

GEISINGER HEALTH PLAN

2023 member formulary

List of covered drugs

Triple Choice medication benefit

Geisinger

General Formulary Information

This formulary is applicable to the Triple Choice Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents the Triple Choice Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at www.geisinger.org/health-plan.

Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

Triple Choice Benefit

The Triple Choice benefit assigns each prescription medication to one of three different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the Triple Choice benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and specialty medications. Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

Specialty Vendor Medication Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the highest applicable copay.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications not requiring prior authorization will be available at the highest copay level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 5-day supply is required for an adult or more than a 3-day supply for a member under 18 years of age.

Using this formulary

- Please note: a percentage (%) copay applies for human growth hormone and is dependent upon your prescription medication rider.
- Medication names with QL in the Requirements/Limits column have quantity limits
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of February 1, 2023 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered. A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved under the Triple Choice benefit, you will be charged at the highest applicable copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Life-style medications
- Used for cosmetic purposes
- Used for erectile dysfunction

Other exclusions may apply and are subject to change so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

Health Care Reform

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products - Low dose (81 mg) aspirin products
 - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50-59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements - Generic folic acid 0.4 mg and 0.8 mg tablets
 - All women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets
 - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Iron Supplements - Pediatric Iron supplements
 - For members 6 - 12 months of age.
- Smoking Cessation Products - Brands with no generic and generic products
 - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
 - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Depending on your specific benefits and in which state you reside, oral chemotherapy agents may have no cost sharing.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications. Over-the-counter preventive care medications or products may be submitted for reimbursement if purchased without a prescription.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Health Plan's Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.

Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety, and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
 - Member satisfaction
 - Cost analysis
 - Contract terms and conditions
 - Market share analysis
 - Patent life assessment
 - Utilization management
 - Consumer advertising
 - Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

Prior authorization: To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member’s prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department at the address, telephone, or fax number above. Submission of medical documentation is required.

Step Therapy: Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

Non-formulary medications: The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

Sources:

Academy of Managed Care Pharmacy (AMCP), “Formulary Management,” “Formularies,” www.amcp.org., November 2001.

Health Insurance Association of America (HIAA), “Guide to Managed Care: Choosing and Using a Health Plan.” www.hiaa.org., November 2001.

National Consumers League (NCL), “Consumer Guide to Generic Medications,” www.nclnet.org., November 2001.

“From the Pharmacist,” www.cvs.com., November 2001.

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
THERAPEUTIC CATEGORY			
Therapeutic Class			
5-ALPHA-REDUCTASE INHIBITORS			
5-alpha-reductase Inhibitors			
<i>dutasteride 0.5 mg Oral Capsule</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl</i>	1	JALYN	PA
<i>finasteride 5 mg Oral Tablet</i>	1	PROSCAR	
ADRENALS			
Adrenals			
ALKINDI SPRINKLE	3		SP, QL (34 days supply per fill), PA
ARNUIITY ELLIPTA	2		
ASMANEX (120 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	2		
ASMANEX (30 METERED DOSES) 110 mcg/act Inhalation Aerosol Powder Breath Activated, 220 mcg/act Inhalation Aerosol Powder Breath Activated	2		
ASMANEX (60 METERED DOSES) 220 mcg/act Inhalation Aerosol Powder Breath Activated	2		
ASMANEX HFA	2		
BREO ELLIPTA 100-25 mcg/act Inhalation Aerosol Powder Breath Activated, 200-25 mcg/act Inhalation Aerosol Powder Breath Activated	2		
BREZTRI AEROSPHERE	2		QL(10.7 GM per 28 days)
<i>budesonide 3 mg Oral Capsule Delayed Release Particles</i>	1	ENTOCORT	
<i>budesonide 0.25 mg/2ml Inhalation Suspension, 0.5 mg/2ml Inhalation Suspension, 1 mg/2ml Inhalation Suspension</i>	1	PULMICORT	
<i>dexamethasone 1 mg Oral Tablet, 1.5 mg (21) Oral Tablet Therapy Pack, 1.5 mg (35) Oral Tablet Therapy Pack, 2 mg Oral Tablet</i>	1		

¹You 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	Reference Name	Requirements/Limits ¹
<i>dexamethasone 0.5 mg/5ml Oral Solution</i>	1		
<i>dexamethasone 0.5 mg/5ml Oral Elixir</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg Oral Tablet, 0.75 mg Oral Tablet, 1.5 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) Oral Tablet Therapy Pack</i>	1	DEXPAK 13 DAY	
DULERA	2		
FLOVENT DISKUS 100 mcg/act Inhalation Aerosol Powder Breath Activated, 250 mcg/act Inhalation Aerosol Powder Breath Activated, 50 mcg/act Inhalation Aerosol Powder Breath Activated	2		
FLOVENT HFA	2		
<i>fludrocortisone acetate 0.1 mg Oral Tablet</i>	1	FLORINEF	
<i>fluticasone-salmeterol 113-14 mcg/act Inhalation Aerosol Powder Breath Activated, 232-14 mcg/act Inhalation Aerosol Powder Breath Activated, 55-14 mcg/act Inhalation Aerosol Powder Breath Activated</i>	1	AIRDUO	QL(1 EA per 30 days)
HIDEX 6-DAY	1		
<i>hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CORTEF	
<i>methylprednisolone 16 mg Oral Tablet, 32 mg Oral Tablet, 4 mg Oral Tablet, 4 mg Oral Tablet Therapy Pack, 8 mg Oral Tablet</i>	1	MEDROL	
<i>methylprednisolone sodium succ 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	1	SOLU-MEDROL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>prednisolone 15 mg/5ml Oral Solution</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml Oral Solution</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml Oral Solution</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 15 mg/5ml Oral Solution</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml Oral Solution</i>	1	VERIPRED	
<i>prednisone 1 mg Oral Tablet, 10 mg (21) Oral Tablet Therapy Pack, 10 mg (48) Oral Tablet Therapy Pack, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg (21) Oral Tablet Therapy Pack, 5 mg (48) Oral Tablet Therapy Pack, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	1		
<i>prednisone 5 mg/5ml Oral Solution</i>	1		
PULMICORT FLEXHALER	2		
QVAR REDIHALER	2		
SOLU-CORTEF	2		
SOLU-MEDROL 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted	2		
TAPERDEX 7-DAY	1		
TARPEYO	3		SP, PA, QL(120 EA per 30 days)
TRELEGY ELLIPTA 100-62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated, 200-62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated	2		QL(2 EA per 1 days)
ALCOHOL DETERRENTS			
Alcohol Deterrents			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>disulfiram 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	ANTABUSE	
ALKALINIZING AGENTS			
Alkalinizing Agents			
<i>cytra k crystals</i>	1		
<i>cytra-2</i>	1	SHOHL'S MODIFIED	
CYTRA-3	1		
<i>cytra-k</i>	1		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml Oral Solution</i>	1		
<i>potassium citrate er</i>	1	UROKIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml Oral Solution</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml Oral Solution</i>	1	SHOHL'S MODIFIED	
<i>tricitrates</i>	1		
ALPHA-ADRENERGIC BLOCKING AGENTS			
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate 1 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	CARDURA	
<i>prazosin hcl 1 mg Oral Capsule, 2 mg Oral Capsule, 5 mg Oral Capsule</i>	1	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	
AMMONIA DETOXICANTS			
Ammonia Detoxicants			
<i>constulose</i>	1	CONSTULOSE	
<i>enulose</i>	1	CONSTULOSE	
<i>generlac</i>	1	CONSTULOSE	
KRISTALOSE	2		PA
<i>lactulose 10 gm/15ml Oral Solution, 20 gm/30ml Oral Solution</i>	1	CONSTULOSE	
<i>lactulose 10 gm Oral Packet</i>	1	KRISTALOSE	
<i>lactulose encephalopathy</i>	1	CONSTULOSE	
LITHOSTAT	2		
ANALGESICS AND ANTIPIRETTICS			
Analgesics And Antipyretics, Misc			
<i>butalbital-acetaminophen 50-300 mg Oral Capsule</i>	1		
<i>butalbital-acetaminophen 50-300 mg Oral Tablet</i>	1	ORBIVAN CF	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>butalbital-acetaminophen 50-325 mg Oral Tablet</i>	1	PHRENILIN	
<i>butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet</i>	1	ESGIC	
<i>butalbital-apap-caffeine 50-300-40 mg Oral Capsule</i>	1	FIORICET	
ILARIS	3		SP, QL (28 to 56 day supply per fill depending on indication), PA
PRIALT	3		SP, QL (34 days supply per fill), PA
TENCON	1		
ZEBUTAL	1		
Nonsteroidal Anti-inflammatory Agents			
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Capsule</i>	1	FIORINAL	
<i>celecoxib 100 mg Oral Capsule, 200 mg Oral Capsule, 400 mg Oral Capsule, 50 mg Oral Capsule</i>	1	CELEBREX	
<i>diclofenac epolamine 1.3 % External Patch</i>	1	FLECTOR	PA, QL(30 EA per 15 days)
<i>diclofenac potassium 50 mg Oral Tablet</i>	1	CATAFLAM	
<i>diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	1	VOLTAREN	
<i>diclofenac sodium er</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol</i>	1	ARTHROTEC	
<i>diflunisal 500 mg Oral Tablet</i>	1	DOLOBID	
<i>ec-naproxen</i>	1	NAPROSYN	
<i>etodolac</i>	1	LODINE	
<i>etodolac er</i>	1	LODINE XL	
<i>fenoprofen calcium 200 mg Oral Capsule</i>	1		
<i>fenoprofen calcium 400 mg Oral Capsule, 600 mg Oral Tablet</i>	1	NALFON	
<i>flurbiprofen 100 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ANSAID	
IBU	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
IBUPAK	1		
<i>ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml Oral Suspension</i>	1	MOTRIN CHILDRENS	
INDOCIN 25 mg/5ml Oral Suspension	2		
<i>indomethacin 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	INDOCIN	
<i>indomethacin er</i>	1	INDOCIN	
<i>ketoprofen 25 mg Oral Capsule</i>	1		
<i>ketoprofen 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	ORUDIS	
<i>ketoprofen er</i>	1	ORUVAIL	
<i>ketorolac tromethamine 10 mg Oral Tablet</i>	1	TORADOL	QL (20 tablets per fill)
