



Clear Spring  
Health

# Clear Spring Health Value Rx (PDP)

## 2024 Formulary

(List of Covered Drugs)

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**PLEASE READ:**

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

HPMS Approved Formulary File Submission ID 00024487, Version Number 20

This formulary was updated on 12/01/2024. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com). We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

**Important Message About What You Pay for Vaccines** | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

**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 Clear Spring Health. When it refers to "plan" or "our plan," it means Clear Spring Health Value Rx (PDP).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

## **What is the Clear Spring Health Value Rx (PDP) Formulary?**

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

## **Can the Formulary (drug list) change?**

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?”

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

The enclosed formulary is current as of December 2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

## **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, “Miscellaneous 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 97. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you don't get approval, Clear Spring Health may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask our plan 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 our plan formulary?" below for information about how to request an exception.

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

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

If you learn that our plan does not cover your drug, you have two options:

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

## How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.



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

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception.

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

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

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

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

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

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

## **For more information**

For more detailed information about your our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last

updated the formulary, appears on the front and back cover pages.

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

## Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

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

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

### List of Abbreviations

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

**NDS:** Non-extended Day Supply Drug. This prescription drug is not available for an extended days' supply.

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

**PA NSO:** Prior Authorization for New Starts Only. The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

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

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

**ST NSO:** Step Therapy for New Starts Only. The Step Therapy restriction only applies if you are a new member or have not taken this drug before.

Drug Name	Drug Tier	Requirements/ Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule 100mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 200mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	3	QL(60 EA per 30 days)
<i>celecoxib capsule 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 75mg</i>	3	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 30 days)
<i>ec-naproxen tablet delayed release 375mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	3	
<i>etodolac capsule 200mg</i>	3	
<i>etodolac capsule 300mg</i>	3	
<i>etodolac tablet 400mg</i>	3	
<i>etodolac tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	3	
<i>flurbiprofen tablet 50mg</i>	3	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>ibu tablet 400mg</i>	1	
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin capsule 25mg</i>	2	
<i>indomethacin capsule 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	3	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	3	
<i>naproxen dr tablet delayed release 500mg</i>	3	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	3	
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	4	
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine patch weekly 10mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 15mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 20mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<b>BUPRENORPHINE PATCH WEEKLY 5MCG/HR</b>	4	QL(4 EA per 28 days); NDS

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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>buprenorphine patch weekly 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>fentanyl patch 72 hour 25mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>fentanyl patch 72 hour 50mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>fentanyl patch 72 hour 75mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>methadone hcl solution 10mg/5ml</i>	3	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg</i>	2	QL(120 EA per 30 days); NDS
<i>methadone hcl tablet 5mg</i>	2	QL(240 EA per 30 days); NDS
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg</i>	4	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 30mg</i>	3	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 60mg</i>	3	QL(120 EA per 30 days); NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG	3	NDS
<b><i>Opioid Analgesics, Short-acting</i></b>		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL(4500 ML per 30 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	2	QL(360 EA per 30 days); NDS
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	QL(360 EA per 30 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL(180 EA per 30 days); NDS
<i>endocet tablet 325mg; 10mg</i>	3	QL(360 EA per 30 days); NDS
<i>endocet tablet 325mg; 2.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>endocet tablet 325mg; 5mg</i>	2	QL(360 EA per 30 days); NDS
<i>endocet tablet 325mg; 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	5	QL(120 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5550 ML per 30 days); NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	3	QL(360 EA per 30 days); NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	3	QL(360 EA per 30 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>hydromorphone hcl injection 10mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 1mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg</i>	2	QL(180 EA per 30 days); NDS
<i>hydromorphone hcl tablet 4mg</i>	2	QL(180 EA per 30 days); NDS
<i>hydromorphone hcl tablet 8mg</i>	3	QL(180 EA per 30 days); NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate injection 50mg/ml</i>	4	NDS
<i>morphine sulfate solution 100mg/5ml</i>	4	QL(900 ML per 30 days); NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	QL(900 ML per 30 days); NDS
<i>morphine sulfate solution 20mg/5ml</i>	3	QL(900 ML per 30 days); NDS
<i>morphine sulfate tablet 15mg</i>	3	QL(180 EA per 30 days); NDS
<i>morphine sulfate tablet 30mg</i>	3	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	QL(1200 ML per 30 days); NDS
<i>oxycodone hydrochloride tablet 10mg</i>	2	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 15mg</i>	2	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 20mg</i>	3	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 30mg</i>	3	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 5mg</i>	2	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	3	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(360 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL(240 EA per 30 days); NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(240 EA per 30 days); NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	4	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	4	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	QL(90 EA per 30 days); PA
<i>premium lidocaine ointment 5%</i>	4	QL(150 GM per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg</i>	4	
<i>disulfiram tablet 500mg</i>	4	
<i>naltrexone hcl tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	4	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	4	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
<i>varenicline starting month tablet therapy pack 0</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 1mg</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 1mg</i>	4	QL(504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>gentamicin sulfate cream 0.1%</i>	4	
GENTAMICIN SULFATE INJECTION 40MG/ML	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>neomycin sulfate tablet 500mg</i>	3	
<i>paromomycin sulfate capsule 250mg</i>	4	
<i>streptomycin sulfate injection 1gm</i>	4	
<i>tobramycin sulfate injection 1.2gm/30ml</i>	4	
<i>tobramycin sulfate injection 1.2gm</i>	3	
<i>tobramycin sulfate injection 10mg/ml</i>	4	
<i>tobramycin sulfate injection 40mg/ml</i>	4	
<i>tobramycin sulfate injection 80mg/2ml</i>	4	
<b>Antibacterials, Other</b>		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindacin-p swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg</i>	2	
<i>clindamycin hydrochloride capsule 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml</i>	4	
<i>clindamycin phosphate injection 600mg/4ml</i>	4	
<i>clindamycin phosphate injection 600mg/4ml</i>	4	
<i>clindamycin phosphate injection 900mg/6ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium injection 150mg</i>	4	
<i>daptomycin/sodium chloride injection 1000mg/100ml; 0.9%</i>	4	
<i>daptomycin/sodium chloride injection 350mg/50ml; 0.9%</i>	4	
<i>daptomycin/sodium chloride injection 500mg/50ml; 0.9%</i>	4	
<i>daptomycin/sodium chloride injection 700mg/100ml; 0.9%</i>	4	
<i>daptomycin injection 350mg</i>	4	
<i>daptomycin injection 500mg</i>	4	
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML	4	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	QL(450 ML per 10 days)
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg</i>	2	
<i>metronidazole tablet 500mg</i>	2	

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<i>nitrofurantoin macrocrystals capsule 100mg</i>	3	
<i>nitrofurantoin macrocrystals capsule 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
<i>tinidazole tablet 250mg</i>	3	
<i>tinidazole tablet 500mg</i>	3	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1.75gm</i>	4	
<i>vancomycin hydrochloride injection 1gm</i>	4	
<i>vancomycin hydrochloride injection 250mg</i>	4	
<i>vancomycin hydrochloride injection 2gm</i>	4	
<i>vancomycin hydrochloride injection 500mg</i>	4	
<i>vancomycin hydrochloride injection 750mg</i>	4	
<i>vancomycin hydrochloride solution reconstituted 250mg/5ml</i>	4	QL(450 ML per 10 days)
<i>vancomycin hydrochloride solution reconstituted 25mg/ml</i>	4	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor capsule 250mg</i>	3	
<i>cefaclor capsule 500mg</i>	3	
<i>cefadroxil capsule 500mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
<b>CEFAZOLIN INJECTION 2GM</b>	4	
<i>cefazolin injection 3gm</i>	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml</i>	3	
<i>cefdinir suspension reconstituted 250mg/5ml</i>	3	
<i>cefepime hydrochloride injection 100gm</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime injection 1gm/50ml</i>	4	
<i>cefepime injection 1gm</i>	4	
<i>cefepime injection 2gm/100ml</i>	4	
<i>cefepime injection 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm</i>	3	
<i>cefotaxime sodium injection 2gm</i>	3	
<i>cefotaxime sodium injection 500mg</i>	3	
<i>cefotetan injection 1gm</i>	4	
<i>cefotetan injection 2gm</i>	4	
<i>cefoxitin sodium injection 10gm</i>	4	
<i>cefoxitin sodium injection 1gm</i>	4	
<i>cefoxitin sodium injection 2gm</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefepodoxime proxetil suspension reconstituted 50mg/5ml</i>	4	
<i>cefepodoxime proxetil tablet 100mg</i>	4	
<i>cefepodoxime proxetil tablet 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml</i>	3	
<i>cefprozil suspension reconstituted 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg</i>	3	
<i>cefprozil tablet 500mg</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm</i>	4	
<i>ceftazidime injection 2gm</i>	4	
<i>ceftazidime injection 6gm</i>	4	
<i>ceftriaxone sodium injection 10gm</i>	3	
<i>ceftriaxone sodium injection 1gm</i>	4	
<i>ceftriaxone sodium injection 250mg</i>	4	
<i>ceftriaxone sodium injection 2gm</i>	4	
<i>ceftriaxone sodium injection 500mg</i>	4	
<i>cefuroxime axetil tablet 250mg</i>	2	
<i>cefuroxime axetil tablet 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	
<i>cephalexin capsule 250mg</i>	2	
<i>cephalexin capsule 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml</i>	2	
<i>cephalexin suspension reconstituted 250mg/5ml</i>	2	
<i>tazicef injection 1gm</i>	4	
<i>tazicef injection 1gm</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>tazicef injection 2gm</i>	4	
<i>tazicef injection 6gm</i>	4	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg</i>	2	
<i>amoxicillin capsule 500mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg</i>	2	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	2	
<i>amoxicillin tablet 875mg</i>	2	
<i>ampicillin sodium injection 10gm</i>	4	
<i>ampicillin sodium injection 125mg</i>	4	
<i>ampicillin sodium injection 1gm</i>	4	
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	4	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	4	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	4	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	

Drug Name	Drug Tier	Requirements/ Limits
BICILLIN L-A INJECTION 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg</i>	2	
<i>dicloxacillin sodium capsule 500mg</i>	2	
<i>nafcillin sodium injection 10gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	2	
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg</i>	2	
<i>penicillin v potassium tablet 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	4	

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<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	4	
<b>Carbapenems</b>		
<i>ertapenem sodium injection 1gm</i>	4	
<i>ertapenem injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg</i>	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem injection 1gm</i>	4	
<i>meropenem injection 2gm</i>	4	
<i>meropenem injection 500mg</i>	4	
<b>Macrolides</b>		
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin packet 1gm</i>	3	
<i>azithromycin suspension reconstituted 100mg/5ml</i>	3	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 600mg</i>	3	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml</i>	4	
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg</i>	3	
<i>clarithromycin tablet 500mg</i>	3	
<b>DIFICID TABLET 200MG</b>	4	
<i>erythromycin dr tablet delayed release 250mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin dr tablet delayed release 333mg</i>	4	
<i>erythromycin dr tablet delayed release 500mg</i>	4	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	4	
<b>CIPRO SUSPENSION RECONSTITUTED 500MG/5ML</b>	4	
<b>CIPRO SUSPENSION RECONSTITUTED 5GM/100ML</b>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	4	
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg</i>	2	

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<i>levofloxacin tablet 500mg</i>	2	
<i>levofloxacin tablet 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet 150mg</i>	4	
<i>demeclocycline hcl tablet 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	3	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	3	
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	3	
<i>doxycycline monohydrate tablet 50mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg</i>	3	
<i>minocycline hydrochloride capsule 50mg</i>	3	
<i>mondoxyne nl capsule 100mg</i>	3	
<i>morgidox 1x100mg capsule 100mg</i>	3	
<i>morgidox 2x100mg capsule 100mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg</i>	3	
<i>tetracycline hydrochloride capsule 500mg</i>	3	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT SOLUTION 10MG/ML	5	QL(600 ML per 30 days); PA NSO
BRIVIACT TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 50MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 75MG	5	QL(60 EA per 30 days); PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
EPRONTIA SOLUTION 25MG/ML	4	ST NSO
<i>felbamate suspension 600mg/5ml</i>	5	

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<i>felbamate tablet 400mg</i>	4	
<i>felbamate tablet 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA NSO
FYCOMPA SUSPENSION 0.5MG/ML	5	QL(720 ML per 30 days); ST NSO
FYCOMPA TABLET 10MG	5	QL(30 EA per 30 days); ST NSO
FYCOMPA TABLET 12MG	5	QL(30 EA per 30 days); ST NSO
FYCOMPA TABLET 2MG	4	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 8MG	5	QL(30 EA per 30 days); ST NSO
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg</i>	2	
<i>lamotrigine tablet chewable 5mg</i>	2	
<i>lamotrigine tablet 100mg</i>	2	
<i>lamotrigine tablet 150mg</i>	2	
<i>lamotrigine tablet 200mg</i>	2	
<i>lamotrigine tablet 25mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam er tablet extended release 24 hour 500mg</i>	3	
<i>levetiracetam er tablet extended release 24 hour 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet 1000mg</i>	2	
<i>levetiracetam tablet 250mg</i>	2	
<i>levetiracetam tablet 500mg</i>	2	
<i>levetiracetam tablet 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(90 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(120 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(120 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(120 EA per 30 days)
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tablet 100mg</i>	2	
<i>subvenite tablet 150mg</i>	2	
<i>subvenite tablet 200mg</i>	2	
<i>subvenite tablet 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg</i>	3	

