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Medicare Plus BlueSM Group PPO
Prescription BlueSM Group PDP

2024 Group Enhanced Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on June 1, 2024. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.



When visiting your doctor(s), please bring your personal drug list and this 2024 Blue Cross Drug List with you.

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't 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.

Updated: 06/01/2024
Formulary 24340, Version 16

www.bcbsm.com/medicare



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Medicare Advantage Plans

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 Blue Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**.

This document includes a list of the drugs (formulary) for our plan which is current as of **June 1, 2024**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Group Enhanced Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section

below titled “How do I request an exception to the **Medicare Plus Blue Group PPO** and **Prescription Blue Group 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 the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, or 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 31-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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group 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 June 1, 2024. To get updated information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 80. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue Group PPO and **Prescription Blue Group PDP** cover 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: Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** limit the amount of the drug that **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will cover. For example, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** require 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, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Formulary?” on page iii for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** pays for certain OTC drugs. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will provide these OTC drugs at no cost to you. The cost to **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

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

If you learn that **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**.
- You can ask **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?

You can ask **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** 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 unless the drug is 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, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html.

We will send you a letter within three business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Group Enhanced Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. If you have trouble finding your drug in the list, turn to the Index that begins on page 80.

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., *pioglitazone*).

The information in the Requirements/Limits column tells you if **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** have any special requirements for coverage of your drug.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Drug Tier Costs (Up to a 31-day supply)					
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details			

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Drug Tier Costs (32- to 90-day supply*)					
Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	90-day supply is not available			

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*Most pharmacies will fill a 90-day supply of medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
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 prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your 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.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 200mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	2	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	2	QL(540 EA per 90 days)
DICLOFENAC EPOLAMINE	4	PA
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium 1% gel</i>	2	QL(1000 GM per 31 days)
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal tablet 500mg</i>	2	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac capsule, tablet</i>	2	
<i>fenoprofen calcium capsule 400mg</i>	2	
<i>fenoprofen calcium tablet</i>	2	
FLECTOR	4	PA
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	4	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	4	
<i>indomethacin er</i>	2	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>indomethacin injection, suspension</i>	4	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	QL(90 EA per 90 days)
KETOPROFEN CAPSULE 25MG, 50MG	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	2	QL(360 EA per 90 days)
MECLOFENAMATE SODIUM CAPSULE	4	
<i>mefenamic acid capsule</i>	4	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet extended release 24 hour 750mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen suspension, tablet delayed release</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	2	
<i>piroxicam capsule</i>	2	

Effective Date: 06/01/2024

Last Updated: May 2024

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>salsalate tablet 750mg</i>	2	
<i>salsalate tablet 500mg</i>	4	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(12 EA per 84 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(45 EA per 90 days)
LEVORPHANOL TARTRATE TABLET 3MG	2	
<i>levorphanol tartrate tablet 2mg</i>	2	
METHADONE HCL SOLUTION	2	
<i>methadone hcl tablet</i>	2	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG	4	QL(180 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(90 EA per 90 days)
NUCYNТА ER	4	
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT	4	
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG	4	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	4	
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL(180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	2	QL(90 EA per 90 days)
<i>tramadol hydrochloride er</i>	2	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	2	QL(5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	2	QL(1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL(540 EA per 90 days)
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate solution</i>	2	QL(15 ML per 90 days)
CODEINE SULFATE TABLET	2	QL(540 EA per 90 days)
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	4	

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA
FENTANYL CITRATE TABLET	5	PA
FENTANYL CITRATE INJECTION 500MCG/10ML, 50MCG/ML	2	
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	2	
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL(5735 ML per 31 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	2	QL(450 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	QL(450 EA per 90 days)
<i>hydromorphone hcl liquid, tablet</i>	2	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	
LAZANDA SOLUTION 100MCG/ACT, 400MCG/ACT	5	PA
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	4	QL(6000 ML per 30 days)
<i>morphine sulfate tablet</i>	2	
MORPHINE SULFATE SOLUTION 10MG/5ML, 20MG/5ML	2	
<i>morphine sulfate solution 100mg/5ml</i>	2	
NUCYNTA	4	
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	
<i>pentazocine/naloxone hcl</i>	2	
SUBSYS	5	PA
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(1080 EA per 90 days)
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(720 EA per 90 days)

Anesthetics

Local Anesthetics

Effective Date: 06/01/2024

Last Updated: May 2024

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
CETACAINE AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA	4	EX
<i>lidocaine hcl injection 1%</i>	4	
<i>lidocaine/epinephrine injection 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 2%</i>	4	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
SYNERA	4	
<i>xylocaine dental injection 1:100000; 2%</i>	4	
XYLOCAINE-MPF/EPINEPHRINE INJECTION 1:200000; 1%	4	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	2	
DISULFIRAM TABLET 500MG	2	
<i>disulfiram tablet 250mg</i>	2	
<i>naltrexone hcl tablet</i>	1	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl</i>	1	
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	1	
LUCEMYRA	5	
ZUBSOLV	4	
<i>Opioid Reversal Agents</i>		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	
OPVEE	3	QL(12 EA per 90 days)
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	
<i>varenicline tartrate</i>	3	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>bacitracin injection 50000unit</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FEM PH	2	EX
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid suspension reconstituted</i>	2	QL(1680 ML per 28 days)
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension 25mg/5ml</i>	2	
NUVESSA	4	
<i>polymyxin b sulfate injection</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
SILVER NITRATE SOLUTION 0.5%	4	EX
SIVEXTRO	5	
<i>tinidazole</i>	2	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	
<i>vancomycin hydrochloride capsule, oral solution reconstituted</i>	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
Beta-lactam, Cephalosporins		
CEFACTOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACTOR CAPSULE	2	
CEFACTOR SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML, 375MG/5ML	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAZONE SODIUM INJECTION 100GM	4	
<i>ceftriazone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
CEPHALEXIN TABLET	1	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted</i>	1	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	4	

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Drug Name	Drug Tier	Requirements/Limits
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	1	
<i>penicillin v potassium tablet</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		

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Drug Name	Drug Tier	Requirements/Limits
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	2	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
<i>erythromycin lactobionate</i>	4	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	2	
<i>erythromycin tablet 250mg, 500mg</i>	2	
Quinolones		
BAXDELA	5	
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	2	
SULFADIAZINE TABLET	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	

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<i>doxy 100</i>	4	
<i>doxycycline hyclate dr tablet delayed release 200mg, 50mg</i>	2	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet</i>	2	
<i>doxycycline suspension reconstituted</i>	2	
<i>doxycycline capsule delayed release</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	2	
<i>minocycline hydrochloride er tablet extended release 24 hour 135mg, 45mg, 90mg</i>	2	QL(90 EA per 90 days)
<i>minocycline hydrochloride er tablet extended release 24 hour 115mg, 65mg</i>	4	QL(90 EA per 90 days)
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
ORACEA	4	
<i>tetracycline hydrochloride capsule</i>	2	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT SOLUTION	4	QL(620 ML per 31 days); PA
BRIVIACT TABLET 10MG	4	QL(62 EA per 31 days); PA
BRIVIACT TABLET 100MG, 25MG, 50MG, 75MG	5	QL(62 EA per 31 days); PA
EPIDIOLEX	5	PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	4	PA
FYCOMPA TABLET 10MG, 12MG, 2MG, 4MG, 8MG	4	PA
FYCOMPA TABLET 6MG	5	PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	
<i>roweepra tablet 500mg</i>	2	
SPRITAM	4	PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate er capsule er 24 hour sprinkle</i>	4	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
XCOPRI TABLET 100MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL(1440 ML per 90 days)
<i>clobazam tablet 10mg</i>	3	QL(180 EA per 90 days)
<i>clobazam tablet 20mg</i>	3	QL(62 EA per 31 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tablet</i>	2	
DIACOMIT	5	PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL(6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	4	
<i>phenobarbital elixir 20mg/5ml</i>	2	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	

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VALTOCO 5 MG DOSE	4	
<i>vigabatrin</i>	5	
<i>vigadrone packet</i>	5	
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension, tablet</i>	2	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	2	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG	4	ST
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	4	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	2	
<i>galantamine hydrobromide tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	3	QL(147 EA per 84 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	2	QL(1080 ML per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(62 EA per 31 days); ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tablet 75mg</i>	2	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tablet</i>	2	
<i>olanzapine/fluoxetine</i>	4	
PERPHENAZINE/AMITRIPTYLINE	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	
MARPLAN	4	
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	2	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(270 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution, tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA	4	ST
FETZIMA TITRATION PACK	4	ST
FLUOXETINE DR	2	
<i>fluoxetine hydrochloride capsule</i>	2	
<i>fluoxetine hydrochloride solution</i>	4	
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	4	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	2	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	4	ST
VENLAFAXINE BESYLATE ER	4	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg</i>	2	
VIIBRYD STARTER PACK	4	ST
<i>vilazodone hydrochloride</i>	4	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	2	
<i>doxepin hcl concentrate</i>	2	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tablet 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tablet 10mg</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate capsule</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
DIMENHYDRINATE INJECTION	4	
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	2	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
PROMETHEGAN SUPPOSITORY 50MG	2	
<i>promethegan suppository 12.5mg, 25mg</i>	2	
<i>scopolamine</i>	4	
<i>trimethobenzamide hydrochloride</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	2	B/D
<i>ondansetron hcl solution</i>	4	B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
ALCORTIN A	4	EX
<i>amphotericin b liposome</i>	2	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<i>corti-sav</i>	2	EX
<i>dermazene</i>	2	EX
<i>econazole nitrate cream</i>	3	
ERAXIS	4	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted, tablet</i>	2	
<i>flucytosine capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2	
<i>hydrocortisone/iodoquinol</i>	2	EX
<i>itraconazole solution</i>	3	
<i>itraconazole capsule</i>	4	
<i>ketoconazole cream, foam, shampoo, tablet</i>	2	
<i>ketodan</i>	2	
<i>klayesta</i>	2	QL(180 GM per 90 days)
LULICONAZOLE	4	
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	2	
<i>naftifine hydrochloride cream</i>	2	
NOXAFIL SUSPENSION	5	
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension, tablet</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days)
<i>posaconazole suspension</i>	5	
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole</i>	2	
VIVJOA	4	QL(18 EA per 84 days); PA
<i>voriconazole tablet</i>	3	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days)
MIGERGOT	2	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC	5	QL(18 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan tablet 12.5mg</i>	4	QL(24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL(48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	3	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	3	QL(36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	
<i>sumatriptan succinate tablet</i>	2	
<i>sumatriptan succinate injection</i>	4	
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL(54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
REGONOL INJECTION 10MG/2ML	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg, 25mg</i>	2	
PRETOMANID	4	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrup</i>	2	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	4	
MATULANE	5	
<i>oxaliplatin injection 50mg/10ml</i>	5	
VALCHLOR	5	
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	3	QL(124 EA per 31 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(62 EA per 31 days); PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	5	QL(31 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	4	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	4	
Antimetabolites		
DROXIA	4	
FOLOTYN INJECTION 20MG/ML	5	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/26.3ML	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PRALATREXATE INJECTION 20MG/ML	5	
PURIXAN	5	
TABLOID	4	PA
<i>Antineoplastics, Other</i>		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
<i>bleomycin sulfate injection 15unit</i>	2	
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
GAVRETO	5	QL(124 EA per 31 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	PA
INREBIC	5	PA
IWILFIN	5	QL(248 EA per 31 days); PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA
NINLARO	5	PA
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
PEMAZYRE	5	PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RYLAZE	5	PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 28 days); PA