<i>meclofenamate sodium 100 mg Oral Capsule, 50 mg Oral Capsule</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg Oral Capsule</i>	1	PONSTEL	
<i>meloxicam 15 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	MOBIC	
<i>nabumetone 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	RELAFEN	
<i>naproxen 250 mg Oral Tablet, 375 mg Oral Tablet, 375 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml Oral Suspension</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg Oral Tablet, 550 mg Oral Tablet</i>	1	ANAPROX	
<i>naproxen-esomeprazole mg</i>	1	VIMOVO	PA, QL(2 EA per 1 days)
<i>oxaprozin</i>	1	DAYPRO	
<i>piroxicam 10 mg Oral Capsule, 20 mg Oral Capsule</i>	1	FELDENE	
<i>salsalate 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	DISALCID	
<i>sulindac 150 mg Oral Tablet, 200 mg Oral Tablet</i>	1	CLINORIL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tolmetin sodium</i>	1	TOLECTIN	
Opiate Agonists			
<i>acetaminophen-codeine 300-15 mg Oral Tablet, 300-30 mg Oral Tablet, 300-60 mg Oral Tablet</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml Oral Solution</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #2</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #3</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #4</i>	1	TYLENOL WITH CODEINE	
<i>apap-caff-dihydrocodeine 325-30-16 mg Oral Tablet</i>	1		
ASCOMP-CODEINE	1		
<i>butalbital-apap-caff-cod</i>	1	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine</i>	1	FIORINAL WITH CODEINE	
<i>codeine sulfate</i>	1		
ENDOCET 2.5-325 mg Oral Tablet	1		
<i>endocet 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	1	PERCOCET	
<i>fentanyl 100 mcg/hr Transdermal Patch 72 Hour, 12 mcg/hr Transdermal Patch 72 Hour, 25 mcg/hr Transdermal Patch 72 Hour, 37.5 mcg/hr Transdermal Patch 72 Hour, 50 mcg/hr Transdermal Patch 72 Hour, 62.5 mcg/hr Transdermal Patch 72 Hour, 75 mcg/hr Transdermal Patch 72 Hour, 87.5 mcg/hr Transdermal Patch 72 Hour</i>	1	DURAGESIC	QL (30 days supply per fill), PA
<i>fentanyl citrate 1200 mcg Buccal Lozenge on a Handle, 1600 mcg Buccal Lozenge on a Handle, 200 mcg Buccal Lozenge on a Handle, 400 mcg Buccal Lozenge on a Handle, 600 mcg Buccal Lozenge</i>	1	ACTIQ	PA, QL(136 EA per 34 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>on a Handle, 800 mcg Buccal Lozenge on a Handle</i>			
<i>fentanyl citrate 100 mcg Buccal Tablet, 200 mcg Buccal Tablet, 400 mcg Buccal Tablet, 600 mcg Buccal Tablet, 800 mcg Buccal Tablet</i>	1	FENTORA	PA
FENTORA	3		PA
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml Oral Solution, 5-217 mg/10ml Oral Solution, 7.5-325 mg/15ml Oral Solution</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet</i>	1	VICODIN	
<i>hydrocodone-acetaminophen 10-325 mg/15ml Oral Solution</i>	1	ZAMICET	
<i>hydrocodone-ibuprofen 10-200 mg Oral Tablet, 5-200 mg Oral Tablet</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg Oral Tablet</i>	1	VICOPROFEN	
<i>hydromorphone hcl 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	DILAUDID	
<i>hydromorphone hcl 1 mg/ml Oral Liquid</i>	1	DILAUDID	
<i>levorphanol tartrate 2 mg Oral Tablet, 3 mg Oral Tablet</i>	1		
<i>meperidine hcl 50 mg Oral Tablet</i>	1	DEMEROL	
<i>meperidine hcl 50 mg/5ml Oral Solution</i>	1	DEMEROL	
<i>methadone hcl 40 mg Oral Tablet Soluble</i>	1		PA
<i>methadone hcl 5 mg/5ml Oral Solution</i>	1		PA
<i>methadone hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	DOLOPHINE	PA
<i>methadone hcl 10 mg/5ml Oral Solution</i>	1	DOLOPHINE	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>methadone hcl 10 mg/ml Oral Concentrate</i>	1	METHADOSE	PA
METHADONE HCL INTENSOL	1		PA
METHADOSE 40 mg Oral Tablet Soluble	1		PA
<i>morphine sulfate 10 mg Rectal Suppository, 15 mg Oral Tablet, 20 mg Rectal Suppository, 30 mg Oral Tablet, 30 mg Rectal Suppository, 5 mg Rectal Suppository</i>	1		
<i>morphine sulfate 10 mg/5ml Oral Solution, 20 mg/5ml Oral Solution</i>	1		
<i>morphine sulfate (concentrate) 10 mg/0.5ml Oral Solution</i>	1	ROXANOL	
<i>morphine sulfate (concentrate) 100 mg/5ml Oral Solution, 20 mg/ml Oral Solution</i>	1	ROXANOL	
<i>morphine sulfate er 10 mg Oral Capsule Extended Release 24 Hour, 100 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 40 mg Oral Capsule Extended Release 24 Hour, 50 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour, 80 mg Oral Capsule Extended Release 24 Hour</i>	1	KADIAN	PA
<i>morphine sulfate er 100 mg Oral Tablet Extended Release, 15 mg Oral Tablet Extended Release, 200 mg Oral Tablet Extended Release, 30 mg Oral Tablet Extended Release, 60 mg Oral Tablet Extended Release</i>	1	MS CONTIN	PA
<i>morphine sulfate er beads</i>	1	AVINZA	PA
<i>nalocet</i>	1	PRIMALEV	
NUCYNTA	3		PA
NUCYNTA ER	3		PA
<i>oxycodone hcl 5 mg Oral Capsule</i>	1	OXYIR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oxycodone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml Oral Concentrate, 5 mg/5ml Oral Solution</i>	1	ROXICODONE	
<i>oxycodone hcl er</i>	1	OXYCONTIN	PA
<i>oxycodone-acetaminophen 10-325 mg Oral Tablet, 2.5-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 7.5-300 mg Oral Tablet</i>	1	PRIMLEV	
<i>oxycodone-acetaminophen 5-325 mg/5ml Oral Solution</i>	1	ROXICET	
<i>oxycodone-aspirin</i>	1	PERCODAN	
OXYCONTIN	3		PA
<i>oxymorphone hcl</i>	1	OPANA	
SUBSYS	3		PA, QL(136 EA per 34 days)
<i>tramadol hcl 100 mg Oral Tablet</i>	1		
<i>tramadol hcl 50 mg Oral Tablet</i>	1	ULTRAM	
<i>tramadol hcl er 100 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour</i>	1	CONZIP	PA
<i>tramadol hcl er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	1	ULTRAM ER	PA
<i>tramadol hcl er (biphasic)</i>	1	RYZOLT	PA
<i>tramadol-acetaminophen</i>	1	ULTRACET	
Opiate Partial Agonists			
<i>buprenorphine 10 mcg/hr Transdermal Patch Weekly, 15 mcg/hr Transdermal Patch Weekly, 20 mcg/hr Transdermal Patch Weekly, 5 mcg/hr Transdermal Patch Weekly, 7.5 mcg/hr Transdermal Patch Weekly</i>	1	BUTRANS	PA, QL(0.14 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual</i>	1	SUBUTEX	QL (34 days supply per fill)
<i>buprenorphine hcl-naloxone hcl 12-3 mg Sublingual Film, 2-0.5 mg Sublingual Film, 2-0.5 mg Sublingual Tablet Sublingual, 4-1 mg Sublingual Film, 8-2 mg Sublingual Film, 8-2 mg Sublingual Tablet Sublingual</i>	1	SUBOXONE	QL (34 days supply per fill)
<i>butorphanol tartrate 10 mg/ml Nasal Solution</i>	1	STADOL	
<i>pentazocine-naloxone hcl</i>	1	TALWIN NX	
SUBLOCADE	3		SP, QL (28 days supply per fill)
ANDROGENS			
Androgens			
ANDRODERM	2		
AVEED	3		SP, QL (34 days supply per fill), PA
<i>danazol 100 mg Oral Capsule, 200 mg Oral Capsule, 50 mg Oral Capsule</i>	1	DANOCRINE	
JATENZO 237 mg Oral Capsule	3		PA, QL(2 EA per 1 days)
JATENZO 158 mg Oral Capsule, 198 mg Oral Capsule	3		PA, QL(4 EA per 1 days)
<i>oxandrolone 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	1	OXANDRIN	
<i>testosterone 1.62 % Transdermal Gel, 12.5 MG/ACT (1%) Transdermal Gel, 20.25 MG/1.25GM (1.62%) Transdermal Gel, 20.25 MG/ACT (1.62%) Transdermal Gel, 25 MG/2.5GM (1%) Transdermal Gel, 40.5 MG/2.5GM (1.62%) Transdermal Gel, 50 MG/5GM (1%) Transdermal Gel</i>	1	ANDROGEL	
<i>testosterone 30 mg/act Transdermal Solution</i>	1	AXIRON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>testosterone 10 MG/ACT (2%) Transdermal Gel</i>	1	FORTESTA	
<i>testosterone cypionate 100 mg/ml Intramuscular Solution, 200 mg/ml Injection Solution, 200 mg/ml Intramuscular Solution</i>	1	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml Intramuscular Solution</i>	1	DELATESTRYL	
TLANDO	3		PA, QL(2 EA per 1 days)
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS			
Amphetamines			
<i>amphetamine-dextroamphetamine</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine</i>	1	ADDERALL	
<i>dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate er</i>	1	DEXEDRINE	
<i>methamphetamine hcl</i>	1	DESOXYN	
VYVANSE	3		PA, QL(1 EA per 1 days)
Respiratory And Cns Stimulants			
<i>caffeine citrate 20 mg/ml Oral Solution, 60 mg/3ml Oral Solution</i>	1		
DAYTRANA	3		PA
<i>dexmethylphenidate hcl</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er</i>	1	FOCALIN XR	PA
<i>methylphenidate 10 mg/9hr Transdermal Patch, 15 mg/9hr Transdermal Patch, 20 mg/9hr Transdermal Patch, 30 mg/9hr Transdermal Patch</i>	1	DAYTRANA	PA
<i>methylphenidate hcl 10 mg/5ml Oral Solution, 5 mg/5ml Oral Solution</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg Oral Tablet Extended Release 24 Hour, 27 mg Oral Tablet Extended Release 24 Hour, 36 mg Oral Tablet Extended Release 24 Hour,</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>54 mg Oral Tablet Extended Release 24 Hour</i>			
<i>methylphenidate hcl er 10 mg Oral Tablet Extended Release, 20 mg Oral Tablet Extended Release</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd)</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 40 mg Oral Capsule Extended Release 24 Hour</i>	1	RITALIN LA	
<i>methylphenidate hcl er (la) 60 mg Oral Capsule Extended Release 24 Hour</i>	1	RITALIN LA	PA
<i>methylphenidate hcl er (osm) 72 mg Oral Tablet Extended Release</i>	1		
<i>methylphenidate hcl er (osm) 18 mg Oral Tablet Extended Release, 27 mg Oral Tablet Extended Release, 36 mg Oral Tablet Extended Release, 54 mg Oral Tablet Extended Release</i>	1	CONCERTA	
Wakefulness-promoting Agents			
<i>armodafinil</i>	1	NUVIGIL	PA
<i>modafinil</i>	1	PROVIGIL	PA
ANTHELMINTICS			
Anthelmintics			
<i>albendazole 200 mg Oral Tablet</i>	1	ALBENZA	QL (4 tablets per fill)
EMVERM	2		PA
<i>ivermectin 3 mg Oral Tablet</i>	1	STROMEKTOL	PA
ANTIALLERGIC AGENTS			
Antiallergic Agents			
ALOMIDE	3		PA
<i>azelastine hcl 0.1 % Nasal Solution, 137 mcg/spray Nasal Solution</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % Nasal Solution</i>	1	ASTEPRO	
<i>azelastine hcl 0.05 % Ophthalmic Solution</i>	1	OPTIVAR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>azelastine-fluticasone</i>	1	DYMISTA	PA
<i>cromolyn sodium 4 % Ophthalmic Solution</i>	1	OPTICROM	
<i>epinastine hcl</i>	1	ELESTAT	
LASTACAFT	3		PA
<i>olopatadine hcl 0.1 % Ophthalmic Solution, 0.2 % Ophthalmic Solution</i>	1	PATADAY	
<i>olopatadine hcl 0.6 % Nasal Solution</i>	1	PATANASE	PA
ANTIANEMIA DRUGS			
Iron Preparations			
CITRANATAL BLOOM	1		
<i>ferumoxytol</i>	3	FERAHEME	SP, QL (34 days supply per fill)
<i>fe-vite iron</i>	1	FER-IN-SOL	
INJECTAFER	3		SP, QL (34 days supply per fill)
ANTIBACTERIALS			
Aminoglycosides			
<i>neomycin sulfate 500 mg Oral Tablet</i>	1		
TOBI PODHALER	3		SP, PA, QL(224 EA per 56 days)
<i>tobramycin 300 mg/4ml Inhalation Nebulization Solution</i>	1	BETHKIS	SP, PA, QL(224 ML per 56 days)
<i>tobramycin 300 mg/5ml Inhalation Nebulization Solution</i>	1	TOBI	SP, PA, QL(280 ML per 56 days)
Antibacterials, Miscellaneous			
AEMCOLO	3		PA, QL(12 EA per 3 days)
<i>clindamycin hcl 150 mg Oral Capsule, 300 mg Oral Capsule, 75 mg Oral Capsule</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl</i>	1	CLEOCIN	
DALVANCE	3		SP, QL (34 days supply per fill), PA
<i>daptomycin 350 mg Intravenous Solution Reconstituted</i>	1		SP, QL (34 days supply per fill)
<i>daptomycin 500 mg Intravenous Solution Reconstituted</i>	1	CUBICIN	SP, QL (34 days supply per fill)
FIRVANQ	2		