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<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	2	
<i>topiramate tablet 200mg</i>	2	
<i>topiramate tablet 25mg</i>	2	
<i>topiramate tablet 50mg</i>	2	
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	4	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
XCOPRI TABLET 150MG	5	QL(60 EA per 30 days); PA NSO
XCOPRI TABLET 200MG	5	QL(60 EA per 30 days); PA NSO
XCOPRI TABLET 25MG	5	QL(30 EA per 30 days); PA NSO
XCOPRI TABLET 50MG	5	QL(240 EA per 30 days); PA NSO
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>methsuximide capsule 300mg</i>	4	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clobazam suspension 2.5mg/ml</i>	4	QL(480 ML per 30 days); PA NSO
<i>clobazam tablet 10mg</i>	4	QL(60 EA per 30 days); PA NSO
<i>clobazam tablet 20mg</i>	4	QL(60 EA per 30 days); PA NSO
<i>clonazepam odt tablet disintegrating 0.125mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA NSO
DIACOMIT CAPSULE 500MG	5	PA NSO
DIACOMIT PACKET 250MG	5	PA NSO
DIACOMIT PACKET 500MG	5	PA NSO
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium dr tablet delayed release 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 250mg</i>	2	
<i>divalproex sodium dr tablet delayed release 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	
<i>divalproex sodium capsule delayed release sprinkle 125mg</i>	3	
<i>gabapentin capsule 100mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
LIBERVANT FILM 10MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 12.5MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 15MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 5MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 7.5MG	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital tablet 15mg</i>	4	
<i>phenobarbital tablet 16.2mg</i>	4	
<i>phenobarbital tablet 30mg</i>	4	
<i>phenobarbital tablet 32.4mg</i>	4	
<i>phenobarbital tablet 60mg</i>	4	
<i>phenobarbital tablet 64.8mg</i>	4	
<i>phenobarbital tablet 97.2mg</i>	4	
<i>primidone tablet 125mg</i>	2	
<i>primidone tablet 250mg</i>	2	
<i>primidone tablet 50mg</i>	2	
SYMPAZAN FILM 10MG	5	QL(60 EA per 30 days)
SYMPAZAN FILM 20MG	5	QL(60 EA per 30 days)
SYMPAZAN FILM 5MG	5	QL(60 EA per 30 days)
<i>tiagabine hydrochloride tablet 12mg</i>	4	
<i>tiagabine hydrochloride tablet 16mg</i>	4	
<i>tiagabine hydrochloride tablet 2mg</i>	4	
<i>tiagabine hydrochloride tablet 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
<i>vigabatrin tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
<i>vigadrone packet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
<i>vigadrone tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO
<i>vigpoder packet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
<b>Sodium Channel Agents</b>		
APTIOM TABLET 200MG	5	QL(180 EA per 30 days); ST NSO
APTIOM TABLET 400MG	5	QL(90 EA per 30 days); ST NSO
APTIOM TABLET 600MG	5	QL(60 EA per 30 days); ST NSO
APTIOM TABLET 800MG	5	QL(60 EA per 30 days); ST NSO
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine tablet chewable 100mg</i>	2	
<i>carbamazepine tablet chewable 200mg</i>	4	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>lacosamide solution 10mg/ml</i>	4	QL(1200 ML per 30 days)
<i>lacosamide tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide tablet 150mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide tablet 200mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide tablet 50mg</i>	4	QL(120 EA per 30 days)
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg</i>	2	
<i>oxcarbazepine tablet 300mg</i>	2	
<i>oxcarbazepine tablet 600mg</i>	2	
<i>phenytek capsule 200mg</i>	3	
<i>phenytek capsule 300mg</i>	3	
<i>phenytoin sodium extended capsule 100mg</i>	3	
<i>phenytoin sodium extended capsule 200mg</i>	3	
<i>phenytoin sodium extended capsule 300mg</i>	3	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	QL(2760 ML per 30 days)
<i>rufinamide tablet 200mg</i>	4	QL(480 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide tablet 400mg</i>	5	QL(240 EA per 30 days)
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	
<i>zonisamide capsule 50mg</i>	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates tablet 1mg</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL(30 EA per 30 days); ST
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tablet disintegrating 10mg</i>	3	
<i>donepezil hcl tablet disintegrating 5mg</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 5mg</i>	2	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg</i>	4	QL(30 EA per 30 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide er capsule extended release 24 hour 8mg</i>	4	QL(30 EA per 30 days)
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg</i>	3	QL(60 EA per 30 days)
<i>galantamine hydrobromide tablet 4mg</i>	3	QL(60 EA per 30 days)
<i>galantamine hydrobromide tablet 8mg</i>	3	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 1.5mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 3mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 4.5mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 6mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 9.5mg/24hr</i>	4	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl titration pak tablet 0</i>	2	PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride er capsule extended release 24 hour 21mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride er capsule extended release 24 hour 28mg</i>	4	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hydrochloride er capsule extended release 24 hour 7mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride tablet 10mg</i>	2	PA
<i>memantine hydrochloride tablet 5mg</i>	2	PA
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl tablet 25mg</i>	4	
<i>maprotiline hcl tablet 50mg</i>	4	
<i>maprotiline hcl tablet 75mg</i>	4	
<i>mirtazapine odt tablet disintegrating 15mg</i>	3	QL(30 EA per 30 days)
<i>mirtazapine odt tablet disintegrating 30mg</i>	3	QL(30 EA per 30 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(30 EA per 30 days)
<i>mirtazapine tablet 15mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 45mg</i>	2	
<i>mirtazapine tablet 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
ZURZUVAE CAPSULE 20MG	5	QL(28 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 25MG	5	QL(28 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM PATCH 24 HOUR 12MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 6MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 9MG/24HR	4	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	4	QL(180 EA per 30 days)
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg</i>	1	
<i>citalopram hydrobromide tablet 20mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide tablet 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg</i>	4	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(60 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	4	QL(600 ML per 30 days)
<i>escitalopram oxalate tablet 10mg</i>	2	
<i>escitalopram oxalate tablet 20mg</i>	2	
<i>escitalopram oxalate tablet 5mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL(30 EA per 30 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	1	
<i>fluoxetine hydrochloride capsule 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>fluvoxamine maleate tablet 25mg</i>	3	QL(30 EA per 30 days)
<i>fluvoxamine maleate tablet 50mg</i>	3	QL(60 EA per 30 days)
<i>nefazodone hydrochloride tablet 100mg</i>	4	
<i>nefazodone hydrochloride tablet 150mg</i>	4	
<i>nefazodone hydrochloride tablet 200mg</i>	4	
<i>nefazodone hydrochloride tablet 250mg</i>	4	
<i>nefazodone hydrochloride tablet 50mg</i>	4	
<i>paroxetine hcl tablet 30mg</i>	2	
<i>paroxetine hcl tablet 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hydrochloride tablet 10mg</i>	2	
<i>paroxetine hydrochloride tablet 20mg</i>	2	
<i>sertraline hcl concentrate 20mg/ml</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	QL(60 EA per 30 days)
<i>sertraline hydrochloride tablet 100mg</i>	1	QL(60 EA per 30 days)
<i>sertraline hydrochloride tablet 25mg</i>	1	QL(30 EA per 30 days)
<i>trazodone hydrochloride tablet 100mg</i>	2	
<i>trazodone hydrochloride tablet 150mg</i>	2	
<i>trazodone hydrochloride tablet 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 20MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days)
<i>venlafaxine hydrochloride tablet 100mg</i>	2	
<i>venlafaxine hydrochloride tablet 25mg</i>	2	
<i>venlafaxine hydrochloride tablet 37.5mg</i>	2	
<i>venlafaxine hydrochloride tablet 50mg</i>	2	
<i>venlafaxine hydrochloride tablet 75mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
VIIBRYD STARTER PACK KIT 0	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride tablet 10mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg</i>	3	
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hcl tablet 25mg</i>	3	
<i>amitriptyline hcl tablet 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg</i>	3	
<i>amitriptyline hydrochloride tablet 50mg</i>	3	
<i>amoxapine tablet 100mg</i>	4	
<i>amoxapine tablet 150mg</i>	4	
<i>amoxapine tablet 25mg</i>	4	
<i>amoxapine tablet 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg</i>	4	
<i>clomipramine hydrochloride capsule 50mg</i>	4	
<i>clomipramine hydrochloride capsule 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg</i>	4	
<i>desipramine hydrochloride tablet 10mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>desipramine hydrochloride tablet 150mg</i>	4	
<i>desipramine hydrochloride tablet 25mg</i>	4	
<i>desipramine hydrochloride tablet 50mg</i>	4	
<i>desipramine hydrochloride tablet 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg</i>	3	
<i>doxepin hydrochloride capsule 10mg</i>	3	
<i>doxepin hydrochloride capsule 150mg</i>	3	
<i>doxepin hydrochloride capsule 25mg</i>	3	
<i>doxepin hydrochloride capsule 50mg</i>	3	
<i>imipramine hcl tablet 25mg</i>	4	
<i>imipramine hcl tablet 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg</i>	2	
<i>nortriptyline hcl capsule 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg</i>	2	
<i>nortriptyline hydrochloride capsule 50mg</i>	2	
<i>protriptyline hcl tablet 10mg</i>	4	
<i>protriptyline hcl tablet 5mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate capsule 100mg</i>	4	
<i>trimipramine maleate capsule 25mg</i>	4	
<i>trimipramine maleate capsule 50mg</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg</i>	3	
<i>meclizine hcl tablet 25mg</i>	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet 10mg</i>	2	
<i>prochlorperazine maleate tablet 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	3	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	4	
<i>promethazine hydrochloride tablet 25mg</i>	3	
<i>promethazine hydrochloride tablet 50mg</i>	3	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol capsule 2.5mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron hydrochloride tablet 4mg</i>	2	B/D
<i>ondansetron hydrochloride tablet 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	3	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	3	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>casposfungin acetate injection 50mg</i>	4	
CASPOFUNGIN ACETATE INJECTION 70MG	4	
<i>clotrimazole cream 1%</i>	3	QL(45 GM per 28 days)
<i>clotrimazole troche 10mg</i>	4	
<i>econazole nitrate cream 1%</i>	3	QL(85 GM per 28 days)
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%</i>	4	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole suspension reconstituted 40mg/ml</i>	3	
<i>fluconazole tablet 100mg</i>	2	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 200mg</i>	2	
<i>fluconazole tablet 50mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg</i>	4	
<i>griseofulvin ultramicrosize tablet 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	QL(120 EA per 30 days); PA
JUBLIA SOLUTION 10%	4	
<i>ketoconazole cream 2%</i>	3	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	QL(120 ML per 28 days)
<i>ketoconazole tablet 200mg</i>	3	
<i>klayesta powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	3	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	4	QL(96 EA per 30 days); PA
<i>posaconazole suspension 40mg/ml</i>	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%</i>	3	
<i>terconazole cream 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	4	
<i>voriconazole tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>voriconazole tablet 50mg</i>	4	QL(120 EA per 30 days)
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tablet 100mg</i>	2	
<i>allopurinol tablet 300mg</i>	2	
COLCHICINE TABLET 0.6MG	4	
<i>febuxostat tablet 40mg</i>	4	ST
<i>febuxostat tablet 80mg</i>	4	ST
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	4	
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)
<b>Prophylactic</b>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride tablet 10mg</i>	2	
<i>propranolol hydrochloride tablet 20mg</i>	2	
<i>propranolol hydrochloride tablet 60mg</i>	2	
<i>propranolol hydrochloride tablet 80mg</i>	2	
UBRELVY TABLET 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABLET 50MG	5	QL(16 EA per 30 days); PA
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan hcl tablet 1mg</i>	3	QL(9 EA per 30 days)
<i>naratriptan hcl tablet 2.5mg</i>	4	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(9 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan solution 20mg/act</i>	4	QL(12 EA per 30 days)
<i>sumatriptan solution 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl tablet 125mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
<b>Antituberculars</b>		
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg</i>	3	
<i>ethambutol hydrochloride tablet 400mg</i>	3	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg</i>	2	
<i>isoniazid tablet 300mg</i>	2	
<i>paser packet 4gm</i>	4	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	4	
<i>rifampin capsule 150mg</i>	4	
<i>rifampin capsule 300mg</i>	4	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	

Drug Name	Drug Tier	Requirements/ Limits
TRECTOR TABLET 250MG	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide capsule 25mg</i>	3	B/D
<i>cyclophosphamide capsule 50mg</i>	3	B/D
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	QL(60 GM per 14 days); PA NSO
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg</i>	4	QL(120 EA per 30 days); PA NSO
<i>abiraterone acetate tablet 500mg</i>	4	QL(60 EA per 30 days); PA NSO
<i>bicalutamide tablet 50mg</i>	3	
ERLEADA TABLET 240MG	5	PA NSO
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA NSO
<i>flutamide capsule 125mg</i>	4	
<i>nilutamide tablet 150mg</i>	5	QL(60 EA per 30 days)
NUBEQA TABLET 300MG	5	QL(120 EA per 30 days); PA NSO
XTANDI CAPSULE 40MG	5	QL(120 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA NSO
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
<b>Antiangiogenic Agents</b>		
FOTIVDA CAPSULE 0.89MG	5	QL(21 EA per 28 days); PA NSO
FOTIVDA CAPSULE 1.34MG	5	QL(21 EA per 28 days); PA NSO
<i>lenalidomide capsule 10mg</i>	5	PA NSO
<i>lenalidomide capsule 15mg</i>	5	PA NSO
<i>lenalidomide capsule 2.5mg</i>	5	PA NSO
<i>lenalidomide capsule 20mg</i>	5	PA NSO
<i>lenalidomide capsule 25mg</i>	5	PA NSO
<i>lenalidomide capsule 5mg</i>	5	PA NSO
POMALYST CAPSULE 1MG	5	QL(21 EA per 28 days); PA NSO
POMALYST CAPSULE 2MG	5	QL(21 EA per 28 days); PA NSO
POMALYST CAPSULE 3MG	5	QL(21 EA per 28 days); PA NSO
POMALYST CAPSULE 4MG	5	QL(21 EA per 28 days); PA NSO
QINLOCK TABLET 50MG	5	QL(90 EA per 30 days); PA NSO
TABRECTA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
TABRECTA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG	5	QL(28 EA per 28 days); PA NSO
THALOMID CAPSULE 150MG	5	QL(56 EA per 28 days); PA NSO
THALOMID CAPSULE 200MG	5	QL(56 EA per 28 days); PA NSO
THALOMID CAPSULE 50MG	5	QL(28 EA per 28 days); PA NSO
<b>Antiestrogens/Modifiers</b>		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen citrate tablet 10mg</i>	2	
<i>tamoxifen citrate tablet 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	QL(30 EA per 30 days)
<b>Antimetabolites</b>		
DROXIA CAPSULE 200MG	3	
DROXIA CAPSULE 300MG	3	
DROXIA CAPSULE 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine tablet 50mg</i>	4	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
<b>Antineoplastics, Other</b>		
AKEEGA TABLET 500MG; 100MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
AKEEGA TABLET 500MG; 50MG	5	PA NSO
BESREMI INJECTION 500MCG/ML	5	PA NSO
COLUMVI INJECTION 10MG/10ML	5	PA NSO
COLUMVI INJECTION 2.5MG/2.5ML	5	PA NSO
EPKINLY INJECTION 48MG/0.8ML	5	PA NSO
EPKINLY INJECTION 4MG/0.8ML	5	PA NSO
GAVRETO CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO
IBRANCE TABLET 100MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE TABLET 125MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE TABLET 75MG	5	QL(21 EA per 28 days); PA NSO
IDHIFA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
INREBIC CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
IWILFIN TABLET 192MG	5	PA NSO
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	QL(49 EA per 28 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	QL(70 EA per 28 days); PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	QL(91 EA per 28 days); PA NSO
KRAZATI TABLET 200MG	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
LONSURF TABLET 6.14MG; 15MG	5	PA NSO
LONSURF TABLET 8.19MG; 20MG	5	PA NSO
LUMAKRAS TABLET 120MG	5	PA NSO
LUMAKRAS TABLET 240MG	5	PA NSO
LUMAKRAS TABLET 320MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
NINLARO CAPSULE 2.3MG	5	QL(3 EA per 28 days); PA NSO
NINLARO CAPSULE 3MG	5	QL(3 EA per 28 days); PA NSO
NINLARO CAPSULE 4MG	5	QL(3 EA per 28 days); PA NSO
OGSIVEO TABLET 100MG	5	PA NSO
OGSIVEO TABLET 150MG	5	PA NSO
OGSIVEO TABLET 50MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABLET 200MG	5	QL(14 EA per 14 days); PA NSO
ONUREG TABLET 300MG	5	QL(14 EA per 14 days); PA NSO
ORSERDU TABLET 345MG	5	PA NSO
ORSERDU TABLET 86MG	5	PA NSO
PEMAZYRE TABLET 13.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 4.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 9MG	5	QL(30 EA per 30 days); PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA NSO
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA NSO
RETEVMO TABLET 120MG	5	PA NSO
RETEVMO TABLET 160MG	5	PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA NSO
SYNRIBO INJECTION 3.5MG	5	
TAZVERIK TABLET 200MG	5	QL(240 EA per 30 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 0	5	QL(42 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(42 EA per 21 days); PA NSO
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA NSO
VONJO CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 50MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 60MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
<b>Antineoplastics</b>		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA NSO
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
<b>Enzyme Inhibitors</b>		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	
<b>Molecular Target Inhibitors</b>		
ALECENSA CAPSULE 150MG	5	QL(240 EA per 30 days); PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABLET 180MG	5	QL(30 EA per 30 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 200MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 25MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA NSO
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA NSO
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA NSO
BOSULIF CAPSULE 100MG	5	QL(90 EA per 30 days); PA NSO
BOSULIF CAPSULE 50MG	5	QL(30 EA per 30 days); PA NSO
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
BOSULIF TABLET 400MG	5	QL(30 EA per 30 days); PA NSO
BOSULIF TABLET 500MG	5	QL(30 EA per 30 days); PA NSO
BRAFTOVI CAPSULE 75MG	5	QL(180 EA per 30 days); PA NSO
BRUKINSA CAPSULE 80MG	5	QL(120 EA per 30 days); PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CABOMETYX TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
CABOMETYX TABLET 60MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE CAPSULE 100MG	5	QL(60 EA per 30 days); PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
COMETRIQ KIT 0	5	QL(112 EA per 28 days); PA NSO
COMETRIQ KIT 0	5	QL(56 EA per 28 days); PA NSO
COMETRIQ KIT 20MG	5	QL(84 EA per 28 days); PA NSO
COPIKTRA CAPSULE 15MG	5	QL(60 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
COPIKTRA CAPSULE 25MG	5	QL(60 EA per 30 days); PA NSO
COTELLIC TABLET 20MG	5	QL(63 EA per 28 days); PA NSO
<i>dasatinib tablet 100mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>dasatinib tablet 140mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>dasatinib tablet 20mg</i>	5	QL(60 EA per 30 days); PA NSO
<i>dasatinib tablet 50mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>dasatinib tablet 70mg</i>	5	QL(60 EA per 30 days); PA NSO
<i>dasatinib tablet 80mg</i>	5	QL(30 EA per 30 days); PA NSO
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
ERIVEDGE CAPSULE 150MG	5	QL(30 EA per 30 days); PA NSO
<i>erlotinib hydrochloride tablet 100mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL(60 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus tablet soluble 2mg</i>	5	QL(330 EA per 30 days); PA NSO
<i>everolimus tablet soluble 3mg</i>	5	QL(240 EA per 30 days); PA NSO
<i>everolimus tablet soluble 5mg</i>	5	QL(180 EA per 30 days); PA NSO
<i>everolimus tablet 10mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	QL(120 EA per 30 days)
FARYDAK CAPSULE 10MG	5	
FARYDAK CAPSULE 15MG	5	
FARYDAK CAPSULE 20MG	5	
FRUZAQLA CAPSULE 1MG	5	PA NSO
FRUZAQLA CAPSULE 5MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 30MG	5	QL(30 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE CAPSULE 125MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE CAPSULE 75MG	5	QL(21 EA per 28 days); PA NSO
ICLUSIG TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 45MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 140MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA TABLET 280MG	5	QL(30 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABLET 420MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA TABLET 560MG	5	QL(30 EA per 30 days); PA NSO
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA NSO
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA NSO
INQOVI TABLET 100MG; 35MG	5	QL(5 EA per 28 days); PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 15MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 5MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(21 EA per 28 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(42 EA per 28 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(63 EA per 28 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
KOSELUGO CAPSULE 10MG	5	PA NSO
KOSELUGO CAPSULE 25MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	QL(180 EA per 30 days); PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA NSO
LYNPARZA TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
LYNPARZA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA NSO
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA NSO
MEKTOVI TABLET 15MG	5	QL(180 EA per 30 days); PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
ODOMZO CAPSULE 200MG	5	QL(30 EA per 30 days); PA NSO
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
OJJAARA TABLET 100MG	5	PA NSO
OJJAARA TABLET 150MG	5	PA NSO
OJJAARA TABLET 200MG	5	PA NSO
<i>pazopanib hydrochloride tablet 200mg</i>	5	QL(120 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA NSO
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA NSO
ROZLYTREK PACKET 50MG	5	PA NSO
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
RUBRACA TABLET 250MG	5	QL(120 EA per 30 days); PA NSO
RUBRACA TABLET 300MG	5	QL(120 EA per 30 days); PA NSO
RYDAPT CAPSULE 25MG	5	QL(240 EA per 30 days); PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	QL(120 EA per 30 days); PA NSO
<i>sorafenib tablet 200mg</i>	5	QL(120 EA per 30 days); PA NSO
STIVARGA TABLET 40MG	5	QL(84 EA per 28 days); PA NSO
<i>sunitinib malate capsule 12.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>sunitinib malate capsule 25mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>sunitinib malate capsule 37.5mg</i>	5	QL(30 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
<i>sunitinib malate capsule</i> 50mg	5	QL(30 EA per 30 days); PA NSO
TAFINLAR CAPSULE 50MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR CAPSULE 75MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TAGRISSE TABLET 80MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.35MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.5MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.75MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 1MG	5	QL(30 EA per 30 days); PA NSO
TASIGNA CAPSULE 150MG	5	QL(112 EA per 28 days); PA NSO
TASIGNA CAPSULE 200MG	5	QL(112 EA per 28 days); PA NSO
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	QL(60 EA per 30 days); PA NSO
TRUQAP TABLET THERAPY PACK 160MG	5	PA NSO
TRUQAP TABLET THERAPY PACK 200MG	5	PA NSO
TRUQAP TABLET 160MG	5	PA NSO
TRUQAP TABLET 200MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
TURALIO CAPSULE 200MG	5	QL(120 EA per 30 days); PA NSO
VANFLYTA TABLET 17.7MG	5	PA NSO
VANFLYTA TABLET 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(42 EA per 30 days); PA NSO
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA NSO
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
VERZENIO TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
VERZENIO TABLET 150MG	5	QL(60 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
VERZENIO TABLET 200MG	5	QL(60 EA per 30 days); PA NSO
VERZENIO TABLET 50MG	5	QL(60 EA per 30 days); PA NSO
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA NSO
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA NSO
VITRAKVI SOLUTION 20MG/ML	5	QL(300 ML per 30 days); PA NSO
VIZIMPRO TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
VIZIMPRO TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
VIZIMPRO TABLET 45MG	5	QL(30 EA per 30 days); PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
VORANIGO TABLET 40MG	5	PA NSO
WELIREG TABLET 40MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG	5	QL(60 EA per 30 days); PA NSO
XALKORI CAPSULE SPRINKLE 20MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 50MG	5	PA NSO
XALKORI CAPSULE 200MG	5	QL(60 EA per 30 days); PA NSO
XALKORI CAPSULE 250MG	5	QL(60 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
XOSPATA TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
ZEJULA CAPSULE 100MG	5	QL(90 EA per 30 days); PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 200MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF TABLET 240MG	5	QL(240 EA per 30 days); PA NSO
ZYDELIG TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
ZYDELIG TABLET 150MG	5	QL(60 EA per 30 days); PA NSO
ZYKADIA TABLET 150MG	5	QL(90 EA per 30 days); PA NSO
<b><i>Monoclonal Antibody/Antibody-Drug Conjugate</i></b>		
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA NSO
KANJINTI INJECTION 150MG	5	PA NSO
KANJINTI INJECTION 420MG	5	PA NSO
LOQTORZI INJECTION 240MG/6ML	5	PA NSO
RUXIENCE INJECTION 100MG/10ML	5	PA NSO
RUXIENCE INJECTION 500MG/50ML	5	PA NSO
TEVIMBRA INJECTION 100MG/10ML	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
TRAZIMERA INJECTION 150MG	5	PA NSO
TRAZIMERA INJECTION 420MG	5	PA NSO
<b>Retinoids</b>		
<i>bexarotene capsule 75mg</i>	5	PA NSO
<i>bexarotene gel 1%</i>	5	PA NSO
PANRETIN GEL 0.1%	5	PA NSO
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
LEUCOVORIN CALCIUM TABLET 10MG	3	
LEUCOVORIN CALCIUM TABLET 15MG	3	
LEUCOVORIN CALCIUM TABLET 25MG	3	
LEUCOVORIN CALCIUM TABLET 5MG	3	
MESNEX TABLET 400MG	4	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg</i>	3	QL(20 EA per 30 days); PA
<i>praziquantel tablet 600mg</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
BENZNIDAZOLE TABLET 100MG	4	
BENZNIDAZOLE TABLET 12.5MG	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate tablet 250mg</i>	4	
<i>chloroquine phosphate tablet 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	QL(24 EA per 30 days)
<i>hydroxychloroquine sulfate tablet 100mg</i>	2	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	3	
<i>nitazoxanide tablet 500mg</i>	4	
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate solution reconstituted 300mg</i>	4	QL(1 EA per 28 days); B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
QUININE SULFATE CAPSULE 324MG	3	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet 0.5mg</i>	2	
<i>benztropine mesylate tablet 1mg</i>	2	
<i>benztropine mesylate tablet 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg</i>	3	
<i>trihexyphenidyl hydrochloride tablet 5mg</i>	3	
<b>Antiparkinson Agents, Other</b>		
<i>entacapone tablet 200mg</i>	4	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
KYNMOBI TITRATION KIT KIT 0	5	QL(20 EA per 365 days); PA
<i>kynmobi film 10mg</i>	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 15MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 20MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 25MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 30MG	5	QL(150 EA per 30 days); PA
NEUPRO PATCH 24 HOUR 1MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 2MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 3MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 4MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 6MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 8MG/24HR	4	ST
<i>pramipexole dihydrochloride tablet 0.125mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.25mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.5mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride tablet 0.75mg</i>	2	
<i>pramipexole dihydrochloride tablet 1.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 1mg</i>	2	
<i>ropinirole hcl tablet 0.5mg</i>	2	
<i>ropinirole hcl tablet 1mg</i>	2	
<i>ropinirole hcl tablet 2mg</i>	2	
<i>ropinirole hcl tablet 4mg</i>	2	
<i>ropinirole hcl tablet 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg</i>	2	
<i>ropinirole hydrochloride tablet 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet 0.5mg</i>	4	
<i>rasagiline mesylate tablet 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tablet 100mg</i>	4	
<i>chlorpromazine hcl tablet 10mg</i>	4	
<i>chlorpromazine hcl tablet 200mg</i>	4	
<i>chlorpromazine hcl tablet 25mg</i>	4	
<i>chlorpromazine hcl tablet 50mg</i>	4	
<i>chlorpromazine hydrochloride concentrate 100mg/ml</i>	4	
<i>chlorpromazine hydrochloride concentrate 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg</i>	4	
<i>chlorpromazine hydrochloride tablet 10mg</i>	4	
<i>chlorpromazine hydrochloride tablet 200mg</i>	4	
<i>chlorpromazine hydrochloride tablet 25mg</i>	4	
<i>chlorpromazine hydrochloride tablet 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg</i>	4	
<i>fluphenazine hydrochloride tablet 2.5mg</i>	4	
<i>fluphenazine hydrochloride tablet 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>loxapine capsule 10mg</i>	3	
<i>loxapine capsule 25mg</i>	3	
<i>loxapine capsule 50mg</i>	3	
<i>loxapine capsule 5mg</i>	3	
<i>molindone hydrochloride tablet 10mg</i>	4	
<i>molindone hydrochloride tablet 25mg</i>	4	
<i>molindone hydrochloride tablet 5mg</i>	4	
<i>perphenazine tablet 16mg</i>	4	
<i>perphenazine tablet 2mg</i>	4	
<i>perphenazine tablet 4mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine tablet 8mg</i>	4	
<i>pimozide tablet 1mg</i>	4	
<i>pimozide tablet 2mg</i>	4	
<i>thioridazine hcl tablet 100mg</i>	3	
<i>thioridazine hcl tablet 10mg</i>	3	
<i>thioridazine hcl tablet 25mg</i>	3	
<i>thioridazine hcl tablet 50mg</i>	3	
<i>thiothixene capsule 10mg</i>	4	
<i>thiothixene capsule 1mg</i>	4	
<i>thiothixene capsule 2mg</i>	4	
<i>thiothixene capsule 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg</i>	3	
<i>trifluoperazine hcl tablet 2mg</i>	3	
<i>trifluoperazine hcl tablet 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	4	
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	4	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole tablet 10mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 15mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 2mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 5mg</i>	4	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	
ARISTADA INJECTION 441MG/1.6ML	5	
ARISTADA INJECTION 662MG/2.4ML	5	
ARISTADA INJECTION 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 2.5mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 21MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK TABLET 0	4	QL(8 EA per 180 days); ST NSO
FANAPT TABLET 10MG	5	QL(60 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/ Limits
FANAPT TABLET 12MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 1MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 2MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 15MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 20MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
<i>olanzapine odt tablet disintegrating 10mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 15mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 20mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 5mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 15mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 20mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 7.5mg</i>	2	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 3mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 9mg</i>	4	QL(30 EA per 30 days)
PERSERIS INJECTION 120MG	5	QL(1 EA per 30 days)
PERSERIS INJECTION 90MG	5	QL(1 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	4	QL(90 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 25mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 0.5MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 1MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 2MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 3MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 4MG	5	QL(30 EA per 30 days); ST NSO
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg</i>	5	

