTRITION PRODUCTS

CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
<i>electrolyte-148</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	3	PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
PLENAMINE	3	PA
<i>premasol 10 %</i>	3	PA
<i>travasol 10 %</i>	3	PA
TROPHAMINE 10 %	3	PA

Drug Name	Drug Tier	Requirements/Limits
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	
<i>prenatal vitamin oral tablet</i>	1	

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This drug list was updated in August 2024.

Index

<i>abacavir</i>	1	<i>amantadine hcl</i>	1	<i>aspirin-dipyridamole</i>	38
<i>abacavir-lamivudine</i>	1	<i>ambrisentan</i>	68	<i>atazanavir</i>	1
ABELCET	1	<i>amikacin</i>	5	<i>atenolol</i>	35
ABILIFY ASIMTUFII	28	<i>amiloride</i>	35	<i>atenolol-chlorthalidone</i>	35
ABILIFY MAINTENA	28	<i>amiloride-hydrochlorothiazide</i>	35	<i>atomoxetine</i>	28, 29
<i>abiraterone</i>	10	<i>amiodarone</i>	35	<i>atorvastatin</i>	39
ABRYSVO (PF)	57	<i>amitriptyline</i>	28	<i>atovaquone</i>	5
<i>acamprosate</i>	46	<i>amlodipine</i>	35	<i>atovaquone-proguanil</i>	6
<i>acarbose</i>	48	<i>amlodipine-benazepril</i>	35	<i>atropine</i>	66
<i>accutane</i>	42	<i>amlodipine-olmesartan</i>	35	ATROVENT HFA	69
<i>acebutolol</i>	35	<i>amlodipine-valsartan</i>	35	<i>aubra eq</i>	64
<i>acetaminophen-codeine</i>	25	<i>amlodipine-valsartan-hcthiazid</i>	35	AUGMENTIN	8
<i>acetazolamide</i>	67	<i>ammonium lactate</i>	41	AUGTYRO	10
<i>acetic acid</i>	47	<i>amnesteem</i>	42	AUVELITY	29
<i>acetylcysteine</i>	68	<i>amoxapine</i>	28	<i>aviane</i>	64
<i>acitretin</i>	41	<i>amoxicillin</i>	7, 8	AVONEX	56
ACTEMRA	60	<i>amoxicillin-pot clavulanate</i>	8	AYVAKIT	10
ACTEMRA ACTPEN	60	<i>amphotericin b</i>	1	<i>azathioprine</i>	10
ACTHIB (PF)	57	<i>ampicillin</i>	8	<i>azelastine</i>	47, 66
ACTIMMUNE	56	<i>ampicillin sodium</i>	8	<i>azithromycin</i>	5
<i>acyclovir</i>	1, 44	<i>ampicillin-sulbactam</i>	8	<i>aztreonam</i>	6
<i>acyclovir sodium</i>	1	<i>anagrelide</i>	46	<i>bacitracin</i>	66
ADACEL(TDAP		<i>anastrozole</i>	10	<i>bacitracin-polymyxin b</i>	66
ADOLESN/ADULT)(PF)	57	<i>apraclonidine</i>	68	<i>baclofen</i>	25
<i>adefovir</i>	1	<i>aprepitant</i>	53	<i>balsalazide</i>	53
ADEMPAS	68	<i>apri</i>	64	BALVERSA	10
AKEEGA	10	APTIOM	19	BARACLUDE	2
<i>ala-cort</i>	44	APTIVUS	1	BCG VACCINE, LIVE (PF)	57
<i>albendazole</i>	5	<i>aranelle (28)</i>	64	BD INSULIN SYRINGE	58, 59
<i>albuterol sulfate</i>	68	ARCALYST	56	BD PEN NEEDLE	59
<i>alclometasone</i>	44	AREXVY (PF)	57	<i>benazepril</i>	36
<i>alcohol pads</i>	48	<i>arformoterol</i>	69	<i>benazepril-hydrochlorothiazide</i>	36
ALECENSA	10	ARIKAYCE	5	BENLYSTA	60
<i>alendronate</i>	60	<i>aripiprazole</i>	28	<i>benztropine</i>	22
<i>alfuzosin</i>	72	ARISTADA	28	BESREMI	56
<i>aliskiren</i>	35	ARISTADA INITIO	28	<i>betaine</i>	53
<i>allopurinol</i>	60	<i>armodafnil</i>	28	<i>betamethasone dipropionate</i>	44
<i>alosetron</i>	53	<i>asenapine maleate</i>	28	<i>betamethasone valerate</i>	44
<i>altavera (28)</i>	64	ASMANEX HFA	69	<i>betamethasone, augmented</i>	44, 45
ALUNBRIG	10	ASMANEX		BETASERON	56
<i>alyacen 1/35 (28)</i>	64	TWISTHALER	69	<i>betaxolol</i>	36, 66
<i>alyq</i>	68				

