



# Federal Employees Health Benefits

# 2025 Formulary

## (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 3/1/2025, Version 12. For more recent information or other questions, please contact Health Alliance™ Medicare Member Services at (800) 965-4022 (TTY users should call 711), 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [HealthAlliance.org/Medicare](https://HealthAlliance.org/Medicare).

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

When this Drug List (Formulary) refers to “we,” “us” or “our,” it means Health Alliance Medicare. When it refers to “plan” or “our plan,” it means Health Alliance Medicare.

This document includes a Drug List (formulary) for our plan which is current as of 3/1/2025, Version 12. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call (800) 965-4022 (TTY: 711).

**ATENCIÓN:** Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (800) 965-4022 (TTY: 711).

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Federal Employees Health Benefits Formulary Version 12

## **What is the Health Alliance Medicare formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Health Alliance 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. Health Alliance Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Alliance Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the formulary 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.HealthAlliance.org/FEHB](http://www.HealthAlliance.org/FEHB)

## **Changes that can affect you this year:**

In the below cases, you will be affected by coverage changes during the year:

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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 30 day 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 Health Alliance Medicare 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 3/1/2025, Version 12. To get updated information about the drugs covered by Health Alliance Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 173. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Health Alliance Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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 5, 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:** Health Alliance Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before Health Alliance Medical Plans will cover your prescriptions. If you don’t get approval, Health Alliance Medicare may not cover the drug.

- **Quantity Limits:** For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 18 tablets per prescription of naratriptan hcl. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Health Alliance Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

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

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

## What if my drug is not on the Formulary?

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

If you learn that Health Alliance Medicare does not cover your drug, you have two options:

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

## How do I request an exception to Health Alliance Medicare's formulary?

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

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

Generally, Health Alliance Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Health Alliance Medicare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at [HealthAlliance.org/Medicare](http://HealthAlliance.org/Medicare) for further details.

### For more information

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

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

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

### Health Alliance Medicare Formulary

The formulary below provides coverage information about the drugs covered by Health Alliance Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 173.

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents</b>		
CYSTARAN	5	PA, QL: 60 ML per 28 days

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

**EA** Each.

**FEHB PV** Preventive. These items are included as part of your Federal Employee Health Preventive benefit.

**PA** Prior Authorization. Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before your prescription will be covered by Health

Alliance. If you don't get approval, Health Alliance Medicare may not cover the drug.

**Part B** This item is covered under the Part B benefit.

**PANSO** Prior Authorization for New Starts Only

**QL** Quantity Limit. For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 18 tablets per prescription for naratriptan hcl. This may be in addition to a standard one-month or three-month supply.

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

**ST NSO** Step Therapy for New Starts Only.



# Health Alliance Medical Plans

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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ANAPROX DS ORAL TABLET	4	
ARTHROTEC ORAL TABLET DELAYED RELEASE	4	
CAMBIA ORAL PACKET	4	
CELEBREX ORAL CAPSULE	4	
<i>celecoxib oral capsule</i>	2	
DAYPRO ORAL TABLET	4	
<i>diclofenac patch external patch</i>	4	PA
<i>diclofenac potassium oral tablet 25 mg</i>	4	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac potassium(migraine) oral packet</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	4	PA
<i>diclofenac sodium gel 1 % external (rx)</i>	2	
<i>diclofenac sodium oral tablet delayed release</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral tablet</i>	2	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	4	
<i>ec-naproxen oral tablet delayed release</i>	2	
<i>etodolac er oral tablet extended release 24 hour</i>	2	
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>fenoprofen calcium oral capsule 200 mg</i>	2	
<i>fenoprofen calcium oral capsule 400 mg</i>	1	
<i>fenoprofen calcium oral tablet</i>	1	
FLECTOR EXTERNAL PATCH	4	PA
<i>flurbiprofen oral tablet</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
IBUPROFEN ORAL TABLET 400 MG, 600 MG, 800 MG	1	
INDOCIN ORAL SUSPENSION	4	
INDOCIN RECTAL SUPPOSITORY	3	
<i>indomethacin er oral capsule extended release</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin oral capsule</i>	2	
<i>indomethacin oral suspension</i>	2	
<i>indomethacin rectal suppository 50 mg</i>	2	
<i>ketoprofen er oral capsule extended release 24 hour</i>	2	
<i>ketoprofen oral capsule</i>	2	
<i>ketorolac tromethamine injection solution</i>	2	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	QL (20 EA per 30 days)
KIPROFEN ORAL CAPSULE	4	
LODINE ORAL TABLET	4	
<i>meclofenamate sodium oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	2	
<i>meloxicam oral suspension</i>	4	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet</i>	1	
NALFON ORAL CAPSULE	4	
NALFON ORAL TABLET	4	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
NAPROSYN ORAL SUSPENSION	4	
NAPROSYN ORAL TABLET	4	
<i>naproxen dr oral tablet delayed release</i>	2	
<i>naproxen oral suspension</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	2	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	2	
<i>naproxen sodium oral tablet 275 mg</i>	2	
<i>naproxen sodium oral tablet 550 mg</i>	1	
<i>oxaprozin oral tablet</i>	2	
<i>piroxicam oral capsule</i>	2	
<i>salsalate oral tablet</i>	2	
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	2	
<i>tolmetin sodium oral capsule</i>	2	
<b><i>Opioid Analgesics, Long-acting</i></b>		
BELBUCA BUCCAL FILM	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly</i>	2	
BUTRANS TRANSDERMAL PATCH WEEKLY	4	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	2	PA; QL (60 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	2	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	2	QL (60 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	4	
<i>levorphanol tartrate oral tablet</i>	2	
<i>methadone hcl injection solution</i>	2	
METHADONE HCL INTENSOL ORAL CONCENTRATE	2	QL (1800 ML per 30 days)
<i>methadone hcl oral concentrate</i>	2	QL (1800 EA per 30 days)
<i>methadone hcl oral solution</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl oral tablet</i>	2	QL (360 EA per 30 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML	2	QL (1800 ML per 30 days)
METHADOSE SUGAR-FREE ORAL CONCENTRATE	2	QL (1800 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	2	QL (120 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE	4	QL (120 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG	4	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	
<i>oxycodone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>	2	QL (120 EA per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour</i>	4	ST; QL (60 EA per 30 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	ST; QL (30 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen-codeine oral solution</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>apap-caff-dihydrocodeine oral capsule</i>	2	
ASCOMP-CODEINE ORAL CAPSULE	2	
<i>butalbital-apap-caff-cod oral capsule</i>	2	
<i>butalbital-asa-caff-codeine oral capsule</i>	2	
<i>butorphanol tartrate injection solution</i>	2	
<i>butorphanol tartrate nasal solution</i>	2	QL (5 ML per 28 days)
<i>codeine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
DILAUDID ORAL LIQUID	4	QL (1200 ML per 30 days)
DILAUDID ORAL TABLET 2 MG, 4 MG	4	QL (180 EA per 30 days)
DILAUDID ORAL TABLET 8 MG	4	QL (120 EA per 30 days)
<i>duramorph injection solution</i>	2	
ENDOCET ORAL TABLET	2	QL (240 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	4	PA
FIORICET/CODEINE ORAL CAPSULE	4	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	2	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	2	QL (150 EA per 30 days)
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	QL (1200 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	QL (120 EA per 30 days)

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Last Updated: 02/04/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	
<i>hydromorphone hcl rectal suppository</i>	2	
<i>meperidine hcl oral solution</i>	2	
<i>meperidine hcl oral tablet</i>	2	
<i>morphine sulfate (concentrate) oral solution</i>	2	QL (200 ML per 30 days)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	2	B/D
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	QL (700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	QL (300 ML per 30 days)
<i>morphine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate rectal suppository</i>	2	
<i>nalbuphine hcl injection solution</i>	1	
<i>nalocet oral tablet</i>	4	
NUCYNTA ORAL TABLET	4	
<i>oxycodone hcl oral capsule</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	2	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	QL (1300 ML per 30 days)
<i>oxycodone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	4	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	4	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (240 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	2	
PERCOCET ORAL TABLET	4	QL (240 EA per 30 days)
PROLATE ORAL TABLET	4	
ROXICODONE ORAL TABLET	4	QL (180 EA per 30 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	4	
<i>tramadol hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	QL (240 EA per 30 days)
TREZIX ORAL CAPSULE	4	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
DERMACINRX LIDOGEL EXTERNAL GEL	4	
GLYDO EXTERNAL PREFILLED SYRINGE	1	PA; QL (30 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	2	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl (pf) injection solution</i>	1	
<i>lidocaine hcl cream 3 % external (rx)</i>	2	
<i>lidocaine hcl external lotion</i>	2	
<i>lidocaine hcl external solution</i>	1	PA; QL (250 ML per 30 days)
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	PA; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream</i>	2	PA; QL (60 GM per 30 days)
LIDOCAN EXTERNAL PATCH	4	PA
LIDODERM EXTERNAL PATCH	4	PA
LIDO-SORB EXTERNAL LOTION	4	
PLIAGLIS EXTERNAL CREAM	4	PA
<i>premium lidocaine external ointment</i>	2	PA; QL (150 GM per 30 days)
QUTENZA (2 PATCH) EXTERNAL KIT	5	
QUTENZA (4 PATCH) EXTERNAL KIT	5	
QUTENZA EXTERNAL KIT	5	
TRIDACAINE II EXTERNAL PATCH	4	PA
TRIDACAINE III EXTERNAL PATCH	4	PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium oral tablet delayed release</i>	1	
<i>disulfiram oral tablet</i>	1	
<i>naltrexone hcl oral tablet</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
<b>Opioid Dependence</b>		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	

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BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<i>buprenorphine hcl injection solution</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	QL (90 EA per 30 days)
<i>lofexidine hcl oral tablet</i>	1	
LUCEMYRA ORAL TABLET	3	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
SUBOXONE SUBLINGUAL FILM	3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET	3	
<b><i>Opioid Reversal Agents</i></b>		
KLOXXADO NASAL LIQUID	3	
<i>naloxone hcl injection solution</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid</i>	1	
NARCAN NASAL LIQUID	3	
OPVEE NASAL SOLUTION	3	
REXTOVY NASAL LIQUID	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	3	
<b><i>Smoking Cessation Agents</i></b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	
NICOTROL INHALATION INHALER	1	QL (480 EA per 30 days)
NICOTROL NS NASAL SOLUTION	1	
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	1	
<i>varenicline tartrate oral tablet</i>	1	
<i>varenicline tartrate(continue) oral tablet</i>	1	
<b>Antibacterials</b>		
<b><i>Aminoglycosides</i></b>		
<i>amikacin sulfate injection solution</i>	2	
ARIKAYCE INHALATION SUSPENSION	5	QL (525 ML per 30 days)
<i>gentamicin in saline intravenous solution</i>	1	

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<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution</i>	1	
HUMATIN ORAL CAPSULE	4	
<i>neomycin sulfate oral tablet</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
<i>tobramycin sulfate injection solution reconstituted</i>	2	
ZEMDRI INTRAVENOUS SOLUTION	5	
<b>Antibacterials, Other</b>		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
<i>aztreonam injection solution reconstituted 2 gm</i>	5	
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	1	
CLEOCIN ORAL CAPSULE	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
CLEOCIN VAGINAL CREAM	4	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLINDACIN ETZ EXTERNAL SWAB	2	
CLINDACIN-P EXTERNAL SWAB	2	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution</i>	1	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	5	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>daptomycin intravenous solution reconstituted</i>	5	
<i>daptomycin-sodium chloride intravenous solution</i>	4	
FIRVANQ ORAL SOLUTION RECONSTITUTED	4	
FLAGYL ORAL CAPSULE	4	

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<i>fosfomycin tromethamine oral packet</i>	2	
HIPREX ORAL TABLET	4	
IMPAVIDO ORAL CAPSULE	5	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>lincomycin hcl injection solution</i>	2	
<i>linezolid in sodium chloride intravenous solution</i>	4	
<i>linezolid intravenous solution</i>	4	
<i>linezolid oral suspension reconstituted</i>	4	QL (1800 ML per 28 days)
<i>linezolid oral tablet</i>	4	QL (60 EA per 30 days)
MACROBID ORAL CAPSULE	4	
MACRODANTIN ORAL CAPSULE	4	
<i>methenamine hippurate oral tablet</i>	2	
<i>methenamine mandelate oral tablet</i>	2	
<i>metronidazole intravenous solution</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	2	
NUVESSA VAGINAL GEL	4	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	5	QL (6 EA per 30 days)
SOLOSEC ORAL PACKET	4	
<i>tigecycline intravenous solution reconstituted</i>	5	
<i>tinidazole oral tablet</i>	2	
<i>trimethoprim oral tablet</i>	1	
VANCOCIN ORAL CAPSULE	4	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	4	

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<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	4	
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	4	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1750 mg/350ml, 750 mg/150ml</i>	4	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule</i>	2	
<i>vancomycin hcl oral solution reconstituted</i>	2	
VANDAZOLE VAGINAL GEL	4	
VOQUEZNA DUAL PAK ORAL THERAPY PACK	4	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	4	
ZYVOX INTRAVENOUS SOLUTION	4	
ZYVOX ORAL SUSPENSION RECONSTITUTED	4	QL (1800 ML per 28 days)
ZYVOX ORAL TABLET	4	QL (60 EA per 30 days)
<b><i>Beta-lactam, Cephalosporins</i></b>		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>cefaclor er oral tablet extended release 12 hour</i>	2	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted</i>	2	
<i>cefazolin sodium intravenous solution reconstituted</i>	2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 3-4 gm/150ml-%</i>	2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	3	
<i>cefepime hcl intravenous solution</i>	3	
<i>cefepime hcl intravenous solution reconstituted</i>	3	
<i>cefepime-dextrose intravenous solution reconstituted</i>	3	
<i>cefixime oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotaxime sodium injection solution reconstituted</i>	1	
<i>cefotetan disodium injection solution reconstituted</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted</i>	1	
<i>ceftazidime intravenous solution reconstituted</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted</i>	4	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted</i>	2	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	5	
TAZICEF INJECTION SOLUTION RECONSTITUTED	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-potassium clavulanate oral tablet</i>	2	
<i>amoxicillin-potassium clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection solution reconstituted</i>	1	
<i>ampicillin sodium intravenous solution reconstituted</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	4	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	4	
AUGMENTIN ORAL TABLET	4	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>dicloxacillin sodium oral capsule</i>	1	
<i>nafcillin sodium in dextrose intravenous solution</i>	5	
<i>nafcillin sodium injection solution reconstituted</i>	4	
<i>nafcillin sodium intravenous solution reconstituted</i>	4	
<i>oxacillin sodium in dextrose intravenous solution</i>	2	
<i>oxacillin sodium injection solution reconstituted</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<i>penicillin g pot in dextrose intravenous solution</i>	1	
<i>penicillin g potassium injection solution reconstituted</i>	1	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	2	
<b>Carbapenems</b>		
<i>ertapenem sodium injection solution reconstituted</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	3	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	3	
<i>meropenem intravenous solution reconstituted 2 gm</i>	4	
<i>meropenem-sodium chloride intravenous solution reconstituted</i>	4	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<b>Macrolides</b>		
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	4	
DIFICID ORAL TABLET	4	
E.E.S. 400 ORAL TABLET	4	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	4	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	4	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	4	
ERY-TAB ORAL TABLET DELAYED RELEASE	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	5	
<i>erythromycin oral tablet delayed release</i>	2	

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ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK ORAL TABLET	4	
ZITHROMAX Z-PAK ORAL TABLET	4	
<b>Quinolones</b>		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	4	
BAXDELA ORAL TABLET	4	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET	4	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>levofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl intravenous solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin oral tablet</i>	1	
<b>Sulfonamides</b>		
BACTRIM DS ORAL TABLET	4	
BACTRIM ORAL TABLET	4	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SULFATRIM PEDIATRIC ORAL SUSPENSION	1	
<b>Tetracyclines</b>		
<i>avidoxy oral tablet</i>	2	
<i>demeclocycline hcl oral tablet</i>	2	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	2	
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	2	
MONDOXYNE NL ORAL CAPSULE	2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	5	
NUZYRA ORAL TABLET	5	QL (30 EA per 14 days)
<i>tetracycline hcl oral capsule</i>	2	
<i>tetracycline hcl oral tablet</i>	4	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	4	
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
BRIVIACT INTRAVENOUS SOLUTION	5	ST NSO
BRIVIACT ORAL SOLUTION	4	ST NSO
BRIVIACT ORAL TABLET	4	ST NSO
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO
EPIDIOLEX ORAL SOLUTION	5	PA NSO
EPRONTIA ORAL SOLUTION	4	
<i>felbamate oral suspension</i>	2	
<i>felbamate oral tablet</i>	2	
FELBATOL ORAL TABLET	4	
FINTEPLA ORAL SOLUTION	5	PA NSO
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET	4	
KEPPRA ORAL SOLUTION	4	
KEPPRA ORAL TABLET	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	

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LAMICTAL ODT ORAL KIT	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE	3	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	
<i>lamotrigine oral kit</i>	2	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	1	
<i>levetiracetam in nacl intravenous solution</i>	2	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet disintegrating soluble</i>	4	
NAYZILAM NASAL SOLUTION	4	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	4	
ROWEEPRA ORAL TABLET	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	ST NSO
SUBVENITE ORAL TABLET	1	
SUBVENITE STARTER KIT-BLUE ORAL KIT	2	
SUBVENITE STARTER KIT-GREEN ORAL KIT	2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	2	
TOPAMAX ORAL TABLET	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	2	
<i>topiramate er oral capsule extended release 24 hour</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule sprinkle 50 mg</i>	3	
<i>topiramate oral tablet</i>	2	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>methsuximide oral capsule</i>	2	
ZARONTIN ORAL CAPSULE	4	
ZARONTIN ORAL SOLUTION	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam oral suspension</i>	2	
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	2	
<i>clonazepam oral tablet dispersible</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT ORAL CAPSULE	4	PA NSO
DIACOMIT ORAL PACKET	4	PA NSO
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KLONOPIN ORAL TABLET	4	
LIBERVANT BUCCAL FILM	4	QL (10 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE	4	
LYRICA ORAL SOLUTION	4	
MYSOLINE ORAL TABLET	3	
NEURONTIN ORAL CAPSULE	4	
NEURONTIN ORAL SOLUTION	4	
NEURONTIN ORAL TABLET	4	
ONFI ORAL SUSPENSION	4	
ONFI ORAL TABLET	4	
<i>phenobarbital oral elixir</i>	2	
<i>phenobarbital oral tablet</i>	2	
<i>phenobarbital sodium injection solution</i>	2	
<i>pregabalin oral capsule</i>	2	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet</i>	1	
SABRIL ORAL PACKET	5	
SABRIL ORAL TABLET	5	
SYMPAZAN ORAL FILM	4	
<i>tiagabine hcl oral tablet</i>	2	
VALTOCO NASAL LIQUID	4	
VALTOCO NASAL LIQUID THERAPY PACK	4	
<i>vigabatrin oral packet</i>	4	
<i>vigabatrin oral tablet</i>	4	
VIGADRONE ORAL PACKET	4	
VIGADRONE ORAL TABLET	4	
VIGAFYDE ORAL SOLUTION	5	PA NSO
VIGPODER ORAL PACKET	4	
ZTALMY ORAL SUSPENSION	5	PA NSO
<b><i>Sodium Channel Agents</i></b>		
APTIOM ORAL TABLET	4	ST NSO
BANZEL ORAL SUSPENSION	4	
BANZEL ORAL TABLET	4	
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral suspension</i>	2	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE	3	
DILANTIN ORAL SUSPENSION	3	
DILANTIN-125 ORAL SUSPENSION	3	
EPITOL ORAL TABLET	1	
<i>fosphenytoin sodium injection solution</i>	1	
<i>lacosamide intravenous solution</i>	5	
<i>lacosamide oral solution</i>	2	
<i>lacosamide oral tablet</i>	2	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>oxcarbazepine er oral tablet extended release 24 hour</i>	2	
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
PHENYTEK ORAL CAPSULE	2	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>phenytoin sodium injection solution</i>	1	
<i>rufinamide oral suspension</i>	2	
<i>rufinamide oral tablet</i>	2	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TRILEPTAL ORAL SUSPENSION	4	
TRILEPTAL ORAL TABLET	4	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	4	
VIMPAT ORAL TABLET	4	
XCOPRI ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK	4	
ZONEGRAN ORAL CAPSULE	4	
ZONISADE ORAL SUSPENSION	2	ST NSO
<i>zonisamide oral capsule</i>	1	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>ergoloid mesylates oral tablet</i>	2	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<b><i>Cholinesterase Inhibitors</i></b>		
ADLARITY TRANSDERMAL PATCH WEEKLY	4	
ARICEPT ORAL TABLET	4	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible</i>	1	
EXELON TRANSDERMAL PATCH 24 HOUR	4	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	
<i>galantamine hydrobromide oral solution</i>	2	
<i>galantamine hydrobromide oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	
<i>memantine hcl oral solution</i>	2	
<i>memantine hcl oral tablet</i>	1	
NAMENDA TITRATION PAK ORAL TABLET	4	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST NSO; QL (30 EA per 30 days)
AUVELITY ORAL TABLET EXTENDED RELEASE	4	ST NSO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	PA NSO
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet dispersible</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	PA NSO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	
REMERON ORAL TABLET	4	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	4	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA NSO
SYMBYAX ORAL CAPSULE	4	ST NSO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; QL (14 EA per 14 days)
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM TRANSDERMAL PATCH 24 HOUR	3	QL (30 EA per 30 days)
MARPLAN ORAL TABLET	4	
NARDIL ORAL TABLET	4	
PARNATE ORAL TABLET	4	
<i>phenelzine sulfate oral tablet</i>	2	
<i>tranylcypromine sulfate oral tablet</i>	2	
<b><i>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</i></b>		
CELEXA ORAL TABLET	4	
<i>citalopram hydrobromide oral capsule</i>	3	
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST NSO
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST NSO
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	
<i>fluoxetine hcl oral tablet 60 mg</i>	4	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 50 mg</i>	1	
<i>fluvoxamine maleate oral tablet 25 mg</i>	2	
LEXAPRO ORAL TABLET	4	
<i>nefazodone hcl oral tablet</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate oral capsule</i>	2	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
PROZAC ORAL CAPSULE	4	
<i>sertraline hcl oral capsule</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET	4	ST NSO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	4	ST NSO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet</i>	1	
VIIBRYD ORAL TABLET	4	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet</i>	2	QL (30 EA per 30 days)
ZOLOFT ORAL CONCENTRATE	4	
ZOLOFT ORAL TABLET	4	
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	2	PA NSO
<i>amoxapine oral tablet</i>	2	
ANAFRANIL ORAL CAPSULE	4	PA NSO
<i>clomipramine hcl oral capsule</i>	2	PA NSO
<i>desipramine hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	2	PA NSO
<i>doxepin hcl oral concentrate</i>	2	PA NSO
<i>imipramine hcl oral tablet</i>	2	PA NSO
<i>imipramine pamoate oral capsule</i>	2	PA NSO
NORPRAMIN ORAL TABLET	4	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	2	
PAMELOR ORAL CAPSULE	4	
<i>protriptyline hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	2	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
ANTIVERT ORAL TABLET	4	
ANTIVERT ORAL TABLET CHEWABLE	4	
COMPRO RECTAL SUPPOSITORY	2	
<i>dimenhydrinate injection solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>droperidol injection solution</i>	1	
<i>meclizine hcl oral tablet</i>	2	
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl oral solution</i>	2	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository</i>	2	
PROMETHEGAN RECTAL SUPPOSITORY	2	
<i>scopolamine transdermal patch 72 hour</i>	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	4	
<i>trimethobenzamide hcl oral capsule</i>	2	B/D
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO ORAL CAPSULE	4	B/D; QL (3 EA per 21 days)
ANZEMET ORAL TABLET	3	B/D
APONVIE INTRAVENOUS EMULSION	4	PA
<i>aprepitant oral</i>	2	PA
<i>aprepitant oral capsule</i>	2	PA
CINVANTI INTRAVENOUS EMULSION	4	PA
<i>dronabinol oral capsule</i>	2	B/D
EMEND INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
EMEND ORAL CAPSULE	4	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	PA
EMEND TRI-PACK ORAL CAPSULE	4	PA
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	2	PA
<i>granisetron hcl intravenous solution</i>	2	
<i>granisetron hcl oral tablet</i>	2	B/D
MARINOL ORAL CAPSULE	4	B/D
<i>ondansetron hcl injection solution</i>	2	
<i>ondansetron hcl injection solution prefilled syringe</i>	2	
<i>ondansetron hcl oral solution</i>	2	B/D
<i>ondansetron hcl oral tablet</i>	2	B/D
<i>ondansetron odt oral tablet dispersible</i>	2	B/D
<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>palonosetron hcl intravenous solution prefilled syringe</i>	4	
SANCUSO TRANSDERMAL PATCH	3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	5	QL (2 ML per 30 days)
SYNDROS ORAL SOLUTION	4	B/D
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	B/D; QL (4 EA per 30 days)
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	4	PA
<i>amphotericin b intravenous solution reconstituted</i>	4	B/D
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	PA
ANCOBON ORAL CAPSULE	4	
BREXAFEMME ORAL TABLET	4	PA; QL (24 EA per 180 days)
<i>casprofungin acetate intravenous solution reconstituted</i>	4	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
CRESEMBA ORAL CAPSULE	5	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET	4	
<i>econazole nitrate external cream</i>	2	
ERTACZO EXTERNAL CREAM	4	ST
EXELDERM EXTERNAL CREAM	4	ST
EXELDERM EXTERNAL SOLUTION	4	ST
EXODERM EXTERNAL LOTION	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	2	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	