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Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone er injection 37.5mg</i>	5	
<i>risperidone er injection 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 2mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 3mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	3	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 0.5mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 1mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 2mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 3mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 4mg</i>	2	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK 0	4	QL(14 EA per 365 days); ST NSO

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPSULE 1.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 3MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 4.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 6MG	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl capsule 20mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 40mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 60mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	QL(2 EA per 28 days); ST NSO
ZYPREXA RELPREVV INJECTION 300MG	5	ST NSO
ZYPREXA RELPREVV INJECTION 405MG	5	ST NSO
<b>Treatment-Resistant</b>		
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(270 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 25mg</i>	4	QL(270 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days); ST NSO
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days); ST NSO
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days); ST NSO
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days); ST NSO
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days); ST NSO
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg</i>	4	
<i>dantrolene sodium capsule 25mg</i>	4	
<i>dantrolene sodium capsule 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir injection 75mg/ml</i>	5	
<i>ganciclovir injection 500mg/10ml</i>	3	B/D
<i>ganciclovir injection 500mg</i>	3	B/D
PREVYMIS TABLET 240MG	5	
PREVYMIS TABLET 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>valganciclovir tablet 450mg</i>	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg</i>	4	QL(30 EA per 30 days)
<i>entecavir tablet 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL(30 EA per 30 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days)
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS TABLET CHEWABLE 25MG	4	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL(120 EA per 30 days)
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	
TIVICAY TABLET 10MG	4	QL(60 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(60 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA TABLET 30MG	5	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL(30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABLET 25MG	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg</i>	4	QL(120 EA per 30 days)
<i>efavirenz capsule 50mg</i>	4	QL(180 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz tablet 600mg</i>	4	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(120 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(90 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	4	QL(1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	3	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate tablet 300mg</i>	4	QL(60 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	4	QL(960 ML per 30 days)
<i>abacavir tablet 300mg</i>	4	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	2	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL(680 ML per 28 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	4	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
<i>stavudine capsule 15mg</i>	4	
<i>stavudine capsule 20mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 40mg</i>	4	
TEMIXYS TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL(60 EA per 30 days)
VIREAD POWDER 40MG/GM	5	QL(225 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABLET 150MG	5	QL(30 EA per 30 days)
VIREAD TABLET 200MG	5	QL(30 EA per 30 days)
VIREAD TABLET 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule 100mg</i>	4	QL(180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	4	QL(1680 ML per 28 days)
<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	QL(1800 ML per 30 days)
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	4	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
APTIVUS SOLUTION 100MG/ML	5	
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	QL(60 EA per 30 days)
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	QL(120 EA per 30 days)
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	QL(1575 ML per 28 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	QL(400 ML per 30 days)
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	QL(150 EA per 30 days)
NORVIR PACKET 100MG	4	QL(360 EA per 30 days)
NORVIR SOLUTION 80MG/ML	4	
PREZCOBIX TABLET 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(360 ML per 30 days)
PREZISTA TABLET 150MG	4	QL(240 EA per 30 days)
PREZISTA TABLET 75MG	4	QL(420 EA per 30 days)
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	QL(360 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(270 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG	4	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	4	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	4	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	4	QL(2 EA per 365 days)
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg</i>	2	
<i>acyclovir tablet 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	3	
<i>famciclovir tablet 250mg</i>	3	
<i>famciclovir tablet 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm</i>	3	QL(120 EA per 30 days)

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<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL(120 EA per 30 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg</i>	2	
<i>bupirone hydrochloride tablet 30mg</i>	3	
<i>bupirone hydrochloride tablet 5mg</i>	2	
<i>bupirone hydrochloride tablet 7.5mg</i>	3	
<i>hydroxyzine pamoate capsule 100mg</i>	4	
<i>hydroxyzine pamoate capsule 25mg</i>	4	
<i>hydroxyzine pamoate capsule 50mg</i>	4	
<b>Benzodiazepines</b>		
<i>alprazolam tablet 0.25mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	4	QL(240 ML per 30 days)
<i>diazepam concentrate 5mg/ml</i>	4	QL(240 ML per 30 days)
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam tablet 10mg</i>	3	QL(120 EA per 30 days)
<i>diazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
<i>diazepam tablet 5mg</i>	3	QL(240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	QL(150 ML per 30 days)
<i>lorazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	3	QL(150 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium carbonate er tablet extended release 300mg</i>	2	
<i>lithium carbonate er tablet extended release 450mg</i>	2	
<i>lithium carbonate capsule 150mg</i>	2	
<i>lithium carbonate capsule 300mg</i>	2	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>acarbose tablet 25mg</i>	2	QL(360 EA per 30 days)
<i>acarbose tablet 50mg</i>	2	QL(180 EA per 30 days)
<b>BYDUREON BCISE INJECTION 2MG/0.85ML</b>	4	QL(3.4 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABLET 10MG	3	
FARXIGA TABLET 5MG	3	
glimepiride tablet 1mg	1	
glimepiride tablet 2mg	1	
glimepiride tablet 4mg	1	QL(60 EA per 30 days)
glipizide er tablet extended release 24 hour 10mg	1	QL(60 EA per 30 days)
glipizide er tablet extended release 24 hour 2.5mg	1	QL(240 EA per 30 days)
glipizide er tablet extended release 24 hour 5mg	1	QL(120 EA per 30 days)
glipizide xl tablet extended release 24 hour 10mg	1	QL(60 EA per 30 days)
glipizide xl tablet extended release 24 hour 2.5mg	1	QL(240 EA per 30 days)
glipizide xl tablet extended release 24 hour 5mg	1	QL(120 EA per 30 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	3	QL(240 EA per 30 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg	3	QL(120 EA per 30 days)
glipizide/metformin hydrochloride tablet 5mg; 500mg	3	QL(120 EA per 30 days)
glipizide tablet 10mg	1	QL(120 EA per 30 days)
glipizide tablet 2.5mg	1	
glipizide tablet 5mg	1	QL(240 EA per 30 days)
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	2	
glyburide/metformin hydrochloride tablet 2.5mg; 500mg	2	

Drug Name	Drug Tier	Requirements/ Limits
glyburide/metformin hydrochloride tablet 5mg; 500mg	2	
glyburide tablet 1.25mg	2	
glyburide tablet 2.5mg	2	
glyburide tablet 5mg	2	
GLYXAMBI TABLET 10MG; 5MG	3	QL(30 EA per 30 days)
GLYXAMBI TABLET 25MG; 5MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	QL(60 EA per 30 days)
JANUMET TABLET 1000MG; 50MG	3	QL(60 EA per 30 days)
JANUMET TABLET 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA TABLET 100MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 25MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 50MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TABLET 2.5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 500MG	3	
JENTADUETO TABLET 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(120 EA per 30 days)
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(60 EA per 30 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(75 EA per 30 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(150 EA per 30 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(90 EA per 30 days)
MOUNJARO INJECTION 10MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 15MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	4	QL(90 EA per 30 days)
<i>nateglinide tablet 60mg</i>	4	QL(180 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(3 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 4MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	3	
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	3	
<i>pioglitazone hcl tablet 45mg</i>	1	QL(30 EA per 30 days)
<i>pioglitazone hydrochloride tablet 15mg</i>	1	QL(30 EA per 30 days)
<i>pioglitazone hydrochloride tablet 30mg</i>	1	QL(30 EA per 30 days)
<i>repaglinide tablet 0.5mg</i>	3	QL(960 EA per 30 days)
<i>repaglinide tablet 1mg</i>	3	QL(480 EA per 30 days)
<i>repaglinide tablet 2mg</i>	3	QL(240 EA per 30 days)
RYBELSUS TABLET 14MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
RYBELSUS TABLET 7MG	3	QL(30 EA per 30 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(90 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 500MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 1.5MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 3MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	4	
GLUCAGON EMERGENCY KIT INJECTION 1MG	4	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJECTION 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
GVOKE HYOPEN 2- PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
<b>Insulins</b>		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml</i>	4	QL(35 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml</i>	4	QL(28 ML per 90 days)
<i>enoxaparin sodium injection 150mg/ml</i>	4	QL(35 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	4	QL(105 ML per 90 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL(10.5 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL(14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL(21 ML per 90 days)
<i>enoxaparin sodium injection 80mg/0.8ml</i>	4	QL(28 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	4	QL(28 ML per 90 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL(17.5 ML per 90 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	QL(14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	QL(21 ML per 90 days)
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>jantoven tablet 3mg</i>	1	
<i>jantoven tablet 4mg</i>	1	
<i>jantoven tablet 5mg</i>	1	
<i>jantoven tablet 6mg</i>	1	
<i>jantoven tablet 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg</i>	1	
<i>warfarin sodium tablet 1mg</i>	1	
<i>warfarin sodium tablet 2.5mg</i>	1	
<i>warfarin sodium tablet 2mg</i>	1	
<i>warfarin sodium tablet 3mg</i>	1	
<i>warfarin sodium tablet 4mg</i>	1	
<i>warfarin sodium tablet 5mg</i>	1	
<i>warfarin sodium tablet 6mg</i>	1	
<i>warfarin sodium tablet 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(60 EA per 30 days)
XARELTO TABLET 20MG	3	QL(30 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride capsule 0.5mg</i>	3	
<i>anagrelide hydrochloride capsule 1mg</i>	3	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML	5	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA
PROCRIT INJECTION 3000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	QL(180 EA per 30 days); PA
PROMACTA PACKET 25MG	5	PA
PROMACTA TABLET 12.5MG	5	QL(30 EA per 30 days); PA
PROMACTA TABLET 25MG	5	QL(30 EA per 30 days); PA
PROMACTA TABLET 50MG	5	QL(30 EA per 30 days); PA
PROMACTA TABLET 75MG	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 20MG	5	QL(60 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
RETACRIT INJECTION 20000UNIT/2ML	4	PA
RETACRIT INJECTION 20000UNIT/ML	4	PA
RETACRIT INJECTION 2000UNIT/ML	4	PA
RETACRIT INJECTION 3000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA
RETACRIT INJECTION 4000UNIT/ML	4	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet 650mg</i>	3	
<b>Platelet Modifying Agents</b>		
ASPIRIN/DIPYRIDAMO LE ER CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
BRILINTA TABLET 60MG	4	QL(60 EA per 30 days)
BRILINTA TABLET 90MG	4	QL(60 EA per 30 days)
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
DOPELET TABLET 20MG	5	PA
DOPELET TABLET 20MG	5	PA
DOPELET TABLET 20MG	5	PA
prasugrel hydrochloride tablet 10mg	4	
prasugrel hydrochloride tablet 5mg	4	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
clonidine hydrochloride tablet 0.1mg	2	
clonidine hydrochloride tablet 0.2mg	2	
clonidine hydrochloride tablet 0.3mg	2	
clonidine patch weekly 0.1mg/24hr	4	
clonidine patch weekly 0.2mg/24hr	4	
clonidine patch weekly 0.3mg/24hr	4	
droxidopa capsule 100mg	4	PA
droxidopa capsule 200mg	4	PA
droxidopa capsule 300mg	4	PA
guanfacine hydrochloride tablet 1mg	4	
guanfacine hydrochloride tablet 2mg	4	
methyldopa tablet 250mg	4	
methyldopa tablet 500mg	4	
midodrine hcl tablet 10mg	3	
midodrine hcl tablet 2.5mg	3	
midodrine hcl tablet 5mg	3	
<b>Alpha-adrenergic Blocking Agents</b>		
prazosin hydrochloride capsule 1mg	2	
prazosin hydrochloride capsule 2mg	2	
prazosin hydrochloride capsule 5mg	2	

