

**PrimeTime Health Plan**  
**2025 Formulary**  
**(List of Covered Drugs or “Drug List”)**

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

HPMS Approved Formulary File Submission ID 25390, Version Number 7

This formulary was updated on 08/26/2024. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit [www.pthp.com](http://www.pthp.com).

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**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 PrimeTime Health Plan. When it refers to “plan” or “our plan,” it means PrimeTime Health Plan.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## **What is the PrimeTime Health Plan formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by PrimeTime Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. PrimeTime Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PrimeTime Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but PrimeTime Health Plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.pthp.com](http://www.pthp.com).

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year: **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

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If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the PrimeTime Health Plan’s Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the PrimeTime Health Plan’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2025. To get updated information about the drugs covered PrimeTime Health Plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, PrimeTime Health Plan will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

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## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 8. 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 8. 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 69. 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?

PrimeTime Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** PrimeTime Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from

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PrimeTime Health Plan before you fill your prescriptions. If you don't get approval, PrimeTime Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, PrimeTime Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain 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 PrimeTime Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the PrimeTime Health Plan's formulary?" on page 5 for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that PrimeTime Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by PrimeTime Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by PrimeTime Health Plan.
- You can ask PrimeTime Health Plan 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 PrimeTime Health Plan's Formulary?**

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

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

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- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, PrimeTime Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

## For more information

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

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

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

## PrimeTime Health Plan Formulary

The formulary below provides coverage information about the drugs covered by PrimeTime Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by PrimeTime Health Plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

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

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule</i>	2	
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium external solution 1.5%</i>	2	PA
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	4	
<i>etodolac tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>piroxicam capsule</i>	2	
<i>sulindac tablet</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 100mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days)
<i>methadone hcl tablet</i>	2	
<i>methadone hcl solution</i>	4	
<i>methadone hydrochloride intensol</i>	2	
<i>methadone hydrochloride concentrate</i>	2	
<i>methadose sugar-free</i>	2	
<i>methadose concentrate 10mg/ml</i>	2	
<i>morphine sulfate er tablet extended release 15mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>morphine sulfate er tablet extended release 100mg, 200mg, 60mg</i>	3	QL(120 EA per 30 days)
<b>NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG</b>	4	QL(210 EA per 30 days)
<i>oxycodone hydrochloride er tablet extended release 12 hour 10mg, 20mg, 7.5mg</i>	3	QL(60 EA per 30 days)
<i>tramadol hcl er capsule extended release 24 hour 300mg</i>	4	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine tablet</i>	2	QL(360 EA per 30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine solution</i>	3	QL(3240 ML per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butorphanol tartrate solution</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>endocet tablet 325mg; 2.5mg</i>	3	
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 10mg</i>	2	QL(180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl tablet</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hcl liquid</i>	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>lorcet</i>	2	QL(360 EA per 30 days)
<i>lorcet hd</i>	2	QL(180 EA per 30 days)
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days)
<i>morphine sulfate tablet</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate oral solution</i>	4	
<i>morphine sulfate injection 2mg/ml, 4mg/ml, 8mg/ml</i>	4	
NUCYNTA	4	QL(180 EA per 30 days)
<i>oxycodone hcl capsule</i>	2	
<i>oxycodone hydrochloride tablet</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride capsule, concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	5	
<i>oxymorphone hydrochloride</i>	3	QL(180 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>tramadol hydrochloride tablet</i>	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl prefilled syringe 2%</i>	2	
<i>lidocaine hydrochloride solution</i>	4	
<i>lidocaine/prilocaine cream</i>	2	
<i>lidocaine ointment 5%</i>	2	
LIDOCAINE PATCH 5%	3	QL(90 EA per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	2	
OPVEE	3	
<b>Smoking Cessation Agents</b>		
<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>	4	
<i>varenicline tartrate</i>	3	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE	5	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 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	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
<b>Antibacterials, Other</b>		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindamycin hcl capsule 300mg, 75mg</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>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/sodium chloride</i>	2	
<i>colistimethate sodium</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 500MG	5	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	
<i>linezolid suspension reconstituted</i>	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid injection 600mg/300ml; 0.9%</i>	5	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension 50mg/5ml</i>	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
VANCOMYCIN HYDROCHLORIDE CAPSULE	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED 25MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	2	
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	
<i>cefazolin sodium injection 100gm, 10gm, 1gm, 300gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefazolin injection 2gm/100ml; 4%</i>	2	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	4	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 1gm; 4%, 2gm; 2.2%</i>	2	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil tablet</i>	3	
<i>cefprozil suspension reconstituted</i>	4	
<i>ceftazidime/dextrose</i>	2	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium injection</i>	4	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 1GM, 2GM, 6GM	4	
<i>tazicef injection 1gm</i>	4	
TEFLARO	5	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable, tablet</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	