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GYNAZOLE-1 VAGINAL CREAM	4	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	2	
JUBLIA EXTERNAL SOLUTION	4	ST
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external foam</i>	2	
<i>ketoconazole external shampoo</i>	2	
<i>ketoconazole oral tablet</i>	2	
KETODAN EXTERNAL FOAM	2	
KLAYESTA EXTERNAL POWDER	2	
<i>luliconazole external cream</i>	4	ST
LUZU EXTERNAL CREAM	4	ST
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>miconazole 3 vaginal suppository</i>	1	
<i>miconazole-zinc oxide-petrolat external ointment</i>	4	
<i>naftifine hcl external cream</i>	2	ST
<i>naftifine hcl external gel</i>	2	ST
NAFTIN EXTERNAL GEL	4	ST
NOXAFIL INTRAVENOUS SOLUTION	5	
NOXAFIL ORAL PACKET	5	
NOXAFIL ORAL SUSPENSION	5	
NOXAFIL ORAL TABLET DELAYED RELEASE	5	
NYAMYC EXTERNAL POWDER	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
NYSTOP EXTERNAL POWDER	2	
ORAVIG BUCCAL TABLET	4	
<i>oxiconazole nitrate external cream</i>	2	
OXISTAT EXTERNAL LOTION	4	ST
<i>posaconazole intravenous solution</i>	5	
<i>posaconazole oral suspension</i>	5	
<i>posaconazole oral tablet delayed release</i>	5	
SPORANOX ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
SPORANOX ORAL SOLUTION	4	
<i>sulconazole nitrate external cream</i>	4	ST
<i>sulconazole nitrate external solution</i>	4	ST
<i>tavaborole external solution</i>	2	ST
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
VFEND ORAL SUSPENSION RECONSTITUTED	5	
VFEND ORAL TABLET	4	
VIVJOA ORAL CAPSULE THERAPY PACK	4	
<i>voriconazole intravenous solution reconstituted</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	4	
<i>voriconazole oral tablet</i>	4	
VUSION EXTERNAL OINTMENT	4	
XOLEGEL COREPAK EXTERNAL KIT	4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	4	
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	1	
<i>febuxostat oral tablet</i>	2	
GLOPERBA ORAL SOLUTION	4	
KRYSTEXXA INTRAVENOUS SOLUTION	5	PA
MITIGARE ORAL CAPSULE	3	
<i>probenecid oral tablet</i>	1	
ULORIC ORAL TABLET	4	
<b>Antimigraine Agents</b>		
<b><i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i></b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1.5 ML per 28 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1.5 ML per 28 days)

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EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
NURTEC ORAL TABLET DISPERSIBLE	3	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET	3	PA; QL (30 EA per 30 days)
UBRELVY ORAL TABLET	3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION	4	PA; QL (6 EA per 30 days)
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate nasal solution</i>	2	QL (8 ML per 23 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	4	
<i>ergotamine-caffeine oral tablet</i>	2	
MIGERGOT RECTAL SUPPOSITORY	4	
MIGRANAL NASAL SOLUTION	4	QL (8 ML per 23 days)
<b>Prophylactic</b>		
<i>timolol maleate oral tablet</i>	1	
VYEPTI INTRAVENOUS SOLUTION	4	PA
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>almotriptan malate oral tablet</i>	2	QL (9 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	2	QL (9 EA per 30 days)
FROVA ORAL TABLET	4	QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	2	QL (12 EA per 30 days)
IMITREX ORAL TABLET	4	QL (9 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	4	QL (4 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	4	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	QL (4 ML per 30 days)
MAXALT ORAL TABLET	4	QL (18 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE	4	QL (18 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	2	QL (9 EA per 30 days)
RELPAX ORAL TABLET	4	QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG	4	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	4	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	2	QL (18 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral tablet dispersible</i>	2	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	QL (4 ML per 30 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	4	QL (6 EA per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	2	QL (9 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	4	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	4	QL (12 EA per 30 days)
ZOMIG ORAL TABLET	4	QL (9 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b><i>Parasympathomimetics</i></b>		
MESTINON ORAL SOLUTION	4	
MESTINON ORAL TABLET	4	
MESTINON ORAL TABLET EXTENDED RELEASE	4	
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
REGONOL INTRAVENOUS SOLUTION	3	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone oral tablet</i>	2	
<i>pretomanid oral tablet</i>	4	PA; QL (30 EA per 30 days)
<i>rifabutin oral capsule</i>	2	

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<b>Antituberculars</b>		
<i>cycloserine oral capsule</i>	2	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral syrup</i>	2	
<i>isoniazid oral tablet</i>	1	
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECTOR ORAL TABLET	4	
<b>Antineoplastics</b>		
OPDUALAG INTRAVENOUS SOLUTION	5	PA NSO
<i>pemetrexed disodium intravenous solution 100 mg/4ml</i>	5	PA NSO
<b>Alkylating Agents</b>		
BELRAPZO INTRAVENOUS SOLUTION	5	PA NSO
<i>bendamustine hcl intravenous solution</i>	5	PA NSO
<i>bendamustine hcl intravenous solution reconstituted</i>	5	PA NSO
BENDEKA INTRAVENOUS SOLUTION	5	PA NSO
<i>busulfan intravenous solution</i>	5	
BUSULFEX INTRAVENOUS SOLUTION	5	
<i>carboplatin intravenous solution</i>	1	
<i>carmustine intravenous solution reconstituted</i>	5	
<i>cisplatin intravenous solution</i>	1	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm</i>	5	
<i>cyclophosphamide injection solution reconstituted 500 mg</i>	2	
<i>cyclophosphamide intravenous solution</i>	5	
<i>cyclophosphamide oral capsule</i>	2	B/D
<i>cyclophosphamide oral tablet</i>	3	B/D
<i>dacarbazine intravenous solution reconstituted</i>	1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	

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IFEX INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>ifosfamide intravenous solution</i>	1	
<i>ifosfamide intravenous solution reconstituted</i>	5	
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	PA NSO
<i>melfhalan hcl intravenous solution reconstituted</i>	2	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	5	PA NSO
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	5	
<i>oxaliplatin intravenous solution 50 mg/10ml</i>	2	
<i>oxaliplatin intravenous solution reconstituted</i>	5	
PARAPLATIN INTRAVENOUS SOLUTION	1	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
TEPADINA INJECTION SOLUTION RECONSTITUTED	5	PA NSO
<i>thiotepa injection solution reconstituted</i>	5	PA NSO
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
VALCHLOR EXTERNAL GEL	5	PA NSO
<i>vivimusta intravenous solution</i>	5	PA NSO
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	5	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
<b><i>Antiandrogens</i></b>		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA NSO
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA NSO
<i>bicalutamide oral tablet</i>	1	
CASODEX ORAL TABLET	4	
ERLEADA ORAL TABLET	5	PA NSO
EULEXIN ORAL CAPSULE	4	
NILANDRON ORAL TABLET	4	
<i>nilutamide oral tablet</i>	2	
NUBEQA ORAL TABLET	5	PA NSO
XTANDI ORAL CAPSULE	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET	5	PA NSO
YONSA ORAL TABLET	5	PA NSO
ZYTIGA ORAL TABLET	5	PA NSO
<b>Antiangiogenic Agents</b>		
<i>lenalidomide oral capsule</i>	5	PA NSO
POMALYST ORAL CAPSULE	5	PA NSO; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE	5	PA NSO
THALOMID ORAL CAPSULE	5	PA NSO
<b>Antiestrogens/Modifiers</b>		
FARESTON ORAL TABLET	4	PA NSO
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	
<i>fulvestrant intramuscular solution prefilled syringe</i>	5	
ORSERDU ORAL TABLET	5	PA NSO
SOLTAMOX ORAL SOLUTION	5	
<i>tamoxifen citrate oral tablet</i>	1	
<i>toremifene citrate oral tablet</i>	2	PA NSO
<b>Antimetabolites</b>		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ARRANON INTRAVENOUS SOLUTION	5	
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
<i>cladribine intravenous solution</i>	5	B/D
<i>clofarabine intravenous solution</i>	5	
<i>cytarabine (pf) injection solution</i>	1	B/D
<i>cytarabine injection solution</i>	1	B/D
DROXIA ORAL CAPSULE 200 MG	3	
DROXIA ORAL CAPSULE 300 MG, 400 MG	4	
<i>floxuridine injection solution reconstituted</i>	5	B/D
<i>fluorouracil intravenous solution</i>	2	B/D
FOLOTYN INTRAVENOUS SOLUTION	5	
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	5	
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	2	
HYDREA ORAL CAPSULE	4	
<i>hydroxyurea oral capsule</i>	1	
<i>mercaptopurine oral tablet</i>	2	

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<i>nelarabine intravenous solution</i>	5	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
<i>pemetrexed dipotassium intravenous solution reconstituted</i>	5	PA NSO
<i>pemetrexed disodium intravenous solution 1 gm/40ml</i>	4	PA NSO
<i>pemetrexed disodium intravenous solution 500 mg/20ml, 850 mg/34ml</i>	5	PA NSO
<i>pemetrexed disodium intravenous solution reconstituted</i>	5	PA NSO
<i>pemetrexed ditromethamine intravenous solution reconstituted</i>	5	PA NSO
<i>pemetrexed intravenous solution</i>	5	PA NSO
PEMRYDI RTU INTRAVENOUS SOLUTION	5	PA NSO
PURIXAN ORAL SUSPENSION	4	
TABLOID ORAL TABLET	3	PA NSO
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA NSO
<b><i>Antineoplastics, Other</i></b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	5	
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	1	B/D
ADSTILADRIN INTRAVESICAL SUSPENSION	5	PA NSO
AKEEGA ORAL TABLET	5	PA NSO
ANKTIVA INTRAVESICAL SOLUTION	5	PA NSO
<i>arsenic trioxide intravenous solution</i>	5	
ASPARLAS INTRAVENOUS SOLUTION	5	
<i>azacitidine injection suspension reconstituted</i>	5	
<i>bleomycin sulfate injection solution reconstituted</i>	1	B/D
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection solution reconstituted 3.5 mg</i>	5	PA NSO
COLUMVI INTRAVENOUS SOLUTION	5	PA NSO
<i>dactinomycin intravenous solution reconstituted</i>	5	PA NSO
<i>daunorubicin hcl intravenous solution</i>	1	
<i>decitabine intravenous solution reconstituted</i>	5	
<i>docetaxel intravenous concentrate 160 mg/8ml</i>	5	
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 160 mg/16ml</i>	2	
<i>docetaxel intravenous solution 20 mg/2ml, 80 mg/8ml</i>	5	
<i>doxorubicin hcl intravenous solution</i>	1	B/D
<i>doxorubicin hcl intravenous solution reconstituted</i>	1	B/D
<i>doxorubicin hcl liposomal intravenous suspension</i>	5	
ELLEENCE INTRAVENOUS SOLUTION	5	
ELREXFIO SUBCUTANEOUS SOLUTION	5	PA NSO
ELZONRIS INTRAVENOUS SOLUTION	5	PA NSO
EPKINLY SUBCUTANEOUS SOLUTION	5	PA NSO
<i>eribulin mesylate intravenous solution</i>	5	
HALAVEN INTRAVENOUS SOLUTION	5	
IBRANCE ORAL TABLET	5	PA NSO
IDAMYCIN PFS INTRAVENOUS SOLUTION	5	
<i>idarubicin hcl intravenous solution</i>	5	
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
INREBIC ORAL CAPSULE	5	PA NSO
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	5	
ITOVEBI ORAL TABLET	5	PA NSO
IWILFIN ORAL TABLET	5	PA NSO
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	5	
JEVTANA INTRAVENOUS SOLUTION	5	
KIMMTRAK INTRAVENOUS SOLUTION	5	PA NSO
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days)
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
<i>leucovorin calcium injection solution reconstituted</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	5	
<i>levoleucovorin calcium pf intravenous solution</i>	5	
LONSURF ORAL TABLET	5	PA NSO
LYSODREN ORAL TABLET	3	
<i>mitomycin intravenous solution reconstituted</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
OGSIVEO ORAL TABLET	5	PA NSO
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA NSO
OJEMDA ORAL TABLET	5	PA NSO
ONCASPAR INJECTION SOLUTION	5	
ONUREG ORAL TABLET	5	
<i>paclitaxel intravenous concentrate</i>	1	
<i>paclitaxel protein-bound part intravenous suspension reconstituted</i>	5	
PHESGO SUBCUTANEOUS SOLUTION	5	PA NSO
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
REVUFORJ ORAL TABLET	5	PA NSO
<i>romidepsin intravenous solution reconstituted</i>	5	
RYLAZE INTRAMUSCULAR SOLUTION	5	
TALVEY SUBCUTANEOUS SOLUTION	5	PA NSO
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA NSO
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	4	
TRISENOX INTRAVENOUS SOLUTION	5	
<i>valrubicin intravesical solution</i>	5	
VALSTAR INTRAVESICAL SOLUTION	5	
VELCADE INJECTION SOLUTION RECONSTITUTED	5	PA NSO
VIDAZA INJECTION SUSPENSION RECONSTITUTED	5	
<i>vinblastine sulfate intravenous solution</i>	1	B/D
<i>vincristine sulfate intravenous solution</i>	1	B/D
<i>vinorelbine tartrate intravenous solution</i>	1	
VONJO ORAL CAPSULE	5	PA NSO
ZALTRAP INTRAVENOUS SOLUTION	5	
ZOLINZA ORAL CAPSULE	5	PA NSO
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole oral tablet</i>	1	
ARIMIDEX ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
AROMASIN ORAL TABLET	4	
<i>exemestane oral tablet</i>	2	
FEMARA ORAL TABLET	4	
<i>letrozole oral tablet</i>	2	
<b>Enzyme Inhibitors</b>		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>etoposide intravenous solution</i>	1	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml</i>	1	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	5	
ONIVYDE INTRAVENOUS INJECTABLE	5	
<i>topotecan hcl intravenous solution</i>	2	
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA NSO
AFINITOR ORAL TABLET	5	PA NSO
ALECENSA ORAL CAPSULE	5	PA NSO
ALUNBRIG ORAL TABLET	5	PA NSO
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA NSO
AUGTYRO ORAL CAPSULE	5	PA NSO
AYVAKIT ORAL TABLET	5	PA NSO
BALVERSA ORAL TABLET	5	PA NSO
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
BOSULIF ORAL CAPSULE	5	PA NSO
BOSULIF ORAL TABLET	5	PA NSO
BRAFTOVI ORAL CAPSULE	5	PA NSO
BRUKINSA ORAL CAPSULE	5	PA NSO
CABOMETYX ORAL TABLET	5	PA NSO; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET	5	PA NSO
CAPRELSA ORAL TABLET	5	PA NSO
COMETRIQ ORAL KIT	5	PA NSO
COPIKTRA ORAL CAPSULE	5	PA NSO
COTELLIC ORAL TABLET	5	PA NSO
DANZITEN ORAL TABLET	5	PA NSO
<i>dasatinib oral tablet</i>	5	PA NSO
DAURISMO ORAL TABLET	5	PA NSO

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ERIVEDGE ORAL CAPSULE	5	PA NSO
<i>erlotinib hcl oral tablet</i>	4	PA NSO
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO
<i>everolimus oral tablet soluble</i>	5	PA NSO
<i>fludarabine phosphate intravenous solution</i>	1	
<i>fludarabine phosphate intravenous solution reconstituted</i>	5	
FOTIVDA ORAL CAPSULE	5	PA NSO
FRUZAQLA ORAL CAPSULE	5	PA NSO
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA NSO
GAVRETO ORAL CAPSULE	5	PA NSO
<i>gefitinib oral tablet</i>	4	PA NSO
GILOTRIF ORAL TABLET	5	PA NSO
GLEEVEC ORAL TABLET	5	PA NSO
IBRANCE ORAL CAPSULE	5	PA NSO
ICLUSIG ORAL TABLET	5	PA NSO
IDHIFA ORAL TABLET	5	PA NSO
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA NSO
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA NSO
IMBRUVICA ORAL CAPSULE	5	PA NSO
IMBRUVICA ORAL SUSPENSION	5	PA NSO
IMBRUVICA ORAL TABLET	5	PA NSO
<i>imkeldi oral solution</i>	5	PA NSO
INLYTA ORAL TABLET	5	PA NSO
INQOVI ORAL TABLET	5	PA NSO
IRESSA ORAL TABLET	5	PA NSO
JAKAFI ORAL TABLET	5	PA NSO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
KOSELUGO ORAL CAPSULE	5	PA NSO
KRAZATI ORAL TABLET	5	PA NSO
<i>lapatinib ditosylate oral tablet</i>	5	PA NSO

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LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA NSO
LORBRENA ORAL TABLET	5	PA NSO
LUMAKRAS ORAL TABLET	5	PA NSO
LYNPARZA ORAL TABLET	5	PA NSO
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA NSO
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA NSO
MEKINIST ORAL TABLET	5	PA NSO
MEKTOVI ORAL TABLET	5	PA NSO
NERLYNX ORAL TABLET	5	PA NSO
NEXAVAR ORAL TABLET	5	PA NSO
NINLARO ORAL CAPSULE	5	PA NSO
ODOMZO ORAL CAPSULE	5	PA NSO
OJJAARA ORAL TABLET	5	PA NSO
<i>pazopanib hcl oral tablet</i>	4	PA NSO
PEMAZYRE ORAL TABLET	5	PA NSO
PIQRAY ORAL TABLET THERAPY PACK	5	PA NSO
QINLOCK ORAL TABLET	5	PA NSO
RETEVMO ORAL TABLET	5	PA NSO
REZLIDHIA ORAL CAPSULE	5	PA NSO
ROZLYTREK ORAL CAPSULE	5	PA NSO
ROZLYTREK ORAL PACKET	5	PA NSO
RUBRACA ORAL TABLET	5	PA NSO
RYDAPT ORAL CAPSULE	5	PA NSO
SCEMBLIX ORAL TABLET	5	PA NSO
<i>sorafenib tosylate oral tablet</i>	5	PA NSO
SPRYCEL ORAL TABLET	5	PA NSO
STIVARGA ORAL TABLET	5	PA NSO
<i>sunitinib malate oral capsule</i>	4	PA NSO
SUTENT ORAL CAPSULE	5	PA NSO
TABRECTA ORAL TABLET	5	PA NSO
TAFINLAR ORAL CAPSULE	5	PA NSO
TAFINLAR ORAL TABLET SOLUBLE	5	PA NSO

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TAGRISSE ORAL TABLET	5	PA NSO
TALZENNA ORAL CAPSULE	5	PA NSO
TARCEVA ORAL TABLET	5	PA NSO
TASIGNA ORAL CAPSULE	5	PA NSO
TAZVERIK ORAL TABLET	5	PA NSO
<i>temsirolimus intravenous solution</i>	5	
TEPMETKO ORAL TABLET	5	PA NSO
TIBSOVO ORAL TABLET	5	PA NSO
TORISEL INTRAVENOUS SOLUTION	5	
TORPENZ ORAL TABLET	5	PA NSO
TRUQAP ORAL TABLET	5	PA NSO
TRUQAP ORAL TABLET THERAPY PACK	5	PA NSO
TUKYSA ORAL TABLET	5	PA NSO
TURALIO ORAL CAPSULE	5	PA NSO
TYKERB ORAL TABLET	5	PA NSO
VANFLYTA ORAL TABLET	5	PA NSO
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA NSO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA NSO
VERZENIO ORAL TABLET	5	PA NSO
VIJOICE ORAL PACKET	5	PA; QL (90 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE	5	PA NSO
VITRAKVI ORAL SOLUTION	5	PA NSO
VIZIMPRO ORAL TABLET	5	PA NSO
VOTRIENT ORAL TABLET	5	PA NSO
XALKORI ORAL CAPSULE	5	PA NSO
XALKORI ORAL CAPSULE SPRINKLE	5	PA NSO
XOSPATA ORAL TABLET	5	PA NSO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA NSO
ZEJULA ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA NSO
ZELBORAF ORAL TABLET	5	PA NSO
ZYDELIG ORAL TABLET	5	PA NSO
ZYKADIA ORAL TABLET	5	PA NSO
<b><i>Monoclonal Antibodies/Antibody-Drug Conjugates</i></b>		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	5	
ALYMSYS INTRAVENOUS SOLUTION	4	PA NSO
ARZERRA INTRAVENOUS CONCENTRATE	5	
AVASTIN INTRAVENOUS SOLUTION	5	
BAVENCIO INTRAVENOUS SOLUTION	5	PA NSO
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK	5	PA NSO
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
CYRAMZA INTRAVENOUS SOLUTION	5	PA NSO
DANYELZA INTRAVENOUS SOLUTION	5	PA NSO
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	5	PA NSO
DARZALEX INTRAVENOUS SOLUTION	5	PA NSO
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ELAHERE INTRAVENOUS SOLUTION	5	PA NSO
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ERBITUX INTRAVENOUS SOLUTION	5	PA NSO
GAZYVA INTRAVENOUS SOLUTION	5	PA NSO
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA NSO
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA NSO
IMFINZI INTRAVENOUS SOLUTION	5	PA NSO
IMJUDO INTRAVENOUS SOLUTION	5	PA NSO
JEMPERLI INTRAVENOUS SOLUTION	5	PA NSO
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	5	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA NSO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA NSO
LIBTAYO INTRAVENOUS SOLUTION	5	PA NSO
LOQTORZI INTRAVENOUS SOLUTION	5	PA NSO
LUNSUMIO INTRAVENOUS SOLUTION	5	PA NSO
MARGENZA INTRAVENOUS SOLUTION	5	PA NSO
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
MVASI INTRAVENOUS SOLUTION	4	PA NSO
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA NSO
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA NSO
OPDIVO INTRAVENOUS SOLUTION	5	PA NSO
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
PERJETA INTRAVENOUS SOLUTION	5	PA NSO
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
PORTRAZZA INTRAVENOUS SOLUTION	5	PA NSO
POTELIGEO INTRAVENOUS SOLUTION	5	PA NSO
RIABNI INTRAVENOUS SOLUTION	4	PA NSO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	5	PA NSO
RITUXAN INTRAVENOUS SOLUTION	5	PA NSO
RUXIENCE INTRAVENOUS SOLUTION	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
RYBREVANT INTRAVENOUS SOLUTION	5	PA NSO
SARCLISA INTRAVENOUS SOLUTION	5	PA NSO
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	5	PA NSO
TECENTRIQ INTRAVENOUS SOLUTION	5	PA NSO
TEVIMBRA INTRAVENOUS SOLUTION	5	PA NSO
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA NSO
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
TRUXIMA INTRAVENOUS SOLUTION	4	PA NSO
UNITUXIN INTRAVENOUS SOLUTION	5	PA NSO
VECTIBIX INTRAVENOUS SOLUTION	5	PA NSO
VEGZELMA INTRAVENOUS SOLUTION	4	PA NSO
YERVOY INTRAVENOUS SOLUTION	5	PA NSO
ZEVALIN Y-90 INTRAVENOUS KIT	5	
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ZIRABEV INTRAVENOUS SOLUTION	4	PA NSO
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA NSO
ZYNYZ INTRAVENOUS SOLUTION	5	PA NSO
<b>Retinoids</b>		
<i>bexarotene external gel</i>	5	PA NSO
<i>bexarotene oral capsule</i>	5	PA NSO
PANRETIN EXTERNAL GEL	4	
TARGRETIN EXTERNAL GEL	5	PA NSO
TARGRETIN ORAL CAPSULE	5	PA NSO
<i>tretinoin oral capsule</i>	2	PA NSO
<b>Treatment Adjuncts</b>		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	5	
<i>dexrazoxane intravenous solution reconstituted</i>	5	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>mesna intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesna oral tablet</i>	3	
MESNEX INTRAVENOUS SOLUTION	5	
MESNEX ORAL TABLET	3	
VORANIGO ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA NSO
<b>Antiparasitics</b>		
<b><i>Anthelmintics</i></b>		
<i>albendazole oral tablet</i>	2	
BILTRICIDE ORAL TABLET	4	
EMVERM ORAL TABLET CHEWABLE	4	
<i>ivermectin oral tablet</i>	2	PA
<i>praziquantel oral tablet</i>	2	
STROMEKTOL ORAL TABLET	4	PA
<b><i>Antiprotozoals</i></b>		
ARAKODA ORAL TABLET	3	
<i>atovaquone oral suspension</i>	2	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>benznidazole oral tablet</i>	4	
<i>chloroquine phosphate oral tablet</i>	1	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	5	
<i>hydroxychloroquine sulfate oral tablet</i>	1	
KRINTAFEL ORAL TABLET	3	
LAMPIT ORAL TABLET	4	
MALARONE ORAL TABLET	4	
<i>mefloquine hcl oral tablet</i>	1	
MEPRON ORAL SUSPENSION	4	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	4	B/D
<i>nitazoxanide oral tablet</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	2	
PLAQUENIL ORAL TABLET	4	
<i>primaquine phosphate oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	
QUALAQUIN ORAL CAPSULE	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule</i>	2	PA
SOVUNA ORAL TABLET	4	
<b>Antiparkinson Agents</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate oral tablet</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	2	
<i>trihexyphenidyl hcl oral tablet</i>	2	
<b><i>Antiparkinson Agents, Other</i></b>		
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
<i>entacapone oral tablet</i>	2	
NOURIANZ ORAL TABLET	5	
ONGENTYS ORAL CAPSULE	4	ST
TASMAR ORAL TABLET	4	
<i>tolcapone oral tablet</i>	2	
<b><i>Dopamine Agonists</i></b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
<i>apomorphine hcl subcutaneous solution cartridge</i>	5	PA
<i>bromocriptine mesylate oral capsule</i>	2	
<i>bromocriptine mesylate oral tablet</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
PARLODEL ORAL CAPSULE	4	
PARLODEL ORAL TABLET	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	
<i>pramipexole dihydrochloride oral tablet</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	
<i>ropinirole hcl oral tablet</i>	1	
<b><i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i></b>		
<i>carbidopa oral tablet</i>	2	
<i>carbidopa-levodopa er oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
DHIVY ORAL TABLET	4	
INBRIJA INHALATION CAPSULE	5	
LODOSYN ORAL TABLET	4	