Drug Name	Drug Tier	Requirements/ Limits
terazosin hcl capsule 10mg	2	
terazosin hcl capsule 1mg	2	
terazosin hcl capsule 5mg	2	
terazosin hydrochloride capsule 2mg	2	
<b>Angiotensin II Receptor Antagonists</b>		
candesartan cilexetil tablet 16mg	3	QL(60 EA per 30 days)
candesartan cilexetil tablet 32mg	3	QL(30 EA per 30 days)
candesartan cilexetil tablet 4mg	3	QL(60 EA per 30 days)
candesartan cilexetil tablet 8mg	3	QL(60 EA per 30 days)
irbesartan tablet 150mg	1	QL(30 EA per 30 days)
irbesartan tablet 300mg	1	QL(30 EA per 30 days)
irbesartan tablet 75mg	1	QL(30 EA per 30 days)
losartan potassium tablet 100mg	1	
losartan potassium tablet 25mg	1	
losartan potassium tablet 50mg	1	
olmesartan medoxomil tablet 20mg	2	
olmesartan medoxomil tablet 40mg	2	
olmesartan medoxomil tablet 5mg	2	
telmisartan tablet 20mg	3	QL(30 EA per 30 days)
telmisartan tablet 40mg	3	QL(30 EA per 30 days)
telmisartan tablet 80mg	3	QL(30 EA per 30 days)
valsartan tablet 160mg	2	QL(30 EA per 30 days)
valsartan tablet 320mg	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan tablet 40mg</i>	2	QL(90 EA per 30 days)
<i>valsartan tablet 80mg</i>	2	QL(90 EA per 30 days)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tablet 10mg</i>	1	
<i>benazepril hcl tablet 40mg</i>	1	
<i>benazepril hcl tablet 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>enalapril maleate tablet 10mg</i>	1	
<i>enalapril maleate tablet 2.5mg</i>	1	
<i>enalapril maleate tablet 20mg</i>	1	
<i>enalapril maleate tablet 5mg</i>	1	
<i>fosinopril sodium tablet 10mg</i>	2	
<i>fosinopril sodium tablet 20mg</i>	2	
<i>fosinopril sodium tablet 40mg</i>	2	
<i>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	
<i>lisinopril tablet 30mg</i>	1	
<i>lisinopril tablet 40mg</i>	1	
<i>lisinopril tablet 5mg</i>	1	
<i>moexipril hcl tablet 15mg</i>	3	
<i>moexipril hcl tablet 7.5mg</i>	3	
<i>perindopril erbumine tablet 2mg</i>	3	
<i>perindopril erbumine tablet 4mg</i>	3	
<i>perindopril erbumine tablet 8mg</i>	3	
<i>quinapril hydrochloride tablet 10mg</i>	1	
<i>quinapril hydrochloride tablet 20mg</i>	1	
<i>quinapril hydrochloride tablet 40mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hydrochloride tablet 5mg</i>	1	
<i>ramipril capsule 1.25mg</i>	1	
<i>ramipril capsule 10mg</i>	1	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 5mg</i>	1	
<i>trandolapril tablet 1mg</i>	2	
<i>trandolapril tablet 2mg</i>	2	
<i>trandolapril tablet 4mg</i>	2	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 400mg</i>	4	
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg</i>	2	
<i>digoxin tablet 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	2	
<i>digox tablet 125mcg</i>	2	
<i>digox tablet 250mcg</i>	2	
<i>dofetilide capsule 125mcg</i>	4	
<i>dofetilide capsule 250mcg</i>	4	
<i>dofetilide capsule 500mcg</i>	4	
<i>flecainide acetate tablet 100mg</i>	2	
<i>flecainide acetate tablet 150mg</i>	2	
<i>flecainide acetate tablet 50mg</i>	2	
<i>mexiletine hcl capsule 150mg</i>	4	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hcl capsule 250mg</i>	4	
<i>pacerone tablet 100mg</i>	4	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 400mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl tablet 150mg</i>	2	
<i>propafenone hcl tablet 225mg</i>	2	
<i>propafenone hcl tablet 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 325mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 425mg</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	2	
QUINIDINE SULFATE TABLET 200MG	3	
QUINIDINE SULFATE TABLET 300MG	3	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 240mg</i>	2	
<i>sorine tablet 80mg</i>	2	
<i>sotalol hcl tablet 120mg</i>	2	
<i>sotalol hcl tablet 160mg</i>	2	
<i>sotalol hcl tablet 240mg</i>	2	
<i>sotalol hcl tablet 80mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg</i>	2	
<i>sotalol hydrochloride (af) tablet 160mg</i>	2	
<i>sotalol hydrochloride (af) tablet 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg</i>	2	
<i>sotalol hydrochloride tablet 160mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hydrochloride tablet 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride capsule 200mg</i>	2	
<i>acebutolol hydrochloride capsule 400mg</i>	2	
<i>atenolol tablet 100mg</i>	1	
<i>atenolol tablet 25mg</i>	1	
<i>atenolol tablet 50mg</i>	1	
<i>betaxolol hcl tablet 10mg</i>	3	
<i>betaxolol hcl tablet 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg</i>	2	
<i>bisoprolol fumarate tablet 5mg</i>	2	
<i>carvedilol tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	
<i>carvedilol tablet 3.125mg</i>	1	
<i>carvedilol tablet 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg</i>	2	
<i>labetalol hydrochloride tablet 200mg</i>	2	
<i>labetalol hydrochloride tablet 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg</i>	1	
<i>metoprolol tartrate tablet 25mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate tablet 37.5mg</i>	1	
<i>metoprolol tartrate tablet 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg</i>	4	
<i>nadolol tablet 40mg</i>	4	
<i>nadolol tablet 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg</i>	4	
<i>nebivolol hydrochloride tablet 2.5mg</i>	4	
<i>nebivolol hydrochloride tablet 20mg</i>	4	
<i>nebivolol hydrochloride tablet 5mg</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	3	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet 10mg</i>	1	
<i>amlodipine besylate tablet 2.5mg</i>	1	
<i>amlodipine besylate tablet 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg</i>	2	
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>felodipine er tablet extended release 24 hour 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	
<i>diltiazem hcl tablet 30mg</i>	2	
<i>diltiazem hcl tablet 60mg</i>	2	
<i>diltiazem hcl tablet 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 180mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 240mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tiadylt er capsule extended release 24 hour 300mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl er tablet extended release 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	4	
<i>verapamil hcl tablet 40mg</i>	2	
<i>verapamil hcl tablet 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide tablet 125mg</i>	4	
<i>acetazolamide tablet 250mg</i>	4	
<i>aliskiren tablet 150mg</i>	4	
<i>aliskiren tablet 300mg</i>	4	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	3	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg</i>	1	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg</i>	1	QL(30 EA per 30 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(45 EA per 30 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg</i>	1	QL(45 EA per 30 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg</i>	1	QL(45 EA per 30 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg</i>	1	QL(30 EA per 30 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg</i>	3	
<i>amlodipine besylate/valsartan tablet 10mg; 320mg</i>	3	
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	3	
<i>amlodipine besylate/valsartan tablet 5mg; 320mg</i>	3	
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	2	
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	3	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg</i>	3	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	2	QL(30 EA per 30 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg</i>	2	QL(30 EA per 30 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>	2	QL(30 EA per 30 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG	3	QL(240 EA per 30 days)
ENTRESTO CAPSULE SPRINKLE 6MG; 6MG	3	QL(240 EA per 30 days)
ENTRESTO TABLET 24MG; 26MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 97MG; 103MG	3	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	3	
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	3	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	3	QL(30 EA per 30 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	3	QL(30 EA per 30 days)
<i>ivabradine hydrochloride tablet 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ivabradine hydrochloride tablet 7.5mg</i>	4	QL(60 EA per 30 days); PA
KERENDIA TABLET 10MG	4	QL(30 EA per 30 days); PA
KERENDIA TABLET 20MG	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	1	
<i>metirosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg</i>	2	
<i>pentoxifylline er tablet extended release 400mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	3	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	4	QL(60 EA per 30 days)
<i>ranolazine er tablet extended release 12 hour 500mg</i>	4	QL(120 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	3	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	QL(30 EA per 30 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL(30 EA per 30 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL(30 EA per 30 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	2	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	2	QL(30 EA per 30 days)
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg</i>	3	
<i>bumetanide tablet 1mg</i>	3	
<i>bumetanide tablet 2mg</i>	3	
<i>furosemide injection 10mg/ml</i>	4	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>torseamide tablet 100mg</i>	2	
<i>torseamide tablet 10mg</i>	2	
<i>torseamide tablet 20mg</i>	2	
<i>torseamide tablet 5mg</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet 5mg</i>	2	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	
<i>spironolactone tablet 100mg</i>	2	
<i>spironolactone tablet 25mg</i>	2	
<i>spironolactone tablet 50mg</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg</i>	2	
<i>chlorthalidone tablet 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 25mg</i>	1	
<i>hydrochlorothiazide tablet 50mg</i>	1	
<i>indapamide tablet 1.25mg</i>	2	
<i>indapamide tablet 2.5mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metolazone tablet 10mg</i>	3	
<i>metolazone tablet 2.5mg</i>	3	
<i>metolazone tablet 5mg</i>	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg</i>	2	
<i>fenofibrate micronized capsule 200mg</i>	2	
<i>fenofibrate micronized capsule 67mg</i>	2	
<i>fenofibrate capsule 200mg</i>	2	
<i>fenofibrate capsule 67mg</i>	2	
<i>fenofibrate tablet 145mg</i>	2	QL(30 EA per 30 days)
<i>fenofibrate tablet 160mg</i>	2	
<i>fenofibrate tablet 48mg</i>	2	QL(60 EA per 30 days)
<i>fenofibrate tablet 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg</i>	4	
<i>fenofibric acid dr capsule delayed release 45mg</i>	4	
<i>gemfibrozil tablet 600mg</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>atorvastatin calcium tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(30 EA per 30 days)
<i>fluvastatin capsule 20mg</i>	4	
<i>fluvastatin capsule 40mg</i>	4	
<b>LIVALO TABLET 1MG</b>	4	ST
<b>LIVALO TABLET 2MG</b>	4	ST
<b>LIVALO TABLET 4MG</b>	4	ST
<i>lovastatin tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>lovastatin tablet 20mg</i>	1	QL(60 EA per 30 days)
<i>lovastatin tablet 40mg</i>	1	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>pitavastatin calcium tablet 1mg</i>	4	
<i>pitavastatin calcium tablet 2mg</i>	4	
<i>pitavastatin calcium tablet 4mg</i>	4	
<i>pravastatin sodium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>pravastatin sodium tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 5mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 5mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 80mg</i>	1	QL(30 EA per 30 days)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colesevelam hydrochloride tablet 625mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol hcl granules 5gm</i>	4	
<i>colestipol hcl packet 5gm</i>	4	
<i>colestipol hcl tablet 1gm</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 10mg</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 20mg</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 40mg</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 80mg</i>	4	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm</i>	4	
<i>icosapent ethyl capsule 1gm</i>	4	
<i>niacin er tablet extended release 1000mg</i>	4	
<i>niacin er tablet extended release 500mg</i>	4	
<i>niacin er tablet extended release 750mg</i>	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>		
<i>isosorbide dinitrate tablet 10mg</i>	3	
<i>isosorbide dinitrate tablet 20mg</i>	3	
<i>isosorbide dinitrate tablet 30mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate tablet 5mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg</i>	2	
<i>isosorbide mononitrate tablet 20mg</i>	2	
NITRO-BID OINTMENT 2%	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg</i>	2	
<i>nitroglycerin tablet sublingual 0.4mg</i>	2	
<i>nitroglycerin tablet sublingual 0.6mg</i>	2	
VERQUVO TABLET 10MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 5MG	3	QL(30 EA per 30 days); PA
<b><i>Vasodilators, Direct-acting Arterial</i></b>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	2	

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<i>hydralazine hydrochloride tablet 50mg</i>	2	
<i>minoxidil tablet 10mg</i>	3	
<i>minoxidil tablet 2.5mg</i>	3	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 18mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 40mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 60mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg</i>	3	
<i>guanfacine hydrochloride er tablet extended release 24 hour 2mg</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	3	
<i>guanfacine hydrochloride er tablet extended release 24 hour 4mg</i>	3	
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 5mg</i>	2	QL(90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG	5	QL(30 EA per 30 days); PA
<i>austedo xr tablet extended release 24 hour 24mg</i>	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36MG	5	QL(30 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO TABLET 12MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 6MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 9MG	5	QL(120 EA per 30 days); PA
NUDEXTA CAPSULE 20MG; 10MG	4	PA
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(240 EA per 30 days); PA
<i>tetrabenazine tablet 25mg</i>	4	QL(120 EA per 30 days); PA
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
<b>Fibromyalgia Agents</b>		
<i>pregabalin capsule 100mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 150mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 200mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 225mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 25mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 50mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 12.5MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 25MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 50MG	3	QL(60 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL(120 EA per 30 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate capsule delayed release 240mg</i>	4	QL(60 EA per 30 days); PA
<i>fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
TYSABRI INJECTION 300MG/15ML	5	PA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate solution 0.12%</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>kourzeq paste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>periogard solution 0.12%</i>	2	
<i>pilocarpine hydrochloride tablet 5mg</i>	4	
<i>pilocarpine hydrochloride tablet 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
<i>acitretin capsule 10mg</i>	4	PA
<i>acitretin capsule 17.5mg</i>	4	PA
<i>acitretin capsule 25mg</i>	4	PA
<i>amnestem capsule 10mg</i>	4	
<i>amnestem capsule 20mg</i>	4	
<i>amnestem capsule 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	
<i>claravis capsule 20mg</i>	4	
<i>claravis capsule 30mg</i>	4	
<i>claravis capsule 40mg</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg</i>	4	
<i>isotretinoin capsule 20mg</i>	4	
<i>isotretinoin capsule 30mg</i>	4	
<i>isotretinoin capsule 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>myorisan capsule 10mg</i>	4	
<i>myorisan capsule 20mg</i>	4	
<i>myorisan capsule 30mg</i>	4	
<i>myorisan capsule 40mg</i>	4	
<i>rosadan cream 0.75%</i>	4	
<i>rosadan gel 0.75%</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
TAZAROTENE CREAM 0.1%	4	
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>tretinoin cream 0.1%</i>	4	PA
<i>zenatane capsule 10mg</i>	4	
<i>zenatane capsule 20mg</i>	4	
<i>zenatane capsule 30mg</i>	4	
<i>zenatane capsule 40mg</i>	4	
<b><i>Dermatitis and Pruitus Agents</i></b>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<i>ammonium lactate cream 12%</i>	3	
<i>ammonium lactate lotion 12%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	4	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate cream 0.05%</i>	4	QL(120 GM per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate gel 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate ointment 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate solution 0.05%</i>	3	QL(100 ML per 28 days)
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	4	QL(120 GM per 30 days)
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.025%</i>	4	
<i>fluocinolone acetonide ointment 0.025%</i>	4	
<i>fluocinolone acetonide solution 0.01%</i>	4	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	4	QL(120 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	4	QL(120 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	4	QL(120 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone ointment 1%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	3	
<i>selenium sulfide lotion 2.5%</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%</i>	4	QL(100 GM per 30 days)
<i>tacrolimus ointment 0.1%</i>	4	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%</i>	2	
<i>triamcinolone acetonide ointment 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.1%</i>	2	
<i>triderm cream 0.5%</i>	2	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(45 GM per 28 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	3	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	QL(60 GM per 28 days)
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 20MG	5	QL(60 EA per 30 days); PA
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
<i>podofilox solution 0.5%</i>	4	
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
SOTYKTU TABLET 6MG	5	QL(30 EA per 30 days); PA
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<b>Pediculicides/Scabicides</b>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<b>Topical Anti-infectives</b>		
<i>acyclovir ointment 5%</i>	3	
<i>ciclodan solution 8%</i>	3	PA
<i>ciclopirox nail lacquer solution 8%</i>	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox olamine cream 0.77%</i>	2	QL(90 GM per 28 days)
<i>ciclopirox gel 0.77%</i>	3	QL(45 GM per 28 days)
<i>ciclopirox shampoo 1%</i>	3	QL(120 ML per 28 days)
<i>ciclopirox suspension 0.77%</i>	3	QL(60 ML per 28 days)
<i>clindamycin phosphate solution 1%</i>	3	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	4	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	2	
<i>effe-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfata injection 50%</i>	4	
<i>magnesium sulfata injection 50%</i>	4	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride er capsule extended release 10meq</i>	2	
<i>potassium chloride er capsule extended release 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 8meq</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride solution 10%</i>	4	
<i>potassium chloride solution 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg</i>	4	
<i>potassium citrate er tablet extended release 15meq</i>	4	
<i>potassium citrate er tablet extended release 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride injection 0.45%</i>	4	
<i>sodium chloride injection 0.9%</i>	4	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	5	PA
<i>deferasirox packet 180mg</i>	5	PA
<i>deferasirox packet 360mg</i>	5	PA
<i>deferasirox packet 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>trientine hydrochloride capsule 500mg</i>	5	PA
<b>Phosphate Binders</b>		
<i>calcium acetate capsule 667mg</i>	3	QL(360 EA per 30 days)
<i>calcium acetate tablet 667mg</i>	3	QL(360 EA per 30 days)
<i>sevelamer carbonate packet 0.8gm</i>	4	QL(180 EA per 30 days)
<i>sevelamer carbonate packet 2.4gm</i>	4	QL(90 EA per 30 days)
<i>sevelamer carbonate tablet 800mg</i>	4	QL(270 EA per 30 days)
<b>Potassium Binders</b>		
LOKELMA PACKET 10GM	3	
LOKELMA PACKET 5GM	3	
<i>sps suspension 15gm/60ml</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
VELTASSA PACKET 16.8GM	4	
VELTASSA PACKET 1GM	4	
VELTASSA PACKET 25.2GM	4	
VELTASSA PACKET 8.4GM	4	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 290MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 72MCG	3	QL(30 EA per 30 days)
LUBIPROSTONE CAPSULE 24MCG	3	QL(60 EA per 30 days)
LUBIPROSTONE CAPSULE 8MCG	3	QL(60 EA per 30 days)
MOTEGRITY TABLET 1MG	3	QL(30 EA per 30 days)
MOTEGRITY TABLET 2MG	3	QL(30 EA per 30 days)
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
<b>Anti-Diarrheal Agents</b>		
<i>alose tron hydrochloride tablet 0.5mg</i>	4	QL(60 EA per 30 days); PA
<i>alose tron hydrochloride tablet 1mg</i>	5	QL(60 EA per 30 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	4	
<i>loperamide hcl capsule 2mg</i>	3	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg</i>	3	PA
<i>glycopyrrolate tablet 2mg</i>	3	PA
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>gavilyte-n/</i> flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
<i>metoclopramide hcl</i> solution 5mg/5ml	2	
<i>metoclopramide hcl</i> tablet 5mg	2	
<i>metoclopramide hydrochloride</i> injection 5mg/ml	2	
<i>metoclopramide hydrochloride</i> tablet 10mg	2	
<i>nitroglycerin</i> ointment 0.4%	4	
<i>peg-3350/electrolytes</i> solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i> solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i> solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	3	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol</i> tablet 250mg	3	
<i>ursodiol</i> tablet 500mg	3	
XIFAXAN TABLET 200MG	4	QL(9 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(90 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine</i> tablet 20mg	2	
<i>famotidine</i> tablet 40mg	2	
<i>nizatidine</i> capsule 150mg	4	
<i>nizatidine</i> capsule 300mg	4	
<i>nizatidine</i> solution 15mg/ml	4	
<b>Protectants</b>		
<i>misoprostol</i> tablet 100mcg	3	
<i>misoprostol</i> tablet 200mcg	3	
<i>sucralfate</i> tablet 1gm	3	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium</i> capsule delayed release 20mg	3	QL(60 EA per 30 days)
<i>esomeprazole magnesium</i> capsule delayed release 40mg	3	QL(60 EA per 30 days)
<i>lansoprazole</i> capsule delayed release 15mg	2	QL(60 EA per 30 days)
<i>lansoprazole</i> capsule delayed release 30mg	2	QL(60 EA per 30 days)
<i>omeprazole dr</i> capsule delayed release 10mg	2	QL(60 EA per 30 days)
<i>omeprazole</i> capsule delayed release 10mg	2	QL(60 EA per 30 days)
<i>omeprazole</i> capsule delayed release 20mg	2	QL(60 EA per 30 days)
<i>omeprazole</i> capsule delayed release 40mg	2	QL(60 EA per 30 days)
<i>pantoprazole sodium</i> tablet delayed release 20mg	2	QL(60 EA per 30 days)
<i>pantoprazole sodium</i> tablet delayed release 40mg	2	QL(60 EA per 30 days)
<i>rabeprazole sodium</i> tablet delayed release 20mg	3	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ALDURAZYME INJECTION 2.9MG/5ML	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>betaine anhydrous powder</i> 0	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG	5	PA
CHOLBAM CAPSULE 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium</i> <i>concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG	4	
CYSTAGON CAPSULE 50MG	4	
ELAPRASE INJECTION 6MG/3ML	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG	5	