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<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
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	
<i>nafcillin</i>	5	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<b>Carbapenems</b>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem/sodium chloride</i>	4	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
<b>Macrolides</b>		
<i>azithromycin tablet</i>	2	
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	ST
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tablet</i>	4	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin capsule delayed release particles 250mg</i>	4	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim tablet</i>	2	
<i>sulfamethoxazole/trimethoprim suspension</i>	4	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	
<i>doxycycline suspension reconstituted</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>mondoxyne nl capsule 100mg</i>	3	
<i>morgidox 1x50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT	5	
ELEPSIA XR	5	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er tablet extended release 24 hour 50mg</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	
<i>roweepra</i>	2	
<i>roweepra xr</i>	4	
SPRITAM	4	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide capsule</i>	3	
<i>ethosuximide solution</i>	4	
<i>methsuximide</i>	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	4	
<i>clonazepam tablet</i>	2	
DIACOMIT	5	PA
<i>diazepam rectal gel</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 capsule</i>	2	
<i>gabapentin solution</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	3	
<i>primidone tablet</i>	2	
SYMPAZAN	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
VIGABATRIN TABLET	5	
<i>vigabatrin packet</i>	5	
<i>vigadrone</i>	5	
<i>vigpoder</i>	5	
ZTALMY	5	PA
<b>Sodium Channel Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	3	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	4	
<i>carbamazepine tablet chewable, tablet</i>	2	
<i>carbamazepine suspension</i>	4	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	2	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	3	
<i>oxcarbazepine suspension</i>	4	
<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	
XCOPRI TABLET	5	
XCOPRI TABLET THERAPY PACK 0	4	
XCOPRI TABLET THERAPY PACK 0	5	
ZONISADE	4	
<i>zonisamide</i>	2	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
NAMZARIC	3	
<b><i>Cholinesterase Inhibitors</i></b>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION	4	
<i>galantamine hydrobromide tablet</i>	4	
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	2	
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	3	
<i>rivastigmine transdermal system</i>	4	QL(30 EA per 30 days)
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	QL(60 EA per 30 days)
<i>memantine hydrochloride solution</i>	4	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY	5	
<i>bupropion hcl tablet 100mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
<i>perphenazine/amitriptyline</i>	4	
ZURZUVAE	5	PA
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er</i>	3	
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	
<i>escitalopram oxalate tablet</i>	2	
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride capsule, solution</i>	2	
<i>fluvoxamine maleate</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine</i>	4	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
PEXEVA	4	
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tablet 300mg</i>	2	
TRINTELLIX	4	
VENLAFAXINE BESYLATE ER	4	
<i>venlafaxine hydrochloride</i>	2	QL(90 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days)
<b>VIIBRYD STARTER PACK</b>	4	
<i>vilazodone hydrochloride</i>	3	
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hcl tablet</i>	2	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 100mg, 10mg, 50mg, 75mg</i>	2	
<i>doxepin hcl concentrate</i>	4	
<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>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	3	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	3	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
<b>EMEND SUSPENSION RECONSTITUTED</b>	4	B/D
<i>granisetron hydrochloride tablet</i>	4	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hcl tablet 24mg</i>	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
ONDANSETRON ODT TABLET DISINTEGRATING 16MG	4	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
<b>Antifungals</b>		
<i>Antifungals</i>		
ABELCET	4	B/D
AMPHOTERICIN B LIPOSOME	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>itraconazole solution</i>	5	
<i>ketoconazole cream, shampoo, tablet</i>	2	
<i>klayesta</i>	2	
<i>micafungin</i>	4	
<i>miconazole 3 suppository</i>	4	
<i>naftifine hydrochloride gel 1%</i>	2	
<i>nyamyc</i>	2	
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole</i>	5	
<i>posaconazole dr</i>	5	
<i>terbinafine hcl tablet</i>	2	
<i>terconazole cream</i>	2	
<i>terconazole suppository</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	B/D
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
COLCHICINE CAPSULE	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat</i>	3	ST
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
<b>Antimigraine Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<b>Ergot Alkaloids</b>		
DIHYDROERGOTAMINE MESYLATE SOLUTION	5	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	3	
<b>Prophylactic</b>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days)
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL(5 ML per 30 days)
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL(9 ML per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet</i>	3	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<b>Antituberculars</b>		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid tablet</i>	2	
<i>isoniazid syrup</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	4	
<i>cyclophosphamide capsule, tablet</i>	3	B/D