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<i>bethanechol chloride</i>	72	<i>candesartan-</i>		<i>cilostazol</i>	38
<i>bexarotene</i>	10	<i>hydrochlorothiazid</i>	36	<i>CIMDUO</i>	2
<i>BEXSERO</i>	57	<i>CAPLYTA</i>	29	<i>cinacalcet</i>	52
<i>bicalutamide</i>	10	<i>CAPRELSA</i>	11	<i>CINRYZE</i>	69
<i>BICILLIN L-A</i>	8	<i>captopril</i>	36	<i>ciprofloxacin hcl</i>	9, 66
<i>BIKTARVY</i>	2	<i>carbamazepine</i>	20	<i>ciprofloxacin in 5 % dextrose</i>	9
<i>bisoprolol fumarate</i>	36	<i>carbidopa</i>	22	<i>ciprofloxacin-dexamethasone</i>	48
<i>bisoprolol-</i>		<i>carbidopa-levodopa</i>	22, 23	<i>citalopram</i>	29
<i>hydrochlorothiazide</i>	36	<i>carbidopa-levodopa-</i>		<i>claravis</i>	42
<i>BOOSTRIX TDAP</i>	57	<i>entacapone</i>	23	<i>clarithromycin</i>	5
<i>bosentan</i>	69	<i>carglumic acid</i>	46	<i>clindamycin hcl</i>	6
<i>BOSULIF</i>	10, 11	<i>carteolol</i>	66	<i>clindamycin in 5 % dextrose</i>	6
<i>BRAFTOVI</i>	11	<i>cartia xt</i>	36	<i>clindamycin phosphate</i>	
<i>breyna</i>	69	<i>carvedilol</i>	36		6, 42, 43, 64
<i>BREZTRI AEROSPHERE</i>	69	<i>caspofungin</i>	1	<i>CLINIMIX 5%/D15W</i>	
<i>BRILINTA</i>	38	<i>CAYSTON</i>	6	<i>SULFITE FREE</i>	74
<i>brimonidine</i>	68	<i>cefaclor</i>	4	<i>CLINIMIX 4.25%/D10W</i>	
<i>BRIVIACT</i>	19	<i>cefadroxil</i>	4	<i>SULF FREE</i>	74
<i>bromocriptine</i>	22	<i>cefazolin</i>	4	<i>CLINIMIX 4.25%/D5W</i>	
<i>BRUKINSA</i>	11	<i>cefdinir</i>	4	<i>SULFIT FREE</i>	46
<i>budesonide</i>	53, 69	<i>cefepime</i>	4	<i>CLINIMIX 5%-</i>	
<i>budesonide-formoterol</i>	69	<i>cefixime</i>	4	<i>D20W(SULFITE-FREE)</i>	74
<i>bumetanide</i>	36	<i>cefoxitin</i>	4	<i>clobazam</i>	20
<i>buprenorphine hcl</i>	25	<i>cefpodoxime</i>	4	<i>clobetasol</i>	45
<i>buprenorphine-naloxone</i>	27	<i>cefprozil</i>	4	<i>clobetasol-emollient</i>	45
<i>bupropion hcl</i>	29	<i>ceftazidime</i>	4	<i>clomipramine</i>	29
<i>bupropion hcl (smoking</i>		<i>ceftriaxone</i>	5	<i>clonazepam</i>	20
<i>deter)</i>	47	<i>cefuroxime axetil</i>	5	<i>clonidine</i>	36
<i>buspirone</i>	29	<i>cefuroxime sodium</i>	5	<i>clonidine hcl</i>	29, 36
<i>butorphanol</i>	27	<i>celecoxib</i>	27	<i>clopidogrel</i>	38
<i>BYETTA</i>	48	<i>cephalexin</i>	5	<i>clorazepate dipotassium</i>	29
<i>cabergoline</i>	52	<i>CEQUR SIMPLICITY</i>	59	<i>clotrimazole</i>	1, 43, 44
<i>CABLIVI</i>	38	<i>CEQUR SIMPLICITY</i>		<i>clotrimazole-betamethasone</i>	44
<i>CABOMETYX</i>	11	<i>INSERTER</i>	59	<i>clozapine</i>	29
<i>calcipotriene</i>	41	<i>cetirizine</i>	68	<i>COARTEM</i>	6
<i>calcitonin (salmon)</i>	52	<i>CHEMET</i>	46	<i>colchicine</i>	60
<i>calcitriol</i>	52	<i>chlorhexidine gluconate</i>	47	<i>colesevelam</i>	39
<i>CALQUENCE</i>	11	<i>chloroquine phosphate</i>	6	<i>colestipol</i>	39
<i>CALQUENCE</i>		<i>chlorpromazine</i>	29	<i>colistin (colistimethate na)</i>	6
<i>(ACALABRUTINIB MAL)</i>	11	<i>chlorthalidone</i>	36	<i>COMBIVENT RESPIMAT</i>	69
<i>camila</i>	63	<i>cholestyramine (with sugar)</i>	39	<i>COMETRIQ</i>	11
<i>candesartan</i>	36	<i>cholestyramine light</i>	39	<i>COMPLERA</i>	2
		<i>ciclopirox</i>	43	<i>compro</i>	53

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<i>constulose</i>	53	<i>daptomycin</i>	6	<i>diphenoxylate-atropine</i>	53
COPIKTRA	11	<i>darunavir</i>	2	<i>dipyridamole</i>	38
CORLANOR	40	DAURISMO	11	<i>disulfiram</i>	46
CORTIFOAM	53	<i>deblitane</i>	63	<i>divalproex</i>	20
COSENTYX	41	<i>deferasirox</i>	46	<i>dofetilide</i>	35
COSENTYX (2 SYRINGES)	41	<i>deferiprone</i>	46	<i>donepezil</i>	24
COSENTYX PEN (2 PENS)	41	DELSTRIGO	2	DOPTELET (10 TAB PACK)	38
COSENTYX UNOREADY PEN	41	DEPO-SUBQ PROVERA	104	DOPTELET (15 TAB PACK)	38
COTELLIC	11	DESCOVY	2	DOPTELET (30 TAB PACK)	38
CREON	53	<i>desipramine</i>	29	<i>dorzolamide</i>	67
CRESEMBA	1	<i>desmopressin</i>	52	<i>dorzolamide-timolol</i>	67
<i>cromolyn</i>	53, 66, 69	<i>desog-e.estradiolle.estriadiol</i>	64	<i>dotti</i>	63
<i>cryselle (28)</i>	64	<i>desogestrel-ethinyl estradiol</i>	64	DOVATO	2
<i>cyclobenzaprine</i>	25	<i>desonide</i>	45	<i>doxazosin</i>	36
<i>cyclophosphamide</i>	11	<i>desvenlafaxine succinate</i>	29	<i>doxepin</i>	29
CYCLOPHOSPHAMIDE	11	<i>dexamethasone</i>	48	<i>doxercalciferol</i>	52
<i>cyclosporine</i>	11, 67	<i>dexamethasone sodium phosphate</i>	67	<i>doxy-100</i>	9
<i>cyclosporine modified</i>	11	<i>dextroamphetamine-amphetamine</i>	29	<i>doxycycline hydiate</i>	9
CYLTEZO(CF)	60	<i>dextrose 10 % and 0.2 % nacl.</i>	46	<i>doxycycline monohydrate</i>	9
CYLTEZO(CF) PEN	60	<i>dextrose 10 % in water (d10w)</i>	46	DRIZALMA SPRINKLE	30
CYLTEZO(CF) PEN	60	<i>dextrose 5 % in water (d5w)</i>	46	<i>dronabinol</i>	53
CROHN'S-UC-HS	60	<i>dextrose 5%-0.2 % sod chloride</i>	46	DROPSAFE ALCOHOL PREP PADS	48
CYLTEZO(CF) PEN	60	DIACOMIT	20	<i>drospirenone-ethinyl estradiol</i>	64
PSORIASIS-UV	60	<i>diazepam</i>	20, 29	DROXIA	12
<i>cyred eq</i>	64	<i>diazepam intensol</i>	29	<i>droxidopa</i>	46
CYSTAGON	72	<i>diazoxide</i>	48	DULERA	69
CYSTARAN	67	<i>diclofenac potassium</i>	27	<i>duloxetine</i>	30
<i>d10 %-0.45 % sodium chloride</i>	46	<i>diclofenac sodium</i>	27, 67	DUPIXENT PEN	41, 42
<i>d2.5 %-0.45 % sodium chloride</i>	46	<i>dicloxacillin</i>	8	DUPIXENT SYRINGE	42
<i>dabigatran etexilate</i>	38	<i>dicyclomine</i>	53	<i>dutasteride</i>	72
<i>dalfampridine</i>	24	DIFICID	5	<i>econazole</i>	44
<i>danazol</i>	52	<i>diflunisal</i>	27	EDURANT	2
<i>dantrolene</i>	25	<i>digoxin</i>	40	<i>efavirenz</i>	2
<i>dapsone</i>	6	<i>dihydroergotamine</i>	23	<i>efavirenz-emtricitabin-tenofovir</i>	2
DAPTACEL (DTAP PEDIATRIC) (PF)	57	DILANTIN 30 MG	20	<i>efavirenz-lamivu-tenofovir</i>	
DAPTONMYCIN	6	<i>diltiazem hcl</i>	36	<i>disop</i>	2
		<i>dilt-xr</i>	36	<i>electrolyte-148</i>	74
		<i>dimethyl fumarate</i>	24	ELIGARD	12
				ELIGARD (3 MONTH)	12