Drug Name	Drug Tier	Requirements/ Limits
FABRAZYME INJECTION 5MG	5	
KANUMA INJECTION 20MG/10ML	5	PA
<i>l-glutamine packet 5gm</i>	5	PA
LUMIZYME INJECTION 50MG	5	PA
<i>miglustat capsule 100mg</i>	5	PA
NAGLAZYME INJECTION 1MG/ML	5	PA
<i>nitisinone capsule 10mg</i>	5	
<i>nitisinone capsule 20mg</i>	5	
<i>nitisinone capsule 2mg</i>	5	
<i>nitisinone capsule 5mg</i>	5	
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	
<i>sapropterin</i> <i>dihydrochloride packet</i> <i>100mg</i>	5	PA
<i>sapropterin</i> <i>dihydrochloride packet</i> <i>500mg</i>	5	PA
<i>sapropterin</i> <i>dihydrochloride tablet</i> <i>100mg</i>	5	PA
<i>sodium phenylbutyrate</i> <i>powder 3gm/tsp</i>	5	
STRENSIQ INJECTION 18MG/0.45ML	5	PA
STRENSIQ INJECTION 28MG/0.7ML	5	PA
STRENSIQ INJECTION 40MG/ML	5	PA
STRENSIQ INJECTION 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	
TEGSEDI INJECTION 284MG/1.5ML	5	

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Drug Name	Drug Tier	Requirements/ Limits
VIMIZIM INJECTION 5MG/5ML	5	PA
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	4	
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	4	
VYNDAQEL CAPSULE 20MG	5	QL(120 EA per 30 days)
<i>yargesa capsule 100mg</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPSULE 50MG	5	QL(120 EA per 30 days); PA
ZOKINVY CAPSULE 75MG	5	QL(120 EA per 30 days); PA
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg</i>	4	
<i>tolterodine tartrate er capsule extended release 24 hour 4mg</i>	4	
<i>tolterodine tartrate tablet 1mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate tablet 2mg</i>	4	
<i>trospium chloride tablet 20mg</i>	3	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg</i>	2	
<i>doxazosin mesylate tablet 2mg</i>	2	
<i>doxazosin mesylate tablet 4mg</i>	2	
<i>doxazosin mesylate tablet 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	3	
<i>finasteride tablet 5mg</i>	2	
<i>silodosin capsule 4mg</i>	3	
<i>silodosin capsule 8mg</i>	3	
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg</i>	3	
<i>bethanechol chloride tablet 25mg</i>	3	
<i>bethanechol chloride tablet 50mg</i>	3	
<i>bethanechol chloride tablet 5mg</i>	3	
<i>d-penamamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone elixir 0.5mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg</i>	2	
<i>dexamethasone tablet 0.75mg</i>	2	
<i>dexamethasone tablet 1.5mg</i>	2	
<i>dexamethasone tablet 1mg</i>	2	
<i>dexamethasone tablet 2mg</i>	2	
<i>dexamethasone tablet 4mg</i>	2	
<i>dexamethasone tablet 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg</i>	2	
<i>hydrocortisone tablet 20mg</i>	2	
<i>hydrocortisone tablet 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg</i>	2	
<i>methylprednisolone tablet 4mg</i>	2	
<i>methylprednisolone tablet 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet 10mg</i>	2	
<i>prednisone tablet 1mg</i>	2	
<i>prednisone tablet 2.5mg</i>	2	
<i>prednisone tablet 20mg</i>	2	
<i>prednisone tablet 50mg</i>	2	
<i>prednisone tablet 5mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>mifepristone tablet 200mg</i>	4	
MIFEPRISTONE TABLET 300MG	5	QL(120 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<i>danazol capsule 100mg</i>	4	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
TESTOSTERONE PUMP GEL 1%	4	QL(300 GM per 30 days); PA
<i>testosterone pump gel 1.62%</i>	4	QL(150 GM per 30 days); PA
TESTOSTERONE GEL 25MG/2.5GM	4	QL(300 GM per 30 days); PA
TESTOSTERONE GEL 50MG/5GM	4	QL(300 GM per 30 days); PA
<b>Estrogens</b>		
<i>afirmelle tablet 20mcg; 0.1mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>altavera tablet 30mcg; 0.15mg</i>	4	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 0; 0</i>	4	
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	4	
<i>aubra tablet 20mcg; 0.1mg</i>	4	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	4	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>aviane tablet 20mcg; 0.1mg</i>	4	
<i>ayuna tablet 0.03mg; 0.15mg</i>	4	
<i>ayuna tablet 0.03mg; 0.15mg</i>	4	
<i>azurette tablet 0; 0</i>	4	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>chateal eq tablet 30mcg; 0.15mg</i>	4	
<i>chateal tablet 0.03mg; 0.15mg</i>	4	
<b>CLIMARA PRO PATCH WEEKLY</b> 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	4	
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	3	
<i>cyclafem 7/7/7 tablet 0; 0</i>	4	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 0; 0</i>	4	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	4	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>dolishale tablet 20mcg; 90mcg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr</i>	4	
<i>dotti patch twice weekly 0.0375mg/24hr</i>	4	
<i>dotti patch twice weekly 0.05mg/24hr</i>	4	
<i>dotti patch twice weekly 0.075mg/24hr</i>	4	
<i>dotti patch twice weekly 0.1mg/24hr</i>	4	
<i>elinest tablet 30mcg; 0.3mg</i>	4	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>estarylla tablet 35mcg; 0.25mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	4	
<i>estradiol gel 0.25mg/0.25gm</i>	4	
<i>estradiol gel 0.5mg/0.5gm</i>	4	
<i>estradiol gel 0.75mg/0.75gm</i>	4	
<i>estradiol gel 1.25mg/1.25gm</i>	4	
<i>estradiol gel 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.05mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.075mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.05mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.06mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.075mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.1mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 37.5mcg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol tablet 0.5mg</i>	2	
<i>estradiol tablet 1mg</i>	2	
<i>estradiol tablet 2mg</i>	2	
<i>estradiol tablet 10mcg</i>	4	
<b>ESTRING RING 7.5MCG/24HR</b>	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<b>ETONOGESTREL/ETHI NYL ESTRADIOL RING 0.015MG/24HR; 0.12MG/24HR</b>	4	
<i>falmina tablet 20mcg; 0.1mg</i>	4	
<i>fayosim tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>femynor tablet 35mcg; 0.25mg</i>	4	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>junel 1/20 tablet 20mcg; 1mg</i>	4	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>kariva tablet 0; 0</i>	4	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	4	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	4	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	4	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>larin 1/20 tablet 20mcg; 1mg</i>	4	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>larissia tablet 20mcg; 0.1mg</i>	4	
<i>lessina tablet 20mcg; 0.1mg</i>	4	
<i>levonest tablet 0; 0</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg</i>	4	
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	4	
<i>lillow tablet 30mcg; 0.15mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	4	
<i>lutera tablet 20mcg; 0.1mg</i>	4	
<i>lyllana patch twice weekly 0.025mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.0375mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.05mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.075mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	4	
<b>MENEST TABLET 2.5MG</b>	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	4	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>mili tablet 35mcg; 0.25mg</i>	4	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	4	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol tablet 0; 0</i>	4	
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	4	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 0; 0</i>	4	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 0; 0</i>	4	
<i>nymyo tablet 35mcg; 0.25mg</i>	4	
<i>orsythia tablet 20mcg; 0.1mg</i>	4	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrea tablet 0; 0</i>	4	
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	3	
<i>pirmella 7/7/7 tablet 0; 0</i>	4	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	4	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG	4	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABLET 0.45MG	4	
PREMARIN TABLET 0.625MG	4	
PREMARIN TABLET 0.9MG	4	
PREMARIN TABLET 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG	4	
PREMPRO TABLET 0.45MG; 1.5MG	4	
PREMPRO TABLET 0.625MG; 2.5MG	4	
PREMPRO TABLET 0.625MG; 5MG	4	
<i>previfem tablet 35mcg; 0.25mg</i>	4	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	4	
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	4	
<i>sronyx tablet 20mcg; 0.1mg</i>	4	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	4	
<i>tarina fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>tri femynor tablet 0; 0</i>	4	
<i>tri-estarylla tablet 0; 0</i>	4	
<i>tri-linyah tablet 0; 0</i>	4	
<i>tri-mili tablet 0; 0</i>	4	
<i>tri-nymyo tablet 0; 0</i>	4	
<i>tri-previfem tablet 0; 0</i>	4	
<i>tri-sprintec tablet 0; 0</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tri-vylibra tablet 0; 0</i>	4	
<i>trivora-28 tablet 0; 0</i>	4	
<i>turqoz tablet 30mcg; 0.3mg</i>	4	
<i>vienva tablet 20mcg; 0.1mg</i>	4	
<i>viorele tablet 0; 0</i>	4	
<i>volnea tablet 0; 0</i>	4	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	4	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zovia 1/35e tablet 35mcg; 1mg</i>	4	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	4	
<b>Progestins</b>		
<i>camila tablet 0.35mg</i>	4	
<i>deblitane tablet 0.35mg</i>	4	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	QL(0.65 ML per 90 days)
<i>emzahh tablet 0.35mg</i>	4	
<i>errin tablet 0.35mg</i>	4	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	4	
<i>incassia tablet 0.35mg</i>	4	
<i>jencycla tablet 0.35mg</i>	4	
<i>lyleq tablet 0.35mg</i>	4	
<i>lyza tablet 0.35mg</i>	4	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg</i>	1	
<i>medroxyprogesterone acetate tablet 2.5mg</i>	1	
<i>medroxyprogesterone acetate tablet 5mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate suspension 40mg/ml</i>	4	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>megestrol acetate tablet 20mg</i>	3	PA NSO
<i>megestrol acetate tablet 40mg</i>	3	PA NSO
<i>nora-be tablet 0.35mg</i>	4	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	4	
<i>norlyda tablet 0.35mg</i>	4	
<i>norlyroc tablet 0.35mg</i>	4	
<i>sharobel tablet 0.35mg</i>	4	
<i>tulana tablet 0.35mg</i>	4	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA TABLET 60MG	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	3	QL(30 EA per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox tablet 100mcg</i>	1	
<i>euthyrox tablet 112mcg</i>	1	
<i>euthyrox tablet 125mcg</i>	1	
<i>euthyrox tablet 137mcg</i>	1	
<i>euthyrox tablet 150mcg</i>	1	
<i>euthyrox tablet 175mcg</i>	1	
<i>euthyrox tablet 200mcg</i>	1	
<i>euthyrox tablet 25mcg</i>	1	
<i>euthyrox tablet 50mcg</i>	1	
<i>euthyrox tablet 75mcg</i>	1	
<i>euthyrox tablet 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg</i>	2	
<i>levothyroxine sodium tablet 112mcg</i>	2	
<i>levothyroxine sodium tablet 125mcg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levothyroxine sodium tablet 137mcg</i>	2	
<i>levothyroxine sodium tablet 150mcg</i>	2	
<i>levothyroxine sodium tablet 175mcg</i>	2	
<i>levothyroxine sodium tablet 200mcg</i>	2	
<i>levothyroxine sodium tablet 25mcg</i>	2	
<i>levothyroxine sodium tablet 300mcg</i>	2	
<i>levothyroxine sodium tablet 50mcg</i>	2	
<i>levothyroxine sodium tablet 75mcg</i>	2	
<i>levothyroxine sodium tablet 88mcg</i>	2	
LEVOXYL TABLET 100MCG	3	
LEVOXYL TABLET 112MCG	3	
LEVOXYL TABLET 125MCG	3	
LEVOXYL TABLET 137MCG	3	
LEVOXYL TABLET 150MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200MCG	3	
LEVOXYL TABLET 25MCG	3	
LEVOXYL TABLET 50MCG	3	
LEVOXYL TABLET 75MCG	3	
LEVOXYL TABLET 88MCG	3	
<i>liothyronine sodium tablet 25mcg</i>	3	
<i>liothyronine sodium tablet 50mcg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium tablet 5mcg</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b><i>Hormonal Agents, Suppressant (Adrenal)</i></b>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
LYSODREN TABLET 500MG	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b><i>Hormonal Agents, Suppressant (Pituitary)</i></b>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
<i>octreotide acetate injection 1000mcg/ml</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate injection 100mcg/ml</i>	4	PA
<i>octreotide acetate injection 200mcg/ml</i>	4	PA
<i>octreotide acetate injection 500mcg/ml</i>	4	PA
<i>octreotide acetate injection 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	QL(30 EA per 28 days); PA NSO
SIGNIFOR INJECTION 0.3MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.6MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 15MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 20MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 25MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 30MG	5	QL(30 EA per 30 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Antithyroid Agents</b>		
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	3	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>sajazir injection 30mg/3ml</i>	5	PA
<b>Immunoglobulins</b>		
BIVIGAM INJECTION 10%	5	PA
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	
SYNAGIS INJECTION 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	PA
<b>Immunological Agents, Other</b>		
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 75MG/0.5ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	
ENJAYMO INJECTION 1100MG/22ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	PA NSO
ORENCIA INJECTION 125MG/ML	5	PA NSO
ORENCIA INJECTION 50MG/0.4ML	5	PA NSO
ORENCIA INJECTION 87.5MG/0.7ML	5	PA NSO
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	PA
SKYRIZI INJECTION 360MG/2.4ML	5	PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL(30 EA per 30 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
XOLAIR INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
XOLAIR INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/ Limits
<b>Immunostimulants</b>		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO
INTRON A INJECTION 10000000UNIT/ML	5	PA NSO
INTRON A INJECTION 10000000UNIT	5	PA NSO
INTRON A INJECTION 18000000UNIT	5	PA NSO
INTRON A INJECTION 50000000UNIT	5	PA NSO
INTRON A INJECTION 6000000UNIT/ML	5	PA NSO
PEGASYS INJECTION 180MCG/0.5ML	5	QL(2 ML per 28 days); PA
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); PA
<b>Immunosuppressants</b>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D
azathioprine tablet 50mg	3	B/D
cyclosporine modified capsule 100mg	4	B/D
cyclosporine modified capsule 25mg	4	B/D
cyclosporine modified capsule 50mg	4	B/D
cyclosporine modified solution 100mg/ml	4	B/D
cyclosporine capsule 100mg	4	B/D
cyclosporine capsule 25mg	4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg</i>	5	B/D
<i>everolimus tablet 0.75mg</i>	5	B/D
<i>everolimus tablet 1mg</i>	5	QL(60 EA per 30 days); B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf capsule 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 180 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(3 EA per 180 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 180 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 180 days); PA; Abbvie labeled products only

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HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 180 days); PA; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 180 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(4 EA per 180 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(4 EA per 28 days); PA
JYLAMVO SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg</i>	3	QL(30 EA per 30 days)
<i>leflunomide tablet 20mg</i>	3	QL(30 EA per 30 days)
<i>methotrexate sodium injection 1gm/40ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	4	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA NSO
PROGRAF PACKET 0.2MG	4	B/D
PROGRAF PACKET 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg</i>	4	B/D
<i>tacrolimus capsule 1mg</i>	4	B/D
<i>tacrolimus capsule 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	

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Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
<b>Vaccines</b>		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric injection 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXCHIQ INJECTION 0	3	
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENACTRA INJECTION 0	3	
<i>menquadfi injection 0</i>	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	3	
MRESVIA INJECTION 50MCG/0.5ML	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHThERI A TOXOIDS- ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXCHORA SUSPENSION RECONSTITUTED 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
YF-VAX INJECTION 0	3	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	QL(120 EA per 30 days)
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
SFROWASA ENEMA 4GM/60ML	4	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<b>Glucocorticoids</b>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium solution 70mg/75ml</i>	4	
<i>alendronate sodium tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>alendronate sodium tablet 35mg</i>	2	QL(4 EA per 28 days)
<i>alendronate sodium tablet 5mg</i>	2	
<i>alendronate sodium tablet 70mg</i>	2	QL(4 EA per 28 days)
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	2	
CINACALCET HYDROCHLORIDE TABLET 30MG	4	QL(60 EA per 30 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(60 EA per 30 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(120 EA per 30 days)
FORTEO INJECTION 600MCG/2.4ML	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>ibandronate sodium tablet 150mg</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule 1mcg</i>	4	
<i>paricalcitol capsule 2mcg</i>	4	
<i>paricalcitol capsule 4mcg</i>	4	
PROLIA INJECTION 60MG/ML	4	QL(2 ML per 365 days)
<i>teriparatide injection 600mcg/2.4ml</i>	5	PA
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	QL(1.7 ML per 28 days); PA
<b>Miscellaneous Therapeutic Agents</b>		
<b><i>Miscellaneous Therapeutic Agents</i></b>		
ALCOHOL PREP PADS PAD 70%	3	
AUGTYRO CAPSULE 160MG	5	PA NSO
AUGTYRO CAPSULE 40MG	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL(200 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA NSO
IGALMI FILM 180MCG	4	PA NSO
LAGEVRIO CAPSULE 200MG	4	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
<i>nutrilipid injection 20gm/100ml</i>	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 DEXG7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
sodium chloride 0.9% solution 0.9%	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	