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<i>dacarbazine injection 100mg, 200mg</i>	2	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 100MG, 40MG	5	
<i>ifosfamide</i>	4	
KEMOPLAT	4	
LEUKERAN	5	
MATULANE	5	
<i>oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	4	
<i>oxaliplatin injection 100mg, 50mg</i>	5	
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	4	
VALCHLOR	5	PA
<b>Antiandrogens</b>		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>bicalutamide</i>	2	
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	QL(120 EA per 30 days); PA
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
<b>Antiangiogenic Agents</b>		
<i>lenalidomide</i>	5	QL(28 EA per 28 days); PA
POMALYST	5	PA
REVLIMID	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	5	
<i>fulvestrant</i>	5	
ORSERDU	5	PA
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
TOREMIFENE CITRATE	5	
<b>Antimetabolites</b>		
<i>cytarabine aqueous</i>	4	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	4	B/D
DROXIA	3	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>gemcitabine hcl</i>	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	5	
<b>Antineoplastics, Other</b>		
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	4	B/D
AKEEGA	5	PA
<i>azacitidine</i>	5	
<i>bleomycin sulfate</i>	4	B/D
<i>bortezomib injection 3.5mg/1.4ml</i>	4	
<i>bortezomib injection 3.5mg</i>	5	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
<i>docetaxel injection 20mg/2ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	4	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride injection 10mg</i>	4	B/D
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	4	
EPKINLY	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
<i>idarubicin hcl</i>	5	
INREBIC	5	QL(120 EA per 30 days); PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 5mg</i>	2	
<i>leucovorin calcium tablet 10mg, 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	4	
LONSURF	5	PA
LYSODREN	5	
OGSIVEO	5	PA
OJEMDA	5	PA
ONUREG	5	QL(14 EA per 28 days); PA
<i>paclitaxel</i>	4	
PROLEUKIN	5	
SYNRIBO	5	PA
<i>vinblastine sulfate injection 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate injection 1mg/ml</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VONJO	5	QL(120 EA per 30 days); PA
ZOLINZA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tablet</i>	2	QL(30 EA per 30 days)
EXEMESTANE	3	
<i>letrozole</i>	2	
<b>Enzyme Inhibitors</b>		
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>irinotecan hydrochloride</i>	4	
<i>irinotecan injection 500mg/25ml</i>	4	
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<b>Molecular Target Inhibitors</b>		
ALECENSA	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AUGTYRO	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF CAPSULE 100MG	5	QL(180 EA per 30 days); PA
BOSULIF CAPSULE 50MG	5	QL(360 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	QL(60 EA per 30 days); PA
COTELLIC	5	PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA
ERIVEDGE	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 150MG	5	PA
<i>erlotinib hydrochloride tablet 25mg</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(120 EA per 30 days); PA
FOTIVDA	5	QL(21 EA per 28 days); PA
FRUZAQLA	5	PA
GAVRETO	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	QL(30 EA per 30 days); PA
IDHIFA	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA TABLET	5	QL(30 EA per 30 days); PA
IMBRUVICA SUSPENSION	5	QL(324 ML per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA
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 TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LUMAKRAS	5	PA
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA
LYTGOBI	5	PA
MEKINIST SOLUTION RECONSTITUTED	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI	5	QL(180 EA per 30 days); PA
NERLYNX	5	PA
NINLARO	5	QL(3 EA per 28 days); PA
ODOMZO	5	QL(30 EA per 30 days); PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
REZLIDHIA	5	PA
ROZLYTREK PACKET	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(180 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(120 EA per 30 days); PA
RYDAPT	5	PA
SCSEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCSEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCSEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
<i>sorafenib</i>	5	QL(120 EA per 30 days); PA
<i>sorafenib tosylate</i>	5	QL(120 EA per 30 days); PA
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA
STIVARGA	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE	5	QL(30 EA per 30 days); PA
TABRECTA	5	PA
TAFINLAR TABLET SOLUBLE	5	PA
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA
TAGRISO	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
<i>torpenz</i>	5	PA
TRUQAP	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	4	QL(60 EA per 30 days); PA
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	5	QL(30 EA per 30 days); PA
XALKORI CAPSULE	5	QL(60 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 50MG	5	QL(120 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(180 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 20MG	5	QL(240 EA per 30 days); PA
XOSPATA	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZEJULA TABLET	5	PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(240 EA per 30 days); PA
ZYDELIG	5	QL(60 EA per 30 days); PA
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
LOQTORZI	5	PA
<b>Retinoids</b>		
BEXAROTENE CAPSULE	5	PA
<i>bexarotene gel</i>	5	PA
PANRETIN	5	
TRETINOIN CAPSULE 10MG	5	
<b>Treatment Adjuncts</b>		
MESNEX TABLET	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENDAZOLE TABLET	5	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
<b>Antiprotozoals</b>		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<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
<i>primaquine phosphate tablet</i>	4	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hcl solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hydrochloride</i>	2	
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
<b>Dopamine Agonists</b>		
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg, 6mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 2mg, 4mg, 8mg</i>	3	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	3	
<i>carbidopa tablet</i>	4	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	QL(1 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE	5	
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG	5	
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	
CAPLYTA	5	PA
FANAPT	5	
FANAPT TITRATION PACK	4	
INVEGA HAFYERA	5	PA
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	PA
<i>lurasidone hydrochloride</i>	4	
LYBALVI	5	
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt</i>	4	
<i>olanzapine tablet</i>	2	
<i>olanzapine injection</i>	4	
<i>paliperidone er</i>	4	
PERSERIS	5	
<i>quetiapine fumarate</i>	2	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
REXULTI	5	
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	
<i>risperidone</i>	2	
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
SECUADO	5	
VRAYLAR CAPSULE THERAPY PACK	4	