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>valrubicin</i>	3	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Antineoplastics		
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>irinotecan hydrochloride injection 40mg/2ml</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA
BALVERSA	5	PA
BOSULIF TABLET	5	PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(300 EA per 25 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA	5	
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FARYDAK	5	PA

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FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
<i>gefitinib</i>	5	
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days); PA
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA TABLET	5	QL(31 EA per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
INLYTA	5	PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
ODOMZO	5	PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK CAPSULE	5	PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA

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RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSE	5	PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
TRUQAP	5	QL(64 EA per 28 days); PA
TURALIO	5	PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL(124 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(93 EA per 31 days); PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	3	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	2	PA
<i>praziquantel tablet</i>	2	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
TRIHXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate capsule, tablet</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	

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<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	2	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	2	
<i>selegiline hcl capsule, tablet</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
FLUPHENAZINE HCL INJECTION	4	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	5	ST
ABILIFY MAINTENA	5	ST
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	2	
ARISTADA	5	ST

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	5	ST
<i>asenapine maleate sl</i>	3	
CAPLYTA	5	ST
FANAPT	5	ST
FANAPT TITRATION PACK	4	ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST
INVEGA TRINZA	5	ST
<i>lurasidone hydrochloride</i>	3	
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt</i>	2	
<i>olanzapine tablet</i>	2	
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL(90 EA per 90 days)
PERSERIS	5	ST
<i>quetiapine fumarate</i>	2	
<i>quetiapine fumarate er</i>	2	
REXULTI	5	PA
RISPERDAL CONSTA INJECTION 12.5MG	4	ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	ST
<i>risperidone</i>	2	
<i>risperidone er injection 12.5mg</i>	4	ST
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); ST
UZEDY	5	ST
VRAYLAR CAPSULE THERAPY PACK	4	ST
VRAYLAR CAPSULE	5	ST
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	ST
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	2	

Effective Date: 06/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	2	
<i>clozapine odt tablet disintegrating 150mg, 200mg</i>	4	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	2	
<i>dantrolene sodium injection</i>	4	
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	4	
<i>revonto</i>	4	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl capsule 4mg</i>	2	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	3	
<i>entecavir</i>	3	
<i>lamivudine tablet 100mg</i>	2	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA	5	PA
HARVONI TABLET	5	PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
LEDIPASVIR/SOFOSBUVIR	5	PA
RIBAVIRIN CAPSULE	2	
RIBAVIRIN TABLET 200MG	2	
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI TABLET	5	PA
SOVALDI PACKET 150MG	5	QL(31 EA per 31 days); PA
SOVALDI PACKET 200MG	5	QL(62 EA per 31 days); PA
VOSEVI	5	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		

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Drug Name	Drug Tier	Requirements/Limits
APRETUDE	5	
BIKTARVY	5	
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE 50MG	2	
EFAVIRENZ CAPSULE 200MG	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	3	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	2	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir solution</i>	2	
<i>abacavir tablet</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
STAVUDINE CAPSULE	2	
<i>tenofovir disoproxil fumarate</i>	3	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	3	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	2	
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	
<i>valacyclovir hydrochloride</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	
Benzodiazepines		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
ALPRAZOLAM INTENSOL	2	
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	2	
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	2	
<i>clorazepate dipotassium tablet</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution, tablet</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam tablet</i>	2	
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	4	
<i>oxazepam capsule 30mg</i>	2	QL(180 EA per 90 days)
<i>oxazepam capsule 10mg, 15mg</i>	2	QL(360 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
ALOGLIPTIN	4	
ALOGLIPTIN/METFORMIN HCL	4	
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	
ALOGLIPTIN/PIOGLITAZONE	4	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(3.6 ML per 84 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(7.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
FARXIGA	3	QL(90 EA per 90 days)
<i>glimepiride</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(450 EA per 90 days)
<i>metformin hydrochloride solution</i>	4	

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MIGLITOL	2	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide</i>	1	
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
<i>mifepristone</i>	5	PA
<i>Insulins</i>		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
HUMALOG	4	ST
HUMALOG JUNIOR KWIKPEN	4	ST
HUMALOG KWIKPEN	4	ST
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 50/50 KWIKPEN	4	ST
HUMALOG MIX 75/25	4	ST
HUMALOG MIX 75/25 KWIKPEN	4	ST
HUMULIN 70/30	4	ST
HUMULIN 70/30 KWIKPEN	4	ST
HUMULIN N	4	ST
HUMULIN N KWIKPEN	4	ST
HUMULIN R	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
INSULIN LISPRO	4	ST
INSULIN LISPRO JUNIOR KWIKPEN	4	ST
INSULIN LISPRO KWIKPEN	4	ST
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	4	ST
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ARGATROBAN INJECTION 50MG/50ML	4	
CEPROTIN	4	
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	
ELIQUIS STARTER PACK	3	
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 10000UNIT/4ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
SAVAYSA	4	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
GRANIX	5	
NEULASTA	5	QL(1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days)
NEUPOGEN	5	
NIVESTYM	5	
OXBRYTA	5	PA
PROCRT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>aminocaproic acid tablet 500mg</i>	2	
ASTRINGYN	4	EX
<i>tranexamic acid tablet</i>	2	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>dipyridamole tablet</i>	2	
DOPTELET	5	PA
<i>prasugrel</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	2	
<i>droxidopa</i>	5	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	2	
<i>midodrine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	2	
<i>phenoxybenzamine hydrochloride</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	4	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE TABLET 2MG, 8MG	1	
<i>perindopril erbumine tablet 4mg</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>adenosine injection 12mg/4ml, 6mg/2ml</i>	4	
<i>amiodarone hydrochloride tablet</i>	2	
DIGOXIN SOLUTION	2	
<i>digoxin tablet 250mcg, 62.5mcg</i>	2	
<i>digoxin tablet 125mcg</i>	2	QL(90 EA per 90 days)
<i>digox tablet 250mcg</i>	2	
<i>digox tablet 125mcg</i>	2	QL(90 EA per 90 days)
<i>disopyramide phosphate capsule</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	4	
<i>lidocaine hcl in d5w injection 5%; 8mg/ml</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(180 EA per 90 days)

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
BREVIBLOC PREMIXED	4	
BREVIBLOC PREMIXED DOUBLESTRENGTH	4	
BREVIBLOC INJECTION 2000MG/100ML; 4.1MG/ML, 2500MG/250ML; 5.9MG/ML	4	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	QL(90 EA per 90 days)
<i>esmolol hcl injection 100mg/10ml</i>	4	
<i>esmolol hydrochloride in sodium chloride</i>	4	
<i>esmolol hydrochloride in sodium chloride double strength</i>	4	
<i>esmolol hydrochloride/sodium chloride injection 10mg/ml; 5.9mg/ml, 20mg/ml; 4.1mg/ml</i>	4	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	1	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days); ST
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	2	
<i>propranolol hcl solution 20mg/5ml</i>	2	
<i>propranolol hcl tablet 40mg</i>	1	

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<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL(180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadytl er</i>	1	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	1	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	

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VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	3	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	1	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	5	QL(31 EA per 31 days); PA
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	2	
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
DOBUTAMINE HCL/D5W INJECTION 5%; 1MG/ML	4	
<i>dobutamine hcl injection 250mg/20ml</i>	4	
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	4	
<i>dopamine hydrochloride</i>	4	
DOPAMINE HYDROCHLORIDE/DEXTROSE	4	
DOPAMINE/D5W INJECTION 5%; 3.2MG/ML	4	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	2	
ENTRESTO	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>isoxsuprine hcl tablet</i>	2	EX
KERENDIA	4	QL(90 EA per 90 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>mannitol injection 20%, 25%</i>	4	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	
<i>norepinephrine bitartrate</i>	2	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>osmitrol viaflex injection 20%</i>	4	

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<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURNA HCT TABLET 300MG; 12.5MG, 300MG; 25MG	3	QL(90 EA per 90 days)
TELMISARTAN/AMLODIPINE	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
TRANDOLAPRIL/VERAPAMIL HCL ER	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	2	
VECAMYL	5	PA
VYNDAMAX	5	PA
Diuretics, Loop		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	1	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>toremide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
<i>eplerenone</i>	2	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
DIURIL SUSPENSION	4	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	2	QL(90 EA per 90 days)
<i>fenofibrate tablet</i>	2	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	2	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	2	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg</i>	1	
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
LIVALO TABLET 2MG	4	QL(180 EA per 90 days)
LIVALO TABLET 1MG	4	QL(360 EA per 90 days)
LIVALO TABLET 4MG	4	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 2mg</i>	1	QL(180 EA per 90 days)
<i>pitavastatin calcium tablet 1mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 4mg</i>	1	QL(90 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light packet</i>	2	
<i>cholestyramine light powder</i>	4	
<i>cholestyramine packet</i>	2	
<i>cholestyramine powder</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl packet, tablet</i>	2	
<i>colestipol hcl granules</i>	3	
<i>colestipol hydrochloride</i>	2	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
<i>niacin er</i>	2	
NIACIN TABLET 500MG	2	
NIACOR	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	PA
<i>prevalite packet</i>	2	
<i>prevalite powder</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK	3	PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	2	
ISOSORBIDE MONONITRATE	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
NITROGLYCERIN IN DEXTROSE 5%	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL TABLET 7.5MG; 7.5MG; 7.5MG; 7.5MG	4	QL(180 EA per 90 days)
ADDERALL TABLET 5MG; 5MG; 5MG; 5MG	4	QL(270 EA per 90 days)
ADDERALL TABLET 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG	4	QL(360 EA per 90 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	2	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL(180 EA per 90 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL(270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	4	
<i>lisdexamfetamine dimesylate capsule</i>	4	PA
VYVANSE CAPSULE	4	PA
<i>zenzedi tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)

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<i>zenzedi tablet 2.5mg, 7.5mg</i>	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL(360 EA per 90 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	2	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	2	
<i>methylphenidate</i>	4	
<i>methylphenidate hydrochloride cd capsule extended release 20mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 30mg</i>	2	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg</i>	4	
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	2	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 27mg, 36mg, 54mg</i>	2	
<i>methylphenidate hydrochloride tablet chewable, solution</i>	2	
<i>methylphenidate hydrochloride tablet</i>	2	QL(270 EA per 90 days)
Central Nervous System, Other		
ADIPEX-P	4	EX
<i>benzphetamine hcl tablet 50mg</i>	2	EX
<i>butalbital/acetaminophen/caffeine capsule</i>	2	
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	2	QL(1080 EA per 90 days)
<i>butalbital/acetaminophen tablet 300mg; 50mg</i>	4	
<i>butalbital/aspirin/caffeine capsule</i>	2	
<i>caffeine citrate injection</i>	4	
<i>caffeine citrate oral solution 60mg/3ml</i>	4	
DAYBUE	5	QL(3720 ML per 31 days); PA
<i>diethylpropion hcl</i>	2	EX
DIETHYLPROPION HCL ER	2	EX
<i>esgic capsule</i>	2	
<i>flumazenil injection</i>	4	
NUEDEXTA	4	QL(180 EA per 90 days); PA
<i>phendimetrazine tartrate</i>	2	EX