Drug Name	Drug Tier	Requirements/ Limits
VISTOGARD PACKET 10GM	5	
VYJUVEK GEL 0	5	PA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	3	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	4	
COMBIGAN SOLUTION 0.2%; 0.5%	4	
cyclosporine emulsion 0.05%	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml	3	
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin/polymyxin/gramicidin solution</i> 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
<i>polycin ointment</i> 500unit/gm; 10000unit/gm	3	
<i>polymyxin b sulfate/trimethoprim sulfate solution</i> 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	4	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution</i> 0.23%; 10%	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension</i> 0.1%; 0.3%	4	
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl solution</i> 0.05%	3	
<i>cromolyn sodium solution</i> 4%	2	
<i>olopatadine hcl solution</i> 0.1%	3	
<i>olopatadine hydrochloride solution</i> 0.2%	3	
<b>Ophthalmic Anti-Infectives</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin ointment</i> 500unit/gm	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution</i> 0.3%	2	
<i>erythromycin ointment</i> 5mg/gm	2	
<i>gatifloxacin solution</i> 0.5%	4	
<i>gentak ointment</i> 0.3%	3	
<i>gentamicin sulfate solution</i> 0.3%	2	QL(70 ML per 30 days)
<i>levofloxacin solution</i> 0.5%	3	
<i>moxifloxacin hydrochloride solution</i> 0.5%	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin solution</i> 0.3%	2	
<i>sulfacetamide sodium ointment</i> 10%	3	
<i>sulfacetamide sodium solution</i> 10%	3	
<i>tobramycin solution</i> 0.3%	2	
<i>trifluridine solution</i> 1%	4	
ZIRGAN GEL 0.15%	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>dexamethasone sodium phosphate solution</i> 0.1%	3	
<i>diclofenac sodium solution</i> 0.1%	3	
FLAREX SUSPENSION 0.1%	4	
<i>fluorometholone suspension</i> 0.1%	4	
<i>flurbiprofen sodium solution</i> 0.03%	2	
<i>ketorolac tromethamine solution</i> 0.4%	3	
<i>ketorolac tromethamine solution</i> 0.5%	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate suspension 1%</i>	3	
PROLENSA SOLUTION 0.07%	4	QL(12 ML per 365 days)
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%</i>	2	
<i>timolol maleate solution 0.5%</i>	2	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	3	
<i>pilocarpine hcl solution 1%</i>	3	
<i>pilocarpine hcl solution 2%</i>	3	
<i>pilocarpine hcl solution 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	4	QL(2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)

Drug Name	Drug Tier	Requirements/ Limits
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydr ocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin solution 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL(30 EA per 30 days)
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL(30 EA per 30 days)
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)

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ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	4	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
<b>Antihistamines</b>		
<i>azelastine hcl solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	4	QL(23 GM per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>ciproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	4	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg</i>	4	
<i>hydroxyzine hydrochloride tablet 25mg</i>	4	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet chewable 4mg</i>	2	QL(30 EA per 30 days)
<i>montelukast sodium tablet chewable 5mg</i>	2	QL(30 EA per 30 days)
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg</i>	4	QL(60 EA per 30 days)
<i>zafirlukast tablet 20mg</i>	4	QL(60 EA per 30 days)
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide solution 0.02%</i>	3	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide solution 0.03%</i>	3	
<i>ipratropium bromide solution 0.06%</i>	3	
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL(4 GM per 30 days)
TIOTROPIUM BROMIDE CAPSULE 18MCG	3	QL(30 EA per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml</i>	3	QL(2 EA per 30 days)
<i>epinephrine injection 0.15mg/0.3ml</i>	3	QL(2 EA per 30 days)
<i>epinephrine injection 0.3mg/0.3ml</i>	3	QL(2 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine injection 0.3mg/0.3ml</i>	3	QL(2 EA per 30 days); Applies to product manufactured by Mylan Specialty L.P. Only
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	4	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(36 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL(84 ML per 28 days); PA
KALYDECO PACKET 13.4MG	5	
KALYDECO PACKET 25MG	5	
KALYDECO PACKET 5.8MG	5	
KALYDECO PACKET 50MG	5	
KALYDECO PACKET 75MG	5	
KALYDECO TABLET 150MG	5	
ORKAMBI TABLET 125MG; 100MG	5	QL(112 EA per 28 days); PA
ORKAMBI TABLET 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA

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<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL(280 ML per 28 days); B/D
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast tablet 250mcg</i>	4	PA
<i>roflumilast tablet 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 100mg</i>	4	
<i>theophylline er tablet extended release 12 hour 200mg</i>	4	
<i>theophylline er tablet extended release 12 hour 300mg</i>	4	
<i>theophylline er tablet extended release 12 hour 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg</i>	3	
<i>theophylline er tablet extended release 24 hour 600mg</i>	3	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS TABLET 0.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days)
<i>bosentan tablet 62.5mg</i>	5	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(270 ML per 30 days); PA
VENTAVIS SOLUTION 20MCG/ML	5	QL(270 ML per 30 days); PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPSULE 100MG	5	QL(60 EA per 30 days); PA
OFEV CAPSULE 150MG	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
<b>Respiratory Tract Agents, Other</b>		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT	3	QL(12 GM per 30 days)

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ADVAIR HFA AEROSOL 230MCG/ACT; 21MCG/ACT	3	QL(12 GM per 30 days)
ADVAIR HFA AEROSOL 45MCG/ACT; 21MCG/ACT	3	QL(12 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	3	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>cyclobenzaprine hydrochloride tablet 10mg</i>	3	
<i>cyclobenzaprine hydrochloride tablet 5mg</i>	3	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
<b>Sleep Disorder Agents</b>		
<b><i>Sleep Promoting Agents</i></b>		
BELSOMRA TABLET 10MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 15MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 20MG	3	QL(30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
BELSOMRA TABLET 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 2mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 3mg</i>	3	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg</i>	2	QL(30 EA per 30 days)
<i>temazepam capsule 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	3	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 5mg</i>	2	QL(30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil tablet 150mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	3	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA

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<i>aubra eq</i>	74	FINE/0.5ML/30G X 12.7MM	
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<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>cefixime</i>	6	CLENPIQ	68
<i>cefotaxime sodium</i>	6	CLIMARA PRO	74
<i>cefotetan</i>	6	<i>clindacin etz pledgets</i>	5
<i>cefoxitin sodium</i>	6	<i>clindacin-p</i>	5
<i>cefpodoxime proxetil</i>	6	<i>clindamycin hcl</i>	5
<i>cefprozil</i>	7	<i>clindamycin hydrochloride</i>	5
<i>ceftazidime</i>	7	<i>clindamycin palmitate hydrochloride</i>	5
<i>ceftazidime/dextrose</i>	7	<i>clindamycin phosphate</i>	5
<i>ceftriaxone sodium</i>	7	<i>clindamycin phosphate</i>	66
<i>cefuroxime axetil</i>	7	<i>clobazam</i>	12
<i>cefuroxime sodium</i>	7	<i>clobetasol propionate</i>	64
<i>celecoxib</i>	1	<i>clobetasol propionate e</i>	64
<i>cephalexin</i>	7	<i>clomipramine hydrochloride</i>	18
CERDELGA	70	<i>clonazepam</i>	12
<i>chateal</i>	74	<i>clonazepam odt</i>	12
<i>chateal eq</i>	74	<i>clonidine</i>	51
CHEMET	67	<i>clonidine hydrochloride</i>	51
<i>chlorhexidine gluconate</i>	63	<i>clopidogrel</i>	50
<i>chloroquine phosphate</i>	33	<i>clorazepate dipotassium</i>	44
<i>chlorpromazine hcl</i>	35	<i>clotrimazole</i>	20
<i>chlorpromazine hydrochloride</i>	35	<i>clotrimazole/betamethasone dipropionate</i>	65
<i>chlorthalidone</i>	58	CLOVIQUE	67
CHOLBAM	70	<i>clozapine</i>	40
<i>cholestyramine</i>	59	<i>clozapine odt</i>	39
<i>cholestyramine light</i>	59	COARTEM	33
<i>ciclodan</i>	65	COLCHICINE	21
<i>ciclopirox</i>	66	<i>colesevelam hydrochloride</i>	59
<i>ciclopirox nail lacquer</i>	65	<i>colestipol hcl</i>	60
<i>ciclopirox olamine</i>	66	<i>colistimethate sodium</i>	5
<i>cidofovir</i>	40	COLUMVI	24
<i>cilostazol</i>	50	COMBIGAN	89
CIMDUO	41	COMBIVENT RESPIMAT	95
CINACALCET HYDROCHLORIDE	87	COMETRIQ	27
CINRYZE	80	COMPLERA	41
CIPRO	9	<i>compro</i>	19
<i>ciprofloxacin</i>	91	<i>constulose</i>	68
<i>ciprofloxacin hcl</i>	9	COPIKTRA	27
<i>ciprofloxacin hydrochloride</i>	9	COSENTYX	81
<i>ciprofloxacin hydrochloride</i>	90	COSENTYX SENSOREADY PEN	81
<i>ciprofloxacin i.v.-in d5w</i>	9	COSENTYX UNOREADY	81
<i>ciprofloxacin/dexamethasone</i>	91	COTELIC	27
<i>citalopram hydrobromide</i>	16	CREON	70
<i>claravis</i>	63	<i>cromolyn sodium</i>	70
<i>clarithromycin</i>	9	<i>cromolyn sodium</i>	90
<i>clarithromycin er</i>	9	<i>cromolyn sodium</i>	94

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<i>cryselle-28</i>	74	<i>desmopressin acetate</i>	73
CURITY GAUZE PADS 2"X2" 12 PLY	88	<i>desogestrel/ethinyl estradiol</i>	74
CUVITRU	80	<i>desonide</i>	64
<i>cyclafem 1/35</i>	74	<i>desvenlafaxine er</i>	17
<i>cyclafem 7/7/7</i>	74	<i>dexamethasone</i>	72
<i>cyclobenzaprine hydrochloride</i>	95	<i>dexamethasone sodium phosphate</i>	90
<i>cyclophosphamide</i>	22	<i>dextroamphetamine sulfate</i>	61
<i>cycloserine</i>	22	<i>dextrose 5%</i>	66
<i>cyclosporine</i>	82	<i>dextrose 5%/sodium chloride 0.45%</i>	66
<i>cyclosporine</i>	89	<i>dextrose 5%/sodium chloride 0.9%</i>	66
<i>cyclosporine modified</i>	82	DIACOMIT	12
CYLTEZO	83	<i>diazepam</i>	44
CYLTEZO STARTER PACKAGE FOR	83	<i>diazepam intensol</i>	44
CROHNS DISEASE/UC/HS		<i>diazepam rectal gel</i>	12
CYLTEZO STARTER PACKAGE FOR	83	<i>diazoxide</i>	47
PSORIASIS		<i>diclofenac potassium</i>	1
CYLTEZO STARTER PACKAGE FOR	83	<i>diclofenac sodium</i>	1
PSORIASIS/UEVITIS		<i>diclofenac sodium</i>	65
<i>cyproheptadine hydrochloride</i>	92	<i>diclofenac sodium</i>	90
CYSTAGON	70	<i>diclofenac sodium dr</i>	1
CYSTARAN	89	<i>diclofenac sodium er</i>	1
<i>dalfampridine er</i>	63	<i>dicloxacillin sodium</i>	8
<i>danazol</i>	73	<i>dicyclomine hydrochloride</i>	68
<i>dantrolene sodium</i>	40	DIFICID	9
<i>dapsone</i>	22	<i>digitek</i>	52
DAPTACEL	85	<i>digox</i>	52
<i>daptomycin</i>	5	<i>digoxin</i>	52
<i>daptomycin/sodium chloride</i>	5	<i>dihydroergotamine mesylate</i>	21
<i>darunavir</i>	43	DILANTIN	14
DARZALEX FASPRO	32	<i>diltiazem hcl</i>	55
<i>dasatinib</i>	27	<i>diltiazem hcl cd</i>	54
<i>dasetta 1/35</i>	74	<i>diltiazem hcl er</i>	54
<i>dasetta 7/7/7</i>	74	<i>diltiazem hydrochloride</i>	55
DAURISMO	27	<i>diltiazem hydrochloride er</i>	55
<i>daysee</i>	74	<i>dilt-xr</i>	54
<i>deblitane</i>	78	<i>dimethyl fumarate</i>	63
<i>deferasirox</i>	67	<i>dimethyl fumarate starterpack</i>	63
DELSTRIGO	41	<i>diphenhydramine hcl</i>	92
<i>delyla</i>	74	<i>diphenhydramine hydrochloride</i>	92
<i>demeclocycline hcl</i>	10	<i>diphenoxylate hydrochloride/atropine</i>	68
<i>demeclocycline hydrochloride</i>	10	<i>sulfate</i>	
DENGVAXIA	85	<i>diphtheria/tetanus toxoids adsorbed</i>	85
DEPO-SUBQ PROVERA 104	78	<i>pediatric</i>	
DESCOVY	41	<i>disulfiram</i>	4
<i>desipramine hydrochloride</i>	18	<i>divalproex sodium</i>	13

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<i>divalproex sodium dr</i>	13	EMGALITY	21
<i>divalproex sodium er</i>	13	EMPAVELI	81
<i>dofetilide</i>	52	EMSAM	16
<i>dolishale</i>	74	<i>emtricitabine</i>	42
<i>donepezil hcl</i>	15	<i>emtricitabine/tenofovir disoproxil</i>	42
<i>donepezil hydrochloride</i>	15	<i>emtricitabine/tenofovir disoproxil fumarate</i>	41
DOPTELET	51	EMTRIVA	42
<i>dorzolamide hcl/timolol maleate</i>	89	<i>emzahh</i>	78
<i>dorzolamide hydrochloride</i>	91	<i>enalapril maleate</i>	52
<i>dotti</i>	74	<i>enalapril maleate/hydrochlorothiazide</i>	57
DOVATO	40	ENBREL	83
<i>doxazosin mesylate</i>	72	ENBREL MINI	83
<i>doxepin hcl</i>	19	ENBREL SURECLICK	83
<i>doxepin hydrochloride</i>	19	<i>endocet</i>	2
<i>doxy 100</i>	10	ENGERIX-B	85
<i>doxycycline</i>	10	<i>enilloring</i>	74
<i>doxycycline hyclate</i>	10	ENJAYMO	81
<i>doxycycline hyclate</i>	63	<i>enoxaparin sodium</i>	49
<i>doxycycline monohydrate</i>	10	<i>enpresse-28</i>	74
<i>d-penamamine</i>	72	<i>entacapone</i>	33
DRIZALMA SPRINKLE	17	<i>entecavir</i>	40
<i>dronabinol</i>	19	ENTRESTO	57
DROXIA	23	<i>enulose</i>	68
<i>droxidopa</i>	51	ENVARUSUS XR	83
DULERA	95	EPIDIOLEX	10
<i>duloxetine hydrochloride</i>	17	<i>epinephrine</i>	93
DUPIXENT	81	<i>epitol</i>	14
<i>dutasteride</i>	72	EPKINLY	24
<i>ec-naproxen</i>	1	<i>eplerenone</i>	58
<i>econazole nitrate</i>	20	<i>epoprostenol sodium</i>	94
EDURANT	41	EPRONTIA	10
<i>efavirenz</i>	41	<i>ergoloid mesylates</i>	15
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	41	<i>ergotamine tartrate/caffeine</i>	21
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	41	ERIVEDGE	27
<i>effe-k</i>	66	ERLEADA	22
ELAPRASE	70	<i>erlotinib hydrochloride</i>	27
<i>elinest</i>	74	<i>errin</i>	78
ELIQUIS	49	<i>ertapenem</i>	9
ELIQUIS STARTER PACK	49	<i>ertapenem sodium</i>	9
ELLA	88	<i>ery</i>	66
ELMIRON	72	<i>erythromycin</i>	66
<i>eluryng</i>	74	<i>erythromycin</i>	90
EMCYT	23	<i>erythromycin dr</i>	9
		<i>erythromycin/benzoyl peroxide</i>	63
		<i>escitalopram oxalate</i>	17

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<i>esomeprazole magnesium</i>	69	<i>finasteride</i>	72
<i>estarylla</i>	75	<i>fingolimod hydrochloride</i>	63
<i>estradiol</i>	75	FINTEPLA	11
ESTRING	75	FIRMAGON	79
<i>eszopiclone</i>	96	FIRVANQ	5
<i>ethambutol hydrochloride</i>	22	FLAREX	90
<i>ethosuximide</i>	12	<i>flecainide acetate</i>	52
<i>ethynodiol diacetate/ethinyl estradiol</i>	75	<i>fluconazole</i>	20
<i>etodolac</i>	1	<i>fluconazole in sodium chloride</i>	20
ETONOGESTREL/ETHINYL	75	<i>flucytosine</i>	20
ESTRADIOL		<i>fludrocortisone acetate</i>	72
<i>etravirine</i>	41	<i>fluocinolone acetonide</i>	64
EUCRISA	64	<i>fluocinonide</i>	64
<i>euthyrox</i>	78	<i>fluorometholone</i>	90
<i>everolimus</i>	28	<i>fluorouracil</i>	65
<i>everolimus</i>	83	<i>fluoxetine hydrochloride</i>	17
EVOTAZ	43	<i>fluphenazine decanoate</i>	35
EVRYSOI	70	<i>fluphenazine hcl</i>	35
<i>exemestane</i>	26	<i>fluphenazine hydrochloride</i>	35
EXKIVITY	28	<i>flurbiprofen</i>	1
<i>ezetimibe</i>	60	<i>flurbiprofen sodium</i>	90
<i>ezetimibe/simvastatin</i>	60	<i>flutamide</i>	22
FABRAZYME	70	<i>fluticasone propionate</i>	64
<i>falmina</i>	75	<i>fluticasone propionate</i>	92
<i>famciclovir</i>	43	<i>fluvastatin</i>	59
<i>famotidine</i>	69	<i>flvoxamine maleate</i>	17
FANAPT	36	<i>fondaparinux sodium</i>	49
FANAPT TITRATION PACK	36	FORTEO	87
FARXIGA	45	<i>fosamprenavir calcium</i>	43
FARYDAK	28	<i>fosinopril sodium</i>	52
FASENRA	95	<i>fosinopril sodium/hydrochlorothiazide</i>	57
FASENRA PEN	95	FOTIVDA	23
<i>fayosim</i>	75	FRUZAQLA	28
<i>febuxostat</i>	21	<i>furosemide</i>	58
<i>felbamate</i>	10	FUZEON	42
<i>felodipine er</i>	54	<i>fyavolv</i>	75
<i>femynor</i>	75	FYCOMPA	11
<i>fenofibrate</i>	59	<i>gabapentin</i>	13
<i>fenofibrate micronized</i>	59	<i>galantamine hydrobromide</i>	15
<i>fenofibric acid dr</i>	59	<i>galantamine hydrobromide er</i>	15
<i>fentanyl</i>	2	<i>gallifrey</i>	78
<i>fentanyl citrate oral transmucosal</i>	2	GAMASTAN	80
FETZIMA	17	<i>ganciclovir</i>	40
FETZIMA TITRATION PACK	17	GARDASIL 9	85
FINACEA	63	<i>gatifloxacin</i>	90