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ELIGARD (4 MONTH).....	12	ertapenem.....	6	fingolimod.....	24
ELIGARD (6 MONTH).....	12	ery pads.....	43	FINTEPLA.....	20
ELIQUIS.....	38	ery-tab.....	5	FIRMAGON KIT W	
ELIQUIS DVT-PE TREAT		erythrocin (as stearate)	5	DILUENT SYRINGE.....	12
30D START.....	38	erythromycin.....	5, 66	flac otic oil.....	47
ELMIRON.....	72	erythromycin ethylsuccinate	5	flecainide.....	35
eluryng.....	64	erythromycin with ethanol.....	43	fluconazole.....	1
EMGALITY PEN.....	23	escitalopram oxalate.....	30	fluconazole in nacl (iso-osm)	1
EMGALITY SYRINGE.....	23	esomeprazole magnesium.....	55	flucytosine.....	1
EMSAM.....	30	estarrylla.....	64	fludrocortisone.....	48
emtricitabine.....	2	estradiol.....	63	flunisolide.....	69
emtricitabine-tenofovir (tdf)	2	estradiol valerate.....	63	fluocinolone.....	45
EMTRIVA.....	2	estradiol-norethindrone acet	63	fluocinolone acetonide oil.....	47
EMVERM.....	6	ethambutol.....	6	fluocinolone and shower cap	45
enalapril maleate.....	36	ethosuximide.....	20	fluocinonide.....	45
enalapril-hydrochlorothiazide	36	ethynodiol diac-eth estradiol	64	fluocinonide-emollient.....	45
ENBREL.....	61	etodolac.....	27	fluoride (sodium).....	74
ENBREL MINI.....	61	etonogestrel-ethynodiol estradiol	64	fluorometholone.....	67
ENBREL SURECLICK.....	61	etravirine.....	2	fluourouracil.....	42
ENDARI.....	46	euthyrox.....	52	fluoxetine.....	30
endocet.....	25	everolimus (antineoplastic)	12	fluphenazine decanoate	30
ENGERIX-B (PF).....	57	everolimus		fluphenazine hcl.....	30
ENGERIX-B PEDIATRIC (PF).....	57	(immunosuppressive)	12	flurbiprofen.....	27
enoxaparin.....	38	EVOTAZ.....	2	flurbiprofen sodium.....	67
empresse.....	64	exemestane.....	12	FLUTICASONE	
enskyce.....	64	ezetimibe.....	39	PROPIONATE.....	70
entacapone.....	23	ezetimibe-simvastatin.....	39	fluticasone propionate	70
entecavir.....	2	falmina (28).....	64	fluticasone propion-salmeterol	70
ENTRESTO.....	40	famciclovir.....	2	fluvastatin.....	39
enulose.....	53	famotidine.....	55	fluvoxamine.....	30
ENVARSUS XR.....	12	FANAPT.....	30	fondaparinux.....	38
EPIDIOLEX.....	20	FARXIGA.....	49	formoterol fumarate	70
epinastine.....	67	febuxostat.....	60	fosamprenavir	2
epinephrine.....	68	felbamate.....	20	fosinopril.....	36
epitol.....	20	felodipine.....	36	fosinopril-hydrochlorothiazide	36
eplerenone.....	36	fenofibrate.....	39	FOTIVDA.....	12
EPRONTIA.....	20	fenofibrate micronized.....	39	FRUZAQLA.....	12
ergotamine-caffeine	23	fenofibrate nanocrystallized	39	furosemide.....	36
ERIVEDGE.....	12	fenofibric acid (choline)	39	FUZEON.....	2
ERLEADA.....	12	fentanyl.....	25	fyavolv.....	63
erlotinib.....	12	fentanyl citrate.....	25	FYCOMPA.....	20
errin.....	63	FETZIMA.....	30	gabapentin.....	20, 21
		finasteride.....	72	galantamine.....	24