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RYTARY ORAL CAPSULE EXTENDED RELEASE	4	
SINEMET ORAL TABLET	4	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT ORAL TABLET	4	
<i>rasagiline mesylate oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
XADAGO ORAL TABLET	4	
ZELAPAR ORAL TABLET DISPERSIBLE	4	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl injection solution</i>	2	
<i>chlorpromazine hcl oral concentrate</i>	2	
<i>chlorpromazine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection solution</i>	2	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution</i>	2	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<i>loxapine succinate oral capsule</i>	1	
<i>molindone hcl oral tablet</i>	2	
<i>perphenazine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>thioridazine hcl oral tablet</i>	2	
<i>thiothixene oral capsule</i>	2	
<i>trifluoperazine hcl oral tablet</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	4	ST NSO
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	ST NSO

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	ST NSO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	4	ST NSO; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	4	ST NSO; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	4	ST NSO; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG	4	ST NSO; QL (60 EA per 30 days)
ABILIFY ORAL TABLET	4	
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	
<i>aripiprazole oral tablet dispersible</i>	2	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	4	ST NSO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	4	ST NSO
<i>asenapine maleate sublingual tablet sublingual</i>	2	
CAPLYTA ORAL CAPSULE	4	ST NSO; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	ST NSO
FANAPT ORAL TABLET	4	ST NSO
FANAPT TITRATION PACK ORAL TABLET	4	ST NSO
GEODON ORAL CAPSULE	4	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	ST NSO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST NSO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	ST NSO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	ST NSO
LATUDA ORAL TABLET	4	
<i>lurasidone hcl oral tablet</i>	2	
LYBALVI ORAL TABLET	4	ST NSO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	4	PA NSO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	4	PA NSO; QL (90 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet dispersible</i>	2	
<i>paliperidone er oral tablet extended release 24 hour</i>	2	ST NSO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	4	ST NSO
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
REXULTI ORAL TABLET	4	ST NSO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	ST NSO
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET	4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg</i>	4	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet dispersible</i>	2	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	ST NSO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	4	
SECUADO TRANSDERMAL PATCH 24 HOUR	4	ST NSO
SEROQUEL ORAL TABLET	4	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	ST NSO
VRAYLAR ORAL CAPSULE	4	ST NSO; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	ST NSO
ZYPREXA ORAL TABLET	4	
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
CLOZARIL ORAL TABLET	4	
VERSACLOZ ORAL SUSPENSION	4	

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<b>Antispasticity Agents</b>		
<i>baclofen intrathecal solution 10 mg/20ml</i>	4	B/D
<i>baclofen intrathecal solution 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	5	B/D
<i>baclofen intrathecal solution prefilled syringe</i>	5	B/D
<i>baclofen oral tablet</i>	2	
BOTOX INJECTION SOLUTION RECONSTITUTED	4	PA
DANTRIUM ORAL CAPSULE	4	
<i>dantrolene sodium oral capsule 100 mg, 25 mg</i>	1	
<i>dantrolene sodium oral capsule 50 mg</i>	2	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML	4	B/D
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	4	B/D
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 50 MCG/ML	5	B/D
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA
SOHONOS ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
<i>tizanidine hcl oral capsule</i>	2	
<i>tizanidine hcl oral tablet</i>	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	4	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	5	PA
ZANAFLEX ORAL CAPSULE	4	
ZANAFLEX ORAL TABLET	4	
<b>Antivirals</b>		
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>		
<i>cidofovir intravenous solution</i>	5	
<i>ganciclovir sodium intravenous solution</i>	1	B/D
<i>ganciclovir sodium intravenous solution reconstituted</i>	1	B/D
LIVTENCITY ORAL TABLET	5	
PREVYMIS INTRAVENOUS SOLUTION	5	
PREVYMIS ORAL PACKET 120 MG	5	
PREVYMIS ORAL PACKET 20 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET	5	
VALCYTE ORAL SOLUTION RECONSTITUTED	5	
VALCYTE ORAL TABLET	5	
<i>valganciclovir hcl oral solution reconstituted</i>	4	
<i>valganciclovir hcl oral tablet</i>	2	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	2	
BARACLUDE ORAL SOLUTION	4	
BARACLUDE ORAL TABLET	4	
<i>entecavir oral tablet</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	
VEMLIDY ORAL TABLET	4	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA ORAL PACKET	4	PA
EPCLUSA ORAL TABLET	4	PA
HARVONI ORAL PACKET	4	PA
HARVONI ORAL TABLET	4	PA
<i>ledipasvir-sofosbuvir oral tablet</i>	4	PA
MAVYRET ORAL PACKET	4	PA
MAVYRET ORAL TABLET	4	PA
<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet</i>	2	
<i>sofosbuvir-velpatasvir oral tablet</i>	4	PA
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET	5	PA
VOSEVI ORAL TABLET	5	PA
ZEPATIER ORAL TABLET	5	PA
<b>Antitherpetic Agents</b>		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	B/D
<i>famciclovir oral tablet</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
VALTRESX ORAL TABLET	4	
VYJUVEK EXTERNAL GEL	5	PA; QL (10 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
BIKTARVY ORAL TABLET	5	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5	
DOVATO ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET CHEWABLE	3	
JULUCA ORAL TABLET	5	
STRIBILD ORAL TABLET	5	
TIVICAY ORAL TABLET	5	
TIVICAY PD ORAL TABLET SOLUBLE	5	
VOCABRIA ORAL TABLET	5	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA ORAL TABLET	5	
DELSTRIGO ORAL TABLET	5	
EDURANT ORAL TABLET	4	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	4	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	2	
<i>etravirine oral tablet</i>	2	
INTELENCE ORAL TABLET	4	
<i>nevirapine er oral tablet extended release 24 hour</i>	2	
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	
PIFELTRO ORAL TABLET	4	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir sulfate oral solution</i>	2	
<i>abacavir sulfate oral tablet</i>	2	
<i>abacavir sulfate-lamivudine oral tablet</i>	2	
CIMDUO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	

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<i>emtricitabine oral capsule</i>	2	
<i>emtricitabine-tenofovir df oral tablet</i>	4	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET	4	
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet</i>	2	
ODEFSEY ORAL TABLET	5	
RETROVIR INTRAVENOUS SOLUTION	4	
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	
TRIUMEQ ORAL TABLET	5	
<i>triumeq pd oral tablet soluble</i>	4	
TRUVADA ORAL TABLET	5	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET	4	
ZIAGEN ORAL SOLUTION	4	
<i>zidovudine oral capsule</i>	1	
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	
<b><i>Anti-HIV Agents, Other</i></b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>maraviroc oral tablet</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET	4	
SUNLENCA ORAL TABLET THERAPY PACK	5	
SUNLENCA SUBCUTANEOUS SOLUTION	5	
TROGARZO INTRAVENOUS SOLUTION	5	
TYBOST ORAL TABLET	3	
<b><i>Anti-HIV Agents, Protease Inhibitors (PI)</i></b>		
APTIVUS ORAL CAPSULE	3	
<i>atazanavir sulfate oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>darunavir oral tablet</i>	2	
EVOTAZ ORAL TABLET	5	
<i>fosamprenavir calcium oral tablet</i>	2	
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	3	
<i>lopinavir-ritonavir oral solution</i>	2	
<i>lopinavir-ritonavir oral tablet</i>	2	
NORVIR ORAL PACKET	3	
NORVIR ORAL TABLET	3	
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET	4	
REYATAZ ORAL CAPSULE	4	
REYATAZ ORAL PACKET	4	
<i>ritonavir oral tablet</i>	2	
SYMTUZA ORAL TABLET	5	
VIRACEPT ORAL TABLET	4	
<b><i>Anti-influenza Agents</i></b>		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
<i>rimantadine hcl oral tablet</i>	1	
TAMIFLU ORAL CAPSULE 30 MG	4	QL (168 EA per 365 days)
TAMIFLU ORAL CAPSULE 45 MG	4	QL (84 EA per 365 days)
TAMIFLU ORAL CAPSULE 75 MG	4	QL (110 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	4	QL (1080 ML per 365 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO ORAL CAPSULE	4	QL (40 EA per 5 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	5	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	2	
<i>meprobamate oral tablet</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet dispersible 2 mg</i>	2	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	2	QL (90 EA per 30 days)
ATIVAN ORAL TABLET 0.5 MG	4	QL (120 EA per 30 days)
ATIVAN ORAL TABLET 1 MG	4	QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	4	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule</i>	2	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam injection solution</i>	2	
DIAZEPAM INTENSOL ORAL CONCENTRATE	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet</i>	1	QL (120 EA per 30 days)
<i>lorazepam injection solution</i>	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	4	
<i>midazolam hcl (pf) injection solution</i>	2	
<i>midazolam hcl injection solution</i>	2	
<i>midazolam hcl oral syrup</i>	2	
<i>oxazepam oral capsule</i>	2	QL (120 EA per 30 days)
VALIUM ORAL TABLET	3	QL (120 EA per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	4	QL (120 EA per 30 days)
XANAX ORAL TABLET 2 MG	4	QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	QL (120 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	4	QL (90 EA per 30 days)
<b>Bipolar Agents</b>		
<b><i>Mood Stabilizers</i></b>		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
<i>lithium carbonate er oral tablet extended release</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
<b>Blood Glucose Regulators</b>		
<b><i>Antidiabetic Agents</i></b>		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET	4	
ACTOS ORAL TABLET	4	
<i>alogliptin benzoate oral tablet</i>	4	ST; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	4	ST; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet</i>	4	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN	3	PA; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN	3	PA; QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	
DUETACT ORAL TABLET	4	
<i>glimepiride oral tablet</i>	1	
<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide-metformin hcl oral tablet</i>	2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>glyburide micronized oral tablet</i>	2	
<i>glyburide oral tablet</i>	2	
<i>glyburide-metformin oral tablet</i>	2	
GLYXAMBI ORAL TABLET	3	
INVOKAMET ORAL TABLET	4	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (60 EA per 30 days)
JANUMET ORAL TABLET	3	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
JANUVIA ORAL TABLET	3	ST
JENTADUETO ORAL TABLET	3	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	ST; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector</i>	2	PA; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	
<i>metformin hcl oral solution</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol oral tablet</i>	2	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<i>nateglinide oral tablet</i>	2	
ONGLYZA ORAL TABLET	4	ST; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl oral tablet</i>	2	
<i>pioglitazone hcl-glimepiride oral tablet</i>	2	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	
QTERN ORAL TABLET 10-5 MG	4	QL (30 EA per 30 days)
QTERN ORAL TABLET 5-5 MG	4	QL (1 EA per 1 day)
<i>repaglinide oral tablet</i>	2	
RIOMET ORAL SOLUTION	4	
RYBELSUS ORAL TABLET	3	PA
<i>saxagliptin hcl oral tablet</i>	2	ST; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	2	ST; QL (60 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	2	ST; QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET	4	QL (60 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (18 ML per 30 days)
STEGLUJAN ORAL TABLET	4	QL (30 EA per 30 days)
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY ORAL TABLET	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TRADJENTA ORAL TABLET	3	ST; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TZIELD INTRAVENOUS SOLUTION	5	PA
VICTOZA	3	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	2	
<i>glucagon emergency kit</i>	2	
<i>glucagon emergency kit</i>	3	

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GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
GVOKE KIT SUBCUTANEOUS SOLUTION	4	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
PROGLYCEM ORAL SUSPENSION	4	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<b><i>Insulins</i></b>		
ADMELOG INJECTION SOLUTION	4	QL (60 ML per 30 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (60 ML per 30 days)
AFREZZA INHALATION POWDER 12 UNIT	4	QL (270 EA per 30 days)
AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT	4	QL (540 EA per 30 days)
AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 8 UNIT & 90X12 UNIT	4	QL (360 EA per 30 days)
APIDRA SOLOSTAR	4	ST; QL (60 ML per 30 days)
APIDRA VIAL INJECTION SOLUTION	4	QL (60 ML per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (60 ML per 30 days)
FIASP INJECTION SOLUTION	4	QL (60 ML per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST; QL (60 ML per 30 days)
HUMALOG INJECTION SOLUTION	3	QL (60 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN	3	QL (60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN	3	QL (60 ML per 30 days)
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	QL (60 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (60 ML per 30 days)
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (60 ML per 30 days)
HUMULIN 70/30 KWIKPEN	3	QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	QL (60 ML per 30 days)
HUMULIN N KWIKPEN	3	QL (60 ML per 30 days)
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	2	QL (60 ML per 30 days)
HUMULIN R U-500 KWIKPEN	3	QL (60 ML per 30 days)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	3	QL (60 ML per 30 days)
HUMULIN R VIAL INJECTION SOLUTION	2	QL (60 ML per 30 days)
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector</i>	4	ST; QL (60 ML per 30 days)
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	4	ST; QL (60 ML per 30 days)
<i>insulin aspart injection solution</i>	4	ST; QL (60 ML per 30 days)
<i>insulin aspart penfill subcutaneous solution cartridge</i>	4	ST; QL (60 ML per 30 days)
<i>insulin aspart prot &amp; aspart subcutaneous suspension</i>	4	ST; QL (60 ML per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector</i>	4	QL (60 ML per 30 days)
<i>insulin degludec subcutaneous solution</i>	4	QL (60 ML per 30 days)
LANTUS U-100 SOLOSTAR	3	QL (60 ML per 30 days)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	QL (60 ML per 30 days)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL (60 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL (60 ML per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	4	QL (60 ML per 30 days)
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	4	QL (60 ML per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	4	QL (60 ML per 30 days)
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	4	QL (60 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION	4	QL (60 ML per 30 days)
NOVOLIN R VIAL INJECTION SOLUTION	4	QL (60 ML per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST; QL (60 ML per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG U-100 FLEXPEN	4	ST; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN	4	ST; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	4	ST; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	4	ST; QL (60 ML per 30 days)
NOVOLOG U-100 PENFILL	4	ST; QL (60 ML per 30 days)
NOVOLOG RELION INJECTION SOLUTION	4	ST; QL (60 ML per 30 days)
NOVOLOG U-100 VIAL INJECTION SOLUTION	4	ST; QL (60 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (60 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (60 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (60 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION	3	QL (60 ML per 30 days)
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
ARIXTRA SUBCUTANEOUS SOLUTION	4	
<i>dabigatran etexilate mesylate oral capsule</i>	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe</i>	2	
<i>fondaparinux sodium subcutaneous solution</i>	2	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution</i>	2	
<i>heparin sodium (porcine) injection solution</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	2	
JANTOVEN ORAL TABLET	1	
LOVENOX INJECTION SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	4	
PRADAXA ORAL CAPSULE	3	
SAVAYSA ORAL TABLET	4	
TISSEEL EXTERNAL KIT	4	
TISSEEL EXTERNAL SOLUTION	4	
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	
XARELTO ORAL TABLET	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
ZONTIVITY ORAL TABLET	4	
<b><i>Blood Products and Modifiers, Other</i></b>		
ADAKVEO INTRAVENOUS SOLUTION	5	PA
AGRYLIN ORAL CAPSULE	4	
<i>anagrelide hcl oral capsule</i>	2	
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
EPOGEN INJECTION SOLUTION	4	PA
FABHALTA ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
GRANIX SUBCUTANEOUS SOLUTION	4	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	