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Drug Name	Drug Tier	Requirements/Limits
PHENDIMETRAZINE TARTRATE ER	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule</i>	2	EX
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
<i>riluzole</i>	2	
<i>tetrabenazine tablet 25mg</i>	4	QL(124 EA per 31 days); PA
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
<i>zebutal capsule 325mg; 50mg; 40mg</i>	2	
Fibromyalgia Agents		
<i>pregabalin er</i>	4	
SAVELLA	3	QL(180 EA per 90 days)
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
COPAXONE INJECTION 40MG/ML	5	QL(12 ML per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days)
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
EXTAVIA	5	QL(15 EA per 30 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
PLEGRIDY	5	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK	5	QL(1 ML per 28 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(4.2 ML per 28 days); PA
REBIF TITRATION PACK	5	QL(4.2 ML per 28 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
VUMERITY	5	QL(124 EA per 31 days); ST
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	

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<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT FLUORIDE	4	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm enamel protect</i>	2	
<i>sodium fluoride 5000 ppm sensitive</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>sodium fluoride solution 0.2%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	2	
<i>acitretin</i>	4	
<i>adapalene cream, gel</i>	2	
<i>amnesteem</i>	2	
<i>avita cream</i>	2	
<i>azelaic acid</i>	4	
<i>claravis</i>	2	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>isotretinoin capsule</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	

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<i>myorisan</i>	2	
<i>neuac</i>	2	
<i>tazarotene cream, gel</i>	4	
TAZORAC CREAM 0.05%	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	
<i>zenatane</i>	2	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, lotion, ointment</i>	2	
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>betamethasone valerate foam</i>	4	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate ointment, solution</i>	3	
<i>clobetasol propionate cream</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate foam, liquid, shampoo</i>	4	
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clodan</i>	4	
CORDRAN TAPE	3	
<i>desonide cream, lotion, ointment</i>	3	
<i>desoximetasone gel</i>	2	
<i>desoximetasone cream, ointment</i>	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
FLUOCINOLONE ACETONIDE CREAM 0.01%	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide ointment 0.025%</i>	2	
<i>fluocinolone acetonide solution 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	4	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide cream 0.1%</i>	3	
<i>fluocinonide gel, ointment, solution</i>	3	
FLURANDRENOLIDE CREAM	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	
HYDROCORTISONE BUTYRATE (LIPID)	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
HYDROCORTISONE BUTYRATE CREAM, SOLUTION	2	
<i>hydrocortisone butyrate ointment</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</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>	2	
PREDNICARBATE OINTMENT	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>tovet</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
<i>Dermatological Agents, Other</i>		
ANALPRAM HC	4	EX
<i>anucort-hc</i>	2	EX
<i>calcipotriene/betamethasone dipropionate ointment</i>	4	
<i>calcipotriene solution</i>	2	QL(180 ML per 90 days); PA
<i>calcipotriene cream, ointment</i>	2	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate</i>	2	
DUOBRII	4	
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
FLUOROURACIL CREAM 0.5%	4	
<i>fluorouracil cream 5%</i>	2	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	2	
<i>fluorouracil solution 5%</i>	2	
<i>hydrocortisone acetate</i>	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	2	EX
<i>imiquimod cream 5%</i>	2	
METHOXSALLEN CAPSULE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide ointment</i>	2	
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	2	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT	4	EX
REFISSA	4	EX
RENOVA CREAM 0.02%	4	EX
<i>salicylic acid wart remover</i>	2	EX
SALVAX DUO PLUS	4	EX
SANTYL	3	
SCALACORT DK	4	EX
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
TRI-LUMA	4	EX
VANIQA	4	EX
VIRASAL	4	EX
<i>Pediculicides/Scabicides</i>		
CROTAN	4	
<i>ivermectin cream 1%</i>	4	QL(45 GM per 30 days); PA
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	4	
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, shampoo, suspension</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate external solution 1%</i>	2	
<i>dapsone gel 5%</i>	4	
ERY	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin solution 2%</i>	2	
<i>mafenide acetate</i>	2	
<i>mupirocin</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
<i>dextrose 10%</i>	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
<i>dextrose 5%/sodium chloride 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
DEXTROSE INJECTION 40%	4	
<i>fluoride tablet chewable 1mg</i>	2	
GALZIN	4	EX
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	4	
<i>magnesium sulfate/dextrose injection 5%; 1gm/100ml</i>	4	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	4	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride oral solution</i>	2	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>sodium bicarbonate injection 8.4%</i>	4	
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
<i>deferasirox tablet</i>	3	
<i>deferasirox tablet soluble 125mg</i>	4	
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLUTION	5	

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Drug Name	Drug Tier	Requirements/Limits
JYNARQUE	5	PA
<i>penicillamine capsule</i>	3	
<i>penicillamine tablet</i>	4	
<i>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan</i>	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	
<i>trientine hydrochloride capsule 250mg</i>	5	
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
AURYXIA	4	PA
<i>calcium acetate capsule</i>	2	
<i>calcium acetate tablet 667mg</i>	2	
<i>lanthanum carbonate</i>	4	
PHOSLYRA	4	
<i>sevelamer carbonate</i>	2	
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
SPS	2	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
CITRANATAL DHA MISCELLANEOUS 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	2	
CITRANATAL HARMONY CAPSULE 104MG; 400UNIT; 260MG; 50MG; 0; 1MG; 27MG; 0; 25MG; 30UNIT	2	
DRISDOL CAPSULE	4	EX
DUET DHA BALANCED MISCELLANEOUS 120MG; 2800UNIT; 215MG; 640UNIT; 55MG; 1.8MG; 12MCG; 0; 0; 0; 1MG; 25MG; 0; 25MG; 20MG; 267MG; 0; 210MCG; 50MG; 2MG; 0; 65MCG; 1.5MG; 15MG; 25MG	2	
<i>folic acid tablet 1mg</i>	2	EX
HYDROXOCOBALAMIN INJECTION	2	EX
M-NATAL PLUS	2	
MEPHYTON	4	EX
PRENATAL VITAMINS PLUS LOW IRON	2	
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
PRENATE	2	

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Drug Name	Drug Tier	Requirements/Limits
PRENATE DHA CAPSULE 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	
PRENATE ELITE TABLET 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	2	
PRENATE ENHANCE	2	
PRENATE MINI CAPSULE 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	4	
PRENATE PIXIE	4	
PRENATE RESTORE	2	
PREPLUS TABLET 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	
PROVIDA OB	2	
SELECT-OB TABLET CHEWABLE 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1700UNIT; 1.8MG; 0; 1.6MG; 30UNIT; 15MG	2	
VITAFOL ULTRA	2	
<i>vitamin d capsule 50000unit</i>	2	EX
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK	4	PA
OSMOPREP	4	
RELISTOR TABLET	5	PA
RELISTOR INJECTION 8MG/0.4ML	5	PA
RELISTOR INJECTION 12MG/0.6ML	5	QL(16.8 ML per 28 days); PA
TRULANCE	3	QL(90 EA per 90 days)
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQUID	2	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
<i>Antispasmodics, Gastrointestinal</i>		

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<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	
<i>dicyclomine hcl solution</i>	2	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	4	EX
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	4	EX
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	
<i>hyosyne</i>	2	EX
<i>methscopolamine bromide tablet</i>	2	
<i>phenobarbital/belladonna alkaloids</i>	2	EX
Gastrointestinal Agents, Other		
EDETATE CALCIUM DISODIUM INJECTION	4	
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
METOCLOPRAMIDE ODT	2	
MYALEPT	5	PA
<i>nitroglycerin ointment 0.4%</i>	4	
OMECLAMOX-PAK	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
SUTAB	4	
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet</i>	2	
XIFAXAN TABLET 550MG	4	QL(93 EA per 31 days)
Histamine2 (H2) Receptor Antagonists		
CIMETIDINE HCL SOLUTION	1	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	
<i>cimetidine tablet</i>	1	
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
NIZATIDINE	2	
Protectants		

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol</i>	2	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	4	QL(90 EA per 90 days)
<i>esomeprazole magnesium capsule delayed release</i>	3	
<i>esomeprazole magnesium packet</i>	4	
<i>lansoprazole capsule delayed release</i>	2	
<i>lansoprazole tablet delayed release disintegrating</i>	4	
NEXIUM PACKET 2.5MG, 5MG	4	
<i>omeprazole dr capsule delayed release 10mg</i>	1	
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium tablet delayed release</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	
<i>nitisinone</i>	5	
OPFOLDA	4	QL(24 EA per 90 days); PA
ORFADIN SUSPENSION	5	
PALYNZIQ	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PROLASTIN-C	5	PA
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	
<i>sodium phenylbutyrate powder, tablet</i>	5	
SUCRAID	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
VYNDAQEL	5	PA
<i>yargesa</i>	5	
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	2	QL(90 EA per 90 days)
<i>fesoterodine fumarate er</i>	3	
<i>flavoxate hcl</i>	2	
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL(180 EA per 90 days)
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	QL(90 EA per 90 days)
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	QL(90 EA per 90 days)
<i>urelle</i>	4	EX

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	2	QL(90 EA per 90 days)
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	2	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	
<i>silodosin capsule 4mg</i>	4	QL(180 EA per 90 days)
<i>silodosin capsule 8mg</i>	4	QL(90 EA per 90 days)

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	
CAVERJECT INJECTION 20MCG, 40MCG	3	QL(6 EA per 30 days); EX
CIALIS TABLET 10MG, 20MG	3	QL(6 EA per 30 days); EX
EDEX INJECTION 10MCG, 20MCG, 40MCG	4	QL(6 EA per 30 days); EX
ELMIRON	3	
LITHOSTAT	4	
MUSE PELLETT 1000MCG, 250MCG, 500MCG	3	QL(6 EA per 30 days); EX
<i>phenazopyridine hydrochloride tablet 100mg, 200mg</i>	2	
RIMSO-50	4	
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	2	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>varденаfil hydrochloride</i>	4	QL(6 EA per 30 days); EX
<i>varденаfil hydrochloride odt</i>	4	QL(6 EA per 30 days); EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone 6-day dose pack</i>	2	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	4	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tablet</i>	2	
HEMADY	3	PA
<i>hidex 6-day</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
MEDROL TABLET 2MG	4	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	1	
<i>millipred tablet</i>	2	
PREDNISOLONE SODIUM PHOSPHATE ODT TABLET DISINTEGRATING 15MG, 30MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10mg/5ml</i>	4	
<i>prednisolone solution, tablet</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
TAPERDEX 12-DAY	4	
<i>taperdex 6-day</i>	4	
TAPERDEX 7-DAY	4	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection, tablet</i>	2	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	EX
GONAL-F RFF	4	EX
GONAL-F RFF REDJECT	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
MENOPUR	4	EX
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE INJECTION 10MG/1.5ML, 5MG/1.5ML	4	PA
OMNITROPE INJECTION 5.8MG	5	PA
OVIDREL INJECTION 250MCG/0.5ML	4	EX
SEROSTIM	5	PA
ZOMACTON INJECTION 10MG	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
AVEED	4	PA
<i>danazol capsule</i>	2	
METHITEST	4	
<i>methyltestosterone capsule</i>	2	
TESTOPEL	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	3	QL(450 GM per 90 days); PA
<i>testosterone pump gel 1%</i>	4	PA
<i>testosterone gel 25mg/2.5gm</i>	2	QL(900 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	QL(450 GM per 90 days); PA
<i>testosterone gel 50mg/5gm</i>	3	QL(900 GM per 90 days); PA
<i>testosterone gel 10mg/act</i>	4	PA
<i>testosterone solution</i>	4	PA
Estrogens		
<i>amabelz</i>	2	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>azurette</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	2	QL(91 EA per 91 days)
CLIMARA PRO	4	QL(12 EA per 84 days)
COMBIPATCH	4	QL(24 EA per 84 days)
<i>covaryx hs</i>	2	EX
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
<i>desogestrel/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg</i>	2	
<i>eemt</i>	2	EX
<i>eemt hs</i>	2	EX
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	4	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>esterified estrogens/methyltestosterone</i>	2	EX