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GARDASIL 9 (PF).....	57	HUMALOG MIX 50-50	
GATTEX 30-VIAL.....	53	KWIKPEN.....	49
GAUZE PAD.....	59	HUMALOG MIX 75-25	
<i>gavilyte-c</i>	53	KWIKPEN.....	49
<i>gavilyte-g</i>	53	HUMALOG MIX 75-25(U-	
GAVRETO.....	12	100)INSULN.....	49
<i>gefitinib</i>	13	HUMALOG U-100	
<i>gemfibrozil</i>	39	INSULIN.....	49
<i>generlac</i>	53	HUMIRA (PREFERRED	
<i>gengraf</i>	13	NDCS STARTING WITH	
<i>gentamicin</i>	6, 43, 66	00074).....	61
<i>gentamicin in nacl (iso-osm)</i>	6	HUMIRA PEN	
GENVOYA.....	2	(PREFERRED NDCS	
GILOTRIF.....	13	STARTING WITH 00074)... 61	
<i>glatiramer</i>	24	HUMIRA(CF)	
<i>glatopa</i>	24	(PREFERRED NDCS	
GLEOSTINE.....	13	STARTING WITH 00074)... 61	
<i>glimepiride</i>	49	HUMIRA(CF) PEN	
<i>glipizide</i>	49	(PREFERRED NDCS	
<i>glipizide-metformin</i>	49	NDCS STARTING WITH	
<i>glycopyrrolate</i>	53	00074).....	61
<i>gransetron hcl</i>	53	HUMIRA(CF) PEN	
<i>griseofulvin microsize</i>	1	CROHNS-UC-HS	
<i>griseofulvin ultramicrosize</i>	1	(PREFERRED NDCS	
GVOKE.....	49	NDCS STARTING WITH	
GVOKE HYPOOPEN 2- PACK.....	49	00074).....	61
GVOKE PFS 1-PACK SYRINGE.....	49	HUMIRA(CF) PEN	
<i>halobetasol propionate</i>	45	PEDIATRIC UC (ONLY	
<i>haloperidol</i>	30	NDCS STARTING WITH	
<i>haloperidol decanoate</i>	30	00074).....	62
<i>haloperidol lactate</i>	31	HUMIRA(CF) PEN PSOR-	
HAVRIX (PF).....	57	UV-ADOL HS	
<i>heather</i>	63	(PREFERRED NDCS	
<i>heparin (porcine)</i>	38	NDCS STARTING WITH	
HEPLISAV-B (PF).....	57	00074).....	62
HIBERIX (PF).....	57	HUMULIN 70/30 U-100	
HUMALOG JUNIOR		INSULIN.....	49
KWIKPEN U-100.....	49	HUMULIN 70/30 U-100	
HUMALOG KWIKPEN		KWIKPEN.....	49
INSULIN.....	49	HUMULIN N NPH	
		INSULIN KWIKPEN.....	49
		HUMULIN N NPH U-100	
		INSULIN.....	49
		HUMULIN R REGULAR	
		U-100 INSULN.....	50
		HUMULIN R U-500	
		(CONC) INSULIN.....	50
		HUMULIN R U-500	
		(CONC) KWIKPEN.....	50
		<i>hydralazine</i>	36
		<i>hydrochlorothiazide</i>	37
		<i>hydrocodone-acetaminophen</i>	25, 26
		<i>hydrocodone-ibuprofen</i>	26
		<i>hydrocortisone</i>	45, 48, 53, 54
		<i>hydrocortisone-acetic acid</i>	48
		<i>hydromorphone</i>	26
		<i>hydromorphone (pf)</i>	26
		<i>hydroxychloroquine</i>	6
		<i>hydroxyurea</i>	13
		<i>hydroxyzine hcl</i>	68
		<i>ibandronate</i>	60
		IBRANCE.....	13
		<i>ibu</i>	27
		<i>ibuprofen</i>	27
		<i>icatibant</i>	70
		ICLUSIG.....	13
		<i>icosapent ethyl</i>	39
		IDHIFA.....	13
		<i>imatinib</i>	13
		IMBRUVICA.....	13
		<i>imipenem-cilastatin</i>	6
		<i>imipramine hcl</i>	31
		<i>imiquimod</i>	42
		IMOVA X RABIES	
		VACCINE (PF).....	57
		INBRIJA.....	23
		<i>incassia</i>	63
		INCRELEX.....	46
		<i>indapamide</i>	37
		INFANRIX (DTAP) (PF)....	57
		INFLECTRA.....	54
		INLYTA.....	13
		INQOVI.....	13
		INREBIC.....	13
		INSULIN LISPRO.....	50

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This drug list was updated in August 2024.