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Drug Name	Drug Tier	Requirements/Limits
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	5	
MOZOBIL SUBCUTANEOUS SOLUTION	5	PA
MULPLETA ORAL TABLET	5	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
NEUPOGEN INJECTION SOLUTION	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM INJECTION SOLUTION	4	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE	4	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
<i>plerixafor subcutaneous solution</i>	5	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET	5	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>releuko subcutaneous solution prefilled syringe</i>	4	
RETACRIT INJECTION SOLUTION	4	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
XOLREMDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
<b>Hemostasis Agents</b>		
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	2	
<i>tranexamic acid intravenous solution</i>	2	
<i>tranexamic acid oral tablet</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	PA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel bisulfate oral tablet</i>	1	
<i>dipyridamole oral tablet</i>	2	
DOPTELET ORAL TABLET	5	PA
EFFIENT ORAL TABLET	4	
PLAVIX ORAL TABLET	4	
<i>prasugrel hcl oral tablet</i>	2	
TAVALISSE ORAL TABLET	5	PA
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	4	
<i>clonidine er oral tablet extended release 24 hour</i>	4	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	2	
<i>droxidopa oral capsule</i>	5	
<i>guanfacine hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa oral tablet</i>	4	
<i>midodrine hcl oral tablet</i>	2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
NORTHERA ORAL CAPSULE	5	
<b><i>Alpha-adrenergic Blocking Agents</i></b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	3	
DIBENZYLINE ORAL CAPSULE	4	
<i>phenoxybenzamine hcl oral capsule</i>	2	
<i>phentolamine mesylate injection solution reconstituted</i>	1	
<i>prazosin hcl oral capsule</i>	2	
<b><i>Angiotensin II Receptor Antagonists</i></b>		
ATACAND ORAL TABLET	4	
AVAPRO ORAL TABLET	4	
BENICAR ORAL TABLET	4	
<i>candesartan cilexetil oral tablet</i>	2	
COZAAR ORAL TABLET	4	
DIOVAN ORAL TABLET	4	
EDARBI ORAL TABLET	4	
<i>irbesartan oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1	
MICARDIS ORAL TABLET	4	
<i>olmesartan medoxomil oral tablet</i>	2	
<i>telmisartan oral tablet</i>	2	
<i>valsartan oral tablet</i>	2	
<b><i>Angiotensin-converting Enzyme (ACE) Inhibitors</i></b>		
ACCUPRIL ORAL TABLET	4	
ALTACE ORAL CAPSULE	4	
<i>benazepril hcl oral tablet</i>	1	
<i>captopril oral tablet</i>	2	
<i>enalapril maleate oral solution</i>	2	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	
EPANED ORAL SOLUTION	4	
<i>fosinopril sodium oral tablet</i>	1	
<i>lisinopril oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LOTENSIN ORAL TABLET	4	
<i>moexipril hcl oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
QBRELIS ORAL SOLUTION	4	
<i>quinapril hcl oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet</i>	1	
VASOTEC ORAL TABLET	4	
ZESTRIL ORAL TABLET	4	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl intravenous solution</i>	1	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
BETAPACE AF ORAL TABLET	4	
BETAPACE ORAL TABLET	4	
<i>digoxin oral solution</i>	2	
<i>digoxin oral tablet 125 mcg</i>	1	
<i>digoxin oral tablet 250 mcg, 62.5 mcg</i>	2	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide acetate oral tablet</i>	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LANOXIN PEDIATRIC INJECTION SOLUTION	4	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1	
<i>lidocaine hcl (cardiac) pf intravenous solution</i>	1	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	2	
<i>mexiletine hcl oral capsule</i>	2	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%	3	
NEXTERONE INTRAVENOUS SOLUTION 360-4.14 MG/200ML-%	5	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
NORPACE ORAL CAPSULE	4	
PACERONE ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>procainamide hcl injection solution</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	
<i>propafenone hcl oral tablet</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol hcl (af) oral tablet</i>	1	
<i>sotalol hcl oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	4	
TIKOSYN ORAL CAPSULE	4	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	1	
<i>atenolol oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	2	
<i>bisoprolol fumarate oral tablet</i>	1	
BYSTOLIC ORAL TABLET	3	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	2	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
COREG ORAL TABLET	4	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
<i>esmolol hcl-sodium chloride intravenous solution</i>	2	
HEMANGEOL ORAL SOLUTION	4	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	4	
<i>labetalol hcl intravenous solution</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET	4	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet</i>	1	
<i>nadolol oral tablet</i>	2	
<i>nebivolol hcl oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	
<i>propranolol hcl intravenous solution</i>	1	
<i>propranolol hcl oral solution</i>	1	
<i>propranolol hcl oral tablet</i>	1	
TENORMIN ORAL TABLET	4	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate oral tablet</i>	1	
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>isradipine oral capsule</i>	2	
<i>nicardipine hcl in nacl intravenous solution</i>	3	
<i>nicardipine hcl intravenous solution</i>	2	
<i>nicardipine hcl oral capsule</i>	2	
<i>nifedipine er oral tablet extended release 24 hour</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	1	
<i>nifedipine oral capsule</i>	2	
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine er oral tablet extended release 24 hour</i>	2	
NORVASC ORAL TABLET	4	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
CARDIZEM ORAL TABLET	4	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	2	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>dilt-xr oral capsule extended release 24 hour</i>	1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	2	
<i>verapamil hcl er oral tablet extended release</i>	1	
<i>verapamil hcl intravenous solution</i>	1	
<i>verapamil hcl oral tablet</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<b>Cardiovascular Agents, Other</b>		
ACCURETIC ORAL TABLET	4	
<i>acetazolamide sodium injection solution reconstituted</i>	5	
<i>aliskiren fumarate oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	2	
<i>amlodipine-atorvastatin oral tablet</i>	2	
<i>amlodipine-olmesartan oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctz oral tablet</i>	2	
ATACAND HCT ORAL TABLET	4	
<i>atenolol-chlorthalidone oral tablet</i>	1	
AVALIDE ORAL TABLET	4	
AZOR ORAL TABLET	3	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	4	
BIDIL ORAL TABLET	4	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
CADUET ORAL TABLET	4	
CAMZYOS ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet</i>	2	
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
CORLANOR ORAL SOLUTION	4	
CORLANOR ORAL TABLET	4	
DEMSER ORAL CAPSULE	4	
DIOVAN HCT ORAL TABLET	4	
<i>dobutamine hcl intravenous solution</i>	1	B/D
<i>dobutamine-dextrose intravenous solution</i>	1	B/D
<i>dopamine hcl intravenous solution</i>	1	B/D
<i>dopamine-dextrose intravenous solution</i>	1	B/D
EDARBYCLOR ORAL TABLET	4	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE	3	
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
EVKEEZA INTRAVENOUS SOLUTION	5	PA
EXFORGE HCT ORAL TABLET	4	
EXFORGE ORAL TABLET	4	
<i>fosinopril sodium-hctz oral tablet</i>	2	
HYZAAR ORAL TABLET	4	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet</i>	2	
<i>ivabradine hcl oral tablet</i>	2	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	4	
LOTREL ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>metirosine oral capsule</i>	2	
MICARDIS HCT ORAL TABLET	4	
<i>milrinone lactate in dextrose intravenous solution</i>	1	B/D
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	2	
<i>olmesartan medoxomil-hctz oral tablet</i>	2	
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	
<i>pentoxifylline er oral tablet extended release</i>	1	
PRESTALIA ORAL TABLET	4	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ranolazine er oral tablet extended release 12 hour</i>	2	
<i>spironolactone-hctz oral tablet</i>	1	
TEKTRUNA ORAL TABLET	3	
<i>telmisartan-amlodipine oral tablet</i>	2	
<i>telmisartan-hctz oral tablet</i>	2	
TENORETIC 100 ORAL TABLET	4	
TENORETIC 50 ORAL TABLET	4	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	2	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
TRIBENZOR ORAL TABLET	3	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	4	
VECAMYL ORAL TABLET	4	
VYNDAMAX ORAL CAPSULE	5	PA
ZESTORETIC ORAL TABLET	4	
<b>Diuretics, Loop</b>		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
BUMEX ORAL TABLET	4	
EDECIN ORAL TABLET	4	
<i>ethacrynate sodium intravenous solution reconstituted</i>	5	
<i>ethacrynic acid oral tablet</i>	2	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral tablet</i>	1	
LASIX ORAL TABLET	4	
<i>torseamide oral tablet</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl oral tablet</i>	1	
DYRENIUM ORAL CAPSULE	4	
<i>triamterene oral capsule</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1	
<i>chlorthalidone oral tablet</i>	1	
DIURIL ORAL SUSPENSION	4	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
<i>metolazone oral tablet</i>	2	
THALITONE ORAL TABLET	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule</i>	2	
<i>fenofibrate oral capsule</i>	2	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	2	
<i>fenofibric acid oral tablet</i>	2	
FIBRICOR ORAL TABLET	4	
<i>gemfibrozil oral tablet</i>	2	
LIPOFEN ORAL CAPSULE	4	
LOPID ORAL TABLET	4	
TRICOR ORAL TABLET	4	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	4	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>atorvastatin calcium oral tablet</i>	1	
CRESTOR ORAL TABLET	4	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	4	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium oral capsule</i>	2	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
LIPITOR ORAL TABLET	4	
LIVALO ORAL TABLET	4	
<i>lovastatin oral tablet</i>	1	
<i>pitavastatin calcium oral tablet</i>	2	
<i>pravastatin sodium oral tablet</i>	1	
<i>rosuvastatin calcium oral tablet</i>	2	
<i>simvastatin oral tablet</i>	1	
ZOCOR ORAL TABLET	4	
ZYPITAMAG ORAL TABLET	4	
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine oral packet</i>	2	
<i>cholestyramine oral powder</i>	2	
<i>colesevelam hcl oral packet</i>	2	
<i>colesevelam hcl oral tablet</i>	2	
COLESTID ORAL GRANULES	4	
COLESTID ORAL TABLET	4	
<i>colestipol hcl oral granules</i>	2	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	
<i>icosapent ethyl oral capsule</i>	2	
JUXTAPID ORAL CAPSULE	5	PA
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
LOVAZA ORAL CAPSULE	4	
NEXLETOL ORAL TABLET	3	PA
NEXLIZET ORAL TABLET	3	
<i>niacin (antihyperlipidemic) oral tablet</i>	2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	
NIACOR ORAL TABLET	2	
<i>omega-3-acid ethyl esters oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (2 ML per 28 days)
PREVALITE ORAL PACKET	2	
PREVALITE ORAL POWDER	2	
QUESTRAN LIGHT ORAL POWDER	4	
QUESTRAN ORAL PACKET	4	
QUESTRAN ORAL POWDER	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (3 ML per 28 days)
VASCEPA ORAL CAPSULE	4	
VYTORIN ORAL TABLET	4	
WELCHOL ORAL PACKET	4	
WELCHOL ORAL TABLET	4	
ZETIA ORAL TABLET	4	
<b>Mineralocorticoid Receptor Antagonists</b>		
ALDACTONE ORAL TABLET	4	
<i>eplerenone oral tablet</i>	2	
INSPRA ORAL TABLET	4	
KERENDIA ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet</i>	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA ORAL TABLET	3	
INVOKANA ORAL TABLET	4	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	
STEGLATRO ORAL TABLET	4	QL (30 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
ISORDIL TITRADOSE ORAL TABLET	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
NITRO-BID TRANSDERMAL OINTMENT	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	4	
<i>nitroglycerin in d5w intravenous solution</i>	2	
<i>nitroglycerin intravenous solution</i>	2	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	2	
NITROLINGUAL TRANSLINGUAL SOLUTION	4	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE	4	
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl injection solution</i>	1	
<i>hydralazine hcl oral tablet</i>	1	
<i>minoxidil oral tablet</i>	1	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
ADDERALL ORAL TABLET	4	QL (90 EA per 30 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (120 EA per 30 days)
<i>amphetamine sulfate oral tablet</i>	2	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	2	QL (90 EA per 30 days)
AZSTARYS ORAL CAPSULE	4	QL (30 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	4	
DYANAVAL XR ORAL TABLET EXTENDED RELEASE	4	
<i>lisdexamfetamine dimesylate oral capsule</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	2	QL (30 EA per 30 days)
<i>methamphetamine hcl oral tablet</i>	2	PA
PROCENTRA ORAL SOLUTION	4	
VYVANSE ORAL CAPSULE	4	QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	4	QL (30 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG, 5 MG	4	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	QL (90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>atomoxetine hcl oral capsule</i>	2	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	4	QL (90 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 54 MG	4	QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	4	QL (60 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	2	QL (90 EA per 30 days)
FOCALIN ORAL TABLET	4	QL (90 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
METADATE CD ORAL CAPSULE EXTENDED RELEASE	4	QL (30 EA per 30 days)
METHYLIN ORAL SOLUTION	4	QL (900 ML per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg, 54 mg</i>	2	
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	4	QL (1 EA per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	2	
<i>methylphenidate hcl er oral tablet extended release</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>	2	
<i>methylphenidate hcl oral solution</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch</i>	2	QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	4	QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	4	QL (60 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG	4	QL (90 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 45 MG, 54 MG, 63 MG	4	QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	4	QL (60 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	4	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
RITALIN ORAL TABLET 20 MG, 5 MG	4	QL (90 EA per 30 days)
STRATTERA ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>Central Nervous System, Other</i>		
AUSTEDO ORAL TABLET	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (210 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (28 EA per 365 days)
BAC ORAL TABLET	2	
<i>butalbital-acetaminophen oral capsule</i>	2	
<i>butalbital-acetaminophen oral tablet</i>	2	
<i>butalbital-apap-caffeine oral capsule</i>	2	
<i>butalbital-apap-caffeine oral tablet</i>	2	
<i>butalbital-aspirin-caffeine oral capsule</i>	2	
<i>caffeine citrate intravenous solution</i>	2	
<i>caffeine citrate oral solution</i>	2	
<i>clonidine hcl (analgesia) epidural solution</i>	5	
COBENFY ORAL CAPSULE	4	PA NSO; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA NSO; QL (112 EA per 365 days)
DURACLON EPIDURAL SOLUTION	5	
<i>edaravone intravenous solution</i>	5	PA
ESGIC ORAL TABLET	4	
FIORICET ORAL CAPSULE	4	
FIRDAPSE ORAL TABLET	5	PA
<i>gabapentin (once-daily) oral tablet</i>	2	
GRALISE ORAL TABLET	4	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	
INGREZZA ORAL CAPSULE	5	PA
INGREZZA ORAL CAPSULE SPRINKLE	5	PA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA
NUEDEXTA ORAL CAPSULE	4	PA
RADICAVA INTRAVENOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS ORAL SUSPENSION	5	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
<i>riluzole oral tablet</i>	4	
TEGLUTIK ORAL SUSPENSION	5	
TENCON ORAL TABLET	4	
<i>tetrabenazine oral tablet</i>	4	PA
TIGLUTIK ORAL SUSPENSION	5	
VEOZAH ORAL TABLET	4	QL (30 EA per 30 days)
XENAZINE ORAL TABLET	5	PA
<b><i>Fibromyalgia Agents</i></b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>pregabalin er oral tablet extended release 24 hour</i>	2	
SAVELLA ORAL TABLET	3	PA NSO
SAVELLA TITRATION PACK ORAL	3	PA NSO
<b><i>Multiple Sclerosis Agents</i></b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	4	
BETASERON SUBCUTANEOUS KIT	4	
BRIUMVI INTRAVENOUS SOLUTION	5	
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA
<i>dimethyl fumarate oral capsule delayed release</i>	4	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	QL (120 EA per 365 days)
EXTAVIA SUBCUTANEOUS KIT	5	
<i>fingolimod hcl oral capsule</i>	4	
GILENYA ORAL CAPSULE 0.25 MG	5	
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	4	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
MAVENCLAD ORAL TABLET THERAPY PACK	5	PA

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG	5	QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	QL (14 EA per 365 days)
<i>mitoxantrone hcl intravenous concentrate</i>	2	
OCREVUS INTRAVENOUS SOLUTION	5	
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	5	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PONVORY ORAL TABLET	5	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	5	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TASCENSO ODT ORAL TABLET DISPERSIBLE	5	
<i>teriflunomide oral tablet</i>	4	
TYSABRI INTRAVENOUS CONCENTRATE	5	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA
ZEPOSIA ORAL CAPSULE	5	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>chemo</b>		
XELODA ORAL TABLET	Part B	
<b>Dental and Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	2	
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
CLINPRO 5000 DENTAL PASTE	4	
DEBACTEROL MOUTH/THROAT SOLUTION	4	
DENTA 5000 PLUS DENTAL CREAM	4	
<i>denta 5000 plus sensitive dental gel</i>	4	
DENTAGEL DENTAL GEL	4	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
EASYGEL DENTAL GEL	2	
EVOXAC ORAL CAPSULE	4	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE	2	
FLUORIDEX DENTAL PASTE	4	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	4	
FLUORIMAX 5000 DENTAL PASTE	4	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	4	
<i>fraiche 5000 dental dental gel</i>	2	
JUST RIGHT 5000 DENTAL PASTE	4	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
KOURZEQ MOUTH/THROAT PASTE	2	
<i>lidocaine hcl mouth/throat solution</i>	1	
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
ORALONE MOUTH/THROAT PASTE	2	
PERIDEX MOUTH/THROAT SOLUTION	4	
PERIOGARD MOUTH/THROAT SOLUTION	1	
<i>pilocarpine hcl oral tablet</i>	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	4	
PREVIDENT 5000 KIDS DENTAL PASTE	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	4	

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 PLUS DENTAL CREAM	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL	4	
PREVIDENT DENTAL GEL	4	
PREVIDENT MOUTH/THROAT SOLUTION	4	
SALAGEN ORAL TABLET	4	
<i>sf 5000 plus dental cream</i>	2	
<i>sf dental gel</i>	2	
<i>sod fluoride-potassium nitrate dental gel</i>	2	
<i>sodium fluoride 5000 enamel dental gel</i>	2	
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride 5000 ppm dental cream</i>	2	
<i>sodium fluoride 5000 ppm dental gel</i>	2	
<i>sodium fluoride 5000 ppm dental paste</i>	2	
<i>sodium fluoride 5000 sensitive dental gel</i>	2	
<i>sodium fluoride dental cream</i>	2	
<i>sodium fluoride dental gel</i>	2	
<i>sodium fluoride mouth/throat solution</i>	2	
<i>triamcinolone acetonide mouth/throat paste</i>	2	
<b>Dermatological Agents</b>		
<b><i>Acne and Rosacea Agents</i></b>		
ABSORICA LD ORAL CAPSULE	4	
ABSORICA ORAL CAPSULE	4	
ACCUTANE ORAL CAPSULE	2	
<i>acitretin oral capsule</i>	2	
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
AMNESTEEM ORAL CAPSULE	2	
<i>azelaic acid external gel</i>	2	
AZELEX EXTERNAL CREAM	4	PA
<i>brimonidine tartrate external gel</i>	2	
CLARAVIS ORAL CAPSULE	2	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	4	
<i>isotretinoin oral capsule</i>	2	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A EXTERNAL CREAM	4	PA
RETIN-A EXTERNAL GEL	4	PA
RETIN-A MICRO EXTERNAL GEL 0.1 %	4	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.1 %	4	PA
RHOFADE EXTERNAL CREAM	4	
<i>selenium sulfide external shampoo</i>	2	
<i>sodium sulfacetamide external shampoo 10 %</i>	2	
<i>sodium sulfacetamide wash external liquid</i>	2	
<i>sulfacetamide sodium external liquid</i>	2	
<i>tazarotene external cream</i>	2	PA
<i>tazarotene external gel</i>	2	PA
TAZORAC EXTERNAL CREAM	4	PA
TAZORAC EXTERNAL GEL	4	PA
<i>tretinoin external cream</i>	2	PA
<i>tretinoin external gel</i>	2	PA
<i>tretinoin microsphere external gel</i>	2	PA
<i>tretinoin microsphere pump external gel</i>	2	PA
WINLEVI EXTERNAL CREAM	4	
ZENATANE ORAL CAPSULE	2	
<b><i>Dermatitis and Pruritus Agents</i></b>		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
ALA SCALP EXTERNAL LOTION	4	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>alclometasone dipropionate external ointment</i>	1	
<i>amcinonide external cream</i>	2	
<i>amcinonide external ointment</i>	1	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	1	QL (400 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate emulsion external foam</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
CLOBEX EXTERNAL LOTION	4	
CLOBEX EXTERNAL SHAMPOO	4	
<i>clocortolone pivalate external cream</i>	2	
CLODAN EXTERNAL SHAMPOO	2	
CLODERM EXTERNAL CREAM	4	
CORDRAN EXTERNAL TAPE	4	
DERMA-SMOOTH/FS BODY EXTERNAL OIL	4	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	4	
<i>desonide external cream</i>	2	
<i>desonide external gel</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
DESOWEN EXTERNAL CREAM	4	
<i>desoximetasone external cream</i>	2	
<i>desoximetasone external gel</i>	2	
<i>desoximetasone external liquid</i>	2	
<i>desoximetasone external ointment</i>	2	
<i>diflorasone diacetate external cream</i>	2	
<i>diflorasone diacetate external ointment</i>	2	
DIPROLENE EXTERNAL OINTMENT	4	
<i>doxepin hcl external cream</i>	2	
ELIDEL EXTERNAL CREAM	4	
EUCRISA EXTERNAL OINTMENT	4	
<i>fluocinolone acetonide body external oil</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.1 %</i>	4	QL (30 GM per 30 days)
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>flurandrenolide external cream</i>	2	
<i>flurandrenolide external lotion</i>	2	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	1	
<i>halcinonide external cream</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
HALOG EXTERNAL CREAM	4	
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone cream 1 % external (rx)</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone ointment 1 % external (rx)</i>	1	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
HYFTOR EXTERNAL GEL	4	
KENALOG EXTERNAL AEROSOL SOLUTION	4	
KORSUVA INTRAVENOUS SOLUTION	5	
<i>lactic acid external lotion</i>	2	
<i>mometasone furoate external cream</i>	1	
<i>mometasone furoate external ointment</i>	1	
<i>mometasone furoate external solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NUCORT EXTERNAL LOTION	4	
OPZELURA EXTERNAL CREAM	4	
<i>pimecrolimus external cream</i>	2	
PRUDOXIN EXTERNAL CREAM	4	
<i>selenium sulfide external lotion</i>	1	
SPEVIGO INTRAVENOUS SOLUTION	5	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SYNALAR EXTERNAL CREAM	4	
SYNALAR EXTERNAL OINTMENT	4	
<i>tacrolimus external ointment 0.03 %</i>	2	
<i>tacrolimus external ointment 0.1 %</i>	2	QL (30 GM per 30 days)
TEXACORT EXTERNAL SOLUTION	4	
TOPICORT EXTERNAL CREAM	4	
TOPICORT EXTERNAL GEL	4	
TOPICORT EXTERNAL OINTMENT 0.25 %	4	
TOPICORT SPRAY EXTERNAL LIQUID	4	
TOVET EXTERNAL FOAM	2	
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	2	
<i>triamcinolone in absorbase external ointment</i>	2	
TRIDERM EXTERNAL CREAM	1	
ZONALON EXTERNAL CREAM	4	
ZORYVE EXTERNAL CREAM 0.15 %	4	PA; QL (60 GM per 30 days)
<b>DERMATOLOGICAL AGENTS OTHER</b>		
<i>alcohol prep pad 70 %</i>	3	
<i>alcohol prep pads pad , 70 %</i>	3	
ALCOHOL PREP PADS PAD , 70 %	3	
<i>aum alcohol prep pads pad</i>	3	
DROPSAFE ALCOHOL PREP PAD	3	
<i>goodsense alcohol swabs pad</i>	3	
<b>Dermatological Agents, Other</b>		
ANA-LEX RECTAL KIT	2	
<i>bp 10-1 external emulsion</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	2	
CALCITRENE EXTERNAL OINTMENT	4	
<i>calcitriol external ointment</i>	2	
CEM-UREA EXTERNAL SOLUTION	4	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	4	
<i>diclofenac sodium external gel 3 %</i>	2	QL (100 GM per 30 days)
DRYSOL EXTERNAL SOLUTION	3	
EPIFOAM EXTERNAL FOAM	4	
<i>fluorouracil external cream</i>	2	
<i>fluorouracil external solution</i>	2	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	
<i>imiquimod external cream 5 %</i>	2	
KERALYT EXTERNAL GEL 6 %	4	
KERALYT EXTERNAL SHAMPOO	4	
KLISYRI (250 MG) EXTERNAL OINTMENT	4	
KLISYRI (350 MG) EXTERNAL OINTMENT	4	
<i>lidocaine-hydrocort (perianal) external cream</i>	2	
<i>lidocaine-hydrocortisone ace rectal gel</i>	4	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %</i>	2	
LIDOCORT EXTERNAL CREAM	4	
<i>methoxsalen rapid oral capsule</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
OTEZLA ORAL TABLET	4	PA
PODOCON-25 EXTERNAL SOLUTION	4	
<i>podofilox external gel</i>	2	
<i>podofilox external solution</i>	1	
PROCTOFOAM HC EXTERNAL FOAM	4	
QBREXZA EXTERNAL PAD	4	
RADIAURA EXTERNAL CREAM	4	

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Drug Name	Drug Tier	Requirements/Limits
REGRANEX EXTERNAL GEL	4	PA
<i>salicylic acid external foam</i>	2	
<i>salicylic acid external gel</i>	2	
<i>salicylic acid external shampoo</i>	2	
<i>salicylic acid external solution</i>	2	
<i>salicylic acid-cleanser external kit</i>	2	
<i>salimez external cream</i>	4	
<i>salimez forte external cream</i>	4	
SALVAX EXTERNAL FOAM	4	
SANTYL EXTERNAL OINTMENT	4	
SILVADENE EXTERNAL CREAM	4	
<i>silver sulfadiazine external cream</i>	1	
SOTYKTU ORAL TABLET	5	PA; QL (60 EA per 30 days)
SSD EXTERNAL CREAM	1	
<i>sulfacetamide sodium-sulfur cream 10-5 % external</i>	2	
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>	2	
<i>sulfacetamide sodium-sulfur external lotion</i>	2	
<i>sulfacetamide sodium-sulfur external suspension</i>	2	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	2	
<i>sulfacetamide-sulfur in urea external emulsion</i>	2	
<i>urea external cream 40 %</i>	2	
<i>urea external lotion</i>	2	
<i>urea nail external gel</i>	2	
<i>uremez-40 external cream</i>	4	
VECTICAL EXTERNAL OINTMENT	4	
VEREGEN EXTERNAL OINTMENT	4	
VTAMA EXTERNAL CREAM	4	QL (60 GM per 30 days)
ZITHRANOL EXTERNAL SHAMPOO	4	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; QL (60 GM per 30 days)
ZORYVE EXTERNAL FOAM	4	PA; QL (60 GM per 30 days)
<b><i>Pediculicides/Scabicides</i></b>		
CROTAN EXTERNAL LOTION	4	
<i>ivermectin external cream</i>	2	QL (45 GM per 30 days)
<i>malathion external lotion</i>	1	
NATROBA EXTERNAL SUSPENSION	4	
OVIDE EXTERNAL LOTION	4	
<i>permethrin external cream</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>spinosad external suspension</i>	2	
<b>Topical Anti-infectives</b>		
<i>acyclovir external cream</i>	2	
<i>acyclovir external ointment</i>	2	
ACZONE EXTERNAL GEL 5 %	4	
CICLODAN EXTERNAL SOLUTION	2	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
CLINDACIN EXTERNAL FOAM	2	
<i>clindamycin phosphate external foam</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	
CLINDESSE VAGINAL CREAM	4	
<i>dapsone external gel 5 %</i>	2	
DENAVIR EXTERNAL CREAM	4	
<i>ery external pad</i>	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>mafenide acetate external packet</i>	2	
<i>mupirocin external ointment</i>	2	
<i>penciclovir external cream</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
ZOVIRAX EXTERNAL CREAM	4	
ZOVIRAX EXTERNAL OINTMENT	4	
<b>DEVICES</b>		
<i>aq insulin syringe</i>	3	
<i>aqinject pen needle</i>	3	
ASSURE ID DUO PRO PEN NEEDLES	3	
ASSURE ID PRO PEN NEEDLES	3	
<i>aum insulin safety pen needle 31g x 4 mm</i>	3	
<i>aum mini insulin pen needle</i>	3	
<i>aum pen needle 32g x 5 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 6MM 0.5 ML	3	
BD ULTRA-FINE PEN NEEDLES	3	
COMFORT EZ PRO PEN NEEDLES	3	
DROPLET MICRON	3	
DROPSAFE SAFETY SYRINGE/NEEDLE	3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	
EMBECTA PEN NEEDLE NANO	3	
EMBECTA PEN NEEDLE U/F	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	
INCONTROL ULTICARE PEN NEEDLES	3	
INSULIN PEN NEEDLES	3	
<i>insulin pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	3	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	
<i>insulin syringes 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
<i>pen needle/5-bevel tip</i>	3	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	3	
<i>pip pen needles 32g x 4mm</i>	3	
<i>pure comfort safety pen needle</i>	3	
QUICK TOUCH INSULIN PEN NEEDLE	3	
<i>raya sure pen needle</i>	3	
<i>safety pen needles</i>	3	
<i>true comfort safety pen needle</i>	3	
ULTIGUARD SAFEPAK SYR/NEEDLE	3	
UNIFINE PROTECT PEN NEEDLE	3	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	
VERIFINE PLUS PEN NEEDLE	3	
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA IN VITRO SOLUTION	Part B	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ACCU-CHEK AVIVA PLUS KIT	Part B	PA; QL (2 EA per 365 days)
ACCU-CHEK FASTCLIX LANCET KIT KIT	Part B	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	Part B	
ACCU-CHEK GUIDE KIT	Part B	PA; QL (2 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Part B	PA; QL (2 EA per 365 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	Part B	
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	Part B	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION	Part B	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION	Part B	
AGAMATRIX PRESTO TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ASSURE PLATINUM IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
AUTOLET II CLINISAFE KIT	Part B	
AUTOLET LANCING DEVICE	Part B	
BIOTEL CARE BLOOD GLUCOSE KIT	Part B	PA; QL (2 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
BIOTEL CARE BLOOD GLUCOSE SYST KIT	Part B	PA; QL (2 EA per 365 days)
<i>blood glucose monitoring 333 device</i>	Part B	PA; QL (2 EA per 365 days)
<i>blood glucose test in vitro strip</i>	Part B	PA; QL (200 EA per 30 days)
<i>blood glucose test strips 333 in vitro strip</i>	Part B	PA; QL (200 EA per 30 days)
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	Part B	
BLULINK GLUCOSE MONITORING SYS DEVICE	Part B	PA; QL (2 EA per 365 days)
BLULINK GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION	Part B	
CARESENS LANCETS 30G	Part B	
CARESENS N FELIZ BT DEVICE	Part B	PA; QL (2 EA per 365 days)
CARESENS N FELIZ DEVICE	Part B	PA; QL (2 EA per 365 days)
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	Part B	
CARETOUCH LANCING/EJECTOR	Part B	
CARETOUCH TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
CHOSEN LANCETS 30G	Part B	
CHOSEN LANCING DEVICE	Part B	
CHOSEN SAFETY LANCETS 28G	Part B	
CLEVER CHOICE COMFORT EZ	Part B	
COMFORT TOUCH TWIST LANCET 30G	Part B	
CONTOUR CONTROL IN VITRO LIQUID	Part B	
CONTOUR MONITOR DEVICE DEVICE	Part B	PA; QL (2 EA per 365 days)
CONTOUR MONITOR KIT W/DEVICE KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT CONTROL IN VITRO SOLUTION	Part B	
CONTOUR NEXT EZ KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT GEN MONITOR DEVICE	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT GEN MONITOR KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT LINK KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT MONITOR KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT ONE DEVICE	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT ONE KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR NEXT TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
CONTOUR PLUS BLUE KIT	Part B	PA; QL (2 EA per 365 days)
CONTOUR PLUS TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
CONTOUR TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 RECEIVER DEVICE	Part B	PA
DEXCOM G6 SENSOR	Part B	PA
DEXCOM G6 TRANSMITTER	Part B	PA
DIATHRIVE BLOOD GLUCOSE METER DEVICE	Part B	PA; QL (2 EA per 365 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID	Part B	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
DIATHRIVE LANCING DEVICE	Part B	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	Part B	PA; QL (2 EA per 365 days)
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
DROPLET GENTEEL LANCING DEVICE	Part B	
DROPSAFE ACTI-LANCE 23G	Part B	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
EASY MAX T1 GLUCOSE SYSTEM KIT	Part B	PA; QL (2 EA per 365 days)
<i>easy talk plus ii control in vitro solution</i>	Part B	
<i>easy talk plus ii test strips in vitro strip</i>	Part B	PA; QL (200 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE KIT	Part B	PA; QL (2 EA per 365 days)
EASY TOUCH HEALTHPRO HIGH/LOW IN VITRO LIQUID	Part B	
EASY TOUCH LANCING DEVICE	Part B	
<i>easy trak ii blood glucose sys device</i>	Part B	PA; QL (2 EA per 365 days)
<i>easy trak ii control in vitro liquid</i>	Part B	
<i>easy trak ii glucose test in vitro strip</i>	Part B	PA; QL (200 EA per 30 days)
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	Part B	
EASYMAX CONTROL IN VITRO SOLUTION	Part B	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	Part B	
EMBRACE EVO GLUCOSE MONITOR DEVICE	Part B	PA; QL (2 EA per 365 days)
<i>embrace lancing device/ejector</i>	Part B	
EMBRACE TALK BLOOD GLUCOSE DEVICE	Part B	PA; QL (2 EA per 365 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION	Part B	