¹You 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	Reference Name	Requirements/Limits ¹
KIMYRSA	3		SP, QL (1 dose per fill), PA
<i>linezolid 600 mg Oral Tablet</i>	1	ZYVOX	QL(112 EA per 180 days)
<i>linezolid 100 mg/5ml Oral Suspension Reconstituted</i>	1	ZYVOX	PA
SIVEXTRO 200 mg Oral Tablet	3		PA, QL(6 EA per 365 days)
<i>vancomycin hcl 1 gm Intravenous Solution Reconstituted, 1.25 gm Intravenous Solution Reconstituted, 1.5 gm Intravenous Solution Reconstituted, 250 mg Intravenous Solution Reconstituted, 5 gm Intravenous Solution Reconstituted, 750 mg Intravenous Solution Reconstituted</i>	1		
<i>vancomycin hcl 250 mg/5ml Oral Solution Reconstituted</i>	1	FIRVANQ	
<i>vancomycin hcl 10 gm Intravenous Solution Reconstituted, 125 mg Oral Capsule, 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted</i>	1	VANCOCIN	
<i>vancomycin hcl in nacl 1.5-0.9 gm/500ml-% Intravenous Solution</i>	1		
XENLETA 600 mg Oral Tablet	3		PA, QL(10 EA per 5 days)
XIFAXAN	3		PA
Cephalosporins			
AVYCAZ	3		SP, QL (34 days supply per fill), PA
<i>cefaclor 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1	CECLOR	
<i>cefaclor 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 375 mg/5ml Oral Suspension Reconstituted</i>	1	CECLOR	
<i>cefaclor er</i>	1	CECLOR CD	
<i>cefadroxil 1 gm Oral Tablet, 500 mg Oral Capsule</i>	1	DURICEF	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cefadroxil 250 mg/5ml Oral Suspension Reconstituted, 500 mg/5ml Oral Suspension Reconstituted</i>	1	DURICEF	
<i>cefdinir 300 mg Oral Capsule</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	OMNICEF	
<i>cefixime 400 mg Oral Capsule</i>	1	SUPRAX	
<i>cefixime 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg Oral Tablet, 200 mg Oral Tablet</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml Oral Suspension Reconstituted, 50 mg/5ml Oral Suspension Reconstituted</i>	1	VANTIN	
<i>cefprozil 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	CEFZIL	
<i>cefuroxime axetil</i>	1	CEFTIN	
<i>cephalexin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1		
<i>cephalexin 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	KEFLEX	
FETROJA	3		SP, QL (34 days supply per fill), PA
SUPRAX 100 mg Oral Tablet Chewable, 200 mg Oral Tablet Chewable	2		
SUPRAX 500 mg/5ml Oral Suspension Reconstituted	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Macrolides			
<i>azithromycin 1 gm Oral Packet, 250 mg Oral Tablet, 500 mg Oral Tablet, 600 mg Oral Tablet</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	BIAXIN	
<i>clarithromycin er</i>	1	BIAXIN XL	
DIFICID 40 mg/ml Oral Suspension Reconstituted	3		QL (150 ML per fill), PA
DIFICID 200 mg Oral Tablet	3		QL (20 tablets per fill), PA
E.E.S. 400	1		
ERY-TAB 250 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release	1		
ERYTHROCIN STEARATE	1		
<i>erythromycin 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	1	ERY-TAB	
<i>erythromycin base 250 mg Oral Capsule Delayed Release Particles, 250 mg Oral Tablet</i>	1		
<i>erythromycin base 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg Oral Tablet</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	1	ERYPED	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Penicillins			
<i>amoxicillin 125 mg Oral Tablet Chewable, 250 mg Oral Capsule, 250 mg Oral Tablet Chewable, 500 mg Oral Capsule, 500 mg Oral Tablet, 875 mg Oral Tablet</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg Oral Tablet Chewable, 250-125 mg Oral Tablet, 400-57 mg Oral Tablet Chewable, 500-125 mg Oral Tablet, 875-125 mg Oral Tablet</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml Oral Suspension Reconstituted, 250-62.5 mg/5ml Oral Suspension Reconstituted, 400-57 mg/5ml Oral Suspension Reconstituted, 600-42.9 mg/5ml Oral Suspension Reconstituted</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er</i>	1	AUGMENTIN XR	
<i>ampicillin</i>	1		
AUGMENTIN 125-31.25 mg/5ml Oral Suspension Reconstituted	2		
<i>dicloxacillin sodium</i>	1	DYCILL	
<i>penicillin v potassium 500 mg Oral Tablet</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg Oral Tablet</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml Oral Solution Reconstituted, 250 mg/5ml Oral Solution Reconstituted</i>	1	VEETIDS	
Quinolones			
BAXDELA 450 mg Oral Tablet	3		PA, QL(28 EA per 14 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CIPRO 250 MG/5ML (5%) Oral Suspension Reconstituted, 500 MG/5ML (10%) Oral Suspension Reconstituted	2		
<i>ciprofloxacin hcl 100 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	CIPRO	
<i>levofloxacin 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml Oral Solution</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg Oral Tablet</i>	1	AVELOX	
<i>ofloxacin 300 mg Oral Tablet, 400 mg Oral Tablet</i>	1	FLOXIN	
Sulfonamides			
<i>sulfadiazine 500 mg Oral Tablet</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg Oral Tablet, 800-160 mg Oral Tablet</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml Oral Suspension</i>	1	SEPTRA	
<i>sulfasalazine 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	1	AZULFIDINE	
SULFATRIM PEDIATRIC	1		
Tetracyclines			
<i>demeclocycline hcl</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 50 mg Oral Tablet, 80 mg Oral Tablet Delayed Release</i>	1		
<i>doxycycline hyclate 150 mg Oral Tablet, 75 mg Oral Tablet</i>	1	ACTICLATE	
<i>doxycycline hyclate 100 mg Oral Tablet Delayed Release, 150 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	1	DORYX	
<i>doxycycline hyclate 20 mg Oral Tablet</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg Oral Tablet</i>	1	VIBRA-TABS	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>doxycycline hyclate 100 mg Oral Capsule, 50 mg Oral Capsule</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg Oral Tablet, 150 mg Oral Capsule, 150 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml Oral Suspension Reconstituted</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	DYNACIN	
<i>minocycline hcl 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	MINOCIN	
NUZYRA 150 mg Oral Tablet	3		PA
<i>tetracycline hcl 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1		
ANTICHOLINERGIC AGENTS			
Antimuscarinics/antispasmodics			
ANORO ELLIPTA 62.5-25 mcg/act Inhalation Aerosol Powder Breath Activated	2		
ATROVENT HFA	2		
<i>chlordiazepoxide-clidinium</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg Oral Capsule, 20 mg Oral Tablet</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml Oral Solution</i>	1	BENTYL	
<i>glycopyrrolate 1.5 mg Oral Tablet</i>	1	GLYCATE	
<i>glycopyrrolate 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml Oral Elixir, 0.125 mg/ml Oral Solution</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg Oral Tablet</i>	1	LEVSIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hyoscyamine sulfate 0.125 mg Sublingual Tablet Sublingual</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg Oral Tablet Extended Release 12 Hour</i>	1	LEVBID	
<i>hyoscyamine sulfate sl</i>	1	LEVSIN/SL	
<i>hyosyne</i>	1		
INCRUSE ELLIPTA 62.5 mcg/act Inhalation Aerosol Powder Breath Activated	2		
<i>ipratropium bromide 0.02 % Inhalation Solution, 0.03 % Nasal Solution, 0.06 % Nasal Solution</i>	1	ATROVENT	
<i>methscopolamine bromide 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PAMINE	
<i>phenobarbital-belladonna alk 16.2 mg Oral Tablet</i>	1	DONNATAL	
<i>phenobarbital-belladonna alk 16.2 mg/5ml Oral Elixir</i>	1	DONNATAL	
<i>propantheline bromide 15 mg Oral Tablet</i>	1	PRO-BANTHINE	
SPIRIVA HANDIHALER	2		
SPIRIVA RESPIMAT	2		
STIOLTO RESPIMAT	2		
TUDORZA PRESSAIR	3		ST
ANTICONVULSANTS			
Anticonvulsants, Miscellaneous			
APTIOM 200 mg Oral Tablet, 400 mg Oral Tablet	3		PA, QL(1 EA per 1 days)
APTIOM 600 mg Oral Tablet, 800 mg Oral Tablet	3		PA, QL(2 EA per 1 days)
<i>carbamazepine 100 mg Oral Tablet Chewable, 200 mg Oral Tablet</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml Oral Suspension</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg Oral Capsule Extended Release 12 Hour, 200 mg Oral Capsule Extended Release 12 Hour, 300 mg Oral Capsule Extended Release 12 Hour</i>	1	CARBATROL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>carbamazepine er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 400 mg Oral Tablet Extended Release 12 Hour</i>	1	TEGRETOL XR	
CARBATROL	3		
DEPAKOTE	3		
DEPAKOTE ER	3		
DEPAKOTE SPRINKLES	3		
DIACOMIT	3		SP, PA
<i>divalproex sodium 125 mg Oral Capsule Delayed Release Sprinkle, 125 mg Oral Tablet Delayed Release, 250 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	1	DEPAKOTE	
<i>divalproex sodium er</i>	1	DEPAKOTE ER	
EPIDIOLEX	3		SP, PA
EPITOL	1		
EPRONTIA	3		PA, QL(16 ML per 1 days)
<i>felbamate 400 mg Oral Tablet, 600 mg Oral Tablet</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml Oral Suspension</i>	1	FELBATOL	
FINTEPLA	3		SP, PA, QL(360 ML per 30 days)
FYCOMPA 10 mg Oral Tablet, 12 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet, 8 mg Oral Tablet	3		PA, QL(1 EA per 1 days)
FYCOMPA 0.5 mg/ml Oral Suspension	3		PA, QL(24 ML per 1 days)
<i>gabapentin 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1		
<i>gabapentin 100 mg Oral Capsule, 300 mg Oral Capsule, 400 mg Oral Capsule, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml Oral Solution, 300 mg/6ml Oral Solution</i>	1	NEURONTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lacosamide 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	VIMPAT	PA
<i>lacosamide 10 mg/ml Oral Solution</i>	1	VIMPAT	PA
<i>lamotrigine 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 25 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>	1	LAMICTAL	
<i>lamotrigine er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 25 mg Oral Tablet Extended Release 24 Hour, 250 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour</i>	1	LAMICTAL	
<i>lamotrigine starter kit-blue</i>	1	LAMICTAL STARTER	
<i>levetiracetam 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml Oral Solution</i>	1	KEPPRA	
<i>levetiracetam er 500 mg Oral Tablet Extended Release 24 Hour, 750 mg Oral Tablet Extended Release 24 Hour</i>	1	KEPPRA XR	
<i>oxcarbazepine 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml Oral Suspension</i>	1	TRILEPTAL	
OXTELLAR XR	3		PA
<i>pregabalin 100 mg Oral Capsule, 150 mg Oral Capsule, 200 mg Oral Capsule, 225 mg Oral Capsule, 25 mg Oral Capsule, 300 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	LYRICA	
<i>pregabalin 20 mg/ml Oral Solution</i>	1	LYRICA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>rufinamide 200 mg Oral Tablet, 400 mg Oral Tablet</i>	1	BANZEL	PA
<i>rufinamide 40 mg/ml Oral Suspension</i>	1	BANZEL	PA
SUBVENITE	1		
TEGRETOL 200 mg Oral Tablet	3		
TEGRETOL 100 mg/5ml Oral Suspension	3		
TEGRETOL-XR	3		
<i>tiagabine hcl</i>	1	GABITRIL	
<i>topiramate 100 mg Oral Tablet, 15 mg Oral Capsule Sprinkle, 200 mg Oral Tablet, 25 mg Oral Capsule Sprinkle, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TOPAMAX	
<i>topiramate er 100 mg Oral Capsule ER 24 Hour Sprinkle, 150 mg Oral Capsule ER 24 Hour Sprinkle, 200 mg Oral Capsule ER 24 Hour Sprinkle, 25 mg Oral Capsule ER 24 Hour Sprinkle, 50 mg Oral Capsule ER 24 Hour Sprinkle</i>	1	QUDEXY XR	PA
TRILEPTAL 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet	3		
TRILEPTAL 300 mg/5ml Oral Suspension	3		
TROKENDI XR	3		PA
<i>valproic acid 250 mg Oral Capsule</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml Oral Solution</i>	1	DEPAKENE	
<i>vigabatrin</i>	1	SABRIL	SP, PA
VIGADRONE	1		SP, PA
VIMPAT 10 mg/ml Oral Solution	3		PA
XCOPRI 100 mg Oral Tablet, 150 mg Oral Tablet, 50 mg Oral Tablet	3		PA, QL(1 EA per 1 days)
XCOPRI 200 mg Oral Tablet	3		PA, QL(2 EA per 1 days)
XCOPRI 14 x 12.5 MG & 14 x 25 mg Oral Tablet Therapy Pack, 14 x 150 MG & 14 x 200 mg Oral Tablet	3		PA, QL(28 EA per 180 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Therapy Pack, 14 x 50 MG & 14 x100 mg Oral Tablet Therapy Pack			
XCOPRI (250 MG DAILY DOSE)	3		PA, QL(2 EA per 1 days)
XCOPRI (350 MG DAILY DOSE)	3		PA, QL(2 EA per 1 days)
<i>zonisamide 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	ZONEGRAN	
ZTALMY	3		SP, PA, QL(1100 ML per 30 days)
Barbiturates			
<i>primidone 250 mg Oral Tablet, 50 mg Oral Tablet</i>	1	MYSOLINE	
Benzodiazepines			
<i>clobazam 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	ONFI	