INSULIN SYRINGE-NEEDLE U-100	59	JYLAMVO	13	leflunomide	62
INSULIN SYRINGES (NON-PREFERRED BRANDS)	59	JYNNEOS (PF)	57	lenalidomide	14
INTELENCE	2	KALYDECO	70	LENVIMA	14
<i>intralipid</i>	74	<i>kariva</i> (28)	64	<i>lessina</i>	64
<i>introvale</i>	64	<i>kelnor 1/35</i> (28)	64	<i>letrozole</i>	14
INVEGA HAFYERA	31	<i>kelnor 1-50</i> (28)	64	<i>leucovorin calcium</i>	10
INVEGA SUSTENNA	31	KERENDIA	37	LEUKERAN	14
INVEGA TRINZA	31	KESIMPTA PEN	24	<i>leuprolide</i>	14
IPOL	57	<i>ketoconazole</i>	1, 44	<i>levetiracetam</i>	21
<i>ipratropium bromide</i>	47, 70	<i>ketorolac</i>	67	<i>levobunolol</i>	66
<i>ipratropium-albuterol</i>	70	KINRIX (PF)	57	<i>levocarnitine</i>	46
<i>irbesartan</i>	37	KISQALI	14	<i>levocarnitine (with sugar)</i>	46
<i>irbesartan-hydrochlorothiazide</i>	37	KISQALI FEMARA CO- PACK	14	<i>levocetirizine</i>	68
ISENTRESS	2	<i>klor-con 10</i>	73	<i>levofloxacin</i>	9, 66
ISENTRESS HD	2	<i>klor-con 8</i>	73	<i>levofloxacin in d5w</i>	9
<i>isibloom</i>	64	<i>klor-con m10</i>	73	<i>levonest</i> (28)	64
ISOLYTE S PH 7.4	74	<i>klor-con m15</i>	73	<i>levonorgestrel-ethinyl estrad</i>	65
ISOLYTE-P IN 5 % DEXTROSE	74	<i>klor-con m20</i>	73	<i>levonorg-eth estrad triphasic</i>	65
<i>isoniazid</i>	6	<i>klor-con oral packet 20</i>	73	<i>levora-28</i>	65
<i>isosorbide dinitrate</i>	40	KOSELUGO	14	<i>levothyroxine</i>	52
<i>isosorbide mononitrate</i>	40	<i>kourzeq</i>	47	<i>levoxyl</i>	53
<i>isotretinoin</i>	43	KRAZATI	14	LIBERVANT	21
<i>itraconazole</i>	1	<i>kurvelo</i> (28)	64	<i>lidocaine</i>	42
<i>ivermectin</i>	6	<i>l norgest/e.estradiol-e.estrad</i>	64	<i>lidocaine hcl</i>	42
IWILFIN	13	<i>labetalol</i>	37	<i>lidocaine viscous</i>	42
IXCHIQ (PF)	57	<i>lacosamide</i>	21	<i>lidocaine-prilocaine</i>	42
IXIARO (PF)	57	<i>lactulose</i>	54	<i>lidocan iii</i>	42
JAKAFI	13	<i>lamivudine</i>	2	LILETTA	64
<i>jantoven</i>	39	<i>lamivudine-zidovudine</i>	2	linezolid	6
JANUMET	50	<i>lamotrigine</i>	21	<i>linezolid in dextrose 5%</i>	6
JANUMET XR	50	<i>lansoprazole</i>	55	LINZESS	54
JANUVIA	50	LANTUS SOLOSTAR U- 100 INSULIN	50	<i>liothyronine</i>	53
JARDIANCE	50	<i>lapatinib</i>	14	<i>lisinopril</i>	37
<i>jasmiel</i> (28)	64	<i>larin 1.5/30</i> (21)	64	<i>lisinopril-hydrochlorothiazide</i>	37
JAYPIRCA	13	<i>larin 1/20</i> (21)	64	<i>lithium carbonate</i>	31
<i>jinteli</i>	63	<i>larin fe 1.5/30</i> (28)	64	<i>lithium citrate</i>	31
<i>juleber</i>	64	<i>larin fe 1/20</i> (28)	64	LIVTENCITY	2
JULUCA	2	<i>latanoprost</i>	67	LOKELMA	46
LEDIPASVIR-SOFOSBUVIR		LEDIPASVIR-		LONSURF	14
SOFOSBUVIR		SOFOSBUVIR	2	<i>loperamide</i>	53
				<i>lopinavir-ritonavir</i>	2
				<i>lorazepam</i>	31
				<i>lorazepam intensol</i>	31

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LORBRENA	14	MENVEO A-C-Y-W-135-	
loryna (28)	65	DIP (PF)	57
losartan	37	mercaptopurine	15
losartan-hydrochlorothiazide	37	meropenem	6
loteprednol etabonate	68	mesalamine	54
lovastatin	39	MESNEX	10
low-ogestrel (28)	65	metformin	50
loxapine succinate	31	methadone	26
lubiprostone	54	methazolamide	67
LUMAKRAS	15	methenamine hippurate	10
LUPRON DEPOT	15	methimazole	48
lurasidone	32	methotrexate sodium	15
lutera (28)	65	methotrexate sodium (pf)	15
lyleq	63	methoxsalen	42
lyllana	63	methsuximide	21
LYNPARZA	15	methylphenidate hcl	32
LYSODREN	15	methylprednisolone	48
LYTGOBI	15	metoclopramide hcl	54
LYUMJEV KWIKPEN U-100 INSULIN	50	metolazone	37
LYUMJEV KWIKPEN U-200 INSULIN	50	metoprolol succinate	37
LYUMJEV U-100 INSULIN	50	metoprolol tar-	
lyza	63	hydrochlorothiaz	37
magnesium sulfate	73	metoprolol tartrate	37
malathion	46	metronidazole	7, 43, 64
maraviroc	2	metronidazole in nacl (iso-os)	7
marlissa (28)	65	metyrosine	37
MARPLAN	32	mexiletine	35
MATULANE	15	micafungin	1
matzim la	37	microgestin 1.5/30 (21)	65
MAVYRET	3	microgestin 1/20 (21)	65
meclizine	54	microgestin fe 1.5/30 (28)	65
medroxyprogesterone	63	microgestin fe 1/20 (28)	65
mefloquine	6	midodrine	46
megestrol	15	mifepristone	52
MEKINIST	15	mili	65
MEKTOVI	15	mimvey	63
meloxicam	27	minocycline	9
memantine	24	minoxidil	37
MENACTRA (PF)	57	mirabegron	72
MENQUADFI (PF)	57	mirtazapine	32
		misoprostol	55
		M-M-R II (PF)	57
		modafinil	32
		moexipril	37
		molindone	32
		mometasone	45
		montelukast	70
		morphine	26
		morphine concentrate	26
		MOUNJARO	50
		moxifloxacin	9, 66
		moxifloxacin-sod.chloride(isa),	9
		mupirocin	43
		mycophenolate mofetil	15
		mycophenolate sodium	15
		MYFEMBREE	64
		MYRBETRIQ	72
		nabumetone	27
		nadolol	37
		nafcillin	8
		naftifine	44
		naloxone	27
		naltrexone	27
		NAMZARIC	24
		naproxen	27
		naratriptan	23
		NATACYN	66
		nateglinide	50
		NAYZILAM	21
		nebivolol	37
		nefazodone	32
		neomycin	7
		neomycin-bacitracin-poly-hc	67
		neomycin-bacitracin-polymyxin	
		polymyxin	66
		neomycin-polymyxin b-dexameth	67
		neomycin-polymyxin-gramicidin	66
		neomycin-polymyxin-hc	48, 67
		neo-polycin	66
		neo-polycin hc	67
		NERLYNX	15
		NEUPRO	23
		nevirapine	3

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This drug list was updated in August 2024.