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Drug Name	Drug Tier	Requirements/Limits
<i>esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol cream, oral tablet, vaginal tablet</i>	2	
<i>estradiol patch weekly</i>	2	QL(12 EA per 84 days)
<i>estradiol patch twice weekly</i>	2	QL(24 EA per 84 days)
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	4	
EVAMIST	4	
<i>fayosim</i>	2	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>isibloom</i>	2	
<i>jaimiess</i>	2	QL(91 EA per 91 days)
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/50</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE	4	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	QL(91 EA per 91 days)
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
MENEST	4	
MENOSTAR	4	QL(12 EA per 84 days)
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
NATAZIA	4	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>pimtrea</i>	2	
PREFEST	4	
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	3	
PREMPRO	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL(91 EA per 91 days)
<i>simliya</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>volnea</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension</i>	4	
MIRENA	4	
NEXPLANON	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

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Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	3	
<i>raloxifene hydrochloride</i>	1	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA	4	
ARMOUR THYROID	4	
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL(248 EA per 31 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
CETROTIDE INJECTION 0.25MG	4	EX
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>leuprolide acetate injection 1mg/0.2ml</i>	2	
<i>leuprolide acetate injection 22.5mg</i>	4	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	

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LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 7.5MG	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	
SOMATULINE DEPOT	5	
SOMAVERT	5	PA
SYNAREL	3	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	B/D
FLEBOGAMMA DIF INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
OCTAGAM	5	B/D
PRIVIGEN	5	B/D
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	PA
BENLYSTA	5	

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COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
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 300MG/2ML	5	QL(8 ML per 28 days); PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TALTZ	5	QL(3 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days)
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D

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CIMZIA	5	QL(6 EA per 28 days); PA
CIMZIA STARTER KIT	5	QL(6 EA per 28 days); PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine capsule</i>	2	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR	4	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	2	B/D
<i>gengraf solution</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HYFTOR	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate injection 50mg/2ml</i>	3	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	3	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REZUROCK	5	QL(31 EA per 31 days); PA
SANDIMMUNE SOLUTION	4	B/D
SIMPONI INJECTION 50MG/0.5ML	5	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL	3	
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	

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Drug Name	Drug Tier	Requirements/Limits
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	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	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium</i>	2	
<i>mesalamine dr capsule delayed release</i>	3	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	3	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tablet</i>	1	
<i>sulfasalazine tablet delayed release</i>	2	
Glucocorticoids		
<i>anusol-hc suppository 25mg</i>	4	EX
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	3	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
PROCTOCORT SUPPOSITORY	4	EX
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
BINOSTO	4	QL(12 EA per 84 days)
<i>calcitonin-salmon solution</i>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	
<i>cinacalcet hydrochloride tablet 60mg, 90mg</i>	4	
<i>doxercalciferol capsule 2.5mcg</i>	2	
<i>doxercalciferol injection</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
FOSAMAX PLUS D	4	QL(12 EA per 84 days)
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	2	
PROLIA	4	PA
<i>risedronate sodium dr</i>	2	QL(12 EA per 84 days)
<i>risedronate sodium tablet 35mg</i>	2	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	2	QL(3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	2	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 30 days); PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	1	

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Drug Name	Drug Tier	Requirements/Limits
ARIDOL	4	EX
AUGTYRO	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BARIUM SULFATE	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQR SIMPLICITY 2U	3	
CEQR SIMPLICITY INSERTER	3	
COAL TAR SOLUTION	4	EX
CURITY GAUZE PADS 2"X2" 12 PLY	2	
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
DOJOLVI	5	PA
E-Z-HD	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED	4	EX
E-Z-PASTE	4	EX
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	1	
FILSPARI	5	QL(31 EA per 31 days); PA
<i>formaldehyde neutralized/buffered</i>	2	EX
GASTROGRAFIN	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INPEN 100/BLUE/LILLY/HUMALOG	1	
INPEN 100/BLUE/NOVOLOG/FIASP	1	
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG	2	EX
IODOFLEX	4	EX
IODOSORB	4	EX
LAGEVRIO	3	QL(40 EA per 180 days)
<i>levocarnitine solution, tablet</i>	2	
LIQUID E-Z-PAQUE	4	EX
LIQUID POLIBAR PLUS	4	EX
LUGOLS STRONG IODINE	2	EX
<i>md-gastroview</i>	2	EX
METOPIRONE	4	

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Drug Name	Drug Tier	Requirements/Limits
NEULUMEX	4	EX
NOVOPEN ECHO	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID	3	QL(30 EA per 180 days); \$0 Copay
PROPECIA	4	EX
PROTOPAM CHLORIDE INJECTION	4	
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX
READI-CAT 2 SUSPENSION 2%	4	EX
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SITZMARKS	4	EX
SKYCLARYS	5	QL(93 EA per 31 days); PA
<i>sodium chloride 0.9%</i>	4	
<i>sodium phenylacetate/sodium benzoate</i>	4	
SSKI	4	EX
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>altacaine</i>	2	
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
COMBIGAN	3	
CYCLOMYDRIL	4	EX
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>flucaine</i>	2	EX
<i>fluorescein/proparacaine</i>	2	EX
FUL-GLO STRIP 0.6MG	4	EX
LACRISERT	3	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
OXERVATE	5	PA
PAREMYD	4	EX
<i>phenylephrine hcl solution 10%, 2.5%</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	
SIMBRINZA	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tetracaine hcl</i>	2	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	2	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE	4	
BACITRACIN OINTMENT 500UNIT/GM	2	
BETADINE OPHTHALMIC PREP	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	
XDEMVIY	5	QL(10 ML per 31 days); PA
ZIRGAN	3	
<i>Ophthalmic Anti-inflammatories</i>		
<i>bromfenac sodium solution 0.07%</i>	4	
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1%	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
PRED MILD	3	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	2	
PROLENSA	4	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
BETAXOLOL HCL SOLUTION 0.5%	1	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
APRACLONIDINE	2	
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
CIPRO HC	4	
CIPROFLOXACIN	2	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ALVESCO	3	QL(37 GM per 90 days)
ARNUIITY ELLIPTA	3	
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT	3	QL(39 GM per 90 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(3 EA per 90 days)
BECONASE AQ SUSPENSION	4	
BREZTRI AEROSPHERE	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA	3	QL(72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	2	
FLUTICASONE PROPIONATE DISKUS	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	2	
OMNARIS	4	
PULMICORT FLEXHALER	3	

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Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride</i>	2	
<i>azelastine hydrochloride/fluticasone propionate</i>	4	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tablet</i>	2	
<i>desloratadine</i>	2	QL(90 EA per 90 days)
DESLORATADINE ODT	2	QL(90 EA per 90 days)
<i>di-phen</i>	2	
DIPHENHYDRAMINE HCL ELIXIR	2	
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride solution</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium packet</i>	4	QL(90 EA per 90 days)
<i>zafirlukast</i>	3	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
DUAKLIR PRESSAIR	5	QL(1 EA per 31 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	B/D
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(216 GM per 90 days); 18 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>arformoterol tartrate</i>	3	QL(360 ML per 90 days); B/D

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>isoproterenol hydrochloride</i>	4	
<i>levalbuterol hcl nebulization solution</i>	2	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	2	B/D
PROAIR HFA	3	QL(102 GM per 90 days)
PROAIR RESPICLICK	3	QL(12 EA per 90 days)
PROVENTIL HFA	3	QL(81 GM per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 84 days)
SYMJEPI	3	
<i>terbutaline sulfate tablet</i>	2	
VENTOLIN HFA	3	QL(216 GM per 90 days)
XOPENEX HFA	4	QL(90 GM per 90 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml</i>	3	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	4	
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
<i>theophylline solution</i>	2	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan</i>	5	PA
OPSUMIT	5	QL(31 EA per 31 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	2	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	PA
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL(224 EA per 28 days); PA; 32 MCG - 48 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(392 EA per 365 days); PA; 16 MCG - 32 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(504 EA per 365 days); PA; 16 MCG - 32 MCG - 48 MCG
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
UPTRAVI TITRATION PACK	5	PA
UPTRAVI TABLET	5	PA
VENTAVIS	5	B/D
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EX
BEVESPI AEROSPHERE	3	QL(32.1 GM per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	4	EX
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
HYCODAN TABLET	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide solution, tablet</i>	2	EX
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	2	EX
<i>hydrocodone/homatropine solution</i>	2	EX
<i>hydromet solution</i>	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
<i>promethazine dm</i>	2	EX
<i>promethazine/codeine solution</i>	2	EX
<i>promethazine/phenylephrine/codeine</i>	2	EX
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	4	EX
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tablet</i>	2	PA
<i>chlorzoxazone tablet</i>	2	
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>doxepin hydrochloride tablet 6mg</i>	4	QL(90 EA per 90 days)
EDLUAR	4	QL(90 EA per 90 days)
<i>estazolam</i>	4	
<i>eszopiclone</i>	2	QL(90 EA per 90 days)
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam</i>	2	
<i>triazolam</i>	3	
<i>zaleplon</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate er</i>	2	QL(90 EA per 90 days)
ZOLPIDEM TARTRATE TABLET SUBLINGUAL	4	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
Wakefulness Promoting Agents		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA

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Drug Name	Drug	Requirements/Limits
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	PA
XYREM	5	PA

Effective Date: 06/01/2024

Last Updated: May 2024

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OTC products

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>Topical Anti-infectives</i>		
<i>benzoyl peroxide foam 5.3%</i>	2	EX
BPO	2	EX
Respiratory Tract/Pulmonary Agents		
<i>Antihistamines</i>		
<i>alavert allergy/sinus</i>	No Copay	EX
<i>alavert d-12 hour allergy & congestion</i>	No Copay	EX
<i>alavert tablet disintegrating</i>	No Copay	EX
<i>all day allergy-d</i>	No Copay	EX
ALLEGRA ALLERGY	No Copay	EX
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	No Copay	EX
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	No Copay	EX
<i>allergy 24-hr</i>	No Copay	EX
<i>allergy relief 24hr tablet 180mg</i>	No Copay	EX
<i>allergy relief loratadine</i>	No Copay	EX
<i>allergy relief nasal decongestant</i>	No Copay	EX
<i>allergy relief-d tablet extended release 24 hour</i>	No Copay	EX
<i>allergy relief/indoor/outdoor</i>	No Copay	EX
<i>allergy relief capsule 10mg</i>	No Copay	EX
<i>allergy relief tablet 10mg, 180mg, 60mg</i>	No Copay	EX
<i>cetirizine hcl childrens allergy solution</i>	No Copay	EX
<i>cetirizine hcl childrens tablet chewable</i>	No Copay	EX
<i>cetirizine hcl tablet chewable 5mg</i>	No Copay	EX