<i>clobazam 2.5 mg/ml Oral Suspension</i>	1	ONFI	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint</i>	1	KLONOPIN	
DIASTAT ACUDIAL	2		
<i>diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel</i>	1	DIASTAT	
NAYZILAM	2		QL(10 EA per 30 days), AL(Min 12 years)
SYMPAZAN	3		PA, QL(2 EA per 1 days)
VALTOCO 10 MG DOSE	2		QL(10 EA per 30 days), AL(Min 6 years)
VALTOCO 15 MG DOSE	2		QL(10 EA per 30 days), AL(Min 6 years)
VALTOCO 20 MG DOSE	2		QL(10 EA per 30 days), AL(Min 6 years)
VALTOCO 5 MG DOSE	2		QL(10 EA per 30 days), AL(Min 6 years)
Hydantoins			
DILANTIN 30 mg Oral Capsule	2		
DILANTIN 100 mg Oral Capsule	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DILANTIN 125 mg/5ml Oral Suspension	3		
DILANTIN INFATABS	2		
PHENYTEK	2		
<i>phenytoin 50 mg Oral Tablet Chewable</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml Oral Suspension</i>	1	DILANTIN	
PHENYTOIN INFATABS	1		
<i>phenytoin sodium extended 100 mg Oral Capsule, 200 mg Oral Capsule, 300 mg Oral Capsule</i>	1	DILANTIN	
Succinimides			
<i>ethosuximide 250 mg Oral Capsule</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml Oral Solution</i>	1	ZARONTIN	
ANTIDIABETIC AGENTS			
Alpha-glucosidase Inhibitors			
<i>acarbose 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	PRECOSE	
<i>miglitol</i>	1	GLYSET	
Amylinomimetics			
SYMLINPEN 120	3		PA
SYMLINPEN 60	3		PA
Antidiabetic Agents, Miscellaneous			
KORLYM	3		SP, PA, QL(112 EA per 28 days)
Biguanides			
<i>metformin hcl 1000 mg Oral Tablet, 500 mg Oral Tablet, 850 mg Oral Tablet</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg Oral Tablet Extended Release 24 Hour, 750 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	
Dipeptidyl Peptidase-4 (dpp-4) Inhibitors			
JENTADUETO	2		QL(2 EA per 1 days)
JENTADUETO XR 5-1000 mg Oral Tablet Extended Release 24 Hour	2		QL(1 EA per 1 days)
JENTADUETO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	2		QL(2 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KOMBIGLYZE XR 5-1000 mg Oral Tablet Extended Release 24 Hour, 5-500 mg Oral Tablet Extended Release 24 Hour	3		PA, QL(1 EA per 1 days)
KOMBIGLYZE XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	3		PA, QL(2 EA per 1 days)
ONGLYZA	3		PA, QL(1 EA per 1 days)
TRADJENTA	2		QL(1 EA per 1 days)
Incretin Mimetics			
MOUNJARO	2		PA, QL(2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml Subcutaneous Solution Pen-injector	2		PA, QL(0.06 ML per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml Subcutaneous Solution Pen-injector	2		PA, QL(0.11 ML per 1 days)
OZEMPIC (1 MG/DOSE)	2		PA, QL(0.11 ML per 1 days)
OZEMPIC (2 MG/DOSE)	2		PA, QL(0.11 ML per 1 days)
RYBELSUS 14 mg Oral Tablet, 7 mg Oral Tablet	2		PA, QL(1 EA per 1 days)
RYBELSUS 3 mg Oral Tablet	2		PA, QL(30 EA per 180 days)
TRULICITY	2		PA, QL(0.07 ML per 1 days)
VICTOZA	2		PA, QL(0.3 ML per 1 days)
Insulins			
<i>insulin asp prot & asp flexpen</i>	1	NOVOLOG MIX 70/30	
<i>insulin aspart 100 unit/ml Injection Solution</i>	1	NOVOLOG	
<i>insulin aspart flexpen</i>	1	NOVOLOG FLEXPEN	
<i>insulin aspart penfill</i>	1	NOVOLOG PENFILL	
<i>insulin aspart prot & aspart (70-30) 100 unit/ml Subcutaneous Suspension</i>	1	NOVOLOG MIX 70/30	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LANTUS	2		
LANTUS SOLOSTAR	2		
LEVEMIR	2		
LEVEMIR FLEXPEN	2		
LEVEMIR FLEXTOUCH	2		
NOVOLIN 70/30	2		
NOVOLIN 70/30 FLEXPEN	2		
NOVOLIN 70/30 FLEXPEN RELION	2		
NOVOLIN 70/30 RELION	2		
NOVOLIN N	2		
NOVOLIN N FLEXPEN	2		
NOVOLIN N FLEXPEN RELION	2		
NOVOLIN N RELION	2		
NOVOLIN R	2		
NOVOLIN R FLEXPEN	2		
NOVOLIN R FLEXPEN RELION	2		
NOVOLIN R RELION	2		
NOVOLOG	2		
NOVOLOG 70/30 FLEXPEN RELION	2		
NOVOLOG FLEXPEN	2		
NOVOLOG FLEXPEN RELION	2		
NOVOLOG MIX 70/30	2		
NOVOLOG MIX 70/30 FLEXPEN	2		
NOVOLOG MIX 70/30 RELION	2		
NOVOLOG PENFILL	2		
NOVOLOG RELION 100 unit/ml Injection Solution	2		
TOUJEO MAX SOLOSTAR	2		AL(Min 18 years)
TOUJEO SOLOSTAR	2		AL(Min 18 years)
TRESIBA	2		
TRESIBA FLEXTOUCH	2		
XULTOPHY	2		QL(0.5 ML per 1 days), ST
Meglitinides			
<i>nateglinide</i>	1	STARLIX	
<i>repaglinide</i>	1	PRANDIN	
Sodium-glucose Cotransporter 2 (sglt2) Inhibitors			
FARXIGA	2		QL(1 EA per 1 days)
GLYXAMBI	2		QL(1 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
JARDIANCE	2		QL(1 EA per 1 days)
SYNJARDY	2		QL(2 EA per 1 days)
SYNJARDY XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 25-1000 mg Oral Tablet Extended Release 24 Hour	2		QL(1 EA per 1 days)
SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour	2		QL(2 EA per 1 days)
XIGDUO XR	2		QL(1 EA per 1 days)
Sulfonylureas			
<i>glimepiride</i>	1	AMARYL	
<i>glipizide 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	GLUCOTROL	
<i>glipizide er</i>	1	GLUCOTROL XL	
<i>glipizide xl</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl</i>	1	METAGLIP	
<i>glyburide 1.25 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	DIABETA	
<i>glyburide micronized</i>	1	GLYNASE	
<i>glyburide-metformin</i>	1	GLUCOVANCE	
<i>tolbutamide</i>	1	ORINASE	
Thiazolidinediones			
<i>pioglitazone hcl</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl</i>	1	ACTOPLUS MET	
ANTIDIARRHEA AGENTS			
Antidiarrhea Agents			
<i>diphenoxylate-atropine 2.5-0.025 mg Oral Tablet</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid</i>	1	LOMOTIL	
<i>loperamide hcl 2 mg Oral Capsule</i>	1	IMODIUM	
MYTESI	3		PA
<i>opium</i>	1		
XERMELO	3		SP, PA, QL(84 EA per 28 days)
ANTIDOTES			
Antidotes			
<i>acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution</i>	1	MUCOMYST	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KHAPZORY	3		SP, QL (34 days supply per fill), PA
<i>leucovorin calcium 10 mg Oral Tablet, 15 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet</i>	1		
VORAXAZE	3		SP, QL (34 days supply per fill), PA
ANTIEMETICS			
5-ht3 Receptor Antagonists			
<i>granisetron hcl 1 mg Oral Tablet</i>	1	KYTRIL	QL (2 tablets per fill)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	
<i>ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml Oral Solution</i>	1	ZOFRAN	
SANCUSO	3		PA, QL(4 EA per 28 days)
SUSTOL	3		SP, QL (34 days supply per fill), PA
Antiemetics, Miscellaneous			
<i>dronabinol 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule</i>	1	MARINOL	
<i>scopolamine</i>	1	TRANSDERM-SCOP	
TRANSDERM-SCOP	2		
Antihistamines			
BONJESTA	2		QL(2 EA per 1 days)
<i>doxylamine-pyridoxine</i>	1	DICLEGIS	QL(4 EA per 1 days)
<i>meclizine hcl 12.5 mg Oral Tablet, 25 mg Oral Tablet</i>	1	ANTIVERT	
<i>trimethobenzamide hcl 300 mg Oral Capsule</i>	1	TIGAN	
Neurokinin-1 Receptor Antagonists			
AKYNZEO 300-0.5 mg Oral Capsule	3		QL(2 EA per 28 days)
<i>aprepitant 125 mg Oral Capsule, 40 mg Oral Capsule, 80 & 125 mg Oral Capsule, 80 & 125 mg Oral Miscellaneous, 80 mg Oral Capsule</i>	1	EMEND	
CINVANTI	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EMEND 125 mg/5ml Oral Suspension Reconstituted	3		
VARUBI (180 MG DOSE)	3		QL(2 EA per 14 days)
ANTIFUNGALS			
Allylamines			
<i>terbinafine hcl 250 mg Oral Tablet</i>	1	LAMISIL	
Antifungals, Miscellaneous			
<i>griseofulvin microsize 500 mg Oral Tablet</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml Oral Suspension</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	1	GRIS-PEG	
Azoles			
CRESEMBA 372 mg Intravenous Solution Reconstituted	3		SP, QL (34 days supply per fill), PA
<i>fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted</i>	1	DIFLUCAN	
<i>itraconazole 100 mg Oral Capsule</i>	1	SPORANOX	PA
<i>itraconazole 10 mg/ml Oral Solution</i>	1	SPORANOX	PA
<i>ketoconazole 200 mg Oral Tablet</i>	1	NIZORAL	
<i>posaconazole 40 mg/ml Oral Suspension</i>	1		PA, QL(20 ML per 1 days)
<i>posaconazole 100 mg Oral Tablet Delayed Release</i>	1	NOXAFIL	PA, QL(90 EA per 30 days)
<i>voriconazole 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	VFEND	QL (34 days supply per fill), PA
<i>voriconazole 40 mg/ml Oral Suspension Reconstituted</i>	1	VFEND	QL (34 days supply per fill), PA
Polyenes			
<i>nystatin Powder</i>	1		
<i>nystatin 500000 unit Oral Tablet</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml Mouth/Throat Suspension</i>	1	MYCOSTATIN	
Pyrimidines			
<i>flucytosine 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1	ANCOBON	QL (34 days supply per fill)
ANTIGLAUCOMA AGENTS			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Alpha-adrenergic Agonists			
ALPHAGAN P 0.1 % Ophthalmic Solution	2		
<i>brimonidine tartrate 0.15 % Ophthalmic Solution, 0.2 % Ophthalmic Solution</i>	1	ALPHAGAN	
SIMBRINZA	3		
Beta-adrenergic Blocking Agents			
<i>betaxolol hcl 0.5 % Ophthalmic Solution</i>	1	BETOPTIC	
BETOPTIC-S	2		
<i>carteolol hcl</i>	1	OCUPRESS	
<i>levobunolol hcl</i>	1	BETAGAN	
<i>timolol maleate 0.25 % Ophthalmic Solution, 0.5 % Ophthalmic Solution</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % Ophthalmic Gel Forming Solution, 0.5 % Ophthalmic Gel Forming Solution</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily)</i>	1	ISTALOL	
Carbonic Anhydrase Inhibitors			
<i>acetazolamide 125 mg Oral Tablet, 250 mg Oral Tablet</i>	1	DIAMOX	
<i>acetazolamide er</i>	1	DIAMOX	
<i>brinzolamide</i>	1	AZOPT	
<i>dorzolamide hcl 2 % Ophthalmic Solution</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % Ophthalmic Solution</i>	1	COSOPT	
<i>methazolamide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	NEPTAZANE	
Miotics			
PHOSPHOLINE IODIDE	2		
PHOSPHOLINE IODIDE	2		
<i>pilocarpine hcl 1 % Ophthalmic Solution, 2 % Ophthalmic Solution, 4 % Ophthalmic Solution</i>	1	ISOPTO CARPINE	
VUITY	3		PA, QL(2.5 ML per 30 days)
Prostaglandin Analogs			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>bimatoprost 0.03 % Ophthalmic Solution</i>	1	LUMIGAN	ST
DURYSTA	3		SP, QL (1 implant per eye per lifetime), PA
<i>latanoprost 0.005 % Ophthalmic Solution</i>	1	XALATAN	
LUMIGAN	3		ST
<i>tafluprost (pf)</i>	1	ZIOPTAN	PA
<i>travoprost (bak free)</i>	1	TRAVATAN	
VYZULTA	3		ST
XELPROS	2		ST
ZIOPTAN 0.0015 % Ophthalmic Solution	2		PA
ANTIGOUT AGENTS			
Antigout Agents			
<i>allopurinol 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg Oral Tablet</i>	1	COLCRYS	
<i>colchicine 0.6 mg Oral Capsule</i>	1	MITIGARE	QL(3 EA per 1 days)
<i>febuxostat</i>	1	ULORIC	PA, QL(1 EA per 1 days)
KRYSTEXXA	3		SP, QL (34 days supply per fill), PA
ANTIHEMORRHAGIC AGENTS			
Antihemorrhagic Agents, Miscellaneous			
ANDEXXA	3		SP, QL (34 days supply per fill), PA
PRAXBIND	3		SP, QL (34 days supply per fill), PA
Hemostatics			
ADVATE	3		SP, QL (34 days supply per fill), PA
AFSTYLA	3		SP, QL (34 days supply per fill), PA
ALPHANATE	3		SP, QL (34 days supply per fill), PA
ELOCTATE	3		SP, QL (34 days supply per fill), PA
ESPEROCT	3		SP, QL (34 days supply per fill), PA
FEIBA	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HEMLIBRA	3		SP, QL (34 days supply per fill), PA
HEMOFIL M	3		SP, QL (34 days supply per fill), PA
HUMATE-P	3		SP, QL (34 days supply per fill), PA
JIVI	3		SP, QL (34 days supply per fill), PA
KCENTRA	3		SP, QL (34 days supply per fill)
KOATE	3		SP, QL (34 days supply per fill), PA
KOATE-DVI	3		SP, QL (34 days supply per fill), PA
KOGENATE FS	3		SP, QL (34 days supply per fill), PA
NOVOEIGHT	3		SP, QL (34 days supply per fill), PA
<i>obizur</i>	3		SP, QL (34 days supply per fill), PA
RECOMBINATE	3		SP, QL (34 days supply per fill), PA
<i>tranexamic acid 650 mg Oral Tablet</i>	1	LYSTEDA	
WILATE	3		SP, QL (34 days supply per fill), PA
XYNTHA	3		SP, QL (34 days supply per fill), PA
XYNTHA SOLOFUSE	3		SP, QL (34 days supply per fill), PA
ANTIHYPOGLYCEMIC AGENTS			
Antihypoglycemic Agents, Miscellaneous			
<i>cvs glucose 4 gm Oral Tablet Chewable, 4-6 gm-mg Oral Tablet Chewable</i>	2		
<i>cvs soft glucose</i>	2		
<i>glucose 4 gm Oral Tablet Chewable, 4-6 gm-mg Oral Tablet Chewable</i>	2		
<i>glucose instant energy</i>	2		
<i>gnp glucose</i>	2		
<i>gnp quick dissolve glucose</i>	2		
<i>goodsense glucose</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>kroger glucose</i>	2		
<i>leader glucose</i>	2		
<i>leader quick dissolve glucose</i>	2		
<i>longs glucose</i>	2		
<i>meijer glucose</i>	2		
<i>preferred plus glucose</i>	2		
<i>px glucose</i>	2		
<i>ra glucose</i>	2		
RELION GLUCOSE 4-6 gm-mg Oral Tablet Chewable	2		
<i>sm glucose</i>	2		
SMART SENSE GLUCOSE	2		
<i>tgt glucose</i>	2		
<i>up & up glucose</i>	2		
<i>walgreens glucose</i>	2		
Glycogenolytic Agents			
BAQSIMI ONE PACK	2		QL (2 kits per fill)
BAQSIMI TWO PACK	2		QL (2 kits per fill)
GLUCAGEN HYPOKIT	2		QL (2 kits per fill)