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPSULE	5	
<i>ziprasidone hcl capsule 20mg</i>	2	
<i>ziprasidone hcl capsule 40mg, 60mg, 80mg</i>	3	
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<b>Treatment-Resistant</b>		
<i>clozapine odt</i>	4	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet</i>	2	
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
VALGANCICLOVIR HYDROCHLORIDE	5	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	5	
ENTECAVIR	4	
EPIVIR HBV SOLUTION	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA PACKET	5	PA
EPCLUSA TABLET	5	QL(28 EA per 28 days); PA
HARVONI	5	PA
MAVYRET PACKET	5	PA
MAVYRET TABLET	5	QL(84 EA per 28 days); PA
<i>ribavirin capsule</i>	3	
<i>ribavirin tablet 200mg</i>	3	
VOSEVI	5	QL(28 EA per 28 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	5	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er</i>	4	
<i>nevirapine tablet</i>	3	
<i>nevirapine suspension</i>	4	
PIFELTRO	5	
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	5	
CIMDUO	5	
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>stavudine capsule</i>	4	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD	4	
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule, tablet</i>	3	
<i>zidovudine syrup</i>	4	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
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</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	
PREZISTA TABLET 75MG	4	
PREZISTA TABLET 150MG	5	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule</i>	3	
<i>oseltamivir phosphate suspension reconstituted</i>	4	
RELENZA DISKHALER	4	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	3	
<i>acyclovir tablet 400mg, 800mg</i>	2	

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<i>famciclovir tablet 125mg</i>	2	
<i>famciclovir tablet 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride</i>	2	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	4	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam</i>	2	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol</i>	4	
<i>diazepam tablet</i>	2	QL(120 EA per 30 days)
<i>diazepam concentrate, solution</i>	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam tablet</i>	2	
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule</i>	1	
<i>lithium carbonate tablet</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet</i>	1	
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 15MG, 12.5MG; 45MG	4	QL(30 EA per 30 days)
ALOGLIPTIN TABLET 25MG, 6.25MG	4	QL(30 EA per 30 days); ST
BYDUREON BCISE	4	QL(4 ML per 28 days); PA
<i>glimepiride</i>	1	
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days)
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL(240 EA per 30 days)
<i>glyburide micronized</i>	2	QL(60 EA per 30 days); PA

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<i>glyburide/metformin hydrochloride</i>	2	PA
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA
<i>glyburide tablet 1.25mg, 1.5mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	QL(60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
LIRAGLUTIDE	3	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	2	
OSENI TABLET 12.5MG; 15MG, 12.5MG; 45MG	4	QL(30 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	2	
RYBELSUS	3	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	4	QL(60 EA per 30 days); ST
SOLIQUA 100/33	3	QL(90 ML per 30 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA	3	QL(30 EA per 30 days)

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TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
XIGDUO XR	3	QL(30 EA per 30 days)
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b><i>Insulins</i></b>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	vial
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	

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NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	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/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	
<i>heparin sodium injection 1000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>heparin sodium injection 10000unit/ml, 20000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	
XARELTO TABLET	3	
XARELTO SUSPENSION RECONSTITUTED	5	
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride</i>	3	
FULPHILA	5	
NEULASTA	5	
NEULASTA ONPRO KIT	5	