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<i>cetirizine hcl tablet 5mg</i>	No Copay	EX
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	No Copay	EX
<i>cetirizine hydrochloride tablet 10mg</i>	No Copay	EX
<i>cetirizine hydrochloride tablet chewable</i>	No Copay	EX
<i>childrens loratadine solution</i>	No Copay	EX
CLARITIN ALLERGY CHILDRENS SOLUTION 5MG/5ML	No Copay	EX
<i>claritin allergy childrens solution 5mg/5ml</i>	No Copay	EX
CLARITIN CHILDRENS	No Copay	EX
CLARITIN REDITABS	No Copay	EX
CLARITIN-D 12 HOUR	No Copay	EX
CLARITIN-D 24 HOUR	No Copay	EX
CLARITIN CAPSULE, TABLET	No Copay	EX
<i>fexofenadine hcl/pseudoephedrine hcl er</i>	No Copay	EX
<i>fexofenadine hydrochloride</i>	No Copay	EX
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	No Copay	EX
<i>loratadine childrens solution</i>	No Copay	EX
<i>loratadine-d 12hr</i>	No Copay	EX
<i>loratadine-d 24hr</i>	No Copay	EX
<i>loratadine solution, tablet</i>	No Copay	EX
ZYRTEC ALLERGY CAPSULE	No Copay	EX
ZYRTEC-D ALLERGY/CONGESTION	No Copay	EX
Respiratory Tract Agents, Other		
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	2	EX

Effective Date: 06/01/2024

Last Updated: May 2024

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Drug Name	Drug	Requirements/Limits
RYDEX	2	EX

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<i>bromide</i>		<i>clindacin etz pledgets</i>	5
CHLORDIAZEPOXIDE/AMITRIPTYLIN	12	<i>clindamycin hcl</i>	5
E		<i>clindamycin hydrochloride</i>	5
<i>chlorhexidine gluconate</i>	42	<i>clindamycin palmitate hydrochloride</i>	5
<i>chloroquine phosphate</i>	22	<i>clindamycin phosphate</i>	5
<i>chlorpromazine hcl</i>	23	<i>clindamycin phosphate</i>	46
CHLORPROMAZINE	23	<i>clindamycin phosphate/benzoyl peroxide</i>	43
HYDROCHLORIDE		<i>clindamycin phosphate/dextrose</i>	5
<i>chlorthalidone</i>	38	<i>clindamycin/benzoyl peroxide</i>	43
<i>chlorzoxazone</i>	75	CLINDAMYCIN/SODIUM CHLORIDE	5
CHOLBAM	52	CLINIMIX E 2.75%/DEXTROSE 5%	46
<i>cholestyramine</i>	39	CLINIMIX E 4.25%/DEXTROSE 5%	46
<i>cholestyramine light</i>	39	CLINIMIX E 5%/DEXTROSE 15%	47
CIALIS	54	CLINIMIX E 5%/DEXTROSE 20%	47
<i>ciclodan</i>	46	<i>clinpro 5000</i>	42
<i>ciclopirox</i>	46	<i>clobazam</i>	10
<i>ciclopirox nail lacquer</i>	46	<i>clobetasol propionate</i>	44
<i>ciclopirox olamine</i>	46	<i>clobetasol propionate e</i>	44
<i>cilostazol</i>	33	<i>clobetasol propionate emollient</i>	44
CIMDUO	26	<i>clodan</i>	44
<i>cimetidine</i>	51	CLOMID	60
CIMETIDINE HCL	51	CLOMIPHENE CITRATE	60
<i>cimetidine hydrochloride</i>	51	<i>clomipramine hydrochloride</i>	13
CIMZIA	63	<i>clonazepam</i>	10
CIMZIA STARTER KIT	63	<i>clonazepam odt</i>	10
<i>cinacalcet hydrochloride</i>	66	<i>clonidine</i>	33
CINRYZE	61	<i>clonidine hydrochloride</i>	33
CIPRO HC	71	<i>clonidine hydrochloride er</i>	41
CIPROFLOXACIN	71	<i>clopidogrel</i>	33
CIPROFLOXACIN HCL	8	<i>clorazepate dipotassium</i>	28
<i>ciprofloxacin hydrochloride</i>	8	<i>clotrimazole</i>	14
<i>ciprofloxacin hydrochloride</i>	69	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>ciprofloxacin i.v.-in d5w</i>	8	<i>clozapine</i>	25
<i>ciprofloxacin/dexamethasone</i>	71	CLOZAPINE ODT	24

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COARTEM	22	<i>danazol</i>	55
CODEINE SULFATE	2	<i>dantrolene sodium</i>	25
<i>colchicine</i>	15	DANYELZA	21
<i>colesevelam hydrochloride</i>	39	<i>dapsone</i>	16
<i>colestipol hcl</i>	39	<i>dapsone</i>	46
<i>colestipol hydrochloride</i>	39	DAPTACEL	64
<i>colistimethate sodium</i>	5	<i>daptomycin</i>	5
COMBIGAN	68	<i>darifenacin hydrobromide er</i>	53
COMBIPATCH	56	<i>darunavir</i>	27
COMBIVENT RESPIMAT	74	DAURISMO	19
COMETRIQ	19	DAYBUE	41
COMPLERA	26	<i>daysee</i>	56
<i>compro</i>	14	<i>deblitane</i>	59
<i>constulose</i>	50	<i>deferasirox</i>	48
COPAXONE	42	<i>deferiprone</i>	48
COPIKTRA	19	DELSTRIGO	26
CORDRAN	44	<i>demeclocycline hcl</i>	8
CORLANOR	37	DEMEROL	2
<i>corti-sav</i>	14	DENGVAXIA	64
COSENTYX	62	<i>denta 5000 plus</i>	42
COSENTYX SENSOREADY PEN	62	<i>dentagel</i>	43
COSENTYX UNOREADY	62	DEPO-SUBQ PROVERA 104	59
COTELLIC	19	<i>dermazene</i>	14
<i>covaryx hs</i>	56	DESCOVY	26
CREON	52	<i>desipramine hydrochloride</i>	13
<i>cromolyn sodium</i>	52	<i>desloratadine</i>	72
CROMOLYN SODIUM	69	DESLORATADINE ODT	72
<i>cromolyn sodium</i>	73	<i>desmopressin acetate</i>	55
CROTAN	46	<i>desogestrel/ethinyl estradiol</i>	56
CRYODOSE TA	4	<i>desonide</i>	44
<i>cryselle-28</i>	56	<i>desoximetasone</i>	44
CURITY GAUZE PADS 2"X2" 12 PLY	67	DESVENLAFAXINE ER	12
CYANOKIT	67	DEXAMETHASONE	54
<i>cyclobenzaprine hydrochloride</i>	75	<i>dexamethasone 6-day dose pack</i>	54
CYCLOMYDRIL	68	DEXAMETHASONE INTENSOL	54
<i>cyclophosphamide</i>	17	DEXAMETHASONE SODIUM	54
CYCLOSET	29	PHOSPHATE	
<i>cyclosporine</i>	63	DEXAMETHASONE SODIUM	70
<i>cyclosporine modified</i>	63	PHOSPHATE	
<i>cyproheptadine hcl</i>	72	<i>dexlansoprazole</i>	52
<i>cyproheptadine hydrochloride</i>	72	<i>dextroamphetamine sulfate</i>	40
<i>cyred eq</i>	56	<i>dextroamphetamine sulfate er</i>	40
CYSTAGON	52	DEXTROSE	47
CYSTARAN	68	<i>dextrose 10%</i>	47
CYSTO-CONRAY II	67	DEXTROSE 10%/SODIUM CHLORIDE	47
<i>dabigatran etexilate</i>	32	0.45%	

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DEXTROSE 2.5%/SODIUM CHLORIDE	47	<i>diphenoxylate hydrochloride/atropine</i>	50
0.45%		<i>sulfate</i>	
<i>dextrose 5%</i>	47	DIPHENOXYLATE/ATROPINE	50
<i>dextrose 5%/sodium chloride 0.2%</i>	47	DIPHThERIA/TETANUS TOXOIDS	64
<i>dextrose 5%/sodium chloride 0.3%</i>	47	ADSORBED PEDIATRIC	
<i>dextrose 5%/sodium chloride 0.33%</i>	47	<i>dipyridamole</i>	33
<i>dextrose 5%/sodium chloride 0.45%</i>	47	<i>disopyramide phosphate</i>	34
<i>dextrose 5%/sodium chloride 0.9%</i>	47	DISULFIRAM	4
<i>dextrose 50%</i>	47	DIURIL	38
<i>dextrose 70%</i>	47	<i>divalproex sodium</i>	10
<i>dextrose/sodium chloride</i>	47	<i>divalproex sodium dr</i>	10
DIACOMIT	10	<i>divalproex sodium er</i>	10
<i>diazepam</i>	28	<i>dobutamine hcl</i>	37
<i>diazepam intensol</i>	28	DOBUTAMINE HCL/D5W	37
DIAZEPAM RECTAL GEL	10	DOBUTAMINE	37
<i>diazoxide</i>	30	HYDROCHLORIDE/DEXTROSE 5%	
DICLOFENAC EPOLAMINE	1	<i>dofetilide</i>	34
<i>diclofenac potassium</i>	1	DOJOLVI	67
<i>diclofenac sodium 1%</i>	1	<i>donepezil hcl</i>	11
<i>diclofenac sodium dr</i>	1	<i>donepezil hydrochloride</i>	11
<i>diclofenac sodium er</i>	1	DONNATAL	51
<i>diclofenac sodium/misoprostol</i>	1	<i>dopamine hydrochloride</i>	37
<i>dicloxacillin sodium</i>	7	DOPAMINE	37
<i>dicyclomine hcl</i>	51	HYDROCHLORIDE/DEXTROSE	
<i>dicyclomine hydrochloride</i>	51	DOPAMINE/D5W	37
<i>diethylpropion hcl</i>	41	DOPTELET	33
DIETHYLPROPION HCL ER	41	<i>dorzolamide hcl/timolol maleate</i>	68
DIFICID	8	<i>dorzolamide hydrochloride</i>	70
<i>diflorasone diacetate</i>	44	<i>dorzolamide hydrochloride/timolol maleate</i>	68
<i>diflunisal</i>	1	<i>pf</i>	
<i>difluprednate</i>	70	DOVATO	26
<i>digox</i>	34	<i>doxazosin mesylate</i>	34
DIGOXIN	34	<i>doxepin hcl</i>	13
<i>dihydroergotamine mesylate</i>	15	<i>doxepin hydrochloride</i>	13
DILANTIN	11	<i>doxepin hydrochloride</i>	75
<i>diltiazem hcl</i>	36	<i>doxercalciferol</i>	66
<i>diltiazem hcl cd</i>	36	DOXORUBICIN HYDROCHLORIDE	18
<i>diltiazem hcl er</i>	36	<i>doxy 100</i>	9
<i>diltiazem hydrochloride</i>	36	<i>doxycycline</i>	9
<i>diltiazem hydrochloride er</i>	36	<i>doxycycline hyclate</i>	9
<i>dilt-xr</i>	36	<i>doxycycline hyclate</i>	43
DIMENHYDRINATE	14	<i>doxycycline hyclate dr</i>	9
<i>dimethyl fumarate</i>	42	<i>doxycycline monohydrate</i>	9
<i>dimethyl fumarate starterpack</i>	42	DRISDOL	49
<i>di-phen</i>	72	DRIZALMA SPRINKLE	12
DIPHENHYDRAMINE HCL	72	<i>dronabinol</i>	14
		<i>drosiprenone/ethinyl estradiol</i>	56