<i>glucagon emergency 1 mg/ml Injection Solution Reconstituted</i>	2		QL (2 kits per fill)
<i>glucagon emergency 1 mg Injection Kit</i>	2	GLUCAGON EMERGENCY	QL (2 kits per fill)
GVOKE HYPOPEN 1-PACK	2		QL (2 kits per fill)
GVOKE HYPOPEN 2-PACK	2		QL (2 kits per fill)
GVOKE KIT	2		QL (2 kits per fill)
GVOKE PFS	2		QL (2 kits per fill)
ZEGALOGUE	3		QL (2 kits per fill), ST
ANTI-INFECTIVES			
Antibacterials			
<i>ak-poly-bac</i>	1	POLYSPORIN	
ALTABAX	3		PA
AZASITE	3		
BACIGUENT	1		
<i>bacitracin 500 unit/gm Ophthalmic Ointment</i>	1	BACI-IM	
<i>bacitracin-polymyxin b 500-10000 unit/gm Ophthalmic Ointment</i>	1	POLYSPORIN	
<i>benzoyl peroxide-erythromycin</i>	1	BENZAMYCIN	
BESIVANCE	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CILOXAN 0.3 % Ophthalmic Ointment	2		
<i>ciprofloxacin hcl 0.2 % Otic Solution</i>	1	CETRAXAL	
<i>ciprofloxacin hcl 0.3 % Ophthalmic Solution</i>	1	CILOXAN	
CLEOCIN 100 mg Vaginal Suppository	2		
<i>clindamycin phos-benzoyl perox 1-5 % External Gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % External Gel</i>	1	DUAC	
<i>clindamycin phosphate 2 % Vaginal Cream</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % External Swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel, 1 % External Lotion, 1 % External Solution</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Foam</i>	1	EVOCLIN	
CLINDESSE	2		
<i>ery</i>	1		
<i>erythromycin 2 % External Solution</i>	1	ERYDERM	
<i>erythromycin 2 % External Gel</i>	1	ERYGEL	
<i>erythromycin 5 mg/gm Ophthalmic Ointment</i>	1	ILOTYCIN	
GENTAK	1		
<i>gentamicin sulfate 0.1 % External Cream, 0.1 % External Ointment</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % Ophthalmic Solution</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % Ophthalmic Solution</i>	1	QUIXIN	
<i>metronidazole 0.75 % External Cream</i>	1	METROCREAM	
<i>metronidazole 0.75 % External Gel, 0.75 % Vaginal Gel, 1 % External Gel</i>	1	METROGEL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metronidazole 0.75 % External Lotion</i>	1	METROLOTION	
<i>moxifloxacin hcl 0.5 % Ophthalmic Solution</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day)</i>	1	MOXEZA	
<i>mupirocin 2 % External Ointment</i>	1	BACTROBAN	
<i>mupirocin calcium</i>	1	BACTROBAN	
<i>neomycin-bacitracin zn-polymyx</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin</i>	1	NEOSPORIN	
<i>ofloxacin 0.3 % Otic Solution</i>	1	FLOXIN	
<i>ofloxacin 0.3 % Ophthalmic Solution</i>	1	OCUFLOX	
POLYCIN	1		
<i>polymyxin b-trimethoprim</i>	1	POLYTRIM	
ROSADAN 0.75 % (cream) External Kit	1		
ROSADAN 0.75 % External Cream	1		
<i>sodium sulfacetamide wash</i>	1		
<i>sodium sulfacetamide wash</i>	1		
<i>sodium sulfacetamide-bakuchiol</i>	1		
<i>sulfacetamide sodium 10 % External Liquid</i>	1		
<i>sulfacetamide sodium 10 % Ophthalmic Solution</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % Ophthalmic Ointment</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne)</i>	1	KLARON	
<i>sulfacetamide sodium (cleans)</i>	1		
<i>tobramycin 0.3 % Ophthalmic Solution</i>	1	TOBREX	
XEPI	3		PA
Antifungals			
<i>ciclopirox 0.77 % External Gel</i>	1	LOPROX	
<i>ciclopirox 1 % External Shampoo</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % External Cream</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % External Suspension</i>	1	LOPROX	
<i>clotrimazole 1 % External Cream</i>	1	LOTRIMIN	
<i>clotrimazole 10 mg Mouth/Throat Troche</i>	1	MYCELEX	
<i>clotrimazole 1 % External Solution</i>	1	MYCELEX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clotrimazole-betamethasone 1-0.05 % External Cream</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % External Lotion</i>	1	LOTRISONE	
<i>econazole nitrate 1 % External Cream</i>	1	SPECTAZOLE	
EXODERM 25-1 % External Lotion	1		
<i>ketoconazole 2 % External Foam</i>	1	EXTINA	
<i>ketoconazole 2 % External Cream</i>	1	NIZORAL	
<i>ketoconazole 2 % External Shampoo</i>	1	NIZORAL	
KETODAN	1		
<i>miconazole 3</i>	1	MONISTAT	
<i>naftifine hcl 1 % External Cream, 1 % External Gel, 2 % External Cream</i>	1	NAFTIN	
NAFTIN 2 % External Gel	2		
NATACYN	2		
NYAMYC	1		
<i>nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder</i>	1	MYCOSTATIN	
NYSTOP	1		
<i>terconazole 0.4 % Vaginal Cream, 0.8 % Vaginal Cream</i>	1	TERAZOL	
<i>terconazole 80 mg Vaginal Suppository</i>	1	TERAZOL 3	
Antivirals			
<i>acyclovir 5 % External Ointment</i>	1	ZOVIRAX	
<i>acyclovir 5 % External Cream</i>	1	ZOVIRAX	QL (1 tube per fill), PA
DENAVIR	3		QL (1 tube per fill), PA
<i>penciclovir</i>	1	DENAVIR	QL (1 tube per fill), PA
<i>trifluridine</i>	1	VIROPTIC	
XERESE	3		PA
Eent Anti-infectives, Miscellaneous			
<i>chlorhexidine gluconate 0.12 % Mouth/Throat Solution</i>	1	PERIDEX	
PERIOGARD	1		
<i>silver nitrate 0.5 % External Solution, 10 % External Solution,</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
25 % External Solution, 50 % External Solution			
Local Anti-infectives, Miscellaneous			
alcohol wipes	2		
benzoyl peroxide 9.8 % External Foam	1	BENZEFOAMULTRA	
cvs isopropyl alcohol wipes	2		
isopropyl alcohol 70 % External Miscellaneous	2		
isopropyl alcohol wipes	2		
iv prep wipes	2		
medpura alcohol pads	2		
ra isopropyl alcohol wipes	2		
selenium sulfide 2.5 % External Lotion	1	SELSUN	
silver sulfadiazine 1 % External Cream	1	SILVADENE	
SSD	1		
Scabicides And Pediculicides			
ivermectin 0.5 % External Lotion	1	SKLICE	
ivermectin 1 % External Cream	1	SOOLANTRA	
lindane	1		
malathion	1	OVIDE	
permethrin 5 % External Cream	1	ELIMITE	
spinosad	1		
ANTI-INFLAMMATORY AGENTS			
Anti-inflammatory Agents			
alosepron hcl	1	LOTRONEX	
balsalazide disodium	1	COLAZAL	
DIPENTUM	2		
mesalamine 800 mg Oral Tablet Delayed Release	1	ASACOL HD	
mesalamine 1000 mg Rectal Suppository	1	CANASA	
mesalamine 400 mg Oral Capsule Delayed Release	1	DELZICOL	
mesalamine 1.2 gm Oral Tablet Delayed Release	1	LIALDA	
mesalamine 4 gm Rectal Enema	1	ROWASA	
mesalamine er 0.375 gm Oral Capsule Extended Release 24 Hour	1	APRISO	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mesalamine er 500 mg Oral Capsule Extended Release</i>	1	PENTASA	
<i>mesalamine-cleanser</i>	1	ROWASA	
NUCALA 100 mg Subcutaneous Solution Reconstituted	3		SP, QL (28 days supply per fill), PA
NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, QL (28 days supply per fill), PA
NUCALA 40 mg/0.4ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(1 ML per 28 days)
PENTASA	2		
Anti-inflammatory Agents, Miscellaneous			
EUCRISA	3		PA
Corticosteroids			
ADVANCED ALLERGY COLLECTION	1		
ALA SCALP	1		
<i>ala-cort 1 % External Cream</i>	1	ALA-CORT	
<i>alclometasone dipropionate</i>	1	ACLOVATE	
<i>amcinonide 0.1 % External Cream, 0.1 % External Ointment</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % External Lotion</i>	1	CYCLOCORT	
<i>anucort-hc</i>	1		
<i>bacitra-neomycin-polymyxin-hc</i>	1	CORTISPORIN	
BECONASE AQ	3		PA
<i>betamethasone dipropionate 0.05 % External Cream, 0.05 % External Ointment</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % External Lotion</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % External Lotion</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment</i>	1	BETA-VAL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>betamethasone valerate 0.1 % External Lotion</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % External Foam</i>	1	LUXIQ	
BLEPHAMIDE	2		
BLEPHAMIDE S.O.P.	2		
CIPRO HC	2		
<i>ciprofloxacin-dexamethasone</i>	1	CIPRODEX	
<i>clobetasol prop emollient base</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % External Lotion, 0.05 % External Shampoo</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % External Foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % External Gel, 0.05 % External Ointment</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % External Solution</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % External Cream</i>	1	TEMOVATE-E	
<i>clobetasol propionate e</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion</i>	1	OLUX-E	
<i>clobetavix</i>	1		
CORDRAN 4 mcg/sqcm External Tape	3		
<i>desonide 0.05 % External Cream, 0.05 % External Ointment</i>	1	DESOWEN	
<i>desonide 0.05 % External Lotion</i>	1	DESOWEN	
<i>desoximetasone 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment, 0.25 % External Cream, 0.25 % External Ointment</i>	1	TOPICORT	
<i>dexamethasone sodium phosphate 0.1 % Ophthalmic Solution</i>	1	MAXIDEX	
<i>diflorasone diacetate</i>	1	PSORCON	
FLAREX	2		
<i>flunisolide 25 MCG/ACT (0.025%) Nasal Solution</i>	1	NASALIDE	
<i>fluocinolone acetonide 0.01 % Otic Oil</i>	1	DERMOTIC	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % External Solution</i>	1	SYNALAR	
<i>fluocinolone acetonide body</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	1	LIDEX	
<i>fluocinonide 0.05 % External Solution</i>	1	LIDEX	
<i>fluocinonide 0.1 % External Cream</i>	1	VANOS	
<i>fluocinonide emulsified base</i>	1	LIDEX-E	
<i>fluorometholone 0.1 % Ophthalmic Suspension</i>	1	FML	
<i>fluovix</i>	1		
<i>fluovix plus</i>	1		
<i>flurandrenolide 0.05 % External Cream, 0.05 % External Ointment</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % External Lotion</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % External Ointment, 0.05 % External Cream</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % External Lotion</i>	1	CUTIVATE	
<i>fluticasone propionate 50 mcg/act Nasal Suspension</i>	1	FLONASE	
FML	2		
FML FORTE	2		
<i>halobetasol propionate 0.05 % External Cream, 0.05 % External Ointment</i>	1	ULTRAVATE	
<i>hydrocortisone 1 % External Lotion</i>	1		
<i>hydrocortisone 1 % External Lotion</i>	1		
<i>hydrocortisone 1 % External Cream</i>	1	ALA-CORT	
<i>hydrocortisone 100 mg/60ml Rectal Enema</i>	1	CORTENEMA	
<i>hydrocortisone 1 % External Ointment, 2.5 % External Cream, 2.5 % External Ointment</i>	1	HYTONE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydrocortisone 2.5 % External Lotion</i>	1	HYTONE	
<i>hydrocortisone (perianal) 2.5 % External Cream</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % External Cream</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % External Cream</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg Rectal Suppository</i>	1		
<i>hydrocortisone acetate 30 mg Rectal Suppository</i>	1	PROCTOCORT	
<i>hydrocortisone butyr lipo base</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % External Cream, 0.1 % External Ointment</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % External Solution</i>	1	LOCOID	
HYDROCORTISONE IN ABSORBASE	1		
<i>hydrocortisone valerate</i>	1	WESTCORT	
<i>hydrocortisone-acetic acid</i>	1	VOSOL HC	
ILUVIEN	3		SP, QL (1080 days supply per fill), PA
MAXIDEX	2		
<i>mometasone furoate 0.1 % External Cream, 0.1 % External Ointment</i>	1	ELOCON	
<i>mometasone furoate 0.1 % External Solution</i>	1	ELOCON	
<i>mometasone furoate 50 mcg/act Nasal Suspension</i>	1	NASONEX	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Ointment</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Suspension</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 1 % Otic Solution, 3.5-10000-1 Ophthalmic Suspension, 3.5-10000-1 Otic Solution, 3.5-10000-1 Otic Suspension</i>	1	CORTISPORIN	
NEO-POLYCIN HC	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>nystatin-triamcinolone</i>	1	MYCOLOG	
OMNARIS	3		PA
ORALONE	1		
PRED-G	2		
<i>prednicarbate</i>	1	DERMATOP	
<i>prednisolone acetate 1 % Ophthalmic Suspension</i>	1	PRED FORTE	
<i>prednisolone acetate p-f</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % Ophthalmic Solution</i>	1		
PROCTO-MED HC	1		
PROCTO-PAK	1		
PROCTOSOL HC	1		
PROCTOZONE-HC	1		
QNASL	3		PA
QNASL CHILDRENS	3		PA
<i>sulfacetamide-prednisolone 10-0.23 % Ophthalmic Solution</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % Ophthalmic Ointment	2		
<i>tobramycin-dexamethasone 0.3-0.1 % Ophthalmic Suspension</i>	1	TOBRADEX	
<i>triamcinolone acetonide 0.025 % External Ointment, 0.1 % External Ointment, 0.147 mg/gm External Aerosol Solution, 0.5 % External Ointment</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % External Lotion, 0.1 % External Lotion</i>	1	KENALOG	
<i>triamcinolone acetonide 0.1 % Mouth/Throat Paste</i>	1	KENALOG IN ORABASE	
<i>triamcinolone acetonide 0.05 % External Ointment</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % External Cream, 0.1 % External Cream, 0.5 % External Cream</i>	1	TRIDERM	
<i>triamcinolone in absorbbase</i>	1	TRIANEX	