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN	5	
NIVESTYM	5	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	
UDENYCA ONBODY	5	
ZARXIO	5	
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet</i>	3	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>prasugrel hydrochloride</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	3	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>methyldopa tablet 250mg, 500mg</i>	2	
<i>midodrine hcl tablet 2.5mg</i>	2	
<i>midodrine hcl tablet 10mg, 5mg</i>	3	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride capsule</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	2	
<i>valsartan tablet</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	

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<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	PA
<i>digitek tablet 0.125mg</i>	2	QL(30 EA per 30 days)
<i>digoxin tablet 250mcg</i>	2	PA
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days)
<i>digox tablet 250mcg</i>	2	PA
<i>digox tablet 125mcg</i>	2	QL(30 EA per 30 days)
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	4	
MULTAQ	3	
<i>pacerone tablet 100mg, 200mg</i>	2	
<i>pacerone tablet 400mg</i>	3	
<i>propafenone hcl</i>	2	
<i>quinidine sulfate tablet</i>	4	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 80mg</i>	2	
<i>nadolol tablet 20mg, 40mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days)
<i>nebivolol tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>nebivolol tablet 20mg</i>	2	QL(60 EA per 30 days)
<i>pindolol tablet 5mg</i>	2	
<i>pindolol tablet 10mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 100mg</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 300mg</i>	4	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	4	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril/hydrochlorothiazide</i>	2	

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CORLANOR TABLET	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
IVABRADINE HYDROCHLORIDE	4	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	3	QL(60 EA per 30 days)
<i>ranolazine er tablet extended release 12 hour 500mg</i>	3	QL(90 EA per 30 days)
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/amlodipine</i>	4	
<i>telmisartan/hydrochlorothiazide</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<b>Diuretics, Loop</b>		
<i>bumetanide tablet</i>	2	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide oral solution</i>	2	
<i>furosemide injection</i>	4	
<i>toremide tablet</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
ANTARA CAPSULE 30MG	3	
FENOFIBRATE MICRONIZED CAPSULE 30MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 130mg, 134mg, 43mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	

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<i>fenofibric acid dr capsule delayed release 45mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	
<i>fenofibric acid tablet 35mg</i>	2	
FIBRICOR TABLET 35MG	2	
<i>gemfibrozil tablet</i>	2	
<b><i>Dyslipidemics, HMG CoA Reductase Inhibitors</i></b>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light</i>	2	
<i>cholestyramine packet, powder</i>	2	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl granules, tablet</i>	2	
<i>ezetimibe</i>	2	QL(30 EA per 30 days)
<i>ezetimibe/simvastatin</i>	2	QL(30 EA per 30 days)
<i>icosapent ethyl</i>	4	
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	4	
<i>niacin tablet 500mg</i>	4	
NIACOR	4	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	3	PA
<i>prevalite</i>	2	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	3	
<b><i>Mineralocorticoid Receptor Antagonists</i></b>		
<i>eplerenone</i>	3	
KERENDIA	4	PA
<i>spironolactone tablet</i>	1	
<b><i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i></b>		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	2	

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<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	4	PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(90 EA per 30 days); Tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL(90 EA per 30 days); Tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(90 EA per 30 days); Tablet 15mg
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(90 EA per 30 days); Tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(90 EA per 30 days); Tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(90 EA per 30 days); Tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL(90 EA per 30 days); Tablet 7.5mg
<i>dextroamphetamine sulfate tablet 10mg</i>	2	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	2	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 25mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>atomoxetine capsule 18mg, 25mg, 40mg, 60mg, 80mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	