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Drug Name	Drug Tier	Requirements/Limits
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
EMBRACE TALK MONITORING SYSTEM KIT	Part B	PA; QL (2 EA per 365 days)
EMBRACE WAVE BLOOD GLUCOSE DEVICE	Part B	PA; QL (2 EA per 365 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE METER DEVICE	Part B	PA; QL (2 EA per 365 days)
FORA 6 CONNECT IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	Part B	PA; QL (2 EA per 365 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
FREESTYLE FREEDOM LITE KIT	Part B	QL (2 EA per 365 days)
FREESTYLE INSULINX TEST IN VITRO STRIP	Part B	QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE	Part B	PA
FREESTYLE LIBRE 14 DAY SENSOR	Part B	PA
FREESTYLE LIBRE READER DEVICE	Part B	PA
FREESTYLE LITE TEST IN VITRO STRIP	Part B	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Part B	QL (200 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	Part B	QL (200 EA per 30 days)
GENTEEL LANCING KIT (BLUE) KIT	Part B	
<i>ght blood glucose monitor kit</i>	Part B	PA; QL (2 EA per 365 days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
GLUCOCARD SHINE CONNEX KIT	Part B	PA; QL (2 EA per 365 days)
GLUCOCARD SHINE EXPRESS KIT	Part B	PA; QL (2 EA per 365 days)
GLUCOCARD SHINE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
GOJJI CONTROL IN VITRO SOLUTION	Part B	
GOJJI LANCING DEVICE/CLEAR CAP	Part B	
HW EMBRACE PRO GLUCOSE METER DEVICE	Part B	PA; QL (2 EA per 365 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	Part B	PA; QL (2 EA per 365 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
IHEALTH CONTROL SOLUTION IN VITRO LIQUID	Part B	
IHEALTH LANCING DEVICE	Part B	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
<i>lancets</i>	Part B	
LANCETS	Part B	
<i>lancets 28g thin</i>	Part B	
LANCETS IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
LANCETS SUPER THIN	Part B	
MICRODOT TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
MICROLET NEXT LANCING DEVICE	Part B	
MM BLOOD GLUCOSE SYSTEM KIT	Part B	PA; QL (2 EA per 365 days)
MM BLOOD GLUCOSE SYSTEM REFILL KIT	Part B	PA; QL (2 EA per 365 days)
MM BLULINK GLUCOSE MONIT SYS DEVICE	Part B	PA; QL (2 EA per 365 days)
MM BLULINK GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
<i>one drop blood glucose monitor kit</i>	Part B	PA; QL (2 EA per 365 days)
<i>one drop test in vitro strip</i>	Part B	PA; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCING	Part B	
ONETOUCH DELICA SAFETY LANCING	Part B	
ONETOUCH ULTRA 2 KIT	Part B	PA; QL (2 EA per 365 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
ONETOUCH VERIO FLEX SYSTEM DEVICE	Part B	PA; QL (2 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	Part B	PA; QL (2 EA per 365 days)
ONETOUCH VERIO IN VITRO LIQUID HIGH	Part B	
ONETOUCH VERIO TEST STRIPS	Part B	PA; QL (200 EA per 30 days)
ONETOUCH VERIO REFLECT KIT	Part B	PA; QL (2 EA per 365 days)
PERFECT POINT SAFETY LANCETS	Part B	

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Drug Name	Drug Tier	Requirements/Limits
PIP BLOOD GLUCOSE MONITORING DEVICE	Part B	PA; QL (2 EA per 365 days)
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	Part B	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Part B	PA; QL (2 EA per 365 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	Part B	PA; QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Part B	QL (200 EA per 30 days)
PRODIGY NO CODING BLOOD GLUC KIT	Part B	PA; QL (2 EA per 365 days)
PTS PANELS EGLU TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
QUICK TOUCH BLOOD GLUCOSE KIT	Part B	PA; QL (2 EA per 365 days)
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
RELION PREMIER CLASSIC DEVICE	Part B	PA; QL (2 EA per 365 days)
RELION PREMIER TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	Part B	PA; QL (2 EA per 365 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
TECHLITE LANCETS 26G	Part B	
TEMPO REFILL KIT	Part B	PA; QL (2 EA per 365 days)
TEMPO WELCOME KIT	Part B	PA; QL (2 EA per 365 days)
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	Part B	PA; QL (2 EA per 365 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	Part B	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	Part B	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	Part B	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
UNISTRIP CONTROL IN VITRO SOLUTION LOW	Part B	
VERIFINE SAFE LANCET MINI 21G	Part B	
VERIFINE SAFE LANCET MINI 23G	Part B	

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Drug Name	Drug Tier	Requirements/Limits
VERIFINE SAFE LANCET MINI 28G	Part B	
VERIFINE SAFE LANCET MINI 30G	Part B	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	Part B	
VIVAGUARD INO GLUCOSE METER DEVICE	Part B	PA; QL (2 EA per 365 days)
VIVAGUARD INO GLUCOSE METER KIT	Part B	PA; QL (2 EA per 365 days)
VIVAGUARD INO SMART GLUC METER DEVICE	Part B	PA; QL (2 EA per 365 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	Part B	PA; QL (200 EA per 30 days)
VIVAGUARD LANCETS 30G	Part B	
VIVAGUARD LANCING DEVICE	Part B	
VIVAGUARD SAFETY LANCETS 28G	Part B	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D
CARBAGLU ORAL TABLET SOLUBLE	5	PA
<i>carglumic acid oral tablet soluble</i>	4	PA
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
<i>clinimix e/dextrose (8/10) intravenous solution</i>	3	B/D
<i>clinimix e/dextrose (8/14) intravenous solution</i>	3	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D

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<i>clinimix/dextrose (6/5) intravenous solution</i>	3	B/D
<i>clinimix/dextrose (8/10) intravenous solution</i>	3	B/D
<i>clinimix/dextrose (8/14) intravenous solution</i>	3	B/D
CLINISOL SF INTRAVENOUS SOLUTION	3	B/D
<i>dextrose 5%/electrolyte #48 intravenous solution</i>	1	
<i>dextrose in lactated ringers intravenous solution</i>	1	
<i>dextrose intravenous solution 10 %, 20 %, 250 mg/ml, 5 %, 50 %</i>	1	
<i>dextrose-nacl intravenous solution</i>	1	
<i>dextrose-sodium chloride intravenous solution</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	4	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
<i>glucose (dextrose) intravenous solution</i>	1	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
<i>kcl (0.149%) in nacl intravenous solution</i>	1	
<i>kcl (0.298%) in nacl intravenous solution</i>	1	
<i>kcl in dextrose-nacl intravenous solution</i>	1	
<i>kcl-lactated ringers-d5w intravenous solution</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON ORAL PACKET	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT	2	
K-PHOS NO 2 ORAL TABLET	4	
K-PHOS ORAL TABLET	4	
K-TAB ORAL TABLET EXTENDED RELEASE	4	
<i>magnesium sulfate in d5w intravenous solution</i>	1	

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<i>magnesium sulfate injection solution</i>	2	
<i>magnesium sulfate intravenous solution</i>	1	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
ORACIT ORAL SOLUTION	3	
PLENAMINE INTRAVENOUS SOLUTION	3	B/D
<i>pot &amp; sod cit-cit ac oral solution</i>	2	
<i>potassium chloride crys er oral tablet extended release</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution</i>	1	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution</i>	2	
<i>potassium citrate er oral tablet extended release</i>	1	
<i>potassium citrate-citric acid oral solution</i>	2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION	3	B/D
PROSOL INTRAVENOUS SOLUTION	3	B/D
<i>ringers intravenous solution</i>	1	
<i>sod citrate-citric acid oral solution</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium fluoride oral solution</i>	1	
<i>sodium fluoride oral tablet</i>	1	
<i>sodium fluoride oral tablet chewable</i>	1	
TRAVASOL INTRAVENOUS SOLUTION	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	4	

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XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET ORAL CAPSULE	4	
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral packet</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	4	PA
<i>deferiprone oral tablet</i>	5	
DEPEN TITRATABS ORAL TABLET	4	
EXJADE ORAL TABLET SOLUBLE	5	PA
FERRIPROX ORAL SOLUTION	5	
FERRIPROX ORAL TABLET	5	
FERRIPROX TWICE-A-DAY ORAL TABLET	5	
JADENU ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
JYNARQUE ORAL TABLET	5	PA; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; QL (56 EA per 28 days)
<i>penicillamine oral tablet</i>	4	
SAMSCA ORAL TABLET 15 MG	5	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
SYPRINE ORAL CAPSULE	5	
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule</i>	5	
XPHOZAH ORAL TABLET	5	PA; QL (60 EA per 30 days)
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET	4	PA
<i>calcium acetate (phos binder) oral capsule</i>	2	
<i>calcium acetate (phos binder) oral tablet</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
FOSRENOL ORAL PACKET	5	
FOSRENOL ORAL TABLET CHEWABLE	4	
<i>lanthanum carbonate oral tablet chewable</i>	2	
RENVELA ORAL PACKET	4	

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Drug Name	Drug Tier	Requirements/Limits
REVELA ORAL TABLET	4	
<i>sevelamer carbonate oral packet</i>	2	
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	2	
VELPHORO ORAL TABLET CHEWABLE	5	
<b>Potassium Binders</b>		
KIONEX COMBINATION SUSPENSION	1	
LOKELMA ORAL PACKET	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1	
VELTASSA ORAL PACKET	4	
<b>Vitamins</b>		
<i>prenatal oral tablet 27-1 mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA ORAL CAPSULE	4	QL (60 EA per 30 days)
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>generlac oral solution</i>	2	
IBSRELA ORAL TABLET	4	PA
KRISTALOSE ORAL PACKET 10 GM	3	
KRISTALOSE ORAL PACKET 20 GM	4	
<i>lactulose encephalopathy oral solution</i>	2	
<i>lactulose oral packet</i>	2	
<i>lactulose oral solution</i>	2	
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	2	QL (60 EA per 30 days)
MOTTEGRITY ORAL TABLET	4	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET	4	QL (30 EA per 30 days)
<i>prucalopride succinate oral tablet</i>	2	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	4	PA
RELISTOR SUBCUTANEOUS SOLUTION	4	PA
SYMPROIC ORAL TABLET	4	QL (30 EA per 30 days)
TRULANCE ORAL TABLET	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl oral tablet</i>	2	
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
LOMOTIL ORAL TABLET	4	
<i>loperamide hcl oral capsule</i>	2	
LOTRONEX ORAL TABLET	4	
MOTOFEN ORAL TABLET	4	
MYTESI ORAL TABLET DELAYED RELEASE	4	
VIBERZI ORAL TABLET	4	PA
XERMELO ORAL TABLET	5	PA; QL (90 EA per 30 days)
<b>Antispasmodics, Gastrointestinal</b>		
ANASPAZ ORAL TABLET DISPERSIBLE	4	
<i>belladonna alkaloids-opium rectal suppository</i>	2	
<i>chlordiazepoxide-clidinium oral capsule</i>	2	
CUVPOSA ORAL SOLUTION	4	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	1	
<i>glycopyrrolate injection solution</i>	2	
<i>glycopyrrolate oral solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	4	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	2	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	2	
<i>hyoscyamine sulfate oral elixir</i>	2	
<i>hyoscyamine sulfate oral solution</i>	2	
<i>hyoscyamine sulfate oral tablet</i>	2	
<i>hyoscyamine sulfate oral tablet dispersible</i>	2	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
LEVSIN ORAL TABLET	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL	4	
LIBRAX ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide oral tablet</i>	2	
<b>Gastrointestinal Agents, Other</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	2	
<i>bis subcit-metronid-tetracyc oral capsule</i>	2	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	2	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; QL (900 EA per 30 days)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	5	PA; QL (300 EA per 30 days)
BYLVAY ORAL CAPSULE	5	PA
CHENODAL ORAL TABLET	5	PA
CLENPIQ ORAL SOLUTION	4	
GATTEX SUBCUTANEOUS KIT	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED	4	
HELIDAC THERAPY ORAL	4	
LIVMARLI ORAL SOLUTION	5	PA
<i>metoclopramide hcl injection solution</i>	2	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>na sulfate-k sulfate-mg sulf oral solution</i>	2	
<i>nitroglycerin rectal ointment</i>	2	
OCALIVA ORAL TABLET	5	PA; QL (30 EA per 30 days)
OMECLAMOX-PAK ORAL	4	
<i>opium oral tincture</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	

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<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	2	
PEG-PREP ORAL KIT	4	
PYLERA ORAL CAPSULE	4	
RECTIV RECTAL OINTMENT	4	
REGLAN ORAL TABLET	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
SUTAB ORAL TABLET	4	
URSO FORTE ORAL TABLET	4	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VOQUEZNA ORAL TABLET	4	QL (30 EA per 30 days)
VOWST ORAL CAPSULE	5	PA
XIFAXAN ORAL TABLET	4	PA
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
<i>cimetidine hcl oral solution</i>	2	
<i>cimetidine oral tablet</i>	2	
<i>famotidine (pf) intravenous solution</i>	2	
<i>famotidine intravenous solution</i>	2	
<i>famotidine oral suspension reconstituted</i>	2	
<i>famotidine oral tablet 40 mg</i>	2	
<i>famotidine premixed intravenous solution</i>	2	
<i>famotidine tablet 20 mg oral (rx)</i>	2	
<i>nizatidine oral capsule</i>	2	
PEPCID ORAL TABLET	4	
<b><i>Protectants</i></b>		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	4	
CYTOTEC ORAL TABLET	4	
<i>misoprostol oral tablet</i>	1	
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	2	
<b><i>Proton Pump Inhibitors</i></b>		
ACIPHEX ORAL TABLET DELAYED RELEASE	4	
DEXILANT ORAL CAPSULE DELAYED RELEASE	4	

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<i>dexlansoprazole oral capsule delayed release</i>	2	
<i>esomeprazole magnesium oral capsule delayed release</i>	2	
<i>lansoprazole oral capsule delayed release</i>	2	
<i>omeprazole oral capsule delayed release</i>	2	
<i>pantoprazole sodium intravenous solution reconstituted</i>	2	
<i>pantoprazole sodium oral packet</i>	2	
<i>pantoprazole sodium oral tablet delayed release</i>	2	
PREVACID ORAL CAPSULE DELAYED RELEASE	4	
PRILOSEC ORAL PACKET	4	
PROTONIX ORAL PACKET	4	
PROTONIX ORAL TABLET DELAYED RELEASE	4	
<i>rabeprazole sodium oral capsule sprinkle</i>	4	
<i>rabeprazole sodium oral tablet delayed release</i>	2	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>adzynma intravenous kit</i>	5	PA
ALDURAZYME INTRAVENOUS SOLUTION	5	PA
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>betaine oral powder</i>	2	
BUPHENYL ORAL POWDER	5	
BUPHENYL ORAL TABLET	5	
CERDELGA ORAL CAPSULE	5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
CHOLBAM ORAL CAPSULE	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>cromolyn sodium oral concentrate</i>	2	
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA
CYSTADANE ORAL POWDER	4	
CYSTAGON ORAL CAPSULE	4	PA
<i>dichlorphenamide oral tablet</i>	5	PA
ELAPRASE INTRAVENOUS SOLUTION	5	PA

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ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ELFABRIO INTRAVENOUS SOLUTION	5	PA
ENDARI ORAL PACKET	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (240 ML per 30 days)
EXONDYS 51 INTRAVENOUS SOLUTION	5	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GALAFOLD ORAL CAPSULE	5	PA
GASTROCROM ORAL CONCENTRATE	4	
GLASSIA INTRAVENOUS SOLUTION	5	PA
JAVYGTOR ORAL PACKET	5	PA
JAVYGTOR ORAL TABLET	5	PA
JOENJA ORAL TABLET	5	PA; QL (60 EA per 30 days)
KANUMA INTRAVENOUS SOLUTION	5	PA
KEVEYIS ORAL TABLET	5	PA
KUVAN ORAL PACKET	5	PA
KUVAN ORAL TABLET	5	PA
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>l-glutamine oral packet</i>	2	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
MEPSEVII INTRAVENOUS SOLUTION	5	PA
<i>miglustat oral capsule</i>	5	PA
NAGLAZYME INTRAVENOUS SOLUTION	5	PA
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>nitisinone oral capsule</i>	4	PA
NITYR ORAL TABLET	5	PA
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	5	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	5	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	5	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	5	

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Drug Name	Drug Tier	Requirements/Limits
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	5	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	5	
ONPATTRO INTRAVENOUS SOLUTION	5	PA
OPFOLDA ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
ORFADIN ORAL CAPSULE	5	PA
ORFADIN ORAL SUSPENSION	5	PA
ORMALVI ORAL TABLET	5	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT, 37000-97300 UNIT	4	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
PHEBURANE ORAL PELLET	5	
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA
PROCYSBI ORAL PACKET	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
PYRUKYND ORAL TABLET	5	PA; QL (60 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA
RAVICTI ORAL LIQUID	5	PA
REVCovi INTRAMUSCULAR SOLUTION	5	PA
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA
<i>sodium phenylbutyrate oral powder</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
SPINRAZA INTRATHECAL SOLUTION	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	PA
VIMIZIM INTRAVENOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VIOKACE ORAL TABLET	4	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VYNDAQEL ORAL CAPSULE	5	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days)
WELIREG ORAL TABLET	5	PA NSO
XIAFLEX INJECTION SOLUTION RECONSTITUTED	5	PA
XURIDEN ORAL PACKET	5	PA; QL (120 EA per 30 days)
YARGESA ORAL CAPSULE	5	PA
ZAVESCA ORAL CAPSULE	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	
DETROL ORAL TABLET	4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	2	
<i>flavoxate hcl oral tablet</i>	1	
GEMTESA ORAL TABLET	4	
<i>me/naphos/mb/hyo1 oral tablet</i>	2	
<i>mirabegron er oral tablet extended release 24 hour</i>	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral solution</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>solifenacin succinate oral tablet</i>	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate oral tablet</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	
<i>trospium chloride oral tablet</i>	2	
URETRON D/S ORAL TABLET	2	
URIBEL ORAL TABLET	4	
URIMAR-T ORAL CAPSULE	4	
<i>urin ds oral tablet</i>	2	
UROGESIC-BLUE ORAL TABLET	4	
<i>uro-mp oral capsule</i>	4	
VESICARE ORAL TABLET	4	
VILAMIT MB ORAL CAPSULE	4	
VILEVEV MB ORAL TABLET	4	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	
AVODART ORAL CAPSULE	4	
CARDURA ORAL TABLET	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	3	
CIALIS ORAL TABLET 5 MG	4	PA; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet</i>	1	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	4	
PROSCAR ORAL TABLET	4	
RAPAFLO ORAL CAPSULE	4	
<i>silodosin oral capsule</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	1	
<i>terazosin hcl oral capsule</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<b><i>Genitourinary Agents, Other</i></b>		
<i>acetic acid irrigation solution</i>	2	
<i>bethanechol chloride oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE	4	
LITHOSTAT ORAL TABLET	4	
PHENAZO ORAL TABLET 200 MG	2	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	2	
PHEXXI VAGINAL GEL	1	
PYRIDIUM ORAL TABLET	4	
RENACIDIN IRRIGATION SOLUTION	4	
RIMSO-50 INTRAVESICAL SOLUTION	4	
THIOLA EC ORAL TABLET DELAYED RELEASE	4	
THIOLA ORAL TABLET	4	
<i>tiopronin oral tablet</i>	2	
<i>tiopronin oral tablet delayed release</i>	2	
VENXXIVA ORAL TABLET DELAYED RELEASE	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	5	PA
ACTHAR INJECTION GEL	5	PA
AGAMREE ORAL SUSPENSION	5	QL (300 ML per 30 days)
<i>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</i>	1	
CORTEF ORAL TABLET	4	
<i>cortisone acetate oral tablet</i>	4	
CORTROPHIN INJECTION GEL	5	PA
<i>deflazacort oral suspension</i>	5	PA
<i>deflazacort oral tablet</i>	5	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	2	
<i>dexamethasone sod phos + rfid injection solution prefilled syringe</i>	2	
<i>dexamethasone sod phosphate pf injection solution</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	2	
EMFLAZA ORAL SUSPENSION	5	PA
EMFLAZA ORAL TABLET	5	PA
<i>fludrocortisone acetate oral tablet</i>	1	
HIDEX 6-DAY ORAL TABLET THERAPY PACK	4	
<i>hydrocortisone oral tablet</i>	2	
INTRAROSA VAGINAL INSERT	4	PA
MEDROL ORAL TABLET	4	
MEDROL ORAL TABLET THERAPY PACK	4	
<i>methylprednisolone acetate injection suspension</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	2	
ORAPRED ODT ORAL TABLET DISPERSIBLE	4	
PEDIAPRED ORAL SOLUTION	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate oral solution</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISONO INTENSOL ORAL CONCENTRATE	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	4	PA
DDAVP ORAL TABLET	4	
<i>desmopressin ace spray refrig nasal solution</i>	2	
<i>desmopressin acetate injection solution</i>	5	
<i>desmopressin acetate nasal solution</i>	3	
<i>desmopressin acetate oral tablet</i>	2	
<i>desmopressin acetate pf injection solution</i>	5	