TRIANEX	1		
TRIDERM	1		
VERDESO	3		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XIPERE	3		SP, QL (34 days supply per fill)
ZETONNA	3		PA
Eent Anti-inflammatory Agents, Misc			
<i>cyclosporine 0.05 % Ophthalmic Emulsion</i>	1	RESTASIS	
RESTASIS	3		
RESTASIS MULTIDOSE	3		
XIIDRA	3		
Interleukin Antagonists			
CINQAIR	3		SP, QL (28 days supply per fill), PA
DUPIXENT 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(1.34 ML per 28 days)
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(2.28 ML per 28 days)
FASENRA	3		SP, PA, QL(1 ML per 56 days)
FASENRA PEN	3		SP, PA, QL(1 ML per 56 days)
Leukotriene Modifiers			
<i>montelukast sodium 10 mg Oral Tablet, 4 mg Oral Packet, 4 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>	1	SINGULAIR	
<i>zafirlukast</i>	1	ACCOLATE	
Mast-cell Stabilizers			
<i>cromolyn sodium 100 mg/5ml Oral Concentrate</i>	1	GASTROCROM	
<i>cromolyn sodium 20 mg/2ml Inhalation Nebulization Solution</i>	1	INTAL	
Nonsteroidal Anti-inflammatory Agents			
<i>bromfenac sodium (once-daily)</i>	1	BROMDAY	
<i>diclofenac sodium 1.5 % External Solution</i>	1	PENNSAID	PA
<i>diclofenac sodium 0.1 % Ophthalmic Solution</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % External Gel</i>	1	VOLTAREN	QL(10 GM per 1 days)
<i>flurbiprofen sodium</i>	1	OCUFEN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ketorolac tromethamine 0.4 % Ophthalmic Solution, 0.5 % Ophthalmic Solution</i>	1	ACULAR	
ANTILIPEMIC AGENTS			
Antilipemic Agents, Miscellaneous			
EVKEEZA	3		SP, QL (28 days supply per fill), PA
<i>icosapent ethyl 1 gm Oral Capsule</i>	1	VASCEPA	QL(4 EA per 1 days)
<i>icosapent ethyl 0.5 gm Oral Capsule</i>	1	VASCEPA	QL(8 EA per 1 days)
JUXTAPID 10 mg Oral Capsule, 5 mg Oral Capsule	3		SP, PA, QL(28 EA per 28 days)
JUXTAPID 20 mg Oral Capsule, 30 mg Oral Capsule	3		SP, PA, QL(56 EA per 28 days)
LEQVIO	3		SP, QL (34 days supply per fill), PA
NEXLETOL	2		PA, QL(1 EA per 1 days)
NEXLIZET	2		PA, QL(1 EA per 1 days)
<i>niacin er (antihyperlipidemic)</i>	1	NIASPAN	
<i>omega-3-acid ethyl esters</i>	1	LOVAZA	
VASCEPA 0.5 gm Oral Capsule	3		QL(8 EA per 1 days)
Bile Acid Sequestrants			
<i>cholestyramine 4 gm Oral Packet</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose Oral Powder</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm Oral Packet</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose Oral Powder</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl</i>	1	WELCHOL	
<i>colestipol hcl 1 gm Oral Tablet, 5 gm Oral Packet</i>	1	COLESTID	
<i>colestipol hcl 5 gm Oral Granules</i>	1	COLESTID	
PREVALITE 4 gm Oral Packet	1		
PREVALITE 4 gm/dose Oral Powder	1		
Cholesterol Absorption Inhibitors			
<i>ezetimibe</i>	1	ZETIA	
Fibric Acid Derivatives			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fenofibrate 120 mg Oral Tablet, 40 mg Oral Tablet</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg Oral Capsule, 50 mg Oral Capsule</i>	1	LIPOFEN	
<i>fenofibrate 134 mg Oral Capsule, 145 mg Oral Tablet, 160 mg Oral Tablet, 200 mg Oral Capsule, 48 mg Oral Tablet, 54 mg Oral Tablet, 67 mg Oral Capsule</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg Oral Capsule, 43 mg Oral Capsule</i>	1	ANTARA	
<i>fenofibrate micronized 30 mg Oral Capsule, 90 mg Oral Capsule</i>	1	ANTARA	PA
<i>fenofibrate micronized 134 mg Oral Capsule, 200 mg Oral Capsule, 67 mg Oral Capsule</i>	1	TRICOR	
<i>fenofibric acid 105 mg Oral Tablet, 35 mg Oral Tablet</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg Oral Capsule Delayed Release, 45 mg Oral Capsule Delayed Release</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg Oral Tablet</i>	1	LOPID	
Hmg-coa Reductase Inhibitors			
<i>atorvastatin calcium 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	LIPITOR	QL(1 EA per 1 days)
<i>atorvastatin calcium 10 mg Oral Tablet</i>	1	LIPITOR	QL(2 EA per 1 days)
<i>ezetimibe-simvastatin</i>	1	VYTORIN	PA
<i>fluvastatin sodium 40 mg Oral Capsule</i>	1	LESCOL	QL(2 EA per 1 days)
<i>fluvastatin sodium 20 mg Oral Capsule</i>	1	LESCOL	QL(4 EA per 1 days)
<i>fluvastatin sodium er</i>	1	LESCOL XL	PA, QL(1 EA per 1 days)
LIVALO 4 mg Oral Tablet	3		PA, QL(1 EA per 1 days)
LIVALO 2 mg Oral Tablet	3		PA, QL(2 EA per 1 days)
LIVALO 1 mg Oral Tablet	3		PA, QL(4 EA per 1 days)
<i>lovastatin 40 mg Oral Tablet</i>	1	MEVACOR	QL(1 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lovastatin 20 mg Oral Tablet</i>	1	MEVACOR	QL(2 EA per 1 days)
<i>lovastatin 10 mg Oral Tablet</i>	1	MEVACOR	QL(4 EA per 1 days)
<i>pravastatin sodium 80 mg Oral Tablet</i>	1	PRAVACHOL	QL(1 EA per 1 days)
<i>pravastatin sodium 40 mg Oral Tablet</i>	1	PRAVACHOL	QL(2 EA per 1 days)
<i>pravastatin sodium 20 mg Oral Tablet</i>	1	PRAVACHOL	QL(4 EA per 1 days)
<i>pravastatin sodium 10 mg Oral Tablet</i>	1	PRAVACHOL	QL(8 EA per 1 days)
<i>rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	CRESTOR	QL(1 EA per 1 days)
<i>rosuvastatin calcium 5 mg Oral Tablet</i>	1	CRESTOR	QL(2 EA per 1 days)
<i>simvastatin 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	ZOCOR	QL(1 EA per 1 days)
<i>simvastatin 20 mg Oral Tablet</i>	1	ZOCOR	QL(2 EA per 1 days)
<i>simvastatin 10 mg Oral Tablet</i>	1	ZOCOR	QL(4 EA per 1 days)
<i>simvastatin 5 mg Oral Tablet</i>	1	ZOCOR	QL(8 EA per 1 days)
ZYPITAMAG	3		PA, QL(1 EA per 1 days)
Proprotein Convertase Subtilisin Kexin Type 9 (pcsk9) Inhibitors			
PRALUENT	2		PA, QL(0.07 ML per 1 days)
REPATHA	2		PA, QL(0.07 ML per 1 days)
REPATHA PUSHTRONEX SYSTEM	2		PA, QL(0.12 ML per 1 days)
REPATHA SURECLICK	2		PA, QL(0.07 ML per 1 days)
ANTIMANIC AGENTS			
Antimanic Agents			
<i>lithium carbonate 150 mg Oral Capsule, 600 mg Oral Capsule</i>	1		
<i>lithium carbonate 300 mg Oral Capsule</i>	1	ESKALITH	
<i>lithium carbonate 300 mg Oral Tablet</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg Oral Tablet Extended Release</i>	1	ESKALITH CR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lithium carbonate er 300 mg Oral Tablet Extended Release</i>	1	LITHOBID	
LITHOBID	3		
ANTIMIGRAINE AGENTS			
Antimigraine Agents, Miscellaneous			
<i>ergotamine-caffeine 1-100 mg Oral Tablet</i>	1	CAFERGOT	
MIGERGOT	1		
Calcitonin Gene-related Peptide (cgrp) Antagonists			
AIMOVIG	2		PA, QL(1 ML per 30 days)
AJOVY	3		PA, QL(0.05 ML per 1 days)
EMGALITY	2		PA, QL(0.03 ML per 1 days)
EMGALITY (300 MG DOSE)	2		PA, QL(3 ML per 30 days)
NURTEC	2		PA, QL(18 EA per 30 days)
QULIPTA	3		PA, QL(1 EA per 1 days)
UBRELVY	2		PA, QL(16 EA per 30 days)
Selective Serotonin Agonists			
<i>almotriptan malate</i>	1	AXERT	QL (16 per 28), PA
<i>eletriptan hydrobromide</i>	1	RELPAX	QL (16 per 28), PA
<i>frovatriptan succinate</i>	1	FROVA	QL (16 per 28), PA
<i>naratriptan hcl</i>	1	AMERGE	QL (16 per 28)
<i>rizatriptan benzoate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	MAXALT	QL (16 per 28)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL (16 per 28)
<i>sumatriptan 20 mg/act Nasal Solution, 5 mg/act Nasal Solution</i>	1	IMITREX	QL (16 per 28)
<i>sumatriptan succinate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	IMITREX	QL (16 per 28)
<i>sumatriptan succinate 6 mg/0.5ml Subcutaneous Solution, 6 mg/0.5ml Subcutaneous Solution Prefilled Syringe</i>	1	IMITREX	QL (8 per 28)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sumatriptan succinate 4 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution Auto-injector</i>	1	IMITREX STATDOSE	QL (8 per 28)
<i>sumatriptan succinate refill</i>	1	IMITREX STATDOSE	QL (8 per 28)
<i>sumatriptan-naproxen sodium</i>	1	TREXIMET	QL (16 per 28), PA
ZEMBRACE SYMTOUCH	3		PA, QL(8 ML per 28 days)
<i>zolmitriptan 2.5 mg Oral Tablet, 2.5 mg tab disint, 5 mg Oral Tablet, 5 mg tab disint</i>	1	ZOMIG	QL (16 per 28)
<i>zolmitriptan 2.5 mg Nasal Solution, 5 mg Nasal Solution</i>	1	ZOMIG	QL (16 per 28), PA
ANTIMYCOBACTERIALS			
Antimycobacterials, Miscellaneous			
<i>dapsone 100 mg Oral Tablet, 25 mg Oral Tablet</i>	1		
Antituberculosis Agents			
<i>ethambutol hcl 100 mg Oral Tablet, 400 mg Oral Tablet</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1		
<i>isoniazid 50 mg/5ml Oral Syrup</i>	1		
<i>pretomanid</i>	2		PA, QL(1 EA per 1 days)
<i>pyrazinamide 500 mg Oral Tablet</i>	1		
<i>rifabutin</i>	1	MYCOBUTIN	
<i>rifampin 150 mg Oral Capsule, 300 mg Oral Capsule</i>	1	RIFADIN	
SIRTURO	3		SP, QL (34 days supply per fill), PA
ANTINEOPLASTIC AGENTS			
Antineoplastic Agents			
<i>abiraterone acetate 500 mg Oral Tablet</i>	1	ZYTIGA	SP, PA NSO, QL(60 EA per 30 days)
<i>abiraterone acetate 250 mg Oral Tablet</i>	1	ZYTIGA	SP, PA NSO, QL(120 EA per 30 days)
ABRAXANE	3		SP, QL (34 days supply per fill), PA
ADCETRIS	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ALECENSA	3		SP, PA NSO, QL(240 EA per 30 days)
ALIMTA	3		SP, QL (34 days supply per fill)
ALIQOPA	3		SP, QL (34 days supply per fill), PA
ALUNBRIG 180 mg Oral Tablet, 90 & 180 mg Oral Tablet Therapy Pack, 90 mg Oral Tablet	3		SP, PA NSO, QL(30 EA per 30 days)
ALUNBRIG 30 mg Oral Tablet	3		SP, PA NSO, QL(60 EA per 30 days)
ARRANON	3		SP, QL (34 days supply per fill), PA
ARZERRA	3		SP, QL (34 days supply per fill), PA
ASPARLAS	3		SP, QL (34 days supply per fill)
AVASTIN	3		SP, QL (34 days supply per fill)
AYVAKIT	3		SP, PA NSO, QL(30 EA per 30 days)
AZEDRA DOSIMETRIC	3		SP, QL (34 days supply per fill), PA
AZEDRA THERAPEUTIC	3		SP, QL (34 days supply per fill), PA
BALVERSA 5 mg Oral Tablet	3		SP, PA NSO, QL(28 EA per 28 days)
BALVERSA 4 mg Oral Tablet	3		SP, PA NSO, QL(56 EA per 28 days)
BALVERSA 3 mg Oral Tablet	3		SP, PA NSO, QL(84 EA per 28 days)
BAVENCIO	3		SP, QL (34 days supply per fill), PA
BELEODAQ	3		SP, QL (34 days supply per fill), PA
BENDEKA	3		SP, QL (34 days supply per fill)
BESPONSA	3		SP, QL (34 days supply per fill), PA
BESREMI	3		SP, PA NSO, QL(2 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>bexarotene 75 mg Oral Capsule</i>	1	TARGRETIN	SP, QL (34 days supply per fill), PA
<i>bicalutamide</i>	1	CASODEX	
BLENREP	3		SP, QL (34 days supply per fill), PA
BLINCYTO	3		SP, QL (34 days supply per fill), PA
<i>bortezomib 1 mg Injection Solution Reconstituted, 2.5 mg Injection Solution Reconstituted, 3.5 mg Intravenous Solution Reconstituted</i>	3		SP, QL (34 days supply per fill), PA
<i>bortezomib 3.5 mg/1.4ml Injection Solution</i>	3		SP, QL (34 days supply per fill), PA
<i>bortezomib 3.5 mg Injection Solution Reconstituted</i>	3	VELCADE	SP, QL (34 days supply per fill), PA
BOSULIF 400 mg Oral Tablet, 500 mg Oral Tablet	3		SP, PA NSO, QL(30 EA per 30 days)
BOSULIF 100 mg Oral Tablet	3		SP, PA NSO, QL(90 EA per 30 days)
BRAFTOVI	3		SP, PA NSO, QL(180 EA per 30 days)
BRUKINSA	3		SP, PA NSO, QL(120 EA per 30 days)
CABOMETYX	3		SP, PA NSO, QL(30 EA per 30 days)
CALQUENCE	3		SP, PA NSO, QL(60 EA per 30 days)
<i>capecitabine</i>	1	XELODA	SP, QL (34 days supply per fill)
CAPRELSA 300 mg Oral Tablet	3		SP, PA NSO, QL(30 EA per 30 days)
CAPRELSA 100 mg Oral Tablet	3		SP, PA NSO, QL(60 EA per 30 days)
<i>clofarabine</i>	3	CLOLAR	SP, QL (34 days supply per fill), PA
COMETRIQ (100 MG DAILY DOSE)	3		SP, PA NSO, QL(56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE)	3		SP, PA NSO, QL(112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	3		SP, PA NSO, QL(84 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
COPIKTRA	3		SP, PA NSO, QL(60 EA per 30 days)
COTELLIC	3		SP, PA NSO, QL(90 EA per 30 days)
<i>cyclophosphamide 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1		SP
CYRAMZA	3		SP, QL (34 days supply per fill), PA
DANYELZA	3		SP, QL (34 days supply per fill), PA
DARZALEX	3		SP, QL (34 days supply per fill), PA
DARZALEX FASPRO	3		SP, QL (28 days supply per fill), PA, QL(2.15 ML per 1 days)
DAURISMO 100 mg Oral Tablet	3		SP, PA NSO, QL(30 EA per 30 days)
DAURISMO 25 mg Oral Tablet	3		SP, PA NSO, QL(60 EA per 30 days)
<i>decitabine</i>	3	DACOGEN	SP, QL (34 days supply per fill)
EMCYT	2		SP
EMPLICITI	3		SP, QL (34 days supply per fill), PA
ENHERTU	3		SP, QL (34 days supply per fill), PA
ERBITUX	3		SP, QL (34 days supply per fill)
ERIVEDGE	3		SP, PA NSO, QL(28 EA per 28 days)
ERLEADA	3		SP, PA NSO, QL(120 EA per 30 days)
<i>erlotinib hcl 100 mg Oral Tablet, 150 mg Oral Tablet</i>	1	TARCEVA	SP, PA NSO, QL(30 EA per 30 days)
<i>erlotinib hcl 25 mg Oral Tablet</i>	1	TARCEVA	SP, PA NSO, QL(90 EA per 30 days)
ERWINASE	3		QL (34 days supply per fill), SP, PA
ERWINAZE	3		SP, QL (34 days supply per fill), PA
<i>etoposide 50 mg Oral Capsule</i>	1		SP