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<i>calcium</i>		EMTRIVA	27
DROXIA	17	<i>enalapril maleate</i>	34
<i>droxidopa</i>	33	<i>enalapril maleate/hydrochlorothiazide</i>	37
DUAKLIR PRESSAIR	72	ENBREL	63
DUAVEE	60	ENBREL MINI	63
DUET DHA BALANCED	49	ENBREL SURECLICK	63
DULERA	74	ENDARI	52
<i>duloxetine hcl</i>	12	<i>endocet</i>	3
<i>duloxetine hydrochloride</i>	12	ENGERIX-B	64
DUOBRII	45	ENHERTU	21
DUPIXENT	62	<i>enilloring</i>	56
<i>dutasteride</i>	53	<i>enoxaparin sodium</i>	32
<i>dutasteride/tamsulosin hydrochloride</i>	53	<i>enskyce</i>	56
E.E.S. 400	8	<i>entacapone</i>	22
<i>easy comfort insulin syringe/0.3ml/31g x</i>	67	<i>entecavir</i>	25
<i>1/2"</i>		ENTRESTO	37
<i>ec-naproxen</i>	1	<i>enulose</i>	50
<i>econazole nitrate</i>	14	ENVARBUS XR	63
EDARBI	34	EPCLUSA	25
EDARBYCLOR	37	EPIDIOLEX	9
EDETATE CALCIUM DISODIUM	51	<i>epinastine hcl</i>	69
EDEX	54	EPINEPHRINE	73
EDLUAR	75	<i>epitol</i>	11
EDURANT	26	<i>eplerenone</i>	38
<i>eemt</i>	56	EPOGEN	33
<i>eemt hs</i>	56	EPRONTIA	9
EFAVIRENZ	26	ERAXIS	14
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	26	ERGOLOID MESYLATES	11
<i>fumarate</i>		ERIVEDGE	19
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	26	ERLEADA	17
<i>fumarate</i>		<i>erlotinib hydrochloride</i>	19
EGRIFTA SV	55	<i>errin</i>	59
<i>eletriptan hydrobromide</i>	16	<i>ertapenem</i>	7
<i>elinest</i>	56	<i>ertapenem sodium</i>	7
ELIQUIS	32	ERY	46
ELIQUIS STARTER PACK	32	<i>ery-tab</i>	8
<i>elixophyllin</i>	73	ERYTHROCIN LACTOBIONATE	8
ELMIRON	54	ERYTHROCIN STEARATE	8
<i>eluryng</i>	56	ERYTHROMYCIN	8
EMCYT	17	<i>erythromycin</i>	46
EMEND	14	<i>erythromycin</i>	69
EMGALITY	15	<i>erythromycin base</i>	8
<i>emoquette</i>	56	<i>erythromycin dr</i>	8
EMSAM	12	ERYTHROMYCIN ETHYLSUCCINATE	8
<i>emtricitabine</i>	26	<i>erythromycin lactobionate</i>	8
<i>emtricitabine/tenofovir disoproxil</i>	26	<i>erythromycin/benzoyl peroxide</i>	43

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<i>escitalopram oxalate</i>	12	<i>febuxostat</i>	15
<i>esgic</i>	41	<i>felbamate</i>	9
<i>esmolol hcl</i>	35	<i>felodipine er</i>	36
<i>esmolol hydrochloride in sodium chloride</i>	35	FEM PH	5
<i>esmolol hydrochloride in sodium chloride</i>	35	FEMRING	57
<i>double strength</i>		<i>femynor</i>	57
<i>esmolol hydrochloride/sodium chloride</i>	35	<i>fenofibrate</i>	38
<i>esomeprazole magnesium</i>	52	<i>fenofibrate micronized</i>	38
<i>estarylla</i>	56	<i>fenofibric acid dr</i>	38
<i>estazolam</i>	75	<i>fenopropfen calcium</i>	1
<i>esterified estrogens/methyltestosterone</i>	56	<i>fentanyl</i>	2
<i>esterified estrogens/methyltestosterone hs</i>	57	FENTANYL CITRATE	3
<i>estradiol</i>	57	<i>fentanyl citrate oral transmucosal</i>	3
<i>estradiol valerate</i>	57	FENTORA	3
<i>estradiol/norethindrone acetate</i>	57	FERRIPROX	48
ESTRING	57	FERRIPROX TWICE-A-DAY	48
<i>eszopiclone</i>	75	<i>fesoterodine fumarate er</i>	53
<i>ethambutol hydrochloride</i>	16	FETZIMA	13
<i>ethosuximide</i>	10	FETZIMA TITRATION PACK	13
<i>ethynodiol diacetate/ethinyl estradiol</i>	57	<i>fexofenadine hcl/pseudoephedrine hcl er</i>	78
<i>etodolac</i>	1	<i>fexofenadine hydrochloride</i>	78
<i>etodolac er</i>	1	<i>fexofenadine</i>	78
<i>etonogestrel/ethinyl estradiol</i>	57	<i>hydrochloride/pseudoephedrine</i>	
<i>etravirine</i>	26	<i>hydrochloride er</i>	
<i>euthyrox</i>	60	FIASP	31
EVAMIST	57	FIASP FLEXTOUCH	31
<i>everolimus</i>	19	FIASP PENFILL	31
<i>everolimus</i>	63	FILSPARI	67
EVOTAZ	27	FILSUVEZ	45
<i>exemestane</i>	19	<i>finasteride</i>	53
EXKIVITY	19	<i>fingolimod hydrochloride</i>	42
EXTAVIA	42	FINTEPLA	9
EZALLOR SPRINKLE	38	FIRMAGON	60
<i>ezetimibe</i>	39	FIRVANQ	5
<i>ezetimibe/simvastatin</i>	39	<i>flac</i>	71
E-Z-HD	67	<i>flavoxate hcl</i>	53
E-Z-PAQUE	67	FLEBOGAMMA DIF	61
E-Z-PASTE	67	<i>flecainide acetate</i>	34
<i>famciclovir</i>	28	FLECTOR	1
<i>famotidine</i>	51	FLOVENT DISKUS	71
FANAPT	24	FLOVENT HFA	71
FANAPT TITRATION PACK	24	<i>flucaine</i>	68
FARXIGA	29	<i>fluconazole</i>	14
FARYDAK	19	<i>fluconazole in sodium chloride</i>	14
FASENRA	74	FLUCONAZOLE/SODIUM CHLORIDE	14
FASENRA PEN	74	<i>flucytosine</i>	14
<i>fayosim</i>	57	<i>fludrocortisone acetate</i>	54

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<i>flunisolide</i>	71	<i>fosphenytoin sodium</i>	11
FLUOCINOLONE ACETONIDE	44	FOTIVDA	17
<i>fluocinolone acetonide</i>	71	FRAGMIN	32
<i>fluocinolone acetonide body</i>	44	<i>frovatriptan succinate</i>	16
<i>fluocinolone acetonide scalp</i>	44	FRUZAQLA	20
<i>fluocinolone acetonide topical</i>	44	FUL-GLO	68
<i>fluocinonide</i>	44	<i>furosemide</i>	38
<i>fluocinonide emulsified base</i>	44	FUZEON	27
<i>fluorescein/proparacaine</i>	68	<i>fyavolv</i>	57
<i>fluoride</i>	47	FYCOMPA	9
<i>fluoridex daily defense</i>	43	<i>gabapentin</i>	10
<i>fluoridex enhanced whitening</i>	43	GALANTAMINE HYDROBROMIDE	11
<i>fluorimax 5000</i>	43	<i>galantamine hydrobromide er</i>	11
<i>fluorometholone</i>	70	GALZIN	47
FLUOROURACIL	45	GAMMAGARD LIQUID	61
FLUOXETINE DR	13	GAMMAGARD S/D IGA LESS THAN	61
<i>fluoxetine hydrochloride</i>	13	1MCG/ML	
<i>fluphenazine decanoate</i>	23	GAMMAKED	61
FLUPHENAZINE HCL	23	GAMMAPLEX	61
FLUPHENAZINE HYDROCHLORIDE	23	GAMUNEX-C	61
FLURANDRENOLIDE	44	GARDASIL 9	64
<i>flurbiprofen</i>	1	GASTROGRAFIN	67
FLURBIPROFEN SODIUM	70	<i>gatifloxacin</i>	69
<i>flutamide</i>	17	GATTEX	51
<i>fluticasone propionate</i>	45	GAVILYTE-C	51
<i>fluticasone propionate</i>	71	<i>gavilyte-g</i>	51
FLUTICASONE PROPIONATE DISKUS	71	<i>gavilyte-n/ flavor pack</i>	51
FLUTICASONE PROPIONATE HFA	71	GAVRETO	18
<i>fluticasone propionate/salmeterol</i>	75	<i>gefitinib</i>	20
<i>fluticasone propionate/salmeterol diskus</i>	74	GEMCITABINE HYDROCHLORIDE	17
<i>fluvastatin</i>	39	<i>gemfibrozil</i>	38
<i>fluvastatin sodium er</i>	39	GEMTESA	53
<i>fluvoxamine maleate</i>	13	<i>generlac</i>	50
<i>fluvoxamine maleate er</i>	13	<i>gengraf</i>	63
FML FORTE	70	GENTAK	69
<i>folic acid</i>	49	<i>gentamicin sulfate</i>	5
FOLLISTIM AQ	55	<i>gentamicin sulfate</i>	69
FOLOTYN	17	GENTAMICIN SULFATE/0.9% SODIUM	4
<i>fondaparinux sodium</i>	32	CHLORIDE	
<i>formaldehyde neutralized/buffered</i>	67	GENVOYA	26
<i>formoterol fumarate</i>	73	GILOTRIF	20
FORTEO	66	<i>glatiramer acetate</i>	42
FOSAMAX PLUS D	66	<i>glatopa</i>	42
<i>fosamprenavir calcium</i>	27	GLEOSTINE	17
<i>fosfomycin tromethamine</i>	5	<i>glimepiride</i>	29
<i>fosinopril sodium</i>	34	<i>glipizide</i>	29