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<i>desmopressin acetate spray nasal solution</i>	2	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
HUMATROPE INJECTION CARTRIDGE	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
ISTURISA ORAL TABLET	5	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	5	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	5	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>vasopressin +rfid intravenous solution</i>	2	
<i>vasopressin intravenous solution</i>	2	
VASOSTRICT INTRAVENOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
CERVIDIL VAGINAL INSERT	4	
PREPIDIL VAGINAL GEL	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
ANDROGEL PUMP TRANSDERMAL GEL	4	PA
<i>danazol oral capsule</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	4	
JATENZO ORAL CAPSULE	4	PA
KYZATREX ORAL CAPSULE	4	PA
<i>methitest oral tablet</i>	4	
<i>methyltestosterone oral capsule</i>	2	
NATESTO NASAL GEL	4	PA
TESTIM TRANSDERMAL GEL	4	PA
<i>testosterone cypionate injection solution</i>	2	
<i>testosterone cypionate intramuscular solution</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel</i>	2	PA
<i>testosterone transdermal solution</i>	2	PA
TLANDO ORAL CAPSULE	4	PA
UNDECATREX ORAL CAPSULE	4	PA
VOGELXO PUMP TRANSDERMAL GEL	4	PA
VOGELXO TRANSDERMAL GEL	4	PA
<b>Estrogens</b>		
ACTIVELLA ORAL TABLET	4	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	4	
ALTAVERA ORAL TABLET	1	
<i>alyacen 1/35 oral tablet</i>	1	
ANGELIQ ORAL TABLET	4	
ANNOVERA VAGINAL RING	1	
APRI ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
ARANELLE ORAL TABLET	1	
ASHLYNA ORAL TABLET	1	
AUBRA EQ ORAL TABLET	1	
AVIANE ORAL TABLET	1	
AZURETTE ORAL TABLET	1	
BALCOLTRA ORAL TABLET	4	
BALZIVA ORAL TABLET	1	
BEYAZ ORAL TABLET	4	
BIJUVA ORAL CAPSULE	4	
BLISOVI 24 FE ORAL TABLET	1	
BLISOVI FE 1.5/30 ORAL TABLET	1	
<i>briellyn oral tablet</i>	1	
CAMRESE LO ORAL TABLET	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	
CLIMARA TRANSDERMAL PATCH WEEKLY	4	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	
CRYSSELLE-28 ORAL TABLET	1	
CYRED EQ ORAL TABLET	1	
DELESTROGEN INTRAMUSCULAR OIL	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
DIVIGEL TRANSDERMAL GEL	4	
DOLISHALE ORAL TABLET	1	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	
ELESTRIN TRANSDERMAL GEL	4	
ELURYNG VAGINAL RING	1	
ENILLORING VAGINAL RING	1	
ENPRESSE-28 ORAL TABLET	1	
ENSKYCE ORAL TABLET	1	
ESTARYLLA ORAL TABLET	1	
ESTRACE ORAL TABLET	4	
ESTRACE VAGINAL CREAM	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel</i>	2	
<i>estradiol transdermal patch twice weekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	2	
ESTRING VAGINAL RING	3	
ESTROGEL TRANSDERMAL GEL	4	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	
EVAMIST TRANSDERMAL SOLUTION	4	
FALMINA ORAL TABLET	1	
FEMLYV ORAL TABLET DISPERSIBLE	1	
FEMRING VAGINAL RING	4	
FINZALA ORAL TABLET CHEWABLE	1	
FYAVOLV ORAL TABLET	2	
GEMMILY ORAL CAPSULE	1	
HAILEY 24 FE ORAL TABLET	1	
HALOETTE VAGINAL RING	1	
ICLEVIA ORAL TABLET	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	4	PA
IMVEXXY STARTER PACK VAGINAL INSERT	4	PA
INTROVALE ORAL TABLET	1	
ISIBLOOM ORAL TABLET	1	
JASMIEL ORAL TABLET	1	
JINTELI ORAL TABLET	2	
JOYEAUX ORAL TABLET	1	
JULEBER ORAL TABLET	1	
JUNEL 1.5/30 ORAL TABLET	1	
JUNEL 1/20 ORAL TABLET	1	
JUNEL FE 1.5/30 ORAL TABLET	1	
JUNEL FE 1/20 ORAL TABLET	1	
JUNEL FE 24 ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
KAITLIB FE ORAL TABLET CHEWABLE	1	
KARIVA ORAL TABLET	1	
KELNOR 1/35 ORAL TABLET	1	
KELNOR 1/50 ORAL TABLET	1	
KURVELO ORAL TABLET	1	
LARIN 1.5/30 ORAL TABLET	1	
LARIN 1/20 ORAL TABLET	1	
LARIN FE 1.5/30 ORAL TABLET	1	
LARIN FE 1/20 ORAL TABLET	1	
LAYOLIS FE ORAL TABLET CHEWABLE	1	
LEENA ORAL TABLET	1	
LESSINA ORAL TABLET	1	
LEVONEST ORAL TABLET	1	
<i>levonorgest-eth est &amp; eth est oral tablet</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorg-eth estrad triphasic oral tablet</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET	1	
LO LOESTRIN FE ORAL TABLET	1	
LOESTRIN 1.5/30 (21) ORAL TABLET	4	
LOESTRIN 1/20 (21) ORAL TABLET	4	
LOESTRIN FE 1.5/30 ORAL TABLET	4	
LOESTRIN FE 1/20 ORAL TABLET	4	
LORYNA ORAL TABLET	1	
LOW-OGESTREL ORAL TABLET	1	
LUTERA ORAL TABLET	1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	2	
<i>marlissa oral tablet</i>	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
MERZEE ORAL CAPSULE	1	
MIBELAS 24 FE ORAL TABLET CHEWABLE	1	
MICROGESTIN 1.5/30 ORAL TABLET	1	
MICROGESTIN 1/20 ORAL TABLET	1	
MICROGESTIN FE 1.5/30 ORAL TABLET	1	
MICROGESTIN FE 1/20 ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
MILI ORAL TABLET	1	
MIMVEY ORAL TABLET	2	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	
MINZOYA ORAL TABLET	1	
NATAZIA ORAL TABLET	1	
NECON 0.5/35 (28) ORAL TABLET	1	
NEXTSTELLIS ORAL TABLET	1	
NIKKI ORAL TABLET	1	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1	
<i>norethin ace-eth estrad-fe oral capsule</i>	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone-eth estradiol oral tablet</i>	2	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol triphasic oral tablet</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET	1	
NORTREL 1/35 (21) ORAL TABLET	1	
NORTREL 1/35 (28) ORAL TABLET	1	
NORTREL 7/7/7 ORAL TABLET	1	
NUVARING VAGINAL RING	4	
NYLIA 1/35 ORAL TABLET	1	
NYLIA 7/7/7 ORAL TABLET	1	
OCELLA ORAL TABLET	1	
PIMTREA ORAL TABLET	1	
PORTIA-28 ORAL TABLET	1	
PREMARIN INJECTION SOLUTION RECONSTITUTED	4	
PREMARIN ORAL TABLET	4	
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	4	
PREMPRO ORAL TABLET	4	
RECLIPSEN ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
RIVELSA ORAL TABLET	1	
SAFYRAL ORAL TABLET	4	
SETLAKIN ORAL TABLET	1	
SPRINTEC 28 ORAL TABLET	1	
SRONYX ORAL TABLET	1	
SYEDA ORAL TABLET	1	
TARINA 24 FE ORAL TABLET	1	
TARINA FE 1/20 EQ ORAL TABLET	1	
TAYSOFY ORAL CAPSULE	1	
TILIA FE ORAL TABLET	1	
TRI-ESTARYLLA ORAL TABLET	1	
TRI-LEGEST FE ORAL TABLET	1	
TRI-LO-ESTARYLLA ORAL TABLET	1	
TRI-LO-SPRINTEC ORAL TABLET	1	
TRI-MILI ORAL TABLET	1	
TRI-SPRINTEC ORAL TABLET	1	
TRIVORA (28) ORAL TABLET	1	
TRI-VYLIBRA LO ORAL TABLET	1	
TRI-VYLIBRA ORAL TABLET	1	
TURQOZ ORAL TABLET	1	
TWIRLA TRANSDERMAL PATCH WEEKLY	1	
TYBLUME ORAL TABLET CHEWABLE	1	
VAGIFEM VAGINAL TABLET	4	
VELIVET ORAL TABLET	1	
VESTURA ORAL TABLET	1	
VIENVA ORAL TABLET	1	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	4	
VYFEMLA ORAL TABLET	1	
VYLIBRA ORAL TABLET	1	
WYMZYA FE ORAL TABLET CHEWABLE	1	
XULANE TRANSDERMAL PATCH WEEKLY	1	
YASMIN 28 ORAL TABLET	4	
YAZ ORAL TABLET	4	
YUVAFEM VAGINAL TABLET	2	
ZAFEMY TRANSDERMAL PATCH WEEKLY	1	
ZOVIA 1/35 (28) ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
<b><i>Progestins</i></b>		
CAMILA ORAL TABLET	1	
CRINONE VAGINAL GEL	4	PA
DEBLITANE ORAL TABLET	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	
ENDOMETRIN VAGINAL INSERT	3	PA
ERRIN ORAL TABLET	1	
GALLIFREY ORAL TABLET	1	
HEATHER ORAL TABLET	1	
INCASSIA ORAL TABLET	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
LYLEQ ORAL TABLET	1	
LYZA ORAL TABLET	1	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension</i>	2	PA NSO
<i>megestrol acetate oral tablet</i>	2	PA NSO
NEXPLANON SUBCUTANEOUS IMPLANT	3	
NORA-BE ORAL TABLET	1	
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone oral tablet</i>	1	
<i>progesterone intramuscular oil</i>	1	
<i>progesterone oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	4	
PROVERA ORAL TABLET	4	
SHAROBEL ORAL TABLET	1	
SLYND ORAL TABLET	1	
<b><i>Selective Estrogen Receptor Modifying Agents</i></b>		
CLOMID ORAL TABLET	4	PA
<i>clomiphene citrate oral tablet</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET	4	
EVISTA ORAL TABLET	4	
OSPHENA ORAL TABLET	4	PA
<i>raloxifene hcl oral tablet</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA ORAL TABLET	4	
ARMOUR THYROID ORAL TABLET	3	
CYTOMEL ORAL TABLET	4	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG	1	
EUTHYROX ORAL TABLET 88 MCG	2	
LEVO-T ORAL TABLET	1	
<i>levothyroxine sodium intravenous solution</i>	5	
<i>levothyroxine sodium intravenous solution reconstituted</i>	5	
<i>levothyroxine sodium oral capsule</i>	4	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL ORAL TABLET	2	
<i>liothyronine sodium intravenous solution</i>	5	
<i>liothyronine sodium oral tablet</i>	2	
<i>niva thyroid oral tablet</i>	3	
NP THYROID ORAL TABLET	2	
SYNTHROID ORAL TABLET	3	
<i>thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	4	
<i>thyroid oral tablet 15 mg</i>	2	
TIROSINT ORAL CAPSULE	4	
UNITHROID ORAL TABLET	2	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline oral tablet</i>	2	
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	5	PA NSO
ELIGARD SUBCUTANEOUS KIT	4	PA NSO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	

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Drug Name	Drug Tier	Requirements/Limits
KORLYM ORAL TABLET	5	PA
<i>lanreotide acetate subcutaneous solution</i>	4	PA NSO
<i>leuprolide acetate (3 month) intramuscular injectable</i>	4	PA NSO
<i>leuprolide acetate injection kit</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	5	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	5	PA NSO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA
MIFEPREX ORAL TABLET	4	
<i>mifepristone oral tablet 200 mg</i>	2	
<i>mifepristone oral tablet 300 mg</i>	5	PA
MYFEMBREE ORAL TABLET	3	
<i>octreotide acetate injection solution</i>	4	PA
<i>octreotide acetate intramuscular kit</i>	5	PA
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	4	PA
ORGOVYX ORAL TABLET	5	PA NSO
ORIAHNN ORAL CAPSULE THERAPY PACK	3	
ORLISSA ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	3	QL (60 EA per 30 days)
RECORLEV ORAL TABLET	5	PA; QL (240 EA per 30 days)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	5	PA
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA NSO
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SUPPRELIN LA SUBCUTANEOUS KIT	5	PA
SYNAREL NASAL SOLUTION	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA NSO
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA NSO
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	1	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA
KALBITOR SUBCUTANEOUS SOLUTION	5	PA
ORLADEYO ORAL CAPSULE	5	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<b>Immunoglobulins</b>		
ALYGLO INTRAVENOUS SOLUTION	5	B/D

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ASCENIV INTRAVENOUS SOLUTION	5	B/D
ATGAM INTRAVENOUS SOLUTION	5	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION	5	B/D
CUTAQUIG SUBCUTANEOUS SOLUTION	5	B/D
CUVITRU SUBCUTANEOUS SOLUTION	5	PA
CYTOGAM INTRAVENOUS SOLUTION	5	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	5	B/D
GAMASTAN INTRAMUSCULAR INJECTABLE	4	
GAMMAGARD INJECTION SOLUTION	5	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	B/D
GAMMAKED INJECTION SOLUTION	5	B/D
GAMMAPLEX INTRAVENOUS SOLUTION	5	B/D
GAMUNEX-C INJECTION SOLUTION	5	B/D
HEPAGAM B INJECTION SOLUTION	5	B/D
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	5	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	B/D
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	
HYQVIA SUBCUTANEOUS KIT	5	B/D
NABI-HB INTRAMUSCULAR SOLUTION	5	B/D
OCTAGAM INTRAVENOUS SOLUTION	5	B/D
PANZYGA INTRAVENOUS SOLUTION	5	B/D
PRIVIGEN INTRAVENOUS SOLUTION	5	B/D
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	4	
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
VARIZIG INTRAMUSCULAR SOLUTION	5	

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Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF INJECTION SOLUTION	5	
XEMBIFY SUBCUTANEOUS SOLUTION	5	B/D
<b><i>Immunological Agents, Other</i></b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA INTRAVENOUS SOLUTION	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
CIBINQO ORAL TABLET	4	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION	5	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; QL (8 ML per 28 days)
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA
ENJAYMO INTRAVENOUS SOLUTION	5	PA
GAMIFANT INTRAVENOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	
ILARIS SUBCUTANEOUS SOLUTION	5	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
LEMTRADA INTRAVENOUS SOLUTION	5	PA
LITFULO ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	
OLUMIANT ORAL TABLET	5	PA; QL (30 EA per 30 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	4	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	4	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTEZLA ORAL TABLET THERAPY PACK	4	PA
PALFORZIA ORAL	4	
PALFORZIA ORAL PACKET	4	
PROVENGE INTRAVENOUS SUSPENSION	5	PA NSO
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	
RIDAURA ORAL CAPSULE	3	
RINVOQ LQ ORAL SOLUTION	4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML	5	PA; QL (12 ML per 28 days)
RYSTIGGO SUBCUTANEOUS SOLUTION 560 MG/4ML	5	PA; QL (16 ML per 28 days)
RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML	5	PA; QL (24 ML per 28 days)
SAPHNELO INTRAVENOUS SOLUTION	5	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	5	
SKYRIZI INTRAVENOUS SOLUTION	4	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SOLIRIS INTRAVENOUS SOLUTION	5	PA
STELARA INTRAVENOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TAVNEOS ORAL CAPSULE	5	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
TOFIDENCE INTRAVENOUS SOLUTION	5	PA
TREMFYA INTRAVENOUS SOLUTION	4	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
TYENNE INTRAVENOUS SOLUTION	5	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ULTOMIRIS INTRAVENOUS SOLUTION	5	PA
VYVGART INTRAVENOUS SOLUTION	5	PA
XELJANZ ORAL SOLUTION	4	PA
XELJANZ ORAL TABLET	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (11.65 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.08 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
<b>Immunostimulants</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA NSO
PEGASYS SUBCUTANEOUS SOLUTION	5	
<b>Immunosuppressants</b>		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	3	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	4	PA
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	4	PA
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	4	PA
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit</i>	4	PA
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	4	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	4	PA
ARAVA ORAL TABLET	4	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	B/D
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
AZASAN ORAL TABLET	4	B/D
<i>azathioprine oral tablet 100 mg, 75 mg</i>	2	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
<i>azathioprine sodium injection solution reconstituted</i>	5	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	
CELLCEPT ORAL CAPSULE	3	B/D
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	B/D
CELLCEPT ORAL TABLET	3	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
CIMZIA SUBCUTANEOUS KIT	4	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
<i>cyclosporine modified oral capsule</i>	2	B/D
<i>cyclosporine modified oral solution</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
ENBREL SUBCUTANEOUS SOLUTION	4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D
GENGRAF ORAL CAPSULE	2	B/D
GENGRAF ORAL SOLUTION	2	B/D

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HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
IMURAN ORAL TABLET	4	B/D
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>infliximab intravenous solution reconstituted</i>	5	PA
JYLAMVO ORAL SOLUTION	5	
<i>leflunomide oral tablet</i>	2	
LUPKYNIS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	3	B/D
<i>mycophenolate mofetil intravenous solution reconstituted</i>	3	B/D
<i>mycophenolate mofetil oral capsule</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	B/D
<i>mycophenolate mofetil oral tablet</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release</i>	2	B/D
<i>mycophenolic acid oral tablet delayed release</i>	2	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE	4	B/D
MYHIBBIN ORAL SUSPENSION	4	B/D
NEORAL ORAL CAPSULE	3	B/D
NEORAL ORAL SOLUTION	3	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	5	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PROGRAF ORAL CAPSULE	3	B/D
PROGRAF ORAL PACKET	4	B/D
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
REZUROCK ORAL TABLET	5	PA; QL (60 EA per 30 days)
SANDIMMUNE ORAL CAPSULE	3	B/D
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>sirolimus oral solution</i>	2	B/D
<i>sirolimus oral tablet</i>	2	B/D
<i>tacrolimus oral capsule</i>	2	B/D
TREXALL ORAL TABLET	3	
XATMEP ORAL SOLUTION	4	
ZORTRESS ORAL TABLET 0.25 MG	4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	5	B/D
<b>Vaccines</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
<i>bcg vaccine injection solution reconstituted</i>	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
DAPTACEL INTRAMUSCULAR SUSPENSION	1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
ENGERIX-B INJECTION SUSPENSION	1	B/D

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ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	4	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
HAVRIX INTRAMUSCULAR SUSPENSION	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	1	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
IXIARO INTRAMUSCULAR SUSPENSION	4	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	

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QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	B/D
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
<i>stamaril injection suspension reconstituted</i>	4	
TDVAX INTRAMUSCULAR SUSPENSION	1	
TENIVAC INTRAMUSCULAR INJECTABLE	1	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	4	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	
VAQTA INTRAMUSCULAR SUSPENSION	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	4	
VAXELIS INTRAMUSCULAR SUSPENSION	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	4	QL (4 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE	4	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	4	

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Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE ORAL TABLET	4	
<i>balsalazide disodium oral capsule</i>	2	
CANASA RECTAL SUPPOSITORY	4	
COLAZAL ORAL CAPSULE	4	
DELZICOL ORAL CAPSULE DELAYED RELEASE	4	
DIPENTUM ORAL CAPSULE	3	
LIALDA ORAL TABLET DELAYED RELEASE	4	
<i>mesalamine er oral capsule 500 mg</i>	2	
<i>mesalamine er oral capsule 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	
<i>mesalamine-cleanser rectal kit</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	4	
ROWASA RECTAL KIT	4	
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet delayed release</i>	2	
<b>Glucocorticoids</b>		
ANUSOL-HC EXTERNAL CREAM	4	
<i>budesonide er oral tablet extended release 24 hour</i>	4	
<i>budesonide oral capsule delayed release particles</i>	4	
<i>budesonide rectal foam</i>	2	
CORTENEMA RECTAL ENEMA	4	
CORTIFOAM EXTERNAL FOAM	3	
<i>hydrocortisone (perianal) external cream</i>	1	
<i>hydrocortisone rectal enema</i>	2	
PROCTOCORT EXTERNAL CREAM	4	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Metabolic Bone Disease Agents</b>		
ACTONEL ORAL TABLET	4	
<i>alendronate sodium oral solution</i>	2	
<i>alendronate sodium oral tablet</i>	1	
AELVIA ORAL TABLET DELAYED RELEASE	4	
BINOSTO ORAL TABLET EFFERVESCENT	4	
<i>calcitonin (salmon) injection solution</i>	2	
<i>calcitonin (salmon) nasal solution</i>	2	
<i>calcitriol intravenous solution</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
<i>cinacalcet hcl oral tablet</i>	4	
<i>doxercalciferol intravenous solution</i>	2	PA
<i>doxercalciferol oral capsule</i>	2	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
FOSAMAX ORAL TABLET	4	
FOSAMAX PLUS D ORAL TABLET	4	
<i>ibandronate sodium oral tablet</i>	2	
MIACALCIN INJECTION SOLUTION	3	
<i>pamidronate disodium intravenous solution</i>	1	
<i>paricalcitol intravenous solution</i>	4	
<i>paricalcitol oral capsule</i>	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	
RECLAST INTRAVENOUS SOLUTION	5	
<i>risedronate sodium oral tablet</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	
ROCALTROL ORAL CAPSULE	4	
ROCALTROL ORAL SOLUTION	4	
SENSIPAR ORAL TABLET 30 MG	4	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	
<i>teriparatide subcutaneous solution pen-injector</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION	5	PA NSO
ZEMPLAR ORAL CAPSULE	4	
<i>zoledronic acid intravenous concentrate</i>	4	
<i>zoledronic acid intravenous solution</i>	4	
<b>misc</b>		
ACAM2000 INJECTION SOLUTION RECONSTITUTED	Part B	
<i>acd formula a in vitro solution</i>	Part B	
ACD-A NOCLOT-50 IN VITRO SOLUTION	Part B	
<i>active fe oral tablet</i>	4	
<i>activite oral tablet</i>	4	
ACTRIVIT ORAL LIQUID	4	
ADRENALIN NASAL SOLUTION	4	
AEROCHAMBER HOLDING CHAMBER DEVICE	Part B	
AEROCHAMBER MINI CHAMBER DEVICE	Part B	
AEROCHAMBER MV	Part B	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Part B	
AEROCHAMBER PLUS FLO-VU	Part B	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	Part B	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Part B	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Part B	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Part B	
AEROCHAMBER PLUS FLOW VU	Part B	
AEROCHAMBER W/FLOWSIGNAL	Part B	
AFIRMELLE ORAL TABLET	1	
AFTERA ORAL TABLET	FEHB PV	
AFTERPILL ORAL TABLET	4	
<i>agoneaze external kit</i>	4	
<i>alyacen 7/7/7 oral tablet</i>	1	
AMETHYST ORAL TABLET	1	
AMINOAMRMS ORAL CAPSULE	2	
AMINORELIEFRMS ORAL CAPSULE	2	
ANALPRAM HC EXTERNAL CREAM	4	

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Drug Name	Drug Tier	Requirements/Limits
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	4	
ANHYDROUS BASE CREAM	4	
<i>anodyne lpt external kit</i>	4	
<i>anticoagulant sodium citrate in vitro solution</i>	Part B	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	Part B	
AQUACEL AG ADVANTAGE EXTERNAL PAD	Part B	
AQUACEL AG BURN EXTERNAL PAD	Part B	
<i>arnica flower tincture</i>	2	
ARTISS EXTERNAL KIT	4	
ARTISS EXTERNAL SOLUTION	4	
ARZOL SILVER NIT APPLICATORS EXTERNAL	4	
<i>aspirin 81 oral tablet delayed release</i>	FEHB PV	
<i>aspirin adult low dose oral tablet delayed release</i>	FEHB PV	
<i>aspirin adult low strength oral tablet delayed release</i>	FEHB PV	
<i>aspirin childrens oral tablet chewable</i>	FEHB PV	
<i>aspirin ec adult low dose oral tablet delayed release</i>	FEHB PV	
<i>aspirin ec low dose oral tablet delayed release</i>	FEHB PV	
<i>aspirin ec low strength oral tablet delayed release</i>	FEHB PV	
<i>aspirin low dose oral tablet chewable</i>	FEHB PV	
<i>aspirin low dose oral tablet delayed release</i>	FEHB PV	
<i>aspirin oral tablet chewable</i>	FEHB PV	
<i>aspirin oral tablet delayed release 81 mg</i>	FEHB PV	
<i>aspirin regimen oral tablet delayed release</i>	FEHB PV	
ASTRINGYN EXTERNAL SOLUTION	Part B	
<i>atropine sulfate ophthalmic solution 0.01 %</i>	4	
AUROVELA 1.5/30 ORAL TABLET	1	
AUROVELA 1/20 ORAL TABLET	1	
AUROVELA 24 FE ORAL TABLET	1	
AUROVELA FE 1.5/30 ORAL TABLET	1	
AUROVELA FE 1/20 ORAL TABLET	1	
<i>avanafil oral tablet</i>	4	QL (4 EA per 30 days)
AYUNA ORAL TABLET	1	
<i>belted undergarment pad</i>	Part B	
<i>benzalkonium chloride external solution</i>	Part B	
<i>benzonatate oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	Part B	
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml</i>	5	PA
BLISOVI FE 1/20 ORAL TABLET	1	
<i>bp vit 3 oral capsule</i>	2	
<i>breathe comfort chamber/adult device</i>	Part B	
<i>breathe comfort chamber/child device</i>	Part B	
<i>breathe ease large device</i>	Part B	
<i>breathe ease medium device</i>	Part B	
<i>breathe ease small device</i>	Part B	
BREATHERITE VALVED MDI CHAMBER DEVICE	Part B	
<i>brimonidine-dorzolamide ophthalmic solution 0.15-2 %</i>	4	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	5	PA
BSS INTRAOCULAR SOLUTION	Part B	
BSS PLUS INTRAOCULAR SOLUTION	Part B	
<i>budesonide nasal suspension</i>	2	
CALCIFOL ORAL WAFER	4	
CAMRESE ORAL TABLET	1	
<i>capecitabine oral tablet</i>	Part B	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	4	QL (4 EA per 30 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	4	QL (4 EA per 30 days)
CAYA VAGINAL DIAPHRAGM	FEHB PV	
CENTRATEX ORAL CAPSULE	4	
CERTAINTY COMFORTLUX UNDERWEAR	Part B	
CERTAINTY GUARDS FOR MEN	Part B	
CERTAINTY LINERS/WOMEN	Part B	
CERTAINTY PADS/WOMEN	Part B	
CERTAINTY STRETCH BRIEFS L/XL	Part B	
CERTAINTY UNDERPADS 30"X36"	Part B	
CERTAINTY UNDERWEAR 28"-40"	Part B	
CERTAINTY UNDERWEAR 32"-44"	Part B	
CERTAINTY UNDERWEAR 38"-50"	Part B	
CERTAINTY UNDERWEAR 44"-58"	Part B	