NEXPLANON	64	ODOMZO	16	OPSYNVI	70
niacin	39, 40	OFEV	70	ORENCIA	62
nicardipine	37	ofloxacin	48, 66	ORENCIA CLICKJECT	62
NICOTROL	47	OJEMDA	16	ORGOVYX	16
NICOTROL NS	47	OJJAARA	16	ORKAMBI	70
nifedipine	37	olanzapine	32	ORSERDU	16
nikki (28)	65	olmesartan	37	oseltamivir	3
nilutamide	15	olmesartan-amlo-dipin-		OTEZLA	62
nimodipine	37	hctiazid	37	OTEZLA STARTER	62
NINLARO	15	olmesartan-		oxacillin	8
nitazoxanide	7	hydrochlorothiazide	37	oxacillin in dextrose(iso-osm)	8
nitisinone	46	omega-3 acid ethyl esters	40	oxaprozin	27
nitro-bid	40	omeprazole	55	oxcarbazepine	21
nitrofurantoin macrocrystal	10	OMNIPOD 5 G6 INTRO		OXERVATE	67
nitrofurantoin monohyd/m-		KIT (GEN 5)	59	oxybutynin chloride	72
cryst	10	OMNIPOD 5 G6 PODS	(GEN 5)	oxycodone	26
nitroglycerin	40, 54	OMNIPOD 5 G6-G7	INTRO KT(GEN5)	oxycodone-acetaminophen	26
NIVESTYM	56	OMNIPOD 5 G6-G7 PODS	(GEN 5)	OZEMPIC	51
nora-be	63	OMNIPOD DASH INTRO	KIT (GEN 4)	pacerone	35
norethindrone (contraceptive)	63	OMNIPOD DASH PODS	(GEN 4)	paliperidone	32
norethindrone acetate	63	OMNIPOD GO PODS	59	PANRETIN	42
norethindrone ac-eth estradiol		OMNIPOD GO PODS 10	UNITS/DAY	pantoprazole	56
	63, 65	OMNIPOD GO PODS 15	UNITS/DAY	paricalcitol	52
norethindrone-e.estriadiol-iron	65	OMNIPOD GO PODS 20	UNITS/DAY	paroxetine hcl	32
norgestimate-ethinyl estradiol	65	OMNIPOD GO PODS 25	UNITS/DAY	PAXLOVID	3
nortrel 0.5/35 (28)	65	OMNIPOD GO PODS 30	UNITS/DAY	pazopanib	16
nortrel 1/35 (21)	65	OMNIPOD GO PODS 40	UNITS/DAY	PEDIARIX (PF)	57
nortrel 1/35 (28)	65	OMNITROPE	56	PEDVAX HIB (PF)	57
nortrel 7/7/7 (28)	65	ondansetron	54	peg 3350-electrolytes	54
nortriptyline	32	ondansetron hcl	54	PEGASYS	56
NORVIR	3	ONUREG	16	peg-electrolyte	54
NUBEQA	16	OPSUMIT	70	PEMAZYRE	16
NUEDEXTA	24			PEN NEEDLES (NON-PREFERRED BRANDS)	59
NUPLAZID	32			PENBRAYA (PF)	57
NURTEC ODT	23			penciclovir	44
nyamyc	44			penicillamine	62
nystatin	1, 44			penicillin g potassium	8
nystatin-triamcinolone	44			penicillin g sodium	8
nystop	44			penicillin v potassium	8
NYVEPRIA	56			PENTACEL (PF)	57
OCALIVA	54			pentamidine	7
octreotide acetate	16			pentoxifylline	39
ODEFSEY	3				

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This drug list was updated in August 2024.

<i>perindopril erbumine</i>	37	<i>pramipexole</i>	23	<i>protriptyline</i>	32
<i>periogard</i>	47	<i>prasugrel</i>	39	<i>PULMOZYME</i>	70
<i>permethrin</i>	46	<i>pravastatin</i>	40	<i>PURIXAN</i>	16
<i>perphenazine</i>	32	<i>praziquantel</i>	7	<i>pyrazinamide</i>	7
<i>phenelzine</i>	32	<i>prazosin</i>	37	<i>pyridostigmine bromide</i>	25
<i>phenobarbital</i>	21	<i>prednisolone</i>	48	<i>pyrimethamine</i>	7
<i>phenytoin</i>	21	<i>prednisolone acetate</i>	68	<i>QINLOCK</i>	16
<i>phenytoin sodium extended</i>	21	<i>prednisolone sodium</i>		<i>QUADRACEL (PF)</i>	57
PIFELTRO	3	<i>phosphate</i>	48, 68	<i>quetiapine</i>	32, 33
<i>pilocarpine hcl</i>	47, 67	<i>prednisone</i>	48	<i>quinapril</i>	37
<i>pimecrolimus</i>	42	<i>prednisone intensol</i>	48	<i>quinidine sulfate</i>	35
<i>pimozone</i>	32	<i>pregabalin</i>	21	<i>quinine sulfate</i>	7
<i>pimtrea (28)</i>	65	PREHEVBRIO (PF)	57	QVAR REDIHALER	71
<i>pindolol</i>	37	<i>premasol 10%</i>	74	RABAVERT (PF)	58
<i>pioglitazone</i>	51	<i>prenatal vitamin oral tablet</i>	74	RADICAVA ORS	
<i>piperacillin-tazobactam</i>	9	<i>prevalite</i>	40	STARTER KIT SUSP	25
PIQRAY	16	PREVYMIS	3	<i>raloxifene</i>	60
<i>pirfenidone</i>	70	PREZCOBIX	3	<i>ramelteon</i>	33
<i>piroxicam</i>	27	PREZISTA	3	<i>ramipril</i>	37
<i>pitavastatin calcium</i>	40	PRIFTIN	7	<i>ranolazine</i>	40
PLENAMINE	74	<i>primaquine</i>	7	<i>rasagiline</i>	23
<i>podofilox</i>	42	PRIMIDONE	21	<i>reclipsen (28)</i>	65
<i>polycin</i>	66	<i>primidone</i>	21	RECOMBIVAX HB (PF)	58
<i>polymyxin b sulf-</i>		PRIORIX (PF)	57	REGRANEX	42
<i>trimethoprim</i>	66	PRIVIGEN	57	RELENZA DISKHALER	3
POMALYST	16	<i>probencid</i>	60	RELISTOR	54
<i>portia 28</i>	65	<i>probencid-colchicine</i>	60	<i>repaglinide</i>	51
<i>posaconazole</i>	1	<i>prochlorperazine</i>	54	REPATHA	40
<i>potassium chlorid-d5-0.45%nacl</i>	73	<i>prochlorperazine maleate oral</i>	54	REPATHA	
<i>potassium chloride</i>	73	PROCRT	56	PUSHTRONEX	40
<i>potassium chloride in 0.9%nacl</i>	73	<i>procto-med hc</i>	54	REPATHA SURECLICK	40
<i>potassium chloride in 5 % dex</i>	73	<i>proctosol hc</i>	54	RETACRIT	56
<i>potassium chloride in lr-d5</i>	73	<i>protozone-hc</i>	54	RETEVMO	16
<i>potassium chloride in water</i>	73	<i>progesterone micronized</i>	63	REVLIMID	16
<i>potassium chloride-0.45 % nacl</i>	73	PROGRAF	16	REXULTI	33
<i>potassium chloride-d5-0.2%nacl</i>	73	PROLASTIN-C	47	REYATAZ	3
<i>potassium chloride-d5-0.9%nacl</i>	74	PROLIA	60	REZDIFRA	47
<i>potassium citrate</i>	72	PROMACTA	39	REZLIDHIA	17
		<i>promethazine</i>	68	REZUROCK	17
		<i>propafenone</i>	35	<i>ribavirin</i>	3
		<i>propranolol</i>	37	RIDAURA	62
		<i>propylthiouracil</i>	48	<i>rifabutin</i>	7
		PROQUAD (PF)	57	<i>rifampin</i>	7