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<i>glipizide/metformin hydrochloride</i>	29	HUMALOG	31
GLUCAGEN HYPOKIT	30	HUMALOG JUNIOR KWIKPEN	31
GLUCAGON EMERGENCY KIT	30	HUMALOG KWIKPEN	31
GLUCAGON EMERGENCY KIT FOR	30	HUMALOG MIX 50/50	31
LOW BLOOD SUGAR		HUMALOG MIX 50/50 KWIKPEN	31
<i>glyburide</i>	29	HUMALOG MIX 75/25	31
GLYBURIDE MICRONIZED	29	HUMALOG MIX 75/25 KWIKPEN	31
<i>glyburide/metformin hydrochloride</i>	29	HUMATROPE	55
GLYCOPYRROLATE	51	HUMIRA	63
GLYXAMBI	29	HUMIRA PEDIATRIC CROHNS	63
GONAL-F	55	DISEASE STARTER PACK	
GONAL-F RFF	55	HUMIRA PEN	63
GONAL-F RFF REDIJECT	55	HUMIRA PEN-CD/UC/HS STARTER	63
<i>granisetron hydrochloride</i>	14	HUMIRA PEN-PEDIATRIC UC	63
GRANIX	33	STARTER PACK	
<i>griseofulvin microsize</i>	15	HUMIRA PEN-PS/UV STARTER	63
<i>griseofulvin ultramicrosize</i>	15	HUMULIN 70/30	31
<i>guaifenesin/codeine</i>	78	HUMULIN 70/30 KWIKPEN	31
<i>guanfacine er</i>	41	HUMULIN N	31
<i>guanfacine hydrochloride</i>	33	HUMULIN N KWIKPEN	31
<i>guanfacine hydrochloride</i>	41	HUMULIN R	31
GVOKE HYPOPEN 1-PACK	31	HUMULIN R U-500 (CONCENTRATED)	31
GVOKE HYPOPEN 2-PACK	31	HUMULIN R U-500 KWIKPEN	31
GVOKE KIT	31	HYCODAN	75
GVOKE PFS	31	<i>hydralazine hcl</i>	40
HAEGARDA	61	<i>hydralazine hydrochloride</i>	40
<i>hailey 1.5/30</i>	57	<i>hydrochlorothiazide</i>	38
<i>hailey fe 1.5/30</i>	57	<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>hailey fe 1/20</i>	57	<i>hydrocodone bitartrate/homatropine</i>	75
<i>halobetasol propionate</i>	45	<i>methylbromide</i>	
<i>haloette</i>	57	HYDROCODONE	75
<i>haloperidol</i>	23	POLISTIREX/CHLORPHENIRAMINE	
<i>haloperidol decanoate</i>	23	POLISTIREX	
<i>haloperidol lactate</i>	23	<i>hydrocodone/acetaminophen</i>	3
HARVONI	25	<i>hydrocodone/homatropine</i>	75
HAVRIX	64	HYDROCODONE/IBUPROFEN	3
<i>heather</i>	59	<i>hydrocortisone</i>	45
HEMADY	54	<i>hydrocortisone</i>	54
<i>heparin sodium</i>	32	<i>hydrocortisone</i>	66
<i>heparin sodium/sodium chloride 0.9%</i>	32	<i>hydrocortisone acetate</i>	45
<i>heparin sodium/sodium chloride 0.9%</i>	32	HYDROCORTISONE	45
<i>premix</i>		ACETATE/PRAMOXINE	
HEPLISAV-B	64	HYDROCORTISONE BUTYRATE	45
HERCEPTIN HYLECTA	21	HYDROCORTISONE BUTYRATE	45
HIBERIX	64	(LIPID)	
<i>hidex 6-day</i>	54	<i>hydrocortisone butyrate (lipophilic)</i>	45

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<i>hydrocortisone/acetic acid</i>	71	INPEN 100/BLUE/NOVOLOG/FIASP	67
<i>hydrocortisone/iodoquinol</i>	15	INPEN 100/GREY/LILLY/HUMALOG	67
<i>hydromet</i>	75	INPEN 100/GREY/NOVOLOG/FIASP	67
<i>hydromorphone hcl</i>	3	INPEN 100/PINK/LILLY/HUMALOG	67
<i>hydromorphone hydrochloride</i>	3	INPEN 100/PINK/NOVOLOG/FIASP	67
HYDROXOCOBALAMIN	49	INQOVI	20
<i>hydroxychloroquine sulfate</i>	22	INREBIC	18
<i>hydroxyurea</i>	18	INSULIN LISPRO	31
<i>hydroxyzine hcl</i>	72	INSULIN LISPRO JUNIOR KWIKPEN	31
<i>hydroxyzine hydrochloride</i>	72	INSULIN LISPRO KWIKPEN	31
<i>hydroxyzine pamoate</i>	72	INSULIN LISPRO	31
HYFTOR	63	PROTAMINE/INSULIN LISPRO	
<i>hyosyne</i>	51	KWIKPEN	
HYPERHEP B	61	INTELENCE	26
<i>ibandronate sodium</i>	66	INTRALIPID	67
IBRANCE	18	INTRON A	62
IBRANCE	20	INVEGA HAFYERA	24
<i>ibu</i>	1	INVEGA SUSTENNA	24
<i>ibuprofen</i>	1	INVEGA TRINZA	24
<i>ibuprofen lysine</i>	1	IODINE STRONG	67
<i>ibutilide fumarate</i>	34	IODOFLEX	67
<i>icatibant acetate</i>	61	IODOSORB	67
ICLUSIG	20	IPOL INACTIVATED IPV	64
<i>icosapent ethyl</i>	39	<i>ipratropium bromide</i>	72
IDHIFA	18	<i>ipratropium bromide/albuterol sulfate</i>	75
ILARIS	62	<i>irbesartan</i>	34
ILEVRO	70	<i>irbesartan/hydrochlorothiazide</i>	37
<i>imatinib mesylate</i>	20	<i>irinotecan hydrochloride</i>	19
IMBRUVICA	20	ISENTRESS	26
IMIPENEM/CILASTATIN	7	ISENTRESS HD	26
<i>imipramine hcl</i>	13	<i>isibloom</i>	57
<i>imipramine hydrochloride</i>	13	ISOLYTE-P/DEXTROSE 5%	47
<i>imipramine pamoate</i>	13	ISOLYTE-S	47
<i>imiquimod</i>	45	ISOLYTE-S PH 7.4	47
IMOVAX RABIES (H.D.C.V.)	64	<i>isoniazid</i>	16
IMVEXXY MAINTENANCE PACK	57	<i>isoproterenol hydrochloride</i>	73
IMVEXXY STARTER PACK	57	<i>isosorbide dinitrate</i>	40
<i>incassia</i>	59	ISOSORBIDE MONONITRATE	40
INCRELEX	55	<i>isosorbide mononitrate er</i>	40
INCRUSE ELLIPTA	72	ISOTONIC GENTAMICIN	5
<i>indapamide</i>	38	<i>isotretinoin</i>	43
INDOCIN	1	<i>isoxsuprine hcl</i>	37
<i>indomethacin</i>	1	<i>isradipine</i>	36
<i>indomethacin er</i>	1	<i>itraconazole</i>	15
INFANRIX	64	<i>ivermectin</i>	22
INLYTA	20	<i>ivermectin</i>	46