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<i>gavilyte-c</i>	68	<i>haloperidol</i>	35
<i>gavilyte-g</i>	68	<i>haloperidol decanoate</i>	35
<i>gavilyte-n/ flavor pack</i>	69	<i>haloperidol lactate</i>	35
GAVRETO	24	HAVRIX	85
<i>gefitinib</i>	28	<i>heather</i>	78
<i>gemfibrozil</i>	59	<i>heparin sodium</i>	49
GEMTESA	71	HEPLISAV-B	85
<i>generlac</i>	68	HIBERIX	85
<i>engraf</i>	83	HIZENTRA	80
GENOTROPIN	73	HUMALOG	48
GENOTROPIN MINIQUICK	73	HUMALOG JUNIOR KWIKPEN	48
<i>gentak</i>	90	HUMALOG KWIKPEN	48
<i>gentamicin sulfate</i>	4	HUMALOG MIX 50/50	48
<i>gentamicin sulfate</i>	90	HUMALOG MIX 50/50 KWIKPEN	48
GENVOYA	40	HUMALOG MIX 75/25	48
GILOTRIF	28	HUMALOG MIX 75/25 KWIKPEN	48
<i>glatiramer acetate</i>	63	HUMIRA	84
GLEOSTINE	22	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	83
<i>glimepiride</i>	45	HUMIRA PEN	84
<i>glipizide</i>	45	HUMIRA PEN-CD/UC/HS STARTER	83
<i>glipizide er</i>	45	HUMIRA PEN-PEDIATRIC UC STARTER PACK	84
<i>glipizide xl</i>	45	HUMIRA PEN-PS/UV STARTER	84
<i>glipizide/metformin hydrochloride</i>	45	HUMULIN 70/30	48
GLUCAGEN HYPOKIT	47	HUMULIN 70/30 KWIKPEN	48
GLUCAGON EMERGENCY KIT	47	HUMULIN N	48
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	47	HUMULIN N KWIKPEN	48
<i>glyburide</i>	45	HUMULIN R	48
<i>glyburide/metformin hydrochloride</i>	45	HUMULIN R U-500 (CONCENTRATED)	48
<i>glycopyrrolate</i>	68	HUMULIN R U-500 KWIKPEN	48
GLYXAMBI	45	<i>hydralazine hcl</i>	60
<i>griseofulvin microsize</i>	20	<i>hydralazine hydrochloride</i>	60
<i>griseofulvin ultramicrosize</i>	20	<i>hydrochlorothiazide</i>	58
<i>guanfacine hydrochloride</i>	51	<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>guanfacine hydrochloride er</i>	61	<i>hydrocodone/acetaminophen</i>	3
<i>guanidine hcl</i>	22	<i>hydrocortisone</i>	64
GVOKE HYPOPEN 1-PACK	47	<i>hydrocortisone</i>	72
GVOKE HYPOPEN 2-PACK	47	<i>hydrocortisone</i>	87
GVOKE KIT	48	<i>hydrocortisone valerate</i>	64
GVOKE PFS	48	<i>hydromorphone hcl</i>	3
<i>hailey 1.5/30</i>	75	<i>hydromorphone hydrochloride</i>	3
<i>hailey fe 1.5/30</i>	75	<i>hydromorphone hydrochloride dosette</i>	3
<i>hailey fe 1/20</i>	75	<i>hydroxychloroquine sulfate</i>	33
<i>halobetasol propionate</i>	64	<i>hydroxyurea</i>	23
<i>haloette</i>	75		

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<i>hydroxyzine hcl</i>	92	ISENTRESS	40
<i>hydroxyzine hydrochloride</i>	92	ISENTRESS HD	40
<i>hydroxyzine pamoate</i>	44	ISONIAZID	22
HYPERHEP B	80	<i>isosorbide dinitrate</i>	60
<i>ibandronate sodium</i>	88	<i>isosorbide mononitrate</i>	60
IBRANCE	24	<i>isosorbide mononitrate er</i>	60
IBRANCE	28	<i>isotretinoin</i>	63
<i>ibu</i>	1	ISTURISA	79
<i>ibuprofen</i>	1	ITOVEBI	24
<i>icatibant acetate</i>	80	<i>itraconazole</i>	20
<i>iclevia</i>	75	<i>ivabradine hydrochloride</i>	57
ICLUSIG	28	<i>ivermectin</i>	33
<i>icosapent ethyl</i>	60	IWILFIN	24
IDHIFA	24	IXCHIQ	85
IGALMI	88	IXIARO	85
<i>imatinib mesylate</i>	28	<i>jaimiess</i>	75
IMBRUVICA	28	JAKAFI	29
<i>imipenem/cilastatin</i>	9	<i>jantoven</i>	49
<i>imipramine hcl</i>	19	JANUMET	45
<i>imipramine hydrochloride</i>	19	JANUMET XR	45
<i>imiquimod</i>	65	JANUVIA	45
IMOVAX RABIES (H.D.C.V.)	85	JARDIANCE	45
IMPAVIDO	5	JAYPIRCA	29
INBRIJA	34	<i>jencycla</i>	78
<i>incassia</i>	78	JENTADUETO	46
INCRELEX	73	JENTADUETO XR	45
<i>indapamide</i>	58	<i>jinteli</i>	75
<i>indomethacin</i>	1	<i>jolessa</i>	75
<i>indomethacin er</i>	1	JUBLIA	20
INFANRIX	85	JULUCA	41
INLYTA	29	<i>junel 1.5/30</i>	75
INQOVI	29	<i>junel 1/20</i>	75
INREBIC	24	<i>junel fe 1.5/30</i>	75
INTELENCE	41	<i>junel fe 1/20</i>	75
INTRON A	82	JYLAMVO	84
<i>introvale</i>	75	JYNNEOS	85
INVEGA HAFYERA	37	KALYDECO	93
INVEGA SUSTENNA	37	KANJINTI	32
INVEGA TRINZA	37	KANUMA	70
INVIRASE	43	<i>kariva</i>	76
IPOL INACTIVATED IPV	85	<i>kelnor 1/35</i>	76
<i>ipratropium bromide</i>	93	<i>kelnor 1/50</i>	76
<i>ipratropium bromide/albuterol sulfate</i>	95	KERENDIA	57
<i>irbesartan</i>	51	KESIMPTA	63
<i>irbesartan/hydrochlorothiazide</i>	57	<i>ketoconazole</i>	20

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<i>ketorolac tromethamine</i>	1	<i>latanoprost</i>	91
<i>ketorolac tromethamine</i>	90	LAZCLUZE	24
KINERET	81	<i>leflunomide</i>	84
KINRIX	86	<i>lenalidomide</i>	23
KISQALI	29	LENVIMA 10 MG DAILY DOSE	29
KISQALI FEMARA 200 DOSE	24	LENVIMA 12MG DAILY DOSE	29
KISQALI FEMARA 400 DOSE	24	LENVIMA 14 MG DAILY DOSE	29
KISQALI FEMARA 600 DOSE	24	LENVIMA 18 MG DAILY DOSE	29
<i>klayesta</i>	20	LENVIMA 20 MG DAILY DOSE	29
KLISYRI	65	LENVIMA 24 MG DAILY DOSE	29
<i>klor-con</i>	66	LENVIMA 4 MG DAILY DOSE	29
<i>klor-con 10</i>	66	LENVIMA 8 MG DAILY DOSE	29
<i>klor-con 8</i>	66	<i>lessina</i>	76
<i>klor-con m10</i>	66	<i>letrozole</i>	26
<i>klor-con m15</i>	66	LEUCOVORIN CALCIUM	33
<i>klor-con m20</i>	66	LEUKERAN	22
<i>klor-con/ef</i>	66	<i>leuprolide acetate</i>	79
KOSELUGO	29	<i>levalbuterol tartrate hfa</i>	93
<i>kourzeq</i>	63	<i>levetiracetam</i>	11
KRAZATI	24	<i>levetiracetam er</i>	11
<i>kurvelo</i>	76	<i>levobunolol hcl</i>	91
<i>kynmobi</i>	34	<i>levocetirizine dihydrochloride</i>	92
KYNSMOBI TITRATION KIT	34	<i>levofloxacin</i>	9
<i>labetalol hydrochloride</i>	53	<i>levofloxacin</i>	90
<i>lacosamide</i>	14	<i>levofloxacin in d5w</i>	9
<i>lactulose</i>	68	<i>levonest</i>	76
LAGEVRIO	88	<i>levonorgestrel and ethinyl estradiol</i>	76
<i>lamivudine</i>	40	<i>levonorgestrel/ethinyl estradiol</i>	76
<i>lamivudine</i>	42	<i>levora 0.15/30-28</i>	76
<i>lamivudine/zidovudine</i>	42	<i>levothyroxine sodium</i>	78
<i>lamotrigine</i>	11	LEVOXYL	79
<i>lamotrigine starter kit/blue</i>	11	LEXIVA	43
<i>lamotrigine starter kit/green</i>	11	<i>l-glutamine</i>	70
<i>lamotrigine starter kit/orange</i>	11	LIBERVANT	13
<i>lamotrigine titration</i>	11	<i>lidocaine</i>	4
<i>lanreotide acetate</i>	79	<i>lidocaine hydrochloride viscous</i>	63
<i>lansoprazole</i>	69	<i>lidocaine viscous</i>	63
LANTUS	48	<i>lidocaine/prilocaine</i>	4
LANTUS SOLOSTAR	48	<i>lillow</i>	76
<i>lapatinib ditosylate</i>	29	<i>linezolid</i>	5
<i>larin 1.5/30</i>	76	LINZESS	68
<i>larin 1/20</i>	76	<i>liothyronine sodium</i>	79
<i>larin fe 1.5/30</i>	76	<i>lisinopril</i>	52
<i>larin fe 1/20</i>	76	<i>lisinopril/hydrochlorothiazide</i>	57
<i>larissia</i>	76	<i>lithium</i>	44

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<i>lithium carbonate</i>	44	MAVYRET	40
<i>lithium carbonate er</i>	44	<i>meclizine hcl</i>	19
LIVALO	59	<i>medroxyprogesterone acetate</i>	78
LIVMARLI	88	<i>mefloquine hcl</i>	33
<i>lojaimiess</i>	76	<i>megestrol acetate</i>	78
LOKELMA	67	MEKINIST	30
LONSURF	24	MEKTOVI	30
<i>loperamide hcl</i>	68	<i>meloxicam</i>	1
<i>lopinavir/ritonavir</i>	43	<i>memantine hcl titration pak</i>	15
LOQTORZI	32	<i>memantine hydrochloride</i>	16
<i>lorazepam</i>	44	<i>memantine hydrochloride er</i>	15
<i>lorazepam intensol</i>	44	MENACTRA	86
LORBRENA	29	MENEST	76
<i>losartan potassium</i>	51	<i>menquadfi</i>	86
<i>losartan potassium/hydrochlorothiazide</i>	57	MENVEO	86
LOTEMAX SM	90	<i>mercaptopurine</i>	23
<i>lovastatin</i>	59	<i>meropenem</i>	9
<i>low-ogestrel</i>	76	<i>mesalamine</i>	87
<i>loxapine</i>	35	<i>mesalamine dr</i>	87
LUBIPROSTONE	68	<i>mesalamine er</i>	87
LUMAKRAS	24	MESNEX	33
LUMIGAN	91	<i>metformin hydrochloride</i>	46
LUMIZYME	70	<i>metformin hydrochloride er</i>	46
LUPRON DEPOT (1-MONTH)	79	<i>methadone hcl</i>	2
LUPRON DEPOT (3-MONTH)	79	<i>methadone hydrochloride</i>	2
LUPRON DEPOT (4-MONTH)	79	<i>methadone hydrochloride intensol</i>	2
LUPRON DEPOT (6-MONTH)	79	<i>methenamine hippurate</i>	5
<i>lurasidone hydrochloride</i>	37	<i>methimazole</i>	80
<i>lutra</i>	76	<i>methotrexate</i>	84
LYBALVI	37	<i>methotrexate sodium</i>	84
<i>lyleq</i>	78	<i>methsuximide</i>	12
<i>lyllana</i>	76	<i>methyl dopa</i>	51
LYNPARZA	29	<i>methylphenidate hydrochloride</i>	62
LYSODREN	79	<i>methylprednisolone</i>	72
LYTGOBI	24	<i>methylprednisolone dose pack</i>	72
LYUMJEV	48	<i>metoclopramide hcl</i>	69
LYUMJEV KWIKPEN	48	<i>metoclopramide hydrochloride</i>	69
<i>lyza</i>	78	<i>metolazone</i>	59
<i>magnesium sulfate</i>	66	<i>metoprolol succinate er</i>	53
<i>malathion</i>	65	<i>metoprolol tartrate</i>	53
<i>maprotiline hcl</i>	16	<i>metronidazole</i>	5
<i>maraviroc</i>	42	<i>metronidazole</i>	63
<i>marlissa</i>	76	<i>metronidazole vaginal</i>	5
MARPLAN	16	<i>metyrosine</i>	57
MATULANE	22	<i>mexiletine hcl</i>	52

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<i>microgestin 1.5/30</i>	76	<i>naloxone hydrochloride</i>	4
<i>microgestin 1/20</i>	76	<i>naltrexone hcl</i>	4
<i>microgestin fe 1.5/30</i>	76	NAMZARIC	15
<i>microgestin fe 1/20</i>	76	<i>naproxen</i>	1
<i>midodrine hcl</i>	51	<i>naproxen dr</i>	1
<i>mifepristone</i>	73	<i>naproxen sodium</i>	1
<i>miglustat</i>	70	<i>naratriptan hcl</i>	21
<i>mili</i>	76	NATACYN	90
<i>minocycline hcl</i>	10	<i>nateglinide</i>	46
<i>minocycline hydrochloride</i>	10	NAYZILAM	11
<i>minoxidil</i>	61	<i>nebivolol</i>	54
<i>mirtazapine</i>	16	<i>nebivolol hydrochloride</i>	54
<i>mirtazapine odt</i>	16	<i>necon 0.5/35-28</i>	76
<i>misoprostol</i>	69	<i>nefazodone hydrochloride</i>	17
M-M-R II	86	<i>neomycin sulfate</i>	5
<i>modafinil</i>	96	<i>neomycin/bacitracin/polymyxin</i>	89
<i>moexipril hcl</i>	52	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	89
<i>molindone hydrochloride</i>	35	<i>one</i>	
<i>mometasone furoate</i>	65	<i>neomycin/polymyxin/dexamethasone</i>	89
<i>mometasone furoate</i>	92	<i>neomycin/polymyxin/gramicidin</i>	90
<i>mondoxyne nl</i>	10	<i>neomycin/polymyxin/hc</i>	91
<i>mono-linyah</i>	76	<i>neomycin/polymyxin/hydrocortisone</i>	91
<i>montelukast sodium</i>	92	<i>neo-polycin</i>	89
<i>morgidox 1x100mg</i>	10	<i>neo-polycin hc</i>	89
<i>morgidox 2x100mg</i>	10	NERLYNX	30
<i>morphine sulfate</i>	3	NEULASTA	49
<i>morphine sulfate er</i>	2	NEULASTA ONPRO KIT	49
MOTEGRITY	68	NEUPRO	34
MOUNJARO	46	<i>nevirapine</i>	41
<i>moxifloxacin hydrochloride/sodium</i>	10	<i>nevirapine er</i>	41
<i>hydrochloride</i>		<i>niacin er</i>	60
<i>moxifloxacin hydrochloride</i>	10	NICOTROL NS	4
<i>moxifloxacin hydrochloride</i>	90	<i>nifedipine er</i>	54
MRESVIA	86	<i>nilutamide</i>	22
<i>mupirocin</i>	66	<i>nimodipine</i>	54
<i>mycophenolate mofetil</i>	84	NINLARO	24
<i>mycophenolic acid dr</i>	84	<i>nitazoxanide</i>	33
<i>myorisan</i>	63	<i>nitisinone</i>	70
MYRBETRIQ	71	NITRO-BID	60
NABI-HB	81	<i>nitrofurantoin macrocrystals</i>	6
<i>nabumetone</i>	1	<i>nitrofurantoin monohydrate</i>	6
<i>nadolol</i>	54	<i>nitrofurantoin monohydrate/macrocrystals</i>	6
<i>nafcillin sodium</i>	8	<i>nitroglycerin</i>	60
NAGLAZYME	70	<i>nitroglycerin</i>	69
<i>naloxone hcl</i>	4	<i>nitroglycerin transdermal</i>	60

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<i>nizatidine</i>	69	<i>omega-3-acid ethyl esters</i>	60
<i>nora-be</i>	78	<i>omeprazole</i>	69
<i>norethindrone</i>	78	<i>omeprazole dr</i>	69
<i>norethindrone acetate</i>	78	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	88
<i>norethindrone acetate/ethinyl estradiol</i>	77	(GEN 5)	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	76	OMNIPOD 5 DEXCOM G7G6 PODS	88
<i>norgestimate/ethinyl estradiol</i>	77	(GEN 5)	
<i>norlyda</i>	78	OMNIPOD 5 DEXG7G6 PODS (GEN 5)	88
<i>norlyroc</i>	78	OMNIPOD 5 G7 INTRO KIT (GEN 5)	88
<i>nortrel 0.5/35 (28)</i>	77	OMNIPOD 5 G7 PODS (GEN 5)	88
<i>nortrel 1/35</i>	77	OMNIPOD 5 LIBRE2 PLUS G6	89
<i>nortrel 7/7/7</i>	77	OMNIPOD 5 LIBRE2 PLUS G6 PODS	88
<i>nortriptyline hcl</i>	19	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	89
<i>nortriptyline hydrochloride</i>	19	OMNIPOD CLASSIC PODS (GEN 3)	89
NORVIR	43	OMNIPOD DASH INTRO KIT (GEN 4)	89
NOVOLIN 70/30 FLEXPEN	48	OMNIPOD DASH PDM KIT (GEN 4)	89
NUBEQA	22	OMNIPOD DASH PODS (GEN 4)	89
NUEDEXTA	62	OMNIPOD GO 10 UNITS/DAY	89
NUPLAZID	37	OMNIPOD GO 15 UNITS/DAY	89
NURTEC	21	OMNIPOD GO 20 UNITS/DAY	89
<i>nutrilipid</i>	88	OMNIPOD GO 25 UNITS/DAY	89
<i>nyamyc</i>	20	OMNIPOD GO 30 UNITS/DAY	89
<i>nylia 1/35</i>	77	OMNIPOD GO 35 UNITS/DAY	89
<i>nylia 7/7/7</i>	77	OMNIPOD GO 40 UNITS/DAY	89
<i>nymyo</i>	77	<i>ondansetron hcl</i>	20
<i>nystatin</i>	20	<i>ondansetron hydrochloride</i>	20
<i>nystatin/triamcinolone</i>	65	<i>ondansetron odt</i>	20
<i>nystatin/triamcinolone acetonide</i>	65	ONUREG	25
<i>nystop</i>	20	OPDUALAG	26
<i>octreotide acetate</i>	79	OPSUMIT	94
ODEFSEY	42	ORENCIA	81
ODOMZO	30	ORENCIA	84
OFEV	94	ORENCIA CLICKJECT	81
<i>ofloxacin</i>	90	ORGOVYX	80
<i>ofloxacin</i>	91	ORKAMBI	93
OGSIVEO	24	<i>orphenadrine citrate er</i>	95
OJEMDA	30	ORSERDU	25
OJJAARA	30	<i>orsythia</i>	77
<i>olanzapine</i>	37	<i>oseltamivir phosphate</i>	43
<i>olanzapine odt</i>	37	OSMOLEX ER	33
<i>olmesartan medoxomil</i>	51	OSPHENA	78
<i>olmesartan medoxomil/hydrochlorothiazide</i>	57	OTEZLA	65
<i>olopatadine hcl</i>	90	OTEZLA	81
<i>olopatadine hydrochloride</i>	90	<i>oxaprozin</i>	1