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<i>riluzole</i>	47	SIRTURO	7	SUCRAID	55
<i>rimantadine</i>	3	SKYRIZI	41, 54, 55	<i>sucralfate</i>	56
RINVOQ	62	<i>sodium chloride</i>	47	<i>sulfacetamide sodium</i>	67
<i>risperidone</i>	33	<i>sodium chloride 0.45 %</i>	74	<i>sulfacetamide sodium (acne)</i>	43
<i>risperidone microspheres</i>	33	<i>sodium chloride 0.9 %</i>	47	<i>sulfacetamide-prednisolone</i>	67
<i>ritonavir</i>	3	<i>sodium chloride 3 %</i>		<i>sulfadiazine</i>	9
<i>rivastigmine</i>	25	<i>hypertonic</i>	74	<i>sulfamethoxazole-trimethoprim</i>	9
<i>rivastigmine tartrate</i>	25	<i>sodium chloride 5 %</i>		<i>sulfasalazine</i>	55
<i>rizatriptan</i>	23	<i>hypertonic</i>	74	<i>sulindac</i>	27
<i>roflumilast</i>	71	SODIUM OXYBATE (PREFERRED NDCS		<i>sumatriptan</i>	23
<i>ropinirole</i>	23	STARTING WITH 00054) ... 33		<i>sumatriptan succinate</i>	23, 24
<i>rosuvastatin</i>	40	<i>sodium phenylbutyrate</i>	47	<i>sunitinib malate</i>	17
ROTARIX	58	<i>sodium polystyrene sulfonate</i>	47	SUNLENCA	3
ROTATEQ VACCINE	58	<i>sodium,potassium,mag</i>		<i>syeda</i>	65
<i>roweepra</i>	22	<i>sulfates</i>	55	SYMDEKO	71
ROZLYTREK	17	SOFOSBUVIR-VELPATASVIR	3	SYMPAZAN	22
RUBRACA	17	SOLIQUA 100/33	51	SYMPROIC	55
<i>rufinamide</i>	22	SOLTAMOX	17	SYMTUZA	3
RUKOBIA	3	SOMATULINE DEPOT	17	SYNJARDY	51
RUXIENCE	17	SOMAVERT	52	SYNJARDY XR	51
RYDAPT	17	<i>sorafenib</i>	17	TABLOID	17
<i>sajazir</i>	71	<i>sotalol</i>	35	TABRECTA	17
SANDIMMUNE	17	<i>sotalol af</i>	35	<i>tacrolimus</i>	17, 42
SANTYL	42	SOTYKTU	41	<i>tadalafil</i>	72
<i>sapropterin</i>	52	SPIRIVA RESPIMAT	71	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	71
<i>saxagliptin</i>	51	<i>spironolactone</i>	37	TAFINLAR	17
<i>saxagliptin-metformin</i>	51	<i>spironolacton-hydrochlorothiaz</i>	37	TAGRISSO	17
SCEMBLIX	17	SPRINTEC (28)	65	TALZENNA	18
<i>scopolamine base</i>	54	SPRITAM	22	<i>tamoxifen</i>	18
SECUADO	33	SPRYCEL	17	<i>tamsulosin</i>	72
<i>selegiline hcl</i>	23	<i>sps (with sorbitol)</i>	47	<i>tarina fe 1-20 eq (28)</i>	65
<i>selenium sulfide</i>	41	<i>sronyx</i>	65	TASIGNA	18
SELZENTRY	3	<i>ssd</i>	42	<i>tazarotene</i>	43
<i>sertraline</i>	33	STELARA	41	<i>tazicef</i>	5
<i>setlakin</i>	65	STIOLTO RESPIMAT	71	TAZVERIK	18
<i>sharobel</i>	63	STIVARGA	17	TDVAX	58
SHINGRIX (PF)	58	STREPTOMYCIN	7	TEFLARO	5
SIGNIFOR	17	STRIBILD	3	<i>telmisartan</i>	37
<i>sildenafil (pulmonary arterial hypertension)</i>	71	STRIVERDI RESPIMAT	71	<i>telmisartan-amlodipine</i>	37
<i>silver sulfadiazine</i>	42	<i>subvenite</i>	22		
<i>simvastatin</i>	40				
<i>sirolimus</i>	17				