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<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	
<i>guanfacine hydrochloride er</i>	4	
<i>metadate er tablet extended release 20mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	4	
<b>Central Nervous System, Other</b>		
AUSTEDO	5	PA
<i>butalbital/acetaminophen/caffeine capsule</i>	2	
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine capsule</i>	3	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(120 EA per 30 days); PA
VEOZAH	4	ST
<b>Fibromyalgia Agents</b>		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	PA
AVONEX INJECTION 30MCG/0.5ML	5	PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	PA
<i>dimethyl fumarate starterpack</i>	5	PA
<i>fingolimod hydrochloride</i>	5	PA
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAYZENT	5	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	PA
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
<i>teriflunomide</i>	5	PA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>kourzeq</i>	2	
<i>lidocaine hcl solution 4%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>paroex</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	2	
<b>Dermatological Agents</b>		
<b><i>Acne and Rosacea Agents</i></b>		
<i>accutane</i>	4	
ACITRETIN	3	
<i>adapalene gel 0.1%</i>	3	
<i>amnestem</i>	4	
<i>avita</i>	3	
<i>azelaic acid</i>	3	
CLARAVIS	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
MYORISAN	4	
<i>rosadan</i>	2	
<i>tazarotene cream, gel</i>	4	
<i>tretinoin microsphere gel 0.08%, 0.1%</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	
<i>vitazol</i>	2	
<i>zenatane</i>	4	
<b><i>Dermatitis and Pruritus Agents</i></b>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream</i>	2	
<i>ammonium lactate cream, lotion</i>	2	
<i>beser lotion</i>	4	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented gel, lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	2	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, solution</i>	2	
<i>clobetasol propionate ointment, shampoo</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clodan</i>	4	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	QL(100 GM per 30 days)
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide cream, ointment</i>	3	
<i>fluocinolone acetonide solution</i>	4	
<i>fluocinonide emulsified base</i>	3	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide gel, ointment, solution</i>	2	
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	3	
<i>hydrocortisone butyrate (lipid)</i>	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate ointment</i>	4	
<i>hydrocortisone valerate</i>	4	
<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	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	4	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	4	QL(60 ML per 30 days)
<i>calcitriol ointment 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	
DICLOFENAC SODIUM GEL 3%	4	QL(300 GM per 30 days); PA
EPIFOAM	4	
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	4	
<i>imiquimod cream 5%</i>	2	
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	4	
<i>nystatin/triamcinolone acetonide</i>	4	

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OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<b><i>Pediculicides/Scabicides</i></b>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<b><i>Topical Anti-infectives</i></b>		
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>ciclopirox gel</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pad 2%</i>	2	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	
<i>mupirocin cream</i>	4	
<i>penciclovir cream</i>	4	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D

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AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
CARGLUMIC ACID	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
<i>dextrose 10%</i>	4	
<i>dextrose 10%/sodium chloride 0.2%</i>	4	
<i>dextrose 10%/sodium chloride 0.45%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	4	
<i>dextrose 20%</i>	4	
<i>dextrose 25% injection 250mg/ml</i>	4	
<i>dextrose 30%</i>	4	
<i>dextrose 40%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.225%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	

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<i>dextrose/sodium chloride</i>	4	
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
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 0.225% injection 5%; 20meq/l; 0.225%</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	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	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>klor-con sprinkle</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	2	
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride cr tablet extended release 10meq</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<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	

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<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium chloride oral solution 10%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	2	
<i>potassium citrate er tablet extended release 540mg</i>	3	
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 chloride 0.45% injection</i>	2	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	2	
<i>sodium chloride injection 4meq/ml</i>	4	
SYNTHAMIN 17	4	B/D
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
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	5	
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone</i>	5	PA
<i>penicillamine tablet</i>	5	
TRIENTINE HYDROCHLORIDE	5	
<b>Phosphate Binders</b>		
AURYXIA	5	PA
<i>calcium acetate tablet 667mg</i>	3	

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<i>sevelamer carbonate tablet</i>	3	
VELPHORO	5	
<b>Potassium Binders</b>		
<i>kionex suspension</i>	2	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension</i>	2	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
VELTASSA	4	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK	3	QL(30 EA per 30 days)
RELISTOR	5	PA
TRULANCE	4	
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
<i>diphenoxylate/atropine liquid</i>	4	
<i>loperamide hcl capsule</i>	2	
VIBERZI	5	QL(60 EA per 30 days); PA
XERMELO	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>dicyclomine hydrochloride injection</i>	4	
<i>glycopyrrolate tablet 1mg</i>	2	
<i>glycopyrrolate tablet 2mg</i>	3	
<i>methscopolamine bromide tablet</i>	4	
<b>Gastrointestinal Agents, Other</b>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	4	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	

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<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<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>	3	
<i>trilyte</i>	2	
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet</i>	4	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl solution</i>	3	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	3	
<i>cimetidine tablet</i>	3	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	3	
<i>nizatidine solution</i>	4	
<b>Protectants</b>		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	3	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(30 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days)
<i>rabeprazole sodium</i>	2	QL(30 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INJECTION 500MG	5	PA
<i>betaine anhydrous</i>	5	
CHOLBAM	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>dichlorphenamide</i>	5	
ENDARI	5	PA
L-GLUTAMINE	5	PA
MIGLUSTAT	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
WELIREG	5	PA
YARGESA	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	4	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>fesoterodine fumarate er</i>	3	QL(30 EA per 30 days)
<i>flavoxate hcl</i>	4	
GEMTESA	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL(60 EA per 30 days)
<i>oxybutynin chloride solution, tablet</i>	2	
<i>solifenacin succinate</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	3	QL(60 EA per 30 days)
<i>tolterodine tartrate er</i>	3	QL(30 EA per 30 days)
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<b><i>Genitourinary Agents, Other</i></b>		
<i>bethanechol chloride tablet</i>	2	