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<i>jaimiess</i>	57	KISQALI FEMARA 400 DOSE	18
JAKAFI	20	KISQALI FEMARA 600 DOSE	18
<i>jantoven</i>	32	<i>klayesta</i>	15
JANUMET	29	<i>klor-con 10</i>	47
JANUMET XR	29	<i>klor-con 8</i>	47
JANUVIA	29	<i>klor-con m10</i>	47
JARDIANCE	29	<i>klor-con m15</i>	47
<i>jasmiel</i>	57	<i>klor-con m20</i>	47
JAYPIRCA	20	KLOXXADO	4
<i>jencycla</i>	59	KORLYM	31
JENTADUETO	29	KOSELUGO	20
JENTADUETO XR	29	<i>kourzeq</i>	43
<i>jinteli</i>	57	KRAZATI	18
JOENJA	62	<i>labetalol hydrochloride</i>	35
<i>juleber</i>	57	<i>lacosamide</i>	11
JULUCA	26	LACRISERT	68
<i>junel 1.5/30</i>	57	<i>lactulose</i>	50
<i>junel 1/20</i>	57	LAGEVRIO	67
<i>junel fe 1.5/30</i>	57	<i>lamivudine</i>	25
<i>junel fe 1/20</i>	57	<i>lamivudine</i>	27
<i>junel fe 24</i>	57	<i>lamivudine/zidovudine</i>	27
<i>just right 5000</i>	43	<i>lamotrigine</i>	9
JYLAMVO	63	<i>lamotrigine er</i>	9
JYNARQUE	49	<i>lamotrigine odt</i>	9
JYNNEOS	65	<i>lamotrigine starter kit/blue</i>	9
<i>kalliga</i>	57	<i>lamotrigine starter kit/green</i>	9
KALYDECO	73	<i>lamotrigine starter kit/orange</i>	9
<i>kariva</i>	57	<i>lansoprazole</i>	52
<i>kcl 0.075%/d5w/nacl 0.45%</i>	47	LANSOPRAZOLE/AMOXICILLIN/CLAR	51
<i>kcl 0.15%/d5w/nacl 0.2%</i>	47	ITHROMYCIN	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	47	<i>lanthanum carbonate</i>	49
<i>kcl 0.15%/d5w/nacl 0.9%</i>	47	LANTUS	31
<i>kcl 0.3%/d5w/nacl 0.45%</i>	47	LANTUS SOLOSTAR	31
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<i>kelnor 1/50</i>	57	<i>larin 1.5/30</i>	57
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<i>ketoconazole</i>	15	<i>larin 24 fe</i>	57
<i>ketodan</i>	15	<i>larin fe 1.5/30</i>	57
KETOPROFEN	1	<i>larin fe 1/20</i>	57
KETOPROFEN ER	1	<i>latanoprost</i>	71
<i>ketorolac tromethamine</i>	1	LAZANDA	3
<i>ketorolac tromethamine</i>	70	LEDIPASVIR/SOFOSBUVIR	25
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LENVIMA 18 MG DAILY DOSE	20	LITHIUM CARBONATE	28
LENVIMA 20 MG DAILY DOSE	20	<i>lithium carbonate er</i>	28
LENVIMA 24 MG DAILY DOSE	20	LITHOSTAT	54
LENVIMA 4 MG DAILY DOSE	20	LIVALO	39
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<i>leucovorin calcium</i>	18	<i>lojaimiess</i>	58
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<i>leuprolide acetate</i>	60	LONSURF	18
<i>levalbuterol</i>	73	<i>loperamide hcl</i>	50
<i>levalbuterol hcl</i>	73	<i>lopinavir/ritonavir</i>	27
<i>levalbuterol hydrochloride</i>	73	<i>loratadine</i>	78
LEVALBUTEROL TARTRATE HFA	73	<i>loratadine childrens</i>	78
LEVEMIR	31	<i>loratadine-d 12hr</i>	78
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LEVEMIR FLEXTOUCH	31	<i>lorazepam</i>	28
<i>levetiracetam</i>	9	<i>lorazepam intensol</i>	28
<i>levetiracetam er</i>	9	LORBRENA	20
LEVOBUNOLOL HCL	70	LORTAB	3
<i>levocarnitine</i>	67	<i>loryna</i>	58
<i>levocetirizine dihydrochloride</i>	72	<i>losartan potassium</i>	34
<i>levofloxacin</i>	8	<i>losartan potassium/hydrochlorothiazide</i>	37
LEVOFLOXACIN	69	<i>loteprednol etabonate</i>	70
<i>levofloxacin in d5w</i>	8	<i>lovastatin</i>	39
<i>levonorgestrel and ethinyl estradiol</i>	57	<i>low-ogestrel</i>	58
<i>levonorgestrel/ethinyl estradiol</i>	57	<i>loxapine</i>	23
LEVORPHANOL TARTRATE	2	<i>lo-zumandimine</i>	58
<i>levo-t</i>	60	<i>lubiprostone</i>	50
<i>levothyroxine sodium</i>	60	LUCEMYRA	4
<i>levoxyl</i>	60	LUGOLS STRONG IODINE	67
LEXIVA	27	LULICONAZOLE	15
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<i>lidocaine</i>	4	LUMIGAN	71
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<i>lidocaine hcl in d5w</i>	34	LUPRON DEPOT (1-MONTH)	60
<i>lidocaine/epinephrine</i>	4	LUPRON DEPOT (3-MONTH)	60
<i>lidocaine/prilocaine</i>	4	LUPRON DEPOT (4-MONTH)	60
<i>linezolid</i>	5	LUPRON DEPOT (6-MONTH)	60
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LIORESAL INTRATHECAL	25	LUPRON DEPOT-PED (3-MONTH)	61
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mannitol	37	methscopolamine bromide	51
maraviroc	27	methsuximide	10
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md-gastroview	67	methylphenidate hydrochloride er (la)	41
meclizine hcl 12.5mg, 25mg	14	methylprednisolone	54
MECLOFENAMATE SODIUM	1	methylprednisolone acetate	54
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mefenamic acid	1	methylprednisolone sodiumsuccinate	54
mefloquine hcl	22	methyltestosterone	55
megestrol acetate	59	metoclopramide hcl	51
MEKINIST	20	metoclopramide hydrochloride	51
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meloxicam	1	metolazone	38
memantine hcl titration pak	12	METOPIRONE	67
memantine hydrochloride	12	metoprolol succinate er	35
memantine hydrochloride er	12	metoprolol tartrate	35
MENACTRA	65	metoprolol/hydrochlorothiazide	37
MENEST	58	metronidazole	5
MENOPUR	55	metronidazole	43
MENOSTAR	58	metronidazole vaginal	5
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MESNEX	22	MIGERGOT	15
metaxalone	75	MIGLITOL	30
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<i>minocycline hcl</i>	9	NAMZARIC	11
<i>minocycline hydrochloride</i>	9	<i>naproxen</i>	1
<i>minocycline hydrochloride er</i>	9	<i>naproxen sodium</i>	1
<i>minoxidil</i>	40	<i>naratriptan hcl</i>	16
MIRENA	59	NATACYN	69
<i>mirtazapine</i>	12	NATAZIA	58
<i>mirtazapine odt</i>	12	<i>nateglinide</i>	30
<i>misoprostol</i>	52	NATPARA	66
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M-NATAL PLUS	49	<i>nebivolol hydrochloride</i>	35
<i>modafinil</i>	76	NEFAZODONE HYDROCHLORIDE	13
<i>moexipril hcl</i>	34	<i>neomycin sulfate</i>	5
MOLINDONE HYDROCHLORIDE	23	<i>neomycin/bacitracin/polymyxin</i>	68
<i>mometasone furoate</i>	45	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	69
<i>mometasone furoate</i>	71	<i>one</i>	
MONJUVI	21	<i>neomycin/polymyxin/dexamethasone</i>	69
<i>mono-lynyah</i>	58	NEOMYCIN/POLYMYXIN/GRAMICIDI	69
<i>montelukast sodium</i>	72	N	
<i>morphine sulfate</i>	3	<i>neomycin/polymyxin/hc</i>	71
MORPHINE SULFATE ER	2	NEOMYCIN/POLYMYXIN/HYDROCOR	69
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MYALEPT	51	NEVIRAPINE	26
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<i>mycophenolic acid dr</i>	64	NEXIUM	52
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NABI-HB	61	NEXPLANON	59
<i>nabumetone</i>	1	NIACIN	39
<i>nadolol</i>	35	<i>niacin er</i>	39
NAFCILLIN	7	NIACOR	39
<i>nafcillin sodium</i>	7	<i>nicardipine hcl</i>	36
NAFTIFINE HCL	15	NICOTROL INHALER	4
<i>naftifine hydrochloride</i>	15	NICOTROL NS	4
<i>naloxone hcl</i>	4	<i>nifedipine er</i>	36
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<i>nitazoxanide</i>	22	NOVOLOG MIX 70/30 PREFILLED	32
<i>nitisinone</i>	52	FLEXPEN	
NITRO-BID	40	NOVOLOG MIX 70/30 PREFILLED	32
NITRO-DUR	40	FLEXPEN RELION	
<i>nitrofurantoin</i>	5	NOVOLOG MIX 70/30 RELION	32
<i>nitrofurantoin macrocrystals</i>	5	NOVOLOG PENFILL	32
<i>nitrofurantoin monohydrate/macrocrystals</i>	5	NOVOLOG RELION	32
<i>nitroglycerin</i>	40	NOVOPEN ECHO	68
<i>nitroglycerin</i>	51	NOXAFIL	15
NITROGLYCERIN IN DEXTROSE 5%	40	NP THYROID 120	60
<i>nitroglycerin transdermal</i>	40	NP THYROID 15	60
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NIVESTYM	33	NP THYROID 60	60
NIZATIDINE	51	NP THYROID 90	60
<i>nora-be</i>	59	NUBEQA	17
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<i>norelgestromin/ethinyl estradiol</i>	58	NUCYNTA	3
<i>norepinephrine bitartrate</i>	37	NUCYNTA ER	2
<i>norethindrone</i>	59	NUEDEXTA	41
<i>norethindrone acetate</i>	59	NUPLAZID	24
<i>norethindrone acetate/ethinyl estradiol</i>	58	NURTEC	15
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	58	NUTROPIN AQ NUSPIN 10	55
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<i>norlyda</i>	59	NUTROPIN AQ NUSPIN 5	55
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NORPACE CR	35	<i>nymyo</i>	58
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<i>nortriptyline hydrochloride</i>	14	<i>nystatin/triamcinolone</i>	46
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<i>olmesartan medoxomil/hydrochlorothiazide</i>	37	OTREXUP	64
<i>olopatadine hcl</i>	69	OVIDREL	55
<i>olopatadine hcl</i>	72	OXACILLIN SODIUM	7
<i>olopatadine hydrochloride</i>	69	<i>oxaliplatin</i>	17
OMECLAMOX-PAK	51	<i>oxaprozin</i>	1
<i>omega-3-acid ethyl esters</i>	39	<i>oxazepam</i>	28
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<i>ondansetron hydrochloride</i>	14	HYDROCHLORIDEER	
<i>ondansetron odt</i>	14	OZEMPIC	30
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<i>oralone dental paste</i>	43	PANRETIN	22
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PENBRAYA	65	<i>piroxicam</i>	1
<i>penicillamine</i>	49	<i>pitavastatin calcium</i>	39
<i>penicillin g potassium</i>	7	PLASMA-LYTE A	47
PENICILLIN G PROCAINE	7	PLASMA-LYTE-148	48
PENICILLIN G SODIUM	7	PLEGRIDY	42
PENICILLIN V POTASSIUM	7	PLEGRIDY STARTER PACK	42
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<i>pentamidine isethionate</i>	22	PODOFILOX	46
PENTASA	65	POLIVY	21
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<i>pentoxifylline er</i>	38	<i>polymyxin b sulfate</i>	5
PERINDOPRIL ERBUMINE	34	<i>polymyxin b sulfate/trimethoprim sulfate</i>	69
<i>periogard</i>	43	POMALYST	17
<i>permethrin</i>	46	<i>posaconazole</i>	15
<i>perphenazine</i>	23	<i>posaconazole dr</i>	15
PERPHENAZINE/AMITRIPTYLINE	12	<i>potassium chloride</i>	48
PERSERIS	24	<i>potassium chloride er</i>	48
<i>phenazopyridine hydrochloride</i>	54	<i>potassium chloride/dextrose</i>	48
<i>phendimetrazine tartrate</i>	41	POTASSIUM	48
PHENDIMETRAZINE TARTRATE ER	42	CHLORIDE/DEXTROSE/LACTATED	
PHENELZINE SULFATE	12	RINGERS	
<i>phenobarbital</i>	10	<i>potassium chloride/dextrose/sodium</i>	48
<i>phenobarbital sodium</i>	10	<i>chloride</i>	
<i>phenobarbital/belladonna alkaloids</i>	51	<i>potassium chloride/sodium chloride</i>	48
<i>phenoxybenzamine hydrochloride</i>	34	<i>potassium citrate er</i>	48
<i>phentermine hcl</i>	42	PRALATREXATE	18
<i>phentermine hydrochloride</i>	42	PRALUENT	39
<i>phenylephrine hcl</i>	69	<i>pramipexole dihydrochloride</i>	22
<i>phenytek</i>	11	<i>pramipexole dihydrochloride er</i>	23
<i>phenytoin</i>	11	PRAMOSONE	46
<i>phenytoin sodium extended</i>	11	<i>prasugrel</i>	33
PHOSLYRA	49	<i>pravastatin sodium</i>	39
PIFELTRO	26	<i>praziquantel</i>	22
<i>pilocarpine hcl</i>	70	<i>prazosin hydrochloride</i>	34
<i>pilocarpine hydrochloride</i>	43	PRED MILD	70
PIMOZIDE	23	PREDNICARBATE	45
<i>pimtrea</i>	58	<i>prednisolone</i>	55
<i>pindolol</i>	35	PREDNISOLONE ACETATE	70
<i>pioglitazone hcl</i>	30	<i>prednisolone sodium phosphate</i>	55
<i>pioglitazone hcl/metformin hcl</i>	30	PREDNISOLONE SODIUM PHOSPHATE	70
<i>pioglitazone hcl-glimepiride</i>	30	PREDNISOLONE SODIUM PHOSPHATE	54
<i>pioglitazone hydrochloride</i>	30	ODT	
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IRON		<i>promethazine dm</i>	75
PRENATE	49	<i>promethazine hcl</i>	14
PRENATE DHA	50	<i>promethazine hydrochloride</i>	14
PRENATE ELITE	50	<i>promethazine hydrochloride plain</i>	14
PRENATE ENHANCE	50	<i>promethazine/codeine</i>	75
PRENATE MINI	50	<i>promethazine/phenylephrine/codeine</i>	75
PRENATE PIXIE	50	PROMETHEGAN	14
PRENATE RESTORE	50	<i>propafenone hcl</i>	35
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<i>prevalite</i>	39	PROPRANOLOL HCL	35
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<i>prochlorperazine maleate</i>	14	<i>quetiapine fumarate</i>	24
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<i>sulindac</i>	2	TEFLARO	6
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XOPENEX HFA	73	ZYPREXA RELPREVV	24
XOSPATA	21	ZYRTEC ALLERGY	78
XPHOZAH	49	ZYRTEC-D ALLERGY/CONGESTION	78
XPOVIO	19		
XPOVIO 60 MG TWICE WEEKLY	19		
XPOVIO 80 MG TWICE WEEKLY	19		
XTANDI	17		
<i>xulane</i>	59		
<i>xylocaine dental</i>	4		
XYLOCAINE-MPF/EPINEPHRINE	4		
XYREM	76		
<i>yargesa</i>	53		
YF-VAX	65		
YONSA	17		
<i>yuvafem</i>	59		
<i>zafemy</i>	59		
<i>zafirlukast</i>	72		
<i>zaleplon</i>	75		
ZARXIO	33		
<i>zebutal</i>	42		
ZEJULA	21		
ZELBORAF	21		
ZEMAIRA	53		
<i>zenatane</i>	44		
ZENPEP	53		
<i>zenzedi</i>	40		
ZEPZELCA	17		
<i>zidovudine</i>	27		
ZILBRYSQ	62		
ZIOPTAN	71		
<i>ziprasidone hcl</i>	24		
<i>ziprasidone mesylate</i>	24		
ZIRGAN	70		
ZOLINZA	19		
<i>zolmitriptan</i>	16		
<i>zolmitriptan odt</i>	16		

Effective Date: 06/01/2024

Last Updated: May 2024

This formulary was updated on **June 1, 2024**. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time.

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