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>everolimus 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	AFINITOR	SP, PA NSO, QL(28 EA per 28 days)
<i>everolimus 2 mg Oral Tablet Soluble, 3 mg Oral Tablet Soluble, 5 mg Oral Tablet Soluble</i>	1	AFINITOR DISPERZ	SP, PA NSO, QL(28 EA per 28 days)
EXKIVITY	3		SP, PA NSO, QL(120 EA per 30 days)
FARYDAK	3		SP, PA, QL(6 EA per 21 days)
<i>flutamide</i>	1	EULEXIN	
FOLOTYN	3		SP, QL (34 days supply per fill)
FOTIVDA	3		SP, PA NSO, QL(21 EA per 28 days)
<i>fulvestrant 250 mg/5ml Intramuscular Solution Prefilled Syringe</i>	3	FASLODEX	SP, QL (34 days supply per fill)
FYARRO	3		SP, QL (34 days supply per fill), PA
GAVRETO	3		SP, PA NSO, QL(120 EA per 30 days)
GAZYVA	3		SP, QL (34 days supply per fill), PA
GILOTRIF	3		SP, PA NSO, QL(30 EA per 30 days)
GLEEVEC 400 mg Oral Tablet	3		SP, QL(60 EA per 30 days)
GLEEVEC 100 mg Oral Tablet	3		SP, QL(90 EA per 30 days)
GLEOSTINE	2		SP
HALAVEN	3		SP, QL (34 days supply per fill), PA
HERCEPTIN	3		SP, QL (34 days supply per fill)
HERCEPTIN HYLECTA	3		SP, QL (34 days supply per fill)
HERZUMA	3		SP, QL (34 days supply per fill)
HYCAMTIN 0.25 mg Oral Capsule, 1 mg Oral Capsule	3		SP, QL (34 days supply per fill)
<i>hydroxyurea 500 mg Oral Capsule</i>	1	HYDREA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
IBRANCE	3		SP, PA NSO, QL(21 EA per 28 days)
ICLUSIG	3		SP, PA NSO, QL(30 EA per 30 days)
IDHIFA	3		SP, PA NSO, QL(30 EA per 30 days)
<i>imatinib mesylate 400 mg Oral Tablet</i>	1	GLEEVEC	SP, QL(60 EA per 30 days)
<i>imatinib mesylate 100 mg Oral Tablet</i>	1	GLEEVEC	SP, QL(90 EA per 30 days)
IMBRUVICA 140 mg Oral Tablet, 280 mg Oral Tablet, 420 mg Oral Tablet, 560 mg Oral Tablet, 70 mg Oral Capsule	3		SP, PA NSO, QL(28 EA per 28 days)
IMBRUVICA 140 mg Oral Capsule	3		SP, PA NSO, QL(120 EA per 30 days)
IMFINZI	3		SP, QL (34 days supply per fill), PA
IMLYGIC	3		SP, QL (34 days supply per fill), PA
INLYTA 5 mg Oral Tablet	3		SP, PA NSO, QL(120 EA per 30 days)
INLYTA 1 mg Oral Tablet	3		SP, PA NSO, QL(180 EA per 30 days)
INQOVI	3		SP, PA NSO, QL(5 EA per 28 days)
INREBIC	3		SP, PA, QL(120 EA per 30 days)
INTRON A 10000000 unit Injection Solution Reconstituted, 18000000 unit Injection Solution Reconstituted, 50000000 unit Injection Solution Reconstituted	2		SP, QL (34 days supply per fill)
INTRON A 10000000 unit/ml Injection Solution, 6000000 unit/ml Injection Solution	2		SP, QL (34 days supply per fill)
IRESSA	3		SP, PA NSO, QL(30 EA per 30 days)
ISTODAX (OVERFILL)	3		SP, QL (34 days supply per fill), PA
IXEMPRA KIT	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
JAKAFI	3		SP, PA, QL(60 EA per 30 days)
JELMYTO	3		SP, QL (Up to 17 doses per lifetime), PA
JEMPERLI	3		SP, QL (34 days supply per fill), PA
JEVTANA	3		SP, QL (34 days supply per fill), PA
KADCYLA	3		SP, QL (34 days supply per fill), PA
KANJINTI	3		SP, QL (34 days supply per fill)
KEYTRUDA	3		SP, QL (34 days supply per fill), PA
KIMMTRAK	3		SP, QL (34 days supply per fill), PA
KISQALI (200 MG DOSE)	3		SP, PA NSO, QL(21 EA per 28 days)
KISQALI (400 MG DOSE)	3		SP, PA NSO, QL(42 EA per 28 days)
KISQALI (600 MG DOSE)	3		SP, PA NSO, QL(63 EA per 28 days)
KOSELUGO 25 mg Oral Capsule	3		SP, PA NSO, QL(120 EA per 30 days)
KOSELUGO 10 mg Oral Capsule	3		SP, PA NSO, QL(240 EA per 30 days)
KYPROLIS	3		SP, QL (34 days supply per fill), PA
<i>lapatinib ditosylate</i>	1	TYKERB	SP, PA NSO, QL(180 EA per 30 days)
<i>lenalidomide 20 mg Oral Capsule</i>	1	REVLIMID	PA NSO, QL(21 EA per 28 days)
<i>lenalidomide 15 mg Oral Capsule, 25 mg Oral Capsule</i>	1	REVLIMID	SP, PA NSO, QL(21 EA per 28 days)
<i>lenalidomide 2.5 mg Oral Capsule</i>	1	REVLIMID	PA NSO, QL(28 EA per 28 days)
<i>lenalidomide 10 mg Oral Capsule, 5 mg Oral Capsule</i>	1	REVLIMID	SP, PA NSO, QL(28 EA per 28 days)
LENVIMA (10 MG DAILY DOSE)	3		SP, PA NSO, QL(30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	3		SP, PA NSO, QL(90 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LENVIMA (14 MG DAILY DOSE)	3		SP, PA NSO, QL(60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	3		SP, PA NSO, QL(90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	3		SP, PA NSO, QL(60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	3		SP, PA NSO, QL(90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	3		SP, PA NSO, QL(30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	3		SP, PA NSO, QL(60 EA per 30 days)
LEUKERAN	2		SP
LIBTAYO	3		SP, QL (34 days supply per fill), PA
LONSURF 20-8.19 mg Oral Tablet	3		SP, PA NSO, QL(80 EA per 28 days)
LONSURF 15-6.14 mg Oral Tablet	3		SP, PA NSO, QL(100 EA per 28 days)
LORBRENA 100 mg Oral Tablet	3		SP, PA NSO, QL(30 EA per 30 days)
LORBRENA 25 mg Oral Tablet	3		SP, PA NSO, QL(90 EA per 30 days)
LUMAKRAS	3		SP, PA NSO, QL(240 EA per 30 days)
LUMOXITI	3		SP, QL (34 days supply per fill), PA
LUTATHERA	3		SP, QL (34 days supply per fill), PA
LYNPARZA	3		SP, PA, QL(120 EA per 30 days)
LYSODREN	2		SP
MARGENZA	3		SP, QL (34 days supply per fill), PA
MARQIBO	3		SP, QL (34 days supply per fill), PA
MATULANE	2		SP, QL (34 days supply per fill)
MEKINIST 2 mg Oral Tablet	3		SP, PA, QL(30 EA per 30 days)
MEKINIST 0.5 mg Oral Tablet	3		SP, PA, QL(90 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MEKTOVI	3		SP, PA NSO, QL(180 EA per 30 days)
<i>melphalan</i>	1	ALKERAN	
<i>mercaptopurine 50 mg Oral Tablet</i>	1	PURINETHOL	
<i>methotrexate 2.5 mg Oral Tablet</i>	1		
<i>methotrexate (anti-rheumatic)</i>	1	RHEUMATREX	
<i>methotrexate sodium 2.5 mg Oral Tablet</i>	1		
<i>methotrexate sodium 250 mg/10ml Injection Solution, 50 mg/2ml Injection Solution</i>	1		
<i>methotrexate sodium (pf)</i>	1		
<i>mitomycin 20 mg Intravenous Solution Reconstituted, 40 mg Intravenous Solution Reconstituted, 5 mg Intravenous Solution Reconstituted</i>	1	MUTAMYCIN	SP, QL (34 days supply per fill)
MONJUVI	3		SP, QL (34 days supply per fill), PA
MVASI	3		SP, QL (34 days supply per fill)
MYLERAN	2		SP
MYLOTARG	3		SP, QL (34 days supply per fill), PA
<i>nelarabine</i>	3	ARRANON	SP, QL (34 days supply per fill), PA
NERLYNX	3		SP, PA, QL(180 EA per 30 days)
NEXAVAR	3		SP, PA NSO, QL(120 EA per 30 days)
<i>nilutamide</i>	1	NILANDRON	SP
NINLARO	3		SP, PA NSO, QL(3 EA per 28 days)
NUBEQA	3		SP, PA NSO, QL(120 EA per 30 days)
ODOMZO	3		SP, PA NSO, QL(30 EA per 30 days)
OGIVRI	3		SP, QL (34 days supply per fill)
ONCASPAR	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ONIVYDE	3		SP, QL (34 days supply per fill), PA
ONTRUZANT	3		SP, QL (34 days supply per fill)
ONUREG	3		SP, PA NSO, QL(14 EA per 28 days)
OPDIVO	3		SP, QL (34 days supply per fill), PA
OPDUALAG	3		SP, PA, QL(40 ML per 28 days)
<i>oxaliplatin 100 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	1	ELOXATIN	SP, QL (34 days supply per fill)
<i>oxaliplatin 100 mg/20ml Intravenous Solution, 200 mg/40ml Intravenous Solution, 50 mg/10ml Intravenous Solution</i>	1	ELOXATIN	SP, QL (34 days supply per fill)
<i>paclitaxel protein-bound part</i>	3	ABRAXANE	SP, QL (34 days supply per fill), PA
PADCEV	3		SP, QL (34 days supply per fill), PA
PEMAZYRE	3		SP, PA NSO, QL(14 EA per 21 days)
<i>pemetrexed</i>	3		SP, QL (34 days supply per fill)
<i>pemetrexed disodium 1000 mg Intravenous Solution Reconstituted, 750 mg Intravenous Solution Reconstituted</i>	3		SP, QL (34 days supply per fill)
<i>pemetrexed disodium 1 gm/40ml Intravenous Solution, 100 mg/4ml Intravenous Solution, 500 mg/20ml Intravenous Solution, 850 mg/34ml Intravenous Solution</i>	3		SP, QL (34 days supply per fill)
<i>pemetrexed disodium 100 mg Intravenous Solution Reconstituted, 500 mg Intravenous Solution Reconstituted</i>	3	ALIMTA	SP, QL (34 days supply per fill)
<i>pemetrexed ditromethamine</i>	3		SP, QL (34 days supply per fill)
PEMFEXY	3		SP, QL (34 days supply per fill)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PEPAXTO	3		SP, QL (34 days supply per fill), PA
PERJETA	3		SP, QL (34 days supply per fill)
PHESGO	3		SP, QL (34 days supply per fill)
PIQRAY (200 MG DAILY DOSE)	3		SP, PA NSO, QL(28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	3		SP, PA NSO, QL(56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	3		SP, PA NSO, QL(56 EA per 28 days)
PLUVICTO	3		SP, QL (42 days supply per fill), PA
POLIVY	3		SP, QL (34 days supply per fill), PA
POMALYST	3		SP, PA NSO, QL(21 EA per 28 days)
PORTRAZZA	3		SP, QL (34 days supply per fill), PA
POTELIGEO	3		SP, QL (34 days supply per fill), PA
<i>pralatrexate</i>	3		SP, QL (34 days supply per fill)
QINLOCK	3		SP, PA NSO, QL(90 EA per 30 days)
RETEVMO 40 mg Oral Capsule	3		SP, PA NSO, QL(60 EA per 30 days)
RETEVMO 80 mg Oral Capsule	3		SP, PA NSO, QL(120 EA per 30 days)
REVLIMID 15 mg Oral Capsule, 20 mg Oral Capsule, 25 mg Oral Capsule	3		SP, PA NSO, QL(21 EA per 28 days)
REVLIMID 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule	3		SP, PA NSO, QL(28 EA per 28 days)
RIABNI	3		SP, QL (34 days supply per fill), PA
RITUXAN	3		SP, QL (34 days supply per fill), PA
RITUXAN HYCELA	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>romidepsin 27.5 mg/5.5ml Intravenous Solution</i>	3		SP, QL (34 days supply per fill), PA
<i>romidepsin 10 mg Intravenous Solution Reconstituted</i>	3	ISTODAX (OVERFILL)	SP, QL (34 days supply per fill), PA
ROZLYTREK 100 mg Oral Capsule	3		SP, PA NSO, QL(30 EA per 30 days)
ROZLYTREK 200 mg Oral Capsule	3		SP, PA NSO, QL(90 EA per 30 days)
RUBRACA	3		SP, PA NSO, QL(120 EA per 30 days)
RUXIENCE	3		SP, QL (34 days supply per fill), PA
RYBREVANT	3		SP, QL (34 days supply per fill), PA
RYDAPT	3		SP, PA NSO, QL(224 EA per 28 days)
RYLAZE	3		SP, QL (34 days supply per fill), PA
SARCLISA	3		SP, QL (34 days supply per fill), PA
SCEMBLIX	3		SP, PA NSO, QL(60 EA per 30 days)
SIKLOS	3		SP, PA
<i>sorafenib tosylate</i>	1	NEXAVAR	SP, PA NSO, QL(120 EA per 30 days)
SPRYCEL 100 mg Oral Tablet, 140 mg Oral Tablet, 50 mg Oral Tablet, 70 mg Oral Tablet, 80 mg Oral Tablet	3		SP, PA NSO, QL(30 EA per 30 days)
SPRYCEL 20 mg Oral Tablet	3		SP, PA NSO, QL(90 EA per 30 days)
STIVARGA	3		SP, PA NSO, QL(84 EA per 28 days)
<i>sunitinib malate</i>	1	SUTENT	SP, PA NSO, QL(28 EA per 28 days)
SYLVANT	3		SP, QL (34 days supply per fill), PA
SYNRIBO	3		SP, QL (34 days supply per fill), PA
TABRECTA	3		SP, PA NSO, QL(120 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TAFINLAR	3		SP, PA, QL(120 EA per 30 days)
TAGRISSE	3		SP, PA NSO, QL(30 EA per 30 days)
TALZENNA	3		SP, PA NSO, QL(30 EA per 30 days)
TASIGNA 150 mg Oral Capsule, 200 mg Oral Capsule	3		SP, PA NSO, QL(112 EA per 28 days)
TASIGNA 50 mg Oral Capsule	3		SP, PA NSO, QL(120 EA per 30 days)
TAZVERIK	3		SP, PA NSO, QL(240 EA per 30 days)
TECENTRIQ	3		SP, QL (34 days supply per fill), PA
<i>temozolomide 100 mg Oral Capsule, 140 mg Oral Capsule, 180 mg Oral Capsule, 20 mg Oral Capsule, 250 mg Oral Capsule, 5 mg Oral Capsule</i>	1	TEMODAR	SP
<i>temsirolimus</i>	3	TORISEL	SP, QL (34 days supply per fill), PA
TEPMETKO	3		SP, PA NSO, QL(60 EA per 30 days)
<i>thiotepa 100 mg Injection Solution Reconstituted</i>	3	TEPADINA	SP, QL (34 days supply per fill), PA
<i>thiotepa 15 mg Injection Solution Reconstituted</i>	3	THIOPLEX	SP, QL (34 days supply per fill), PA
TIBSOVO	3		SP, PA NSO, QL(60 EA per 30 days)
TIVDAK	3		SP, QL (34 days supply per fill), PA
TRAZIMERA	3		SP, QL (34 days supply per fill)
TREANDA	3		SP, QL (34 days supply per fill)
<i>tretinoin 10 mg Oral Capsule</i>	1	VESANOID	SP
TRISENOX	3		SP, QL (34 days supply per fill), PA
TRODELVY	3		SP, QL (34 days supply per fill), PA
TRUSELTIQ (100MG DAILY DOSE)	3		SP, PA NSO, QL(21 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRUSELTIQ (125MG DAILY DOSE)	3		SP, PA NSO, QL(42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	3		SP, PA NSO, QL(42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	3		SP, PA NSO, QL(63 EA per 28 days)
TUKYSA	3		SP, PA NSO, QL(120 EA per 30 days)
TURALIO 200 mg Oral Capsule	3		SP, PA NSO, QL(120 EA per 30 days)
UKONIQ	3		SP, PA NSO, QL(120 EA per 30 days)
UNITUXIN	3		SP, QL (34 days supply per fill), PA
VECTIBIX	3		SP, QL (34 days supply per fill), PA
VELCADE	3		SP, QL (34 days supply per fill), PA
VENCLEXTA 50 mg Oral Tablet	3		SP, PA NSO, QL(28 EA per 28 days)