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<i>telmisartan-hydrochlorothiazid</i>	37	TOUJEO MAX U-300	51	TRULICITY	51
TENIVAC (PF)	58	SOLOSTAR	51	TRUMENBA	58
<i>tenofovir disoproxil fumarate</i>	3	TOUJEO SOLOSTAR U-300 INSULIN	51	TRUQAP	18
TEPMETKO	18	<i>tramadol</i>	27	TUKYSA	18
<i>terazosin</i>	37	<i>tramadol-acetaminophen</i>	27	TURALIO	18
<i>terbinafine hcl</i>	1	<i>trandolapril</i>	38	<i>turqoz (28)</i>	65
<i>terbutaline</i>	71	<i>tranexamic acid</i>	64	TWINRIX (PF)	58
<i>terconazole</i>	64	<i>tranylcypromine</i>	33	TYPHIM VI	58
<i>teriflunomide</i>	25	<i>travasol 10 %</i>	74	<i>unithroid</i>	53
TERIPARATIDE	60	<i>travoprost</i>	67	UPTRAVI	38
<i>testosterone</i>	52	TRAZIMERA	18	<i>ursodiol</i>	55
<i>testosterone cypionate</i>	52	<i>trazodone</i>	33	UZEDY	34
<i>testosterone enanthate</i>	52	TRECATOR	7	<i>valacyclovir</i>	4
TETANUS,DIPHTHERIA		TRELEGY ELLIPTA	71	VALCHLOR	42
TOX PED(PF)	58	TRELSTAR	18	<i>valganciclovir</i>	4
<i>tetrabenazine</i>	25	TREMFYA	41	<i>valproic acid</i>	22
<i>tetracycline</i>	9	<i>treprostinil sodium</i>	38	<i>valproic acid (as sodium salt)</i>	22
THALOMID	18	<i>tretinooin (antineoplastic)</i>	18	<i>valsartan</i>	38
<i>theophylline</i>	71	<i>tretinooin topical</i>	43	<i>valsartan-hydrochlorothiazide</i>	38
<i>thioridazine</i>	33	<i>triamcinolone acetonide</i>	46, 47	VALTOCO	22
<i>thiothixene</i>	33	<i>triamterene-hydrochlorothiazid</i>	38	<i>vancomycin</i>	7
<i>tiadylt er</i>	37	<i>triderm</i>	46	VANFLYTA	18
<i>tiagabine</i>	22	<i>trientine</i>	47	VAQTA (PF)	58
TIBSOVO	18	<i>tri-estarrylla</i>	65	<i>varenicline</i>	47
TICOVAC	58	<i>trifluoperazine</i>	33	VARIVAX (PF)	58
<i>tigecycline</i>	7	<i>trifluridine</i>	66	VARUBI	55
<i>tilia fe</i>	65	<i>trihexyphenidyl</i>	23	<i>velivet triphasic regimen (28)</i>	65
<i>timolol maleate</i>	38, 66	TRIKAFTA	71	VERQUVO	40
<i>tinidazole</i>	7	<i>tri-legest fe</i>	65	VERSACLOZ	34
<i>tropotropium bromide</i>	71	<i>tri-lo-estarrylla</i>	65	VERZENIO	18
TIVICAY	3	<i>tri-lo-sprintec</i>	65	<i>vestura (28)</i>	65
TIVICAY PD	4	<i>trimethoprim</i>	10	vienna	66
<i>tizanidine</i>	25	<i>trimipramine</i>	33	<i>vigabatrin</i>	22
<i>tobramycin</i>	7, 66	TRINTELLIX	33	<i>vigadrone</i>	22
<i>tobramycin in 0.225 % nacl</i>	7	<i>tri-sprintec (28)</i>	65	<i>vigpoder</i>	22
<i>tobramycin sulfate</i>	7	TRIUMEQ	4	<i>vilazodone</i>	34
<i>tobramycin-dexamethasone</i>	67	TRIUMEQ PD	4	VIRACEPT	4
<i>tolterodine</i>	72	<i>trivora (28)</i>	65		
<i>tolvaptan</i>	52	<i>TROPHAMINE 10 %</i>	74		
<i>topiramate</i>	22	<i>trospium</i>	72		
<i>toremifene</i>	18	TRULANCE	55		
<i>torsemide</i>	38				

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VIREAD	4	<i>zafirlukast</i>	72
VITRAKVI.....	18	<i>zaleplon</i>	34
VIVITROL.....	28	ZEJULA	19
VIZIMPRO.....	18	ZELBORAF	19
VONJO.....	19	<i>zenatane</i>	43
<i>voriconazole</i>	1	<i>zidovudine</i>	4
VOSEVI.....	4	<i>ziprasidone hcl</i>	35
VOWST.....	55	<i>ziprasidone mesylate</i>	35
VRAYLAR.....	34	ZIRABEV	19
VYNDAMAX.....	40	ZIRGAN	66
<i>warfarin</i>	39	ZOLINZA	19
WELIREG.....	19	<i>zolpidem</i>	35
<i>wixela inh</i>	71	ZONISADE	22
XALKORI.....	19	<i>zonisamide</i>	22
XARELTO.....	39	<i>zovia 1-35 (28)</i>	66
XARELTO DVT-PE		ZTALMY	22
TREAT 30D START.....	39	ZURZUVAE	35
XCOPRI.....	22	ZYDELIG	19
XCOPRI MAINTENANCE		ZYKADIA	19
PACK.....	22	ZYMFENTRA	55
XCOPRI TITRATION		ZYPREXA RELPREVV	35
PACK.....	22		
XDEMVY	67		
XELJANZ	62		
XELJANZ XR.....	62		
XERMELO	19		
XGEVA	10		
XIFAXAN	7		
XIGDUO XR.....	51		
XiIDRA	67		
XOLAIR	71, 72		
XOSPATA	19		
XPOVIO	19		
XTANDI	19		
<i>xulane</i>	64		
YF-VAX (PF).....	58		
YUFLYMA(CF).....	63		
YUFLYMA(CF) AI			
CROHN'S-UC-HS.....	62		
YUFLYMA(CF)			
AUTOINJECTOR	62, 63		
<i>yuvafem</i>	63		
<i>zafemy</i>	64		

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

This formulary was updated on 08/26/2024. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare® (PDP)** Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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