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ELMIRON	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elixir, solution</i>	4	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	2	
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution</i>	2	
<i>prednisone intensol</i>	4	
<i>prednisone tablet therapy pack</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate injection</i>	3	
<i>testosterone pump</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel 1.62%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution</i>	4	
<b>Estrogens</b>		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>amethia lo</i>	4	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	4	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	4	
<i>caziant</i>	4	
<i>cryselle-28</i>	4	
<i>cyclafem 1/35</i>	4	
<i>cyclafem 7/7/7</i>	4	
<i>cyred eq</i>	3	
<i>desogestrel/ethinyl estradiol</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	3	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tablet</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, vaginal tablet</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	
<i>femynor</i>	3	
<i>fyavolv</i>	3	
<i>gianvi</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>iclevia</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i>	3	
<i>jinteli</i>	3	
<i>joyeaux</i>	4	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28</i>	3	
<i>lopreeza</i>	4	
<i>loryna</i>	3	
<i>low-ogestrel</i>	4	
<i>lutra</i>	3	
<i>lyllana</i>	3	
<i>marlissa</i>	3	
<b>MENEST TABLET 2.5MG</b>	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin 24 fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>mili</i>	3	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>nylia 1/35</i>	4	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>orsythia</i>	3	
<i>pimtreea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>reclipsen</i>	3	
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 eq</i>	3	
<i>taysofy</i>	2	
<i>tilia fe</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	4	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	4	

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<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>yuvaferm</i>	3	
<i>zarah</i>	4	
<i>zovia 1/35</i>	4	
<i>zovia 1/35e</i>	4	
<b>Progestins</b>		
<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	4	
<i>heather</i>	4	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	5	
<i>incassia</i>	4	
LILETTA	3	
<i>lyleq</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension 40mg/ml</i>	3	
NEXPLANON	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	1	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	4	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	4	
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	5	
LEVOXYL TABLET 125MCG, 88MCG	2	
LEVOXYL TABLET 100MCG, 112MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG	3	
<i>liothyronine sodium tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABLET	3	
<i>unithroid tablet 100mcg, 150mcg</i>	2	
<i>unithroid tablet 112mcg, 125mcg, 137mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
CAMCEVI	4	
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	PA
FIRMAGON INJECTION 120MG/VIAL	5	PA
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
MIFEPRISTONE TABLET 300MG	5	PA
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate injection 1000mcg/ml</i>	5	
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	3	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
ICATIBANT ACETATE	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA

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FLEBOGAMMA DIF INJECTION 0.5GM/10ML, 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML	5	PA
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA
GAMMAKED INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 20GM/400ML, 5GM/100ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
PRIVIGEN	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	5	
<b><i>Immunological Agents, Other</i></b>		
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	
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	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
KINERET	5	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	PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL(2 EA per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(0.5 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA
TAVNEOS	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<b><i>Immunostimulants</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE	5	
BESREMI	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
<b>Immunosuppressants</b>		
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg, 75mg</i>	2	B/D
BENLYSTA INJECTION 120MG, 400MG	5	PA
<i>cyclosporine modified capsule 25mg, 50mg</i>	3	B/D
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified solution</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	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, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 25mg</i>	3	B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf solution</i>	3	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA

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Drug Name	Drug Tier	Requirements/Limits
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 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 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
JYLAMVO	5	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
MYHIBBIN	5	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(30 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
<b>Vaccines</b>		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	4	
BEXSERO	3	
BOOSTRIX	3	

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Drug Name	Drug Tier	Requirements/Limits
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	4	
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	4	
IXCHIQ	3	
IXIARO	4	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	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	4	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLUTION	4	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	