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OXBRYTA	50	<i>pilocarpine hcl</i>	91
<i>oxcarbazepine</i>	14	<i>pilocarpine hydrochloride</i>	63
<i>oxybutynin chloride</i>	71	<i>pimozide</i>	36
<i>oxybutynin chloride er</i>	71	<i>pimtreea</i>	77
<i>oxycodone hydrochloride</i>	3	<i>pioglitazone hcl</i>	46
<i>oxycodone/acetaminophen</i>	3	<i>pioglitazone hcl/metformin hcl</i>	46
OZEMPIC	46	<i>pioglitazone hydrochloride</i>	46
<i>pacerone</i>	52	<i>piperacillin sodium/tazobactam sodium</i>	8
<i>paliperidone er</i>	38	PIQRAY 200MG DAILY DOSE	30
PANRETIN	33	PIQRAY 250MG DAILY DOSE	30
<i>pantoprazole sodium</i>	69	PIQRAY 300MG DAILY DOSE	30
<i>paricalcitol</i>	88	<i>pirfenidone</i>	94
<i>paromomycin sulfate</i>	5	<i>pirmella 1/35</i>	77
<i>paroxetine hcl</i>	17	<i>pirmella 7/7/7</i>	77
<i>paroxetine hydrochloride</i>	17	<i>pitavastatin calcium</i>	59
<i>paser</i>	22	PLENAMINE	66
PAXLOVID	89	<i>podofilox</i>	65
<i>pazopanib hydrochloride</i>	30	<i>polycin</i>	90
PEDIARIX	86	<i>polymyxin b sulfate/trimethoprim sulfate</i>	90
PEDVAX HIB	86	POMALYST	23
<i>peg-3350/electrolytes</i>	69	<i>portia-28</i>	77
<i>peg-3350/nacl/na bicarbonate/kcl</i>	69	<i>posaconazole</i>	20
PEGASYS	82	<i>posaconazole dr</i>	20
PEMAZYRE	25	<i>potassium chloride</i>	67
PENBRAYA	86	<i>potassium chloride er</i>	67
<i>penicillamine</i>	72	<i>potassium chloride sr</i>	67
<i>penicillin g sodium</i>	8	<i>potassium citrate er</i>	67
<i>penicillin v potassium</i>	8	<i>pramipexole dihydrochloride</i>	34
PENTACEL	86	<i>prasugrel hydrochloride</i>	51
<i>pentamidine isethionate</i>	33	<i>pravastatin sodium</i>	59
<i>pentoxifylline er</i>	58	<i>praziquantel</i>	33
<i>perindopril erbumine</i>	52	<i>prazosin hydrochloride</i>	51
<i>periogard</i>	63	<i>prednisolone</i>	72
<i>permethrin</i>	65	<i>prednisolone acetate</i>	91
<i>perphenazine</i>	35	<i>prednisolone sodium phosphate</i>	72
PERSERIS	38	<i>prednisone</i>	72
<i>phenelzine sulfate</i>	16	<i>pregabalin</i>	62
<i>phenobarbital</i>	13	PREHEVBRIO	86
<i>phenytek</i>	14	PREMARIN	77
<i>phenytoin</i>	14	<i>premium lidocaine</i>	4
<i>phenytoin sodium extended</i>	14	PREMPHASE	77
PHESGO	25	PREMPRO	77
<i>philith</i>	77	<i>prenatal</i>	68
PICATO	65	<i>prevalite</i>	60
PIFELTRO	41	<i>previfem</i>	77

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PREVYMIS	40	quetiapine fumarate	38
PREZCOBIX	43	quetiapine fumarate er	38
PREZISTA	43	quinapril hydrochloride	52
PRIFTIN	22	quinapril/hydrochlorothiazide	58
primaquine phosphate	33	QUINIDINE SULFATE	53
primidone	13	QUININE SULFATE	33
PRIORIX	86	RABAVERT	86
PRIVIGEN	81	rabeprazole sodium	69
PROAIR RESPICLICK	93	raloxifene hydrochloride	78
probenecid	21	ramelteon	96
probenecid/colchicine	21	ramipril	52
prochlorperazine	19	ranolazine er	58
prochlorperazine edisylate	19	rasagiline mesylate	35
prochlorperazine maleate	19	RECOMBIVAX HB	86
PROCRIT	50	RELISTOR	68
procto-med hc	87	repaglinide	46
proctosol hc	87	REPATHA	60
proctozone-hc	87	REPATHA PUSHTRONEX SYSTEM	60
PROGRAF	84	REPATHA SURECLICK	60
PROLASTIN-C	70	RESTASIS	90
PROLENSA	91	RESTASIS MULTIDOSE	90
PROLIA	88	RETACRIT	50
PROMACTA	50	RETEVMO	25
promethazine hcl	19	RETROVIR IV INFUSION	42
promethazine hydrochloride	19	REVCOVI	70
promethazine hydrochloride plain	19	REXULTI	38
propafenone hcl	53	REYATAZ	43
propafenone hydrochloride	53	REZLIDHIA	30
propafenone hydrochloride er	53	REZUROCK	84
propranolol hcl	21	RHOPRESSA	91
propranolol hcl er	54	ribavirin	40
propranolol hydrochloride	21	rifabutin	22
propranolol hydrochloride er	54	rifampin	22
propylthiouracil	80	riluzole	62
PROQUAD	86	RINVOQ	81
protriptyline hcl	19	RINVOQ LQ	81
PULMOZYME	93	RISPERDAL CONSTA	38
PURIXAN	23	risperidone	39
pyrazinamide	22	risperidone er	38
pyridostigmine bromide	22	risperidone odt	39
pyrimethamine	33	ritonavir	43
PYRUKYND	50	rivastigmine tartrate	15
PYRUKYND TAPER PACK	50	rivastigmine transdermal system	15
QINLOCK	23	rivelsa	77
QUADRACEL	86	rizatriptan benzoate	21

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ROCKLATAN	90	SIRTURO	22
<i>roflumilast</i>	94	SKYCLARYS	89
<i>ropinirole hcl</i>	34	SKYRIZI	82
<i>ropinirole hydrochloride</i>	34	SKYRIZI PEN	81
<i>rosadan</i>	63	<i>sodium chloride</i>	67
<i>rosuvastatin calcium</i>	59	<i>sodium chloride 0.45%</i>	67
ROTARIX	86	<i>sodium chloride 0.9%</i>	89
ROTATEQ	86	<i>sodium oxybate</i>	96
<i>roweepra</i>	11	<i>sodium phenylbutyrate</i>	70
ROZLYTREK	30	<i>sodium polystyrene sulfonate</i>	67
RUBRACA	30	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	69
<i>rufinamide</i>	14		
RUKOBIA	42	SOLQUA 100/33	46
RUXIENCE	32	SOLTAMOX	23
RYBELSUS	46	SOMATULINE DEPOT	80
RYDAPT	30	SOMAVERT	80
<i>sajazir</i>	80	<i>sorafenib</i>	30
SANDIMMUNE	84	<i>sorafenib tosylate</i>	30
SANTYL	65	<i>sorine</i>	53
<i>sapropterin dihydrochloride</i>	70	<i>sotalol hcl</i>	53
SAVELLA	63	<i>sotalol hydrochloride</i>	53
SAVELLA TITRATION PACK	63	<i>sotalol hydrochloride (af)</i>	53
SCSEMBLIX	25	SOTYKTU	65
<i>scopolamine</i>	19	SPEVIGO	65
SECUADO	39	SPIRIVA HANDIHALER	93
<i>selegiline hcl</i>	35	SPIRIVA RESPIMAT	93
<i>selenium sulfide</i>	65	<i>spironolactone</i>	58
SELZENTRY	42	<i>spironolactone/hydrochlorothiazide</i>	58
SEREVENT DISKUS	93	SPRAVATO 56MG DOSE	16
<i>sertraline hcl</i>	18	SPRAVATO 84MG DOSE	16
<i>sertraline hydrochloride</i>	18	<i>sprintec 28</i>	77
<i>setlakin</i>	77	SPRITAM	11
<i>sevelamer carbonate</i>	67	<i>sps</i>	67
SFROWASA	87	<i>sronyx</i>	77
<i>sharobel</i>	78	<i>ssd</i>	65
SHINGRIX	86	STAMARIL	86
SIGNIFOR	80	<i>stavudine</i>	42
<i>sildenafil citrate</i>	94	STELARA	82
<i>silodosin</i>	72	STIOLTO RESPIMAT	95
<i>silver sulfadiazine</i>	65	STIVARGA	30
SIMBRINZA	90	STRENSIQ	70
<i>simliya</i>	77	<i>streptomycin sulfate</i>	5
<i>simpesse</i>	77	STRIBILD	41
<i>simvastatin</i>	59	<i>subvenite</i>	11

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<i>subvenite starter kit/blue</i>	11	<i>telmisartan/hydrochlorothiazide</i>	58
<i>subvenite starter kit/green</i>	11	<i>temazepam</i>	96
<i>subvenite starter kit/orange</i>	11	TEMIXYS	42
SUCRAID	70	TENIVAC	86
<i>sucralfate</i>	69	<i>tenofovir disoproxil fumarate</i>	42
<i>sulfacetamide sodium</i>	90	TEPMETKO	31
<i>sulfacetamide sodium/prednisolone sodium</i>	90	<i>terazosin hcl</i>	51
<i>phosphate</i>		<i>terazosin hydrochloride</i>	51
<i>sulfadiazine</i>	10	<i>terbinafine hcl</i>	21
<i>sulfamethoxazole/trimethoprim</i>	10	<i>terconazole</i>	21
<i>sulfamethoxazole/trimethoprim ds</i>	10	<i>teriparatide</i>	88
<i>sulfasalazine</i>	87	TESTOSTERONE	73
<i>sulindac</i>	1	<i>testosterone cypionate</i>	73
<i>sumatriptan</i>	22	<i>testosterone enanthate</i>	73
<i>sumatriptan succinate</i>	21	TESTOSTERONE PUMP	73
<i>sunitinib malate</i>	30	TETANUS/DIPHThERIA TOXOIDS-	86
SUNLENCA	42	ADSORBED ADULT	
SUTAB	69	<i>tetrabenazine</i>	62
SYMPAZAN	13	<i>tetracycline hydrochloride</i>	10
SYMTUZA	43	TEVIMBRA	32
SYNAGIS	81	THALOMID	23
SYNJARDY	47	<i>theophylline er</i>	94
SYNJARDY XR	46	<i>thioridazine hcl</i>	36
SYNRIBO	25	<i>thiothixene</i>	36
TABLOID	23	<i>tiadylt er</i>	55
TABRECTA	23	<i>tiagabine hydrochloride</i>	13
<i>tacrolimus</i>	65	TIBSOVO	31
<i>tacrolimus</i>	84	TICOVAC	87
<i>tadalafil</i>	94	<i>timolol maleate</i>	91
TAFINLAR	31	<i>tinidazole</i>	6
TAGRISSO	31	TIOTROPIUM BROMIDE	93
TALZENNA	31	TIVICAY	41
<i>tamoxifen citrate</i>	23	TIVICAY PD	41
<i>tamsulosin hydrochloride</i>	72	<i>tizanidine hcl</i>	40
<i>tarina fe 1/20</i>	77	<i>tizanidine hydrochloride</i>	40
<i>tarina fe 1/20 eq</i>	77	TOBRADEX	90
TASIGNA	31	TOBRADEX ST	90
TAZAROTENE	64	<i>tobramycin</i>	90
<i>tazicef</i>	7	<i>tobramycin</i>	94
<i>taztia xt</i>	55	<i>tobramycin sulfate</i>	5
TAZVERIK	25	<i>tobramycin/dexamethasone</i>	90
TDVAX	86	<i>tolterodine tartrate</i>	71
TEFLARO	7	<i>tolterodine tartrate er</i>	71
TEGSEDI	70	<i>topiramate</i>	11
<i>telmisartan</i>	51	<i>topotecan hcl</i>	26

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<i>topotecan hydrochloride</i>	26	TRIZIVIR	42
<i>toremifene citrate</i>	23	TROGARZO	42
<i>torseamide</i>	58	<i>trospium chloride</i>	72
TOUJEO MAX SOLOSTAR	48	TRULICITY	47
TOUJEO SOLOSTAR	48	TRUMENBA	87
TRADJENTA	47	TRUQAP	31
<i>tramadol hydrochloride</i>	4	TRUSELTIQ	25
<i>tramadol hydrochloride/acetaminophen</i>	4	TUKYSA	25
<i>trandolapril</i>	52	<i>tulana</i>	78
<i>tranexamic acid</i>	50	TURALIO	31
<i>tranylcyromine sulfate</i>	16	<i>turqoz</i>	78
TRAZIMERA	33	TWINRIX	87
<i>trazodone hydrochloride</i>	18	TYBOST	42
TRECTOR	22	TYMLOS	88
TRELEGY ELLIPTA	95	TYPHIM VI	87
TRELSTAR MIXJECT	80	TYSABRI	63
TRESIBA	49	UBRELVY	21
TRESIBA FLEXTOUCH	48	UDENYCA	50
<i>tretinoin</i>	33	UDENYCA ONBODY	50
<i>tretinoin</i>	64	<i>urea</i>	65
<i>tri femynor</i>	77	<i>ursodiol</i>	69
<i>triamcinolone acetonide</i>	65	<i>valacyclovir hydrochloride</i>	43
<i>triamcinolone acetonide dental paste</i>	63	VALCHLOR	22
<i>triamterene/hydrochlorothiazide</i>	58	<i>valganciclovir</i>	40
<i>triderm</i>	65	<i>valganciclovir hydrochloride</i>	40
<i>trientine hydrochloride</i>	67	<i>valproic acid</i>	44
<i>tri-estarylla</i>	77	<i>valsartan</i>	51
<i>trifluoperazine hcl</i>	36	<i>valsartan/hydrochlorothiazide</i>	58
<i>trifluoperazine hydrochloride</i>	36	VALTOCO 10 MG DOSE	13
<i>trifluridine</i>	90	VALTOCO 15 MG DOSE	13
<i>trihexyphenidyl hydrochloride</i>	33	VALTOCO 20 MG DOSE	13
TRIJARDY XR	47	VALTOCO 5 MG DOSE	13
<i>tri-lynyah</i>	77	<i>vancomycin hcl</i>	6
<i>trimethoprim</i>	6	<i>vancomycin hydrochloride</i>	6
<i>tri-mili</i>	77	VANFLYTA	31
<i>trimipramine maleate</i>	19	VAQTA	87
TRINTELLIX	18	<i>varenicline starting month</i>	4
<i>tri-nymyo</i>	77	<i>varenicline tartrate</i>	4
<i>tri-previfem</i>	77	VARIVAX	87
TRIPTODUR	80	VARIZIG	81
<i>tri-sprintec</i>	77	VAXCHORA	87
TRIUMEQ	42	VAXELIS	87
TRIUMEQ PD	42	VELTASSA	68
<i>trivora-28</i>	78	VENCLEXTA	31
<i>tri-vylibra</i>	78	VENCLEXTA STARTING PACK	31

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<i>venlafaxine hydrochloride er</i>	18	<i>wera</i>	78
VENTAVIS	94	XALKORI	32
VENTOLIN HFA	93	XARELTO	49
<i>verapamil hcl</i>	56	XARELTO STARTER PACK	49
<i>verapamil hcl er</i>	56	XATMEP	84
<i>verapamil hcl sr</i>	56	XCOPRI	12
<i>verapamil hydrochloride</i>	56	XELJANZ	82
<i>verapamil hydrochloride er</i>	56	XELJANZ XR	82
VERQUVO	60	XERMELO	68
VERSACLOZ	40	XGEVA	88
VERZENIO	31	XIFAXAN	69
V-GO 20	89	XIGDUO XR	47
V-GO 30	89	XIIDRA	90
V-GO 40	89	XOFLUZA	43
<i>vienva</i>	78	XOLAIR	82
<i>vigabatrín</i>	13	XOSPATA	32
<i>vigadrone</i>	14	XPOVIO	26
VIGAFYDE	14	XPOVIO 100 MG ONCE WEEKLY	25
<i>vigpoder</i>	14	XPOVIO 40 MG ONCE WEEKLY	25
VIIBRYD STARTER PACK	18	XPOVIO 40 MG TWICE WEEKLY	25
<i>vilazodone hydrochloride</i>	18	XPOVIO 60 MG ONCE WEEKLY	25
VIMIZIM	71	XPOVIO 60 MG TWICE WEEKLY	26
VIOKACE	71	XPOVIO 80 MG ONCE WEEKLY	26
<i>viorele</i>	78	XPOVIO 80 MG TWICE WEEKLY	26
VIRACEPT	43	XTAMPZA ER	2
VIREAD	42	XTANDI	22
VISTOGARD	89	<i>yargesa</i>	71
VITRAKVI	32	YF-VAX	87
VIVITROL	4	YUFLYMA 1-PEN KIT	85
VIZIMPRO	32	YUFLYMA 2-PEN KIT	85
VOCABRIA	41	YUFLYMA 2-SYRINGE KIT	85
<i>volnea</i>	78	YUFLYMA CD/UC/HS STARTER	85
VONJO	25	<i>yuvafem</i>	78
VORANIGO	32	<i>zafirlukast</i>	92
<i>voriconazole</i>	21	<i>zaleplon</i>	96
VOSEVI	40	ZARXIO	50
VRAYLAR	39	ZEJULA	32
<i>vyfemla</i>	78	ZELBORAF	32
VYJUVEK	89	<i>zenatane</i>	64
<i>vylibra</i>	78	ZENPEP	71
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<i>zonisamide</i>	15
<i>zovia 1/35</i>	78
<i>zovia 1/35e</i>	78
ZTALMY	62
ZURZUVAE	16
ZYDELIG	32
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