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Drug Name	Drug Tier	Requirements/Limits
CERTAINTY UNDERWEAR 48"-64"	Part B	
CERTAINTY UNDERWEAR 58"-63"	Part B	
CERTAINTY UNDERWEAR 68"-80"	Part B	
CERTAINTY WOMENS PADS	Part B	
<i>cetrotelix acetate subcutaneous kit</i>	5	PA
CETROTIDE SUBCUTANEOUS KIT	5	PA
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	1	
CHATEAL EQ ORAL TABLET	1	
<i>chlorhexidine gluconate solution 20 %</i>	4	
CHROMAGEN ORAL CAPSULE	4	
CIALIS ORAL TABLET 10 MG, 20 MG	4	QL (4 EA per 30 days)
<i>cleansing cloths flushable</i>	Part B	
CLEARLAX ORAL POWDER	2	
CLEVER CHOICE COMFORT PROTECT	Part B	
CLEVER CHOICE HOLDING CHAMBER DEVICE	Part B	
<i>coal tar external solution</i>	2	
COMFORT PROTECT ADLT DIAPER/XL	Part B	
<i>comfort protect adult diap xl</i>	Part B	
COMFORT PROTECT ADULT DIAPER/L	Part B	
COMFORT PROTECT ADULT DIAPER/M	Part B	
<i>comfort shield adult diapers</i>	Part B	
COMFORT TOUCH ADULT UNDERPADS	Part B	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
COMPACT SPACE CHAMBER DEVICE	Part B	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Part B	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Part B	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Part B	
<i>condoms</i>	FEHB PV	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	4	PA
CORTANE-B EXTERNAL LOTION	4	
CORVITA 150 ORAL TABLET	2	
CORVITE 150 ORAL TABLET	4	
<i>corvite fe oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
COVARYX HS ORAL TABLET	4	
COVARYX ORAL TABLET	4	
CURAE ORAL TABLET	FEHB PV	
CUROSURF INTRATRACHEAL SUSPENSION	Part B	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	
<i>cyanocobalamin nasal solution</i>	2	
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
<i>cytra k crystals oral packet</i>	2	
DASETTA 1/35 (28) ORAL TABLET	1	
DASETTA 7/7/7 ORAL TABLET	1	
DAYSEE ORAL TABLET	1	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	4	
<i>decolorized iodine external tincture</i>	Part B	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DELYLA ORAL TABLET	1	
DEPEND FIT-FLEX FOR MEN	Part B	
DEPEND FIT-FLEX WOMENS/SMALL	Part B	
DEPEND FIT-FLEX-WOMEN-M	Part B	
DEPEND FRESH PROTECTION MENS	Part B	
DEPEND REAL FIT UNDERWEAR/MEN	Part B	
DEPEND REAL FIT/BRIEF/MEN/L-XL	Part B	
DEPEND SILHOUETTE BRIEFS L/XL	Part B	
DEPEND SILHOUETTE BRIEFS S/M	Part B	
DEPEND SILHOUETTE UNDERWEAR	Part B	
DEPEND UNDERGARMENTS	Part B	
DEXIFOL ORAL TABLET	4	
DIALYVITE 3000 ORAL TABLET	4	
DIALYVITE 5000 ORAL TABLET	4	
DIALYVITE ORAL TABLET	4	
DIALYVITE/ZINC ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	4	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	4	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	4	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	4	
<i>diclostream external therapy pack</i>	4	
<i>diclovix external kit</i>	4	
DIGNITY PROTECTIVE UNDERWEAR	Part B	
<i>dimentho external therapy pack</i>	4	
<i>disposable liners</i>	Part B	
<i>disposable pants</i>	Part B	
DONNATAL ORAL ELIXIR	4	
DONNATAL ORAL TABLET	4	
DRISDOL ORAL CAPSULE	4	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	Part B	
DUREX EXTRA SENSITIVE THIN	FEHB PV	
DUREX EXTRA SENSITIVE THIN DEVICE	FEHB PV	
DUREX TROPICAL	FEHB PV	
<i>dyclopro external solution</i>	Part B	
DYNADERM HYDROCOLL FOAM 4"X4" EXTERNAL	Part B	
DYNADERM HYDROCOLLOID 2"X2" EXTERNAL	Part B	
DYNADERM HYDROCOLLOID 4"X4" EXTERNAL	Part B	
DYNADERM HYDROCOLLOID 6"X6" EXTERNAL	Part B	
DYNADERM HYDROCOLLOID 6"X7" EXTERNAL	Part B	
EASIVENT	Part B	
ECONTRA ONE-STEP ORAL TABLET	FEHB PV	

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Drug Name	Drug Tier	Requirements/Limits
EDEX INTRACAVERNOSAL KIT	4	QL (4 EA per 30 days)
EEMT HS ORAL TABLET	4	
EEMT ORAL TABLET	4	
ELINEST ORAL TABLET	1	
EMZAHH ORAL TABLET	1	
ENCARE VAGINAL SUPPOSITORY	FEHB PV	
<i>enovarx-ibuprofen external cream</i>	4	
ENTRUST PLUS DISP UNDERWEAR	Part B	
<i>epinephrine hcl (nasal) nasal solution</i>	2	
<i>ergocalciferol oral capsule</i>	2	
<i>esomeprazole magnesium oral tablet delayed release</i>	2	QL (120 EA per 30 days)
<i>est estrogens-methyltest ds oral tablet</i>	2	
<i>est estrogens-methyltest hs oral tablet</i>	2	
<i>est estrogens-methyltest oral tablet</i>	2	
ESTRATEST F.S. ORAL TABLET	2	
ESTRATEST H.S. ORAL TABLET	4	
<i>ethyl chloride external aerosol</i>	Part B	
<i>etoposide oral capsule</i>	Part B	
<i>eua patient assessment</i>	4	
EXTRANEAL INTRAPERITONEAL SOLUTION	4	
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	2	
<i>fbl kit external cream</i>	4	
FC2 FEMALE CONDOM	FEHB PV	
FEMCAP VAGINAL DEVICE	FEHB PV	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE	Part B	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	4	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	4	
FIRST-OMEPRAZOLE ORAL SUSPENSION	4	
FIRST-PANTOPRAZOLE ORAL SUSPENSION	4	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY	4	
FLEXICHAMBER ADULT MASK/SMALL	Part B	
FLEXICHAMBER CHILD MASK/LARGE	Part B	
FLEXICHAMBER CHILD MASK/SMALL	Part B	
FLEXICHAMBER DEVICE	Part B	
FLORAFOL PEDIATRIC ORAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
FLORIVA PLUS ORAL SOLUTION	4	
<i>folate oral tablet</i>	FEHB PV	
<i>folbee plus oral tablet</i>	2	
FOLGARD OS ORAL TABLET	4	
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	FEHB PV	
<i>folika-bc oral tablet</i>	4	
FOLIVANE-PLUS ORAL CAPSULE	4	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	4	PA
<i>folplex 2.2 oral tablet</i>	2	
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP	Part B	
<i>formaldehyde external solution</i>	Part B	
FREESTYLE LIBRE 2 PLUS SENSOR	Part B	PA
FREESTYLE LIBRE 3 PLUS SENSOR	Part B	PA
FREESTYLE LIBRE 3 READER DEVICE	Part B	PA
FREESTYLE LIBRE 3 SENSOR	Part B	PA
<i>ft aspirin low dose oral tablet delayed release</i>	FEHB PV	
<i>ft aspirin oral tablet chewable</i>	FEHB PV	
<i>ft clearlax oral powder</i>	2	
<i>ft folic acid oral tablet</i>	FEHB PV	
<i>ft nicotine mini mouth/throat lozenge</i>	FEHB PV	
<i>ft nicotine mouth/throat gum</i>	FEHB PV	
<i>ft nicotine mouth/throat lozenge</i>	FEHB PV	
<i>ft nicotine transdermal patch 24 hour</i>	FEHB PV	
FUSION PLUS ORAL CAPSULE	4	
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>gabapentin oral tablet 25 mg, 50 mg</i>	3	
GALZIN ORAL CAPSULE	3	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	5	PA
<i>gavilax oral powder</i>	2	
GELFILM OPHTHALMIC FILM	Part B	
<i>glutaraldehyde external solution</i>	Part B	
<i>glycine irrigation solution</i>	Part B	
<i>glycine urologic irrigation solution</i>	Part B	
GLYCOLAX ORAL POWDER	2	

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F INJECTION SOLUTION RECONSTITUTED	5	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>goodsense aspirin low dose oral tablet delayed release</i>	FEHB PV	
<i>goodsense nicotine mouth/throat gum</i>	FEHB PV	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	FEHB PV	
GORDOFILM EXTERNAL SOLUTION	4	
<i>guaiaitussin ac oral syrup</i>	2	
<i>guaifenesin-codeine oral solution</i>	2	
HABITROL TRANSDERMAL PATCH 24 HOUR	FEHB PV	
HAILEY 1.5/30 ORAL TABLET	1	
HAILEY FE 1.5/30 ORAL TABLET	1	
HAILEY FE 1/20 ORAL TABLET	1	
HEALTHYLAX ORAL PACKET	2	
HEMATOGEN ORAL CAPSULE	4	
HEMOCYTE PLUS ORAL CAPSULE	4	
HER STYLE ORAL TABLET	FEHB PV	
HYCAMTIN ORAL CAPSULE	Part B	
HYCODAN ORAL SOLUTION	4	
HYCODAN ORAL TABLET	4	
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	2	
<i>hydrocodone bit-homatrop mbr oral solution</i>	2	
<i>hydrocodone bit-homatrop mbr oral tablet</i>	2	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	2	
<i>hydrocortisone-iodoquinol external cream</i>	2	
<i>hydrocort-pramoxine (perianal) external cream</i>	2	
<i>hydrogen peroxide solution</i>	Part B	
<i>hydromet oral solution</i>	2	
<i>hyoscyamine sulfate oral tablet dispersible</i>	2	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	2	
<i>hyosyne oral elixir</i>	2	
<i>hyosyne oral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
HYPERSAL INHALATION NEBULIZATION SOLUTION	Part B	
IMCIVREE SUBCUTANEOUS SOLUTION	5	PA
INFASURF INTRATRACHEAL SUSPENSION	Part B	
INSPIREASE RESERVOIR BAGS	Part B	
INTEGRA PLUS ORAL CAPSULE	4	
<i>iodine strong oral solution</i>	2	
<i>iodine tincture external tincture</i>	Part B	
<i>iodoquimez-hc external cream</i>	4	
<i>iodoquinol-hc-aloe polysacch external gel</i>	2	
<i>iodoquinol-hydrocortisone-aloe external cream</i>	2	
<i>iron folate plus oral capsule</i>	4	
JAIMIESS ORAL TABLET	1	
JENCYCLA ORAL TABLET	1	
JOLESSA ORAL TABLET	1	
KALLIGA ORAL TABLET	1	
K-PHOS-NEUTRAL ORAL TABLET	4	
<i>lactic acid e external cream</i>	2	
LARIN 24 FE ORAL TABLET	1	
<i>latanoprost-timolol maleate ophthalmic solution</i>	4	
<i>lets kit</i>	4	
<i>levatio external patch</i>	4	
<i>levonorgest-eth estradiol-iron oral tablet</i>	1	
<i>levonorgestrel oral tablet</i>	FEHB PV	
LIDO BDK EXTERNAL KIT	4	
<i>lidocaine-hydrocortisone ace rectal kit 3-2.5 %</i>	2	
<i>lidocaine-prilocaine external kit</i>	2	
LIVIXIL PAK EXTERNAL KIT	4	
LOJAIMIESS ORAL TABLET	1	
LO-ZUMANDIMINE ORAL TABLET	1	
<i>lugols strong iodine external solution</i>	Part B	
<i>maxi-tuss ac oral solution</i>	2	
MEDIHONEY WOUND & BURN DRESSING EXTERNAL PASTE	Part B	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	Part B	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl oral tablet soluble</i>	2	
METHADOSE ORAL TABLET SOLUBLE	2	
MICROCHAMBER DEVICE	Part B	
MIOSTAT INTRAOCULAR SOLUTION	Part B	
MIRALAX MIX-IN PAX ORAL PACKET	4	
MIRALAX ORAL POWDER	4	
<i>mi-vite rx oral tablet</i>	4	
<i>mm aspirin oral tablet delayed release</i>	FEHB PV	
MM CLEARLAX ORAL POWDER	2	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
MONO-LINYAH ORAL TABLET	1	
<i>monsels ferric subsulfate external solution</i>	4	
MULTIGEN FOLIC ORAL TABLET	4	
<i>multi-vit/iron/fluoride oral solution</i>	2	
<i>multivitamin/fluoride oral solution</i>	2	
<i>multi-vitamin/fluoride oral solution</i>	2	
<i>multi-vitamin/fluoride/iron oral solution</i>	2	
MY CHOICE ORAL TABLET	FEHB PV	
MY WAY ORAL TABLET	FEHB PV	
MYLERAN ORAL TABLET	Part B	
MYNEPHRON ORAL CAPSULE	4	
<i>nalmefene hcl injection solution</i>	Part B	
<i>naloxone hcl nasal liquid</i>	1	
NARCAN NASAL LIQUID	3	
NASCOBAL NASAL SOLUTION	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION	Part B	
NEPHPLEX RX ORAL TABLET	4	
NEPHRON FA ORAL TABLET	4	
NEPHRONEX ORAL TABLET	2	
NEW DAY ORAL TABLET	FEHB PV	
NICOMIDE ORAL TABLET	4	
NICORETTE MINI MOUTH/THROAT LOZENGE	FEHB PV	
NICORETTE MOUTH/THROAT GUM 2 MG	FEHB PV	
NICORETTE MOUTH/THROAT LOZENGE	FEHB PV	
<i>nicotinamide oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nicotine mini mouth/throat lozenge</i>	FEHB PV	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	FEHB PV	
<i>nicotine polacrilex mouth/throat gum</i>	FEHB PV	
<i>nicotine polacrilex mouth/throat lozenge</i>	FEHB PV	
<i>nicotine step 1 transdermal patch 24 hour</i>	FEHB PV	
<i>nicotine step 2 transdermal patch 24 hour</i>	FEHB PV	
<i>nicotine step 3 transdermal patch 24 hour</i>	FEHB PV	
<i>nicotine transdermal kit</i>	FEHB PV	
<i>nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	FEHB PV	
NIFEREX ORAL TABLET	4	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	1	
NORLYROC ORAL TABLET	1	
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	Part B	
NUTRIVIT ORAL LIQUID	4	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION	4	
OMNIPOD POD PALS	4	PA
OPCICON ONE-STEP ORAL TABLET	FEHB PV	
OPILL ORAL TABLET	FEHB PV	
OPTICHAMBER DIAMOND	Part B	
OPTICHAMBER DIAMOND-LG MASK DEVICE	Part B	
OPTICHAMBER DIAMOND-MD MASK	Part B	
OPTICHAMBER DIAMOND-SM MASK	Part B	
OPTION 2 ORAL TABLET	FEHB PV	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	FEHB PV	
ORAFATE MOUTH/THROAT PASTE	4	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
PANDA MASK LARGE	Part B	
PANDA MASK MEDIUM	Part B	
PANDA MASK SMALL	Part B	
PARI VORTEX ADULT MASK	Part B	
<i>pb-hyoscy-atropine-scopolamine oral elixir</i>	2	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PCCA ELLAGE VAGINAL CREAM	4	
PEDIATRIC PANDA MASK	Part B	
<i>peg 3350 oral packet</i>	2	
<i>peg 3350 oral powder</i>	2	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION	Part B	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	Part B	
PHENOHYTRO ORAL ELIXIR	4	
PHENOHYTRO ORAL TABLET	4	
<i>phentermine hcl oral capsule</i>	2	PA
<i>phentermine hcl oral tablet</i>	2	PA
PHILITH ORAL TABLET	1	
PHOSPHA 250 NEUTRAL ORAL TABLET	4	
<i>phosphorous oral tablet</i>	2	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET	2	
<i>phoxillum b22k4/0 extracorporeal solution</i>	Part B	
<i>phytonadione oral tablet</i>	2	
PLAN B ONE-STEP ORAL TABLET	4	
POCKET SPACER DEVICE	Part B	
POISE ULTRA THIN PADS	Part B	
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
POLY-VI-FLOR ORAL SUSPENSION	4	
POLY-VI-FLOR/IRON ORAL SUSPENSION	4	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	4	
<i>potassium iodide (expectorant) oral solution</i>	2	
<i>povidone-iodine ophthalmic solution</i>	Part B	
PRAMOSONE EXTERNAL CREAM	4	
PRAMOSONE EXTERNAL LOTION	3	
PRAMOSONE EXTERNAL OINTMENT	3	
<i>prednisol ace-moxiflox-bromfen ophthalmic suspension</i>	4	
<i>prednisolone-bromfenac ophthalmic solution</i>	4	
<i>prednisolone-gatifloxacin ophthalmic suspension</i>	4	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	4	
<i>prednisolon-gatiflox-bromfenac ophthalmic suspension</i>	4	

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<i>prednisolon-moxiflox-bromfenac ophthalmic solution</i>	4	
PREVAIL MEN UNDERWEAR 2XL	Part B	
PREVAIL TOTAL CARE UNDERPADS	Part B	
PREVAIL UNDERPADS	Part B	
PREVAIL WOMEN UNDERWEAR 2XL	Part B	
PREVAIL WOMEN UNDERWEAR XL	Part B	
<i>prilovix external kit</i>	4	
<i>prilovix lite external kit</i>	4	
<i>prilovix lite plus external kit</i>	4	
<i>prilovix plus external kit</i>	4	
<i>prilovix ultralite external kit</i>	4	
<i>prilovix ultralite plus external kit</i>	4	
<i>pro comfort spacer adult</i>	Part B	
<i>pro comfort spacer child</i>	Part B	
<i>pro comfort spacer infant device</i>	Part B	
<i>procare spacer/adult mask device</i>	Part B	
<i>procare spacer/child mask device</i>	Part B	
<i>promethazine-codeine oral solution</i>	2	
<i>promethazine-codeine oral syrup</i>	2	
<i>promethazine-dm oral syrup</i>	2	
PROTHELIAL MOUTH/THROAT PASTE	4	
PULMOSAL INHALATION NEBULIZATION SOLUTION	Part B	
<i>pure comfort spacer chamber device</i>	Part B	
<i>pyrimethamine-leucovorin oral capsule</i>	4	
<i>pyrogalllic acid external ointment</i>	4	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA
QUFLORA PEDIATRIC ORAL SOLUTION	4	
REACT ORAL TABLET	FEHB PV	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	Part B	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	Part B	
RELADOR PAK EXTERNAL KIT	4	
RELADOR PAK PLUS EXTERNAL KIT	4	
REMESENSE DENTAL	4	
RENAL ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
RENATABS ORAL TABLET	4	
RENATABS WITH IRON ORAL	4	
<i>rena-vite rx oral tablet</i>	2	
<i>reno caps oral capsule</i>	2	
RIVIVE NASAL LIQUID	3	
<i>salicylic acid wart remover external liquid</i>	2	
SALVAX DUO PLUS EXTERNAL KIT	4	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
SCALACORT DK EXTERNAL KIT	4	
SCENESSE SUBCUTANEOUS IMPLANT	5	PA
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	4	
SENI ACTIVE CLASSIC PLUS-L-MOD	Part B	
SENI ACTIVE CLASSIC PLUS-M-MOD	Part B	
SENI LADY PADS-LT REG	Part B	
SENI LADY PADS-MAX LONG	Part B	
SENI LADY PADS-MODERATE LONG	Part B	
SENI LADY PADS-MODERATE REG	Part B	
SENI LADY PADS-ULT LONG NIGHT	Part B	
SENI LADY PADS-ULTIMATE REG	Part B	
SENI MAN GUARDS-ACTIVE LT	Part B	
SENI MAN GUARDS-FIT	Part B	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (4 EA per 30 days)
<i>silver nitrate external solution</i>	2	
SIMLIYA ORAL TABLET	1	
SIMPESSE ORAL TABLET	1	
SIMPLICITY ADULT BRIEF XL	Part B	
<i>sodium chloride inhalation nebulization solution</i>	Part B	
SOLUVITA WITH FLUORIDE ORAL SOLUTION	4	
<i>sorbitol irrigation solution</i>	Part B	
<i>sorbitol-mannitol irrigation solution</i>	Part B	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
SSKI ORAL SOLUTION	4	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	FEHB PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	FEHB PV	

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Drug Name	Drug Tier	Requirements/Limits
STENDRA ORAL TABLET	4	QL (4 EA per 30 days)
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	4	
STROVITE FORTE ORAL SYRUP	4	
<i>sulfurated lime external solution</i>	2	
SUPERVITE ORAL LIQUID	4	
SURVANTA INTRATRACHEAL SUSPENSION	Part B	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	QL (4 EA per 30 days)
TAKE ACTION ORAL TABLET	FEHB PV	
TALIVA ORAL CAPSULE	4	
<i>taron forte oral capsule</i>	4	
TAYTULLA ORAL CAPSULE	4	
<i>temozolomide oral capsule</i>	Part B	
TENA COMPLETE + CARE LARGE	Part B	
TENA COMPLETE + CARE MEDIUM	Part B	
TENA COMPLETE + CARE XL	Part B	
TENA PROTECTIVE UNDERWEAR/2XL	Part B	
TENA PROTECTIVE UNDERWEAR/XL	Part B	
TESTONE CIK INTRAMUSCULAR KIT	4	
THERAWORX HARMONY FEM WIPE	Part B	
THERAWORX PROTECT CLEANS WIPE	Part B	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	Part B	
THROMBIN-JMI EXTERNAL KIT	Part B	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	Part B	
THROMBOGEN EXTERNAL KIT	Part B	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	Part B	
<i>timolol-brimon-dorzol-latanopr ophthalmic solution</i>	4	
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %</i>	4	
<i>timolol-dorzolamid-latanoprost ophthalmic solution</i>	4	
<i>tm-vite rx oral tablet</i>	4	
TODAY SPONGE VAGINAL	FEHB PV	
TRICITRASOL IN VITRO CONCENTRATE	Part B	
TRI-LINYAH ORAL TABLET	1	
TRI-LO-MARZIA ORAL TABLET	1	
TRI-LO-MILI ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triphrocaps oral capsule</i>	2	
<i>triple pmb ophthalmic solution reconstituted</i>	4	
<i>triple pmk ophthalmic solution reconstituted</i>	4	
<i>trisodium citrate/crrt extracorporeal solution</i>	4	
TRI-VI-FLOR ORAL SUSPENSION	4	
<i>tri-vi-floro oral suspension</i>	4	
<i>tri-vite/fluoride oral solution</i>	2	
<i>tronvite oral tablet</i>	4	
<i>tropicamide-cyclopentolate-pe ophthalmic solution</i>	4	
<i>tropicamide-phenylephrine ophthalmic solution</i>	Part B	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution</i>	4	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe</i>	4	
<i>tropic-proparaca-pe-ketorolac ophthalmic solution</i>	4	
<i>true cover device</i>	FEHB PV	
<i>true folic acid oral tablet 400 mcg</i>	4	
<i>true laxative oral powder</i>	2	
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	4	
<i>turpentine external spirit</i>	2	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	4	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	4	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION	4	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	4	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION	4	
<i>underpads</i>	Part B	
URELLE ORAL TABLET	4	
URESTA STARTER KIT	Part B	
VAGISIL INTIMATE WIPES	Part B	
<i>varденаfil hcl oral tablet</i>	2	QL (4 EA per 30 days)
<i>varденаfil hcl oral tablet dispersible</i>	2	QL (4 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	FEHB PV	