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Drug Name	Drug Tier	Requirements/Limits
VAXELIS	3	
YF-VAX	4	
<b>Inflammatory Bowel Disease Agents</b>		
<b><i>Aminosalicylates</i></b>		
<i>balsalazide disodium</i>	3	
<i>mesalamine dr capsule delayed release</i>	3	
<i>mesalamine dr tablet delayed release 800mg</i>	3	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	3	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine kit</i>	2	
<i>mesalamine suppository</i>	3	
<i>mesalamine enema</i>	4	
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<b><i>Glucocorticoids</i></b>		
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<b><i>Metabolic Bone Disease Agents</i></b>		
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol capsule 0.5mcg</i>	3	
<i>doxercalciferol capsule 1mcg, 2.5mcg</i>	4	
<i>ibandronate sodium</i>	2	
NATPARA	5	
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	
<i>paricalcitol capsule</i>	4	
PROLIA	4	
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
TERIPARATIDE INJECTION 620MCG/2.48ML	5	
<i>teriparatide injection 600mcg/2.4ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS	5	PA
XGEVA	5	PA
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads</i>	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINOLIPID	4	B/D
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine injection, oral solution, tablet</i>	4	
NUTRILIPID	4	B/D
<i>sodium chloride 0.9%</i>	3	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>proparacaine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS	3	
RESTASIS MULTIDOSE	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin</i>	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	2	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine</i>	3	
XDEMZY	4	
ZIRGAN	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac</i>	3	
<i>bromfenac sodium solution 0.07%, 0.075%</i>	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl</i>	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hydrochloride</i>	2	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>		
<i>latanoprost solution</i>	1	
LUMIGAN	3	
<i>travoprost</i>	3	ST
VYZULTA	4	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatory, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	3	
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(10.6 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride solution 0.1%</i>	2	
<i>carbinoxamine maleate tablet 6mg</i>	2	
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>levocetirizine dihydrochloride solution</i>	4	
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet chewable, tablet</i>	2	
<i>montelukast sodium packet</i>	3	
<i>zafirlukast</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	B/D
SPIRIVA HANDIHALER	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT	3	QL(4 GM per 30 days)
<i>tiotropium bromide</i>	4	QL(90 EA per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa</i>	2	
<i>albuterol sulfate nebulization solution</i>	2	B/D
<i>albuterol sulfate syrup</i>	3	
<i>albuterol sulfate tablet</i>	4	
<i>arformoterol tartrate</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
SEREVENT DISKUS	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL(4 GM per 30 days)
VENTOLIN HFA	3	
<b>Cystic Fibrosis Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON	5	
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI PACKET	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(90 EA per 30 days); PA
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast</i>	4	QL(30 EA per 30 days)
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>theophylline solution</i>	3	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	QL(90 EA per 30 days); PA
ALYQ	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	2	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	PA
UPTRAVI	5	PA
UPTRAVI TITRATION PACK	5	PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	3	B/D
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	4	
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA	4	PA
FASENRA PEN	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(4 GM per 30 days)
SYMBICORT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	3	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 500mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	2	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(60 EA per 30 days); PA
SODIUM OXYBATE	5	QL(540 ML per 30 days); PA

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<i>enilloring</i>	53	<i>etodolac er</i>	8
<i>enoxaparin sodium</i>	35	<i>etonogestrel/ethinyl estradiol</i>	53
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<i>entacapone</i>	27	<i>euthyrox</i>	56
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<i>flecainide acetate</i>	37	GALANTAMINE HYDROBROMIDE	16
FLOVENT DISKUS	65	<i>galantamine hydrobromide er</i>	16
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<i>fluvastatin</i>	40	<i>gentamicin sulfate/0.9% sodium chloride</i>	10
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<i>heparin sodium</i>	35	<i>hydroxychloroquine sulfate</i>	26
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<i>heparin sodium/sodium chloride 0.9%</i>	35	<i>hydroxyzine hcl</i>	66
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<i>valganciclovir</i>	29	<i>vigpoder</i>	15
VALGANCICLOVIR HYDROCHLORIDE	29	VIIBRYD STARTER PACK	18
<i>valproic acid</i>	15	<i>vilazodone hydrochloride</i>	18
<i>valsartan</i>	36	<i>vinblastine sulfate</i>	22
<i>valsartan/hydrochlorothiazide</i>	39	<i>vincasar pfs</i>	22

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<i>vinorelbine tartrate</i>	22	ZEJULA	26
VIRACEPT	31	ZELBORAF	26
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<i>vitazol</i>	43	ZENPEP	51
VITRAKVI	25	<i>zidovudine</i>	31
VIVITROL	10	<i>ziprasidone hcl</i>	29
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VOCABRIA	30	ZIRGAN	64
VONJO	22	<i>zoledronic acid</i>	63
<i>voriconazole</i>	19	ZOLINZA	22
VOSEVI	29	<i>zolpidem tartrate</i>	68
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VRAYLAR	28	<i>zonisamide</i>	16
<i>vyfemla</i>	56	<i>zovia 1/35</i>	56
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This formulary was updated on 08/26/2024. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit [www.pthp.com](http://www.pthp.com).

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