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Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	FEHB PV	
VIAGRA ORAL TABLET	4	QL (4 EA per 30 days)
<i>viorele oral tablet</i>	1	
VIRASAL EXTERNAL LIQUID	4	
VITAL-D RX ORAL TABLET	4	
VITAMEZ ORAL CAPSULE	4	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	2	
<i>vitamins acid-fluoride oral solution</i>	2	
<i>vitasure oral tablet</i>	4	
VOLNEA ORAL TABLET	1	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	Part B	
VORTEX VALVED HOLDING CHAMBER DEVICE	Part B	
VYTONE EXTERNAL CREAM	4	
WEEKLY-D ORAL CAPSULE	2	
WERA ORAL TABLET	1	
<i>wescaps oral capsule</i>	2	
<i>wes-phos 250 neutral oral tablet</i>	2	
<i>wheat germ oil oral oil</i>	2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	FEHB PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	FEHB PV	
XERAC AC EXTERNAL SOLUTION	4	
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD	Part B	

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Drug Name	Drug Tier	Requirements/Limits
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	Part B	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	Part B	
XEROFORM OIL EMULSION STRIP EXTERNAL	Part B	
XEROFORM OIL ROLL 4"X9' EXTERNAL	Part B	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	Part B	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	Part B	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	Part B	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	Part B	
<i>xeroform petrolatum dres 4"x4" external pad</i>	Part B	
<i>xeroform petrolatum dres 5"x9" external pad</i>	Part B	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	Part B	
<i>yl folic acid oral tablet</i>	FEHB PV	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
ZUMANDIMINE ORAL TABLET	1	
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads pad</i>	3	
<i>alcohol prep pads pad 70 %</i>	3	
ARGYLE STERILE SALINE IRRIGATION SOLUTION	4	
ARGYLE STERILE WATER IRRIGATION SOLUTION	2	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	1	
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	
BD ULTRA-FINE PEN NEEDLES	3	
CARNITOR ORAL SOLUTION	4	
CARNITOR ORAL TABLET	4	
CARNITOR SF ORAL SOLUTION	4	
CLINOLIPID INTRAVENOUS EMULSION	3	B/D
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>	2	PA
<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>	5	PA
DEXCOM G7 RECEIVER DEVICE	Part B	PA
DEXCOM G7 SENSOR	Part B	PA
DUVYZAT ORAL SUSPENSION	5	PA; QL (280 ML per 30 days)
ELLA ORAL TABLET	1	
<i>fomepizole intravenous solution</i>	5	
FREESTYLE LIBRE 2 READER DEVICE	Part B	PA
FREESTYLE LIBRE 2 SENSOR	Part B	PA
<i>gauze pads pad 2"x2"</i>	3	
GIVLAARI SUBCUTANEOUS SOLUTION	5	PA
INTRALIPID INTRAVENOUS EMULSION	3	B/D
<i>lactated ringers irrigation solution</i>	2	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf oral solution</i>	1	
METHERGINE ORAL TABLET	2	
<i>methylergonovine maleate injection solution</i>	1	
<i>methylergonovine maleate oral tablet</i>	2	
NUTRILIPID INTRAVENOUS EMULSION	3	B/D
OMEGAVEN INTRAVENOUS EMULSION	5	B/D
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 KIT	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	PA
OMNIPOD DASH INTRO (GEN 4) KIT	4	PA
OMNIPOD DASH PDM (GEN 4) KIT	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
OXLUMO SUBCUTANEOUS SOLUTION	5	PA
PHYSIOLYTE IRRIGATION SOLUTION	4	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>ringers irrigation irrigation solution</i>	1	
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days)
<i>sod benz-sod phenylacet intravenous solution</i>	5	

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<i>sodium chloride irrigation solution</i>	2	
<i>sterile water for irrigation irrigation solution</i>	1	
TACHOSIL EXTERNAL PATCH	4	
TIS-U-SOL IRRIGATION SOLUTION	1	
VISTOGARD ORAL PACKET	5	
<i>water for irrigation, sterile irrigation solution</i>	1	
WEGOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
<i>zeruvia external patch</i>	4	
ZOKINVY ORAL CAPSULE	5	PA
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
AKTEN OPHTHALMIC GEL	4	
ALCAINE OPHTHALMIC SOLUTION	4	
ALTACAIN OPHTHALMIC SOLUTION	4	
ALTAFRIN OPHTHALMIC SOLUTION 10 %	1	
ALTAFRIN OPHTHALMIC SOLUTION 2.5 %	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	2	
BYOOVIZ INTRAVITREAL SOLUTION	4	
CIMERLI INTRAVITREAL SOLUTION	4	
COMBIGAN OPHTHALMIC SOLUTION	3	
COSOPT OPHTHALMIC SOLUTION	4	
COSOPT PF OPHTHALMIC SOLUTION	4	
CYCLOGYL OPHTHALMIC SOLUTION	4	
<i>cyclopentolate hcl ophthalmic solution</i>	1	
<i>cyclosporine ophthalmic emulsion</i>	2	
CYSTADROPS OPHTHALMIC SOLUTION	4	PA; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL (60 ML per 28 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EYLEA HD INTRAVITREAL SOLUTION	5	

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Drug Name	Drug Tier	Requirements/Limits
EYLEA INTRAVITREAL SOLUTION	5	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	
HOMATROPAIRE OPHTHALMIC SOLUTION	2	
IZERVAY INTRAVITREAL SOLUTION	5	
KLARITY-C DROPS OPHTHALMIC EMULSION	4	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML	4	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML	5	
MAXITROL OPHTHALMIC OINTMENT	4	
MAXITROL OPHTHALMIC SUSPENSION	4	
MIEBO OPHTHALMIC SOLUTION	4	QL (12 ML per 30 days)
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	2	
NEO-POLYCIN OPHTHALMIC OINTMENT	2	
OXERVATE OPHTHALMIC SOLUTION	5	PA
PAVBLU INTRAVITREAL SOLUTION	5	
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	
<i>phenylephrine hcl ophthalmic solution 10 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	2	
POLYCIN OPHTHALMIC OINTMENT	2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>proparacaine hcl ophthalmic solution</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	3	
RESTASIS OPHTHALMIC EMULSION	3	
ROCKLATAN OPHTHALMIC SOLUTION	4	
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	5	
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	5	
SYFOVRE INTRAVITREAL SOLUTION	5	
<i>tetracaine hcl ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
UPNEEQ OPHTHALMIC SOLUTION	4	
VABYSMO INTRAVITREAL SOLUTION	5	
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	
VERKAZIA OPHTHALMIC EMULSION	4	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	5	
XIIDRA OPHTHALMIC SOLUTION	3	
ZYLET OPHTHALMIC SUSPENSION	4	
<b><i>Ophthalmic Anti-allergy Agents</i></b>		
ALOCRIL OPHTHALMIC SOLUTION	4	
ALOMIDE OPHTHALMIC SOLUTION	3	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>bepotastine besilate ophthalmic solution</i>	2	
BEPREVE OPHTHALMIC SOLUTION	4	
<i>cromolyn sodium ophthalmic solution</i>	1	
<i>epinastine hcl ophthalmic solution</i>	2	
<i>olopatadine hcl ophthalmic solution</i>	2	
ZERVIAE OPHTHALMIC SOLUTION	4	
<b><i>Ophthalmic Anti-Infectives</i></b>		
AZASITE OPHTHALMIC SOLUTION	4	
<i>bacitracin ophthalmic ointment</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION	4	
CILOXAN OPHTHALMIC OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
<i>erythromycin ophthalmic ointment</i>	1	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	1	
KLARITY-A OPHTHALMIC SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic solution</i>	2	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	4	
OCUFLOX OPHTHALMIC SOLUTION	4	
<i>ofloxacin ophthalmic solution</i>	1	
<i>sulfacetamide sodium ophthalmic ointment</i>	2	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>tobramycin ophthalmic solution</i>	1	
TOBEX OPHTHALMIC OINTMENT	3	
<i>trifluridine ophthalmic solution</i>	2	
VIGAMOX OPHTHALMIC SOLUTION	4	
XDEMZY OPHTHALMIC SOLUTION	5	
ZIRGAN OPHTHALMIC GEL	4	
<b><i>Ophthalmic Anti-inflammatories</i></b>		
ACULAR LS OPHTHALMIC SOLUTION	4	
ACULAR OPHTHALMIC SOLUTION	4	
ACUVAIL OPHTHALMIC SOLUTION	4	
ALREX OPHTHALMIC SUSPENSION	4	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
<i>bromfenac sodium ophthalmic solution</i>	2	
BROMSITE OPHTHALMIC SOLUTION	4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
DEXTENZA OPHTHALMIC INSERT	5	
DEXYCU INTRAOCULAR SUSPENSION	5	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	1	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	4	
ILEVRO OPHTHALMIC SUSPENSION	4	
INVELTYS OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	4	
LOTEMAX SM OPHTHALMIC GEL	4	
<i>loteprednol etabonate ophthalmic gel</i>	2	
<i>loteprednol etabonate ophthalmic suspension</i>	2	
MAXIDEX OPHTHALMIC SUSPENSION	4	
NEVANAC OPHTHALMIC SUSPENSION	4	
OZURDEX INTRAVITREAL IMPLANT	5	
PRED FORTE OPHTHALMIC SUSPENSION	4	
PRED MILD OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	1	
<i>prednisolone acetate p-f ophthalmic suspension</i>	4	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	
PROLENSA OPHTHALMIC SOLUTION	4	
TRIESENCE INTRAOCULAR SUSPENSION	4	
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
<i>betaxolol hcl ophthalmic solution</i>	1	
BETIMOL OPHTHALMIC SOLUTION	4	
BETOPTIC-S OPHTHALMIC SUSPENSION	4	
<i>carteolol hcl ophthalmic solution</i>	1	
ISTALOL OPHTHALMIC SOLUTION	4	
<i>levobunolol hcl ophthalmic solution</i>	1	
<i>timolol hemihydrate ophthalmic solution</i>	4	
<i>timolol maleate (once-daily) ophthalmic solution</i>	2	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	2	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf ophthalmic solution</i>	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	
<i>acetazolamide oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P OPHTHALMIC SOLUTION	3	
<i>apraclonidine hcl ophthalmic solution</i>	1	
AZOPT OPHTHALMIC SUSPENSION	4	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension</i>	2	
<i>dorzolamide hcl ophthalmic solution</i>	1	
IOPIDINE OPHTHALMIC SOLUTION	4	
<i>methazolamide oral tablet</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
<i>pilocarpine hcl ophthalmic solution</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION	4	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost ophthalmic solution</i>	2	
DURYSTA INTRAOCULAR IMPLANT	5	
<i>latanoprost ophthalmic solution</i>	1	
LUMIGAN OPHTHALMIC SOLUTION	3	
<i>tafluprost (pf) ophthalmic solution</i>	2	
TRAVATAN Z OPHTHALMIC SOLUTION	4	
<i>travoprost (bak free) ophthalmic solution</i>	2	
VYZULTA OPHTHALMIC SOLUTION	4	
XALATAN OPHTHALMIC SOLUTION	4	
ZIOPTAN OPHTHALMIC SOLUTION	4	
<b>Otic Agents</b>		
<i>acetic acid otic solution</i>	2	
CETRAXAL OTIC SOLUTION	4	
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin hcl otic solution</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	4	
CORTISPORIN-TC OTIC SUSPENSION	4	
DERMOTIC OTIC OIL	4	
FLAC OTIC OIL	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic solution</i>	1	
OTOVEL OTIC SOLUTION	4	
PRAMOTIC OTIC LIQUID	4	
<b>Part B</b>		
AQUASTAT INTRAVENOUS SOLUTION	Part B	
AQUASTAT SFR INTRAVENOUS SOLUTION	Part B	
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION	Part B	
BD POSIFLUSH INTRAVENOUS SOLUTION	Part B	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION	Part B	
<i>heparin na (pork) lock flsh pf intravenous solution</i>	Part B	
<i>heparin sod (pork) lock flush intravenous solution</i>	Part B	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION	Part B	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION	Part B	
<i>normal saline flush intravenous solution</i>	Part B	
<i>saline flush intravenous solution</i>	Part B	
<i>sodium chloride flush intravenous solution</i>	Part B	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b><i>Antihistamines</i></b>		
<i>azelastine hcl nasal solution</i>	2	
<i>carbinoxamine maleate oral solution</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine hcl oral solution</i>	2	
<i>clemastine fumarate oral syrup</i>	2	
<i>clemastine fumarate oral tablet</i>	2	
<i>cyproheptadine hcl oral syrup</i>	2	
<i>cyproheptadine hcl oral tablet</i>	2	
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible</i>	2	
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>hydroxyzine hcl oral syrup</i>	2	PA
<i>hydroxyzine hcl oral tablet</i>	2	PA
<i>hydroxyzine pamoate oral capsule</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	4	
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>olopatadine hcl nasal solution</i>	2	
RYCLORA ORAL SOLUTION	4	
<b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>		
ALVESCO INHALATION AEROSOL SOLUTION	4	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	3	
<i>budesonide inhalation suspension</i>	2	B/D
<i>flunisolide nasal solution</i>	1	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated</i>	4	
<i>fluticasone propionate hfa inhalation aerosol</i>	4	QL (24 GM per 30 days)
<i>fluticasone propionate nasal suspension</i>	2	
<i>mometasone furoate nasal suspension</i>	2	
OMNARIS NASAL SUSPENSION	4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PULMICORT SUSPENSION INHALATION SUSPENSION	4	B/D
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	
QNASL NASAL AEROSOL SOLUTION	4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antileukotrienes</b>		
ACCOLATE ORAL TABLET	4	
<i>montelukast sodium oral packet</i>	1	
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
SINGULAIR ORAL PACKET	4	
SINGULAIR ORAL TABLET	4	
SINGULAIR ORAL TABLET CHEWABLE	4	
<i>zafirlukast oral tablet</i>	2	
<i>zileuton er oral tablet extended release 12 hour</i>	4	
ZYFLO ORAL TABLET	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
<i>ipratropium bromide inhalation solution</i>	1	B/D
<i>ipratropium bromide nasal solution</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	
<i>tiotropium bromide monohydrate inhalation capsule</i>	4	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
YUPELRI INHALATION SOLUTION	5	B/D
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	
<i>albuterol sulfate inhalation nebulization solution</i>	2	B/D
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet 2 mg</i>	2	
<i>albuterol sulfate oral tablet 4 mg</i>	1	
<i>arformoterol tartrate inhalation nebulization solution</i>	2	B/D
BROVANA INHALATION NEBULIZATION SOLUTION	4	B/D
<i>epinephrine injection solution auto-injector</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>formoterol fumarate inhalation nebulization solution</i>	2	B/D
<i>isoproterenol hcl injection solution</i>	2	
<i>levalbuterol hcl inhalation nebulization solution</i>	2	B/D
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	2	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	4	B/D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	
<i>terbutaline sulfate injection solution</i>	5	
<i>terbutaline sulfate oral tablet</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	2	
<b><i>Cystic Fibrosis Agents</i></b>		
BETHKIS INHALATION NEBULIZATION SOLUTION	5	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
KITABIS PAK INHALATION NEBULIZATION SOLUTION	5	PA
ORKAMBI ORAL PACKET	5	PA
ORKAMBI ORAL TABLET	5	PA
PULMOZYME INHALATION SOLUTION	5	PA
SYMDEKO ORAL TABLET THERAPY PACK	5	PA
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION	5	PA
TOBI PODHALER INHALATION CAPSULE	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	PA
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA
TRIKAFTA ORAL THERAPY PACK	5	PA
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium inhalation nebulization solution</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline intravenous solution</i>	1	
DALIRESP ORAL TABLET	4	ST
ELIXOPHYLLIN ORAL ELIXIR	1	
<i>roflumilast oral tablet</i>	2	ST
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>theophylline er oral tablet extended release 12 hour</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA ORAL TABLET	5	PA
ADEMPAS ORAL TABLET	5	PA
ALYQ ORAL TABLET	4	PA
<i>ambrisentan oral tablet</i>	4	PA
<i>bosentan oral tablet</i>	4	PA
<i>epoprostenol sodium intravenous solution reconstituted</i>	4	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
LETAIRIS ORAL TABLET	5	PA
OPSUMIT ORAL TABLET	5	PA
OPSYNVI ORAL TABLET	5	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
REMODULIN INJECTION SOLUTION	5	PA
REVATIO INTRAVENOUS SOLUTION	5	PA
REVATIO ORAL TABLET	5	PA
<i>sildenafil citrate intravenous solution</i>	4	PA
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA
<i>tadalafil (pah) oral tablet</i>	4	PA
TRACLEER 62.5 MG, 125 MG	5	PA
TRACLEER 32 MG	5	PA
<i>treprostinil injection solution</i>	5	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	5	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	5	PA
TYVASO DPI TITRATION KIT INHALATION POWDER	5	PA
TYVASO INHALATION SOLUTION	5	PA
TYVASO REFILL KIT INHALATION SOLUTION	5	PA
TYVASO STARTER KIT INHALATION SOLUTION	5	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	5	PA; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	5	PA; QL (400 EA per 365 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VENTAVIS INHALATION SOLUTION	5	PA
WINREVAIR SUBCUTANEOUS KIT	5	PA
<b><i>Pulmonary Fibrosis Agents</i></b>		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	5	PA
<i>pirfenidone oral tablet 267 mg</i>	3	PA
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	4	PA
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>acetylcysteine inhalation solution</i>	2	B/D
<i>acetylcysteine intravenous solution</i>	2	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ADVAIR HFA INHALATION AEROSOL	4	
AIRSUPRA INHALATION AEROSOL	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	

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Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE INHALATION AEROSOL	4	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
BREYNA INHALATION AEROSOL	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	3	
BRONCHITOL INHALATION CAPSULE	5	PA; QL (560 EA per 28 days)
CINQAIR INTRAVENOUS SOLUTION	5	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	
DULERA INHALATION AEROSOL	3	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	4	
<i>fluticasone-salmeterol inhalation aerosol</i>	4	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	
<i>ipratropium-albuterol inhalation solution</i>	1	B/D
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
<i>promethazine vc oral syrup</i>	2	
<i>promethazine-phenylephrine oral syrup</i>	2	
<i>ribavirin inhalation solution reconstituted</i>	5	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	
SYMBICORT INHALATION AEROSOL	3	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (1.91 ML per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	

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Drug Name	Drug Tier	Requirements/Limits
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	5	PA
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet</i>	2	PA
<i>chlorzoxazone oral tablet</i>	2	
<i>cyclobenzaprine hcl oral tablet</i>	2	PA
FEXMID ORAL TABLET	4	PA
<i>metaxalone oral tablet</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>norgesic forte oral tablet</i>	4	
NORGESIC ORAL TABLET	4	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	
<i>orphenadrine-aspirin-caffeine oral tablet</i>	2	
ORPHENGESIC FORTE ORAL TABLET	4	
SOMA ORAL TABLET	4	PA
<b>Sleep Disorder Agents</b>		
<b><i>Sleep Promoting Agents</i></b>		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	4	
AMBIEN ORAL TABLET	4	
BELSOMRA ORAL TABLET	3	
DAYVIGO ORAL TABLET	3	
<i>doxepin hcl oral tablet</i>	2	
<i>estazolam oral tablet</i>	2	
<i>eszopiclone oral tablet</i>	2	
<i>flurazepam hcl oral capsule</i>	2	QL (30 EA per 30 days)
HALCION ORAL TABLET	4	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION	5	PA
HETLIOZ ORAL CAPSULE	5	PA
LUNESTA ORAL TABLET	4	
<i>pentobarbital sodium injection solution</i>	4	
<i>quazepam oral tablet</i>	2	
QUVIVIQ ORAL TABLET	4	
<i>ramelteon oral tablet</i>	2	QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZEREM ORAL TABLET	4	QL (30 EA per 30 days)
SILENOR ORAL TABLET	4	
<i>tasimelteon oral capsule</i>	5	PA
<i>temazepam oral capsule</i>	2	QL (30 EA per 30 days)
<i>triazolam oral tablet</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	2	
<i>zolpidem tartrate er oral tablet extended release</i>	2	
<i>zolpidem tartrate oral tablet</i>	2	
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil oral tablet</i>	2	PA
LUMRYZ ORAL PACKET	5	PA
LUMRYZ STARTER PACK ORAL THERAPY PACK	5	PA
<i>modafinil oral tablet</i>	2	PA
<i>sodium oxybate oral solution</i>	5	PA
SUNOSI ORAL TABLET	4	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	5	PA
XYREM ORAL SOLUTION	5	PA
XYWAV ORAL SOLUTION	5	PA
<b>VACCINE</b>		
AFLURIA INTRAMUSCULAR SUSPENSION	Part B	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
AUDENZ INTRAMUSCULAR EMULSION	Part B	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE	Part B	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Part B	
FLUCELVAX INTRAMUSCULAR SUSPENSION	Part B	
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FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
FLUMIST NASAL LIQUID	Part B	

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Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
<b>VACCINES</b>		
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Part B	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	Part B	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Part B	
<b>VITAMINS AND MINERALS</b>		
ATABEX OB ORAL TABLET	4	
<i>azesco oral tablet</i>	4	
CITRANATAL MEDLEY ORAL CAPSULE	4	
DERMACINRX PRETRATE ORAL TABLET	4	
ELITE-OB ORAL TABLET	4	
ENBRACE HR ORAL CAPSULE	4	
<i>jenliva prenatal/postnatal oral capsule</i>	4	
MATERNACEL ORAL TABLET	4	
<i>m-natal plus oral tablet</i>	4	
<i>natal pnv oral tablet</i>	4	
<i>neonatal complete oral tablet</i>	4	
NEONATAL PLUS ORAL TABLET	4	
<i>neo-vital rx oral tablet</i>	4	
NESTABS ONE ORAL CAPSULE	4	
NESTABS ORAL TABLET	4	
<i>one vite womens plus oral tablet</i>	4	
<i>pnv prenatal plus multivit+dha oral</i>	2	
<i>pnv tabs 20-1 oral tablet</i>	4	
<i>pregen dha oral capsule</i>	4	
<i>pregenna oral tablet</i>	4	
PREMESISRX ORAL TABLET	4	
<i>prenaissance oral capsule</i>	4	
<i>prenatal plus vitamin/mineral oral tablet</i>	2	
PRENATE DHA ORAL CAPSULE	4	
PRENATE ELITE ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
PRENATE ENHANCE ORAL CAPSULE	4	
PRENATE ESSENTIAL ORAL CAPSULE	4	
PRENATE MINI ORAL CAPSULE	4	
PRENATE ORAL TABLET CHEWABLE	4	
PRENATE PIXIE ORAL CAPSULE	4	
PRENATE RESTORE ORAL CAPSULE	4	
PRENATOL-M ORAL TABLET	4	
PRENATRIX ORAL TABLET	4	
PRENATRYL ORAL TABLET	4	
PRIMACARE ORAL CAPSULE	4	
<i>relnate dha oral capsule</i>	4	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	4	
TRINATE ORAL TABLET	4	
<i>tristart dha oral capsule</i>	4	
VITAFOL FE+ ORAL CAPSULE	4	
VITAFOL-OB+DHA ORAL	4	
<i>vitalara oral tablet</i>	4	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	4	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	4	
VITATHELY WITH GINGER ORAL TABLET	4	
<i>wescap-c dha oral capsule</i>	4	
<i>wescap-pn dha oral capsule</i>	4	
<i>wesnatal dha complete oral</i>	4	
<i>wesnate dha oral capsule</i>	4	
<i>westab plus oral tablet</i>	4	
<i>westgel dha oral capsule</i>	4	
<i>zalvit oral tablet</i>	4	
<i>ziphex oral tablet</i>	4	

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## Multi-Language Insert

### Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (800) 965-4022 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (800) 965-4022 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (800) 965-4022 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (800) 965-4022 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (800) 965-4022 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (800) 965-4022 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (800) 965-4022 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (800) 965-4022 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (800) 965-4022 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (800) 965-4022 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (800-965-4022) TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (800) 965-4022 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (800) 965-4022 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (800) 965-4022 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (800) 965-4022 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (800) 965-4022 (TTY: 711). Ta usługa jest bezpłatna.



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**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(800) 965-4022 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802  
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This formulary was updated on 3/1/2025. For more recent information or other questions, please contact Health Alliance Medicare Member Services, at (800) 965-4022 (TTY users should call 711), 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [HealthAlliance.org/Medicare](https://HealthAlliance.org/Medicare).



**(800) 965-4022, TTY/TDD 711**  
**[HealthAlliance.org/Medicare](https://HealthAlliance.org/Medicare)**