VENCLEXTA 10 mg Oral Tablet	3		SP, PA NSO, QL(56 EA per 28 days)
VENCLEXTA 100 mg Oral Tablet	3		SP, PA NSO, QL(180 EA per 30 days)
VENCLEXTA STARTING PACK	3		SP, PA NSO, QL(42 EA per 28 days)
VERZENIO	3		SP, PA NSO, QL(56 EA per 28 days)
VITRAKVI 100 mg Oral Capsule	3		SP, PA NSO, QL(60 EA per 30 days)
VITRAKVI 25 mg Oral Capsule	3		SP, PA NSO, QL(180 EA per 30 days)
VITRAKVI 20 mg/ml Oral Solution	3		SP, PA NSO, QL(300 ML per 30 days)
<i>vivimusta</i>	3		SP, QL (34 days supply per fill)
VIZIMPRO	3		SP, PA NSO, QL(30 EA per 30 days)
VONJO	3		SP, PA, QL(120 EA per 30 days)
VOTRIENT	3		SP, PA NSO, QL(120 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VYXEOS	3		SP, QL (34 days supply per fill), PA
WELIREG	3		SP, PA NSO, QL(90 EA per 30 days)
XALKORI	3		SP, PA NSO, QL(120 EA per 30 days)
XATMEP	3		PA
XOSPATA	3		SP, QL (34 days supply per fill), PA NSO
XPOVIO (100 MG ONCE WEEKLY) 50 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(8 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(4 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) 40 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) 20 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(16 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) 60 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(4 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(12 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	3		SP, PA NSO, QL(24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	3		SP, PA NSO, QL(32 EA per 28 days)
XTANDI 80 mg Oral Tablet	3		SP, PA NSO, QL(60 EA per 30 days)
XTANDI 40 mg Oral Capsule, 40 mg Oral Tablet	3		SP, PA NSO, QL(120 EA per 30 days)
YERVOY	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
YONDELIS	3		SP, QL (34 days supply per fill), PA
YONSA	3		SP, PA NSO, QL(120 EA per 30 days)
ZALTRAP	3		SP, QL (34 days supply per fill), PA
ZEJULA	3		SP, PA NSO, QL(90 EA per 30 days)
ZELBORAF	3		SP, PA NSO, QL(240 EA per 30 days)
ZEPZELCA	3		SP, QL (34 days supply per fill), PA
ZEVALIN Y-90	3		SP, QL (34 days supply per fill), PA
ZOLINZA	3		SP, PA NSO, QL(120 EA per 30 days)
ZYDELIG	3		SP, PA NSO, QL(60 EA per 30 days)
ZYKADIA	3		SP, PA NSO, QL(84 EA per 28 days)
ZYNLONTA	3		SP, QL (34 days supply per fill), PA
ANTIPARKINSONIAN AGENTS			
Adamantanes			
<i>amantadine hcl 50 mg/5ml Oral Solution</i>	1		
<i>amantadine hcl 100 mg Oral Capsule, 100 mg Oral Tablet</i>	1	SYMMETREL	
Anticholinergic Agents			
<i>benztropine mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml Oral Solution</i>	1		
<i>trihexyphenidyl hcl 2 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ARTANE	
Comt Inhibitors			
<i>entacapone</i>	1	COMTAN	
ONGENTYS	3		QL(1 EA per 1 days), ST
<i>tolcapone</i>	1	TASMAR	ST
Dopamine Precursors			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg Oral Tablet, 25-100 mg Oral Tablet, 25-250 mg Oral Tablet</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg Oral Tablet Extended Release, 50-200 mg Oral Tablet Extended Release</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg Oral Tablet, 18.75-75-200 mg Oral Tablet, 25-100-200 mg Oral Tablet, 31.25-125-200 mg Oral Tablet, 37.5-150-200 mg Oral Tablet, 50-200-200 mg Oral Tablet</i>	1	STALEVO	
INBRIJA	3		SP, QL(300 EA per 30 days)
Dopamine Receptor Agonists			
<i>apomorphine hcl 30 mg/3ml Subcutaneous Solution Cartridge</i>	1	APOKYN	SP, QL (34 days supply per fill), ST
<i>bromocriptine mesylate 2.5 mg Oral Tablet, 5 mg Oral Capsule</i>	1	PARLODEL	
<i>cabergoline</i>	1	DOSTINEX	
KYNMOBI	3		SP, QL(150 EA per 30 days)
KYNMOBI TITRATION KIT	3		SP, QL(150 EA per 30 days)
<i>pramipexole dihydrochloride</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er</i>	1	MIRAPEX ER	PA
<i>ropinirole hcl</i>	1	REQUIP	
<i>ropinirole hcl er</i>	1	REQUIP XL	
Monoamine Oxidase B Inhibitors			
<i>rasagiline mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	AZILECT	
<i>selegiline hcl 5 mg Oral Tablet</i>	1		
<i>selegiline hcl 5 mg Oral Capsule</i>	1	ELDEPRYL	
ANTIPROTOZOALS			
Amebicides			
<i>paromomycin sulfate 250 mg Oral Capsule</i>	1	HUMATIN	
Antimalarials			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>artesunate</i>	3		SP, QL (34 days supply per fill)
<i>atovaquone-proguanil hcl</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg Oral Tablet</i>	1		
<i>chloroquine phosphate 500 mg Oral Tablet</i>	1	ARALEN	
<i>hydroxychloroquine sulfate 200 mg Oral Tablet</i>	1	PLAQUENIL	
KRINTAFEL	3		QL(2 EA per 180 days)
<i>mefloquine hcl</i>	1		
<i>primaquine phosphate</i>	3		QL(14 EA per 180 days)
<i>pyrimethamine 25 mg Oral Tablet</i>	1	DARAPRIM	SP, QL (34 days supply per fill), PA
<i>quinine sulfate 324 mg Oral Capsule</i>	1	QUALAQUIN	PA
Antiprotozoals, Miscellaneous			
ALINIA 100 mg/5ml Oral Suspension Reconstituted	2		
<i>atovaquone 750 mg/5ml Oral Suspension</i>	1	MEPRON	
<i>metronidazole 250 mg Oral Tablet, 375 mg Oral Capsule, 500 mg Oral Tablet</i>	1	FLAGYL	
<i>nitazoxanide 500 mg Oral Tablet</i>	1	ALINIA	
<i>pentamidine isethionate 300 mg Inhalation Solution Reconstituted</i>	1	NEBUPENT	
<i>tinidazole 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	TINDAMAX	
ANTIPRURITICS AND LOCAL ANESTHETICS			
Antipruritics And Local Anesthetics			
<i>anodyne lpt</i>	1	EMLA/TEGADERM	
APRIZIO PAK II	1		
EMPRICAINE-II	1		
GLYDO	1		
<i>hydrocortisone ace-pramoxine 1-1 % External Cream</i>	1	ANALPRAM HC	
<i>hydrocort-pramoxine (perianal) 2.5-1 % External Cream</i>	1	ANALPRAM HC	
<i>lidocaine 5 % External Ointment</i>	1		
<i>lidocaine 5 % External Patch</i>	1	LIDODERM	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lidocaine hcl 4 % External Solution</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % External Gel</i>	1	XYLOCAINE	
<i>lidocaine-hydrocort (perianal)</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % Rectal Kit, 3-1 % Rectal Kit, 3-2.5 % Rectal Kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % Rectal Kit</i>	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % Rectal Gel</i>	1	RECTAGEL HC	
<i>lidocaine-prilocaine 2.5-2.5 % External Cream</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % External Kit</i>	1	EMLA/TEGADERM	
<i>lidopac</i>	1		
<i>lidopin 3 % External Cream</i>	1	LIDAMANTLE	
<i>lidopril</i>	1	EMLA/TEGADERM	
<i>lidopril xr</i>	1	EMLA/TEGADERM	
LIDOTREX (ALOE VERA)	1		
NUVAKAAN-II	1		
<i>prilolid</i>	1	EMLA/TEGADERM	
PRIZOPAK II	1		
PROCTOFOAM HC	2		
RELADOR PAK	1		
RELADOR PAK PLUS	1		
ANTISENSE OLIGONUCLEOTIDES			
Antisense Oligonucleotides			
<i>amondys 45</i>	3		SP, QL (28 days supply per fill), PA
EXONDYS 51	3		SP, QL (34 days supply per fill), PA
SPINRAZA	3		SP, QL (120 days supply per fill), PA
TEGSEDI	3		SP, PA, QL(6 ML per 28 days)
VILTEPSO	3		SP, QL (34 days supply per fill), PA
VYONDYS 53	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ANTITHROMBOTIC AGENTS			
Anticoagulants			
ELIQUIS 2.5 mg Oral Tablet	2		QL(2 EA per 1 days)
ELIQUIS 5 mg Oral Tablet	2		QL(4 EA per 1 days)
ELIQUIS DVT/PE STARTER PACK	2		QL(74 EA per 30 days)
<i>enoxaparin sodium 100 mg/ml Injection Solution Prefilled Syringe, 120 mg/0.8ml Injection Solution Prefilled Syringe, 150 mg/ml Injection Solution Prefilled Syringe, 30 mg/0.3ml Injection Solution Prefilled Syringe, 300 mg/3ml Injection Solution, 40 mg/0.4ml Injection Solution Prefilled Syringe, 60 mg/0.6ml Injection Solution Prefilled Syringe, 80 mg/0.8ml Injection Solution Prefilled Syringe</i>	1	LOVENOX	QL (30 days supply per fill)
<i>fondaparinux sodium</i>	1	ARIXTRA	QL (34 days supply per fill)
<i>heparin sodium (porcine) 1000 unit/ml Injection Solution, 10000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 5000 unit/0.5ml Injection Solution Prefilled Syringe, 5000 unit/ml Injection Solution</i>	1		
<i>heparin sodium (porcine) pf</i>	1		
JANTOVEN	1		
<i>warfarin sodium 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 2.5 mg Oral Tablet, 3 mg Oral Tablet, 4 mg Oral Tablet, 5 mg Oral Tablet, 6 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	COUMADIN	
XARELTO 10 mg Oral Tablet, 20 mg Oral Tablet	2		QL(1 EA per 1 days)
XARELTO 15 mg Oral Tablet, 2.5 mg Oral Tablet	2		QL(2 EA per 1 days)
XARELTO 1 mg/ml Oral Suspension Reconstituted	2		QL(20 ML per 1 days)
XARELTO STARTER PACK	2		QL(51 EA per 30 days)
Antithrombotic Agents, Misc			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CABLIVI	3		SP, PA, QL(30 EA per 30 days)
Platelet-aggregation Inhibitors			
<i>aspirin-dipyridamole er</i>	1	AGGRENOX	
BRILINTA	3		
<i>cilostazol</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg Oral Tablet, 75 mg Oral Tablet</i>	1	PLAVIX	
<i>prasugrel hcl</i>	1	EFFIENT	
ZONTIVITY	3		PA
Platelet-reducing Agents			
<i>anagrelide hcl</i>	1	AGRYLIN	SP
ANTITOXINS AND IMMUNE GLOBULINS			
Antitoxins And Immune Globulins			
ASCENIV	3		SP, QL (34 days supply per fill), PA
BIVIGAM	3		SP, QL (34 days supply per fill), PA
CARIMUNE NF	3		SP, QL (34 days supply per fill), PA
CUTAQUIG	3		SP, QL (34 days supply per fill), PA
CUVITRU	3		SP, QL (34 days supply per fill), PA
CYTOGAM	3		SP, QL (34 days supply per fill), PA
FLEBOGAMMA DIF	3		SP, QL (34 days supply per fill), PA
GAMASTAN	3		SP, QL (34 days supply per fill)
GAMMAGARD	3		SP, QL (34 days supply per fill), PA
GAMMAGARD S/D LESS IGA	3		SP, QL (34 days supply per fill), PA
GAMMAKED	3		SP, QL (34 days supply per fill), PA
GAMMAPLEX	3		SP, QL (34 days supply per fill), PA
GAMUNEX-C	3		SP, QL (34 days supply per fill), PA
HIZENTRA	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HYQVIA	3		SP, QL (34 days supply per fill), PA
OCTAGAM	3		SP, QL (34 days supply per fill), PA
PANZYGA	3		SP, QL (34 days supply per fill), PA
PRIVIGEN	3		SP, QL (34 days supply per fill), PA
RHOGAM ULTRA-FILTERED PLUS	2		SP, QL (34 days supply per fill)
RHOPHYLAC	2		SP, QL (34 days supply per fill)
WINRHO SDF	3		SP, QL (34 days supply per fill)
XEMBIFY	3		SP, QL (34 days supply per fill), PA
ZINPLAVA	3		SP, QL (34 days supply per fill), PA
ANTITUSSIVES			
Antitussives			
<i>benzonatate 100 mg Oral Capsule, 200 mg Oral Capsule</i>	1	TESSALON	
<i>benzonatate 150 mg Oral Capsule</i>	1	ZONATUSS	
<i>coditussin ac</i>	1		
<i>g tussin ac</i>	1		
<i>guaiaatussin ac</i>	1		
<i>guaifenesin ac</i>	1		
<i>guaifenesin-codeine 100-10 mg/5ml Oral Solution</i>	1		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml Oral Suspension Extended Release</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg Oral Tablet</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml Oral Solution</i>	1	HYCODAN	
<i>hydromet</i>	1	HYCODAN	
<i>maxi-tuss ac</i>	1		
NINJACOF-XG	1		
<i>promethazine vc/codeine</i>	1		
<i>promethazine-codeine</i>	1		
<i>promethazine-dm</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>promethazine-phenyleph-codeine</i>	1		
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml Oral Syrup</i>	1		
<i>virtussin a/c</i>	1		
<i>virtussin ac w/alc</i>	1		
ANTIULCER AGENTS AND ACID SUPPRESSANTS			
Histamine H2-antagonists			
<i>cimetidine 200 mg Oral Tablet, 300 mg Oral Tablet, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml Oral Solution</i>	1	TAGAMET	
<i>famotidine 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PEPCID	
<i>famotidine 40 mg/5ml Oral Suspension Reconstituted</i>	1	PEPCID	
<i>nizatidine 150 mg Oral Capsule, 300 mg Oral Capsule</i>	1	AXID	
<i>nizatidine 15 mg/ml Oral Solution</i>	1	AXID	
Prostaglandins			
<i>misoprostol 100 mcg Oral Tablet, 200 mcg Oral Tablet</i>	1	CYTOTEC	
Protectants			
<i>sucralfate 1 gm Oral Tablet</i>	1	CARAFATE	
<i>sucralfate 1 gm/10ml Oral Suspension</i>	1	CARAFATE	
Proton-pump Inhibitors			
ACIPHEX SPRINKLE 5 mg Oral Capsule Sprinkle	3		PA
DEXILANT	3		QL(1 EA per 1 days), ST
<i>dexlansoprazole 30 mg Oral Capsule Delayed Release</i>	1		QL(1 EA per 1 days), ST
<i>dexlansoprazole 60 mg Oral Capsule Delayed Release</i>	1	DEXILANT	QL(1 EA per 1 days), ST
<i>esomeprazole magnesium 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	1	NEXIUM	
<i>esomeprazole magnesium 10 mg Oral Packet, 20 mg Oral Packet, 40 mg Oral Packet</i>	1	NEXIUM	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lansoprazole 15 mg Oral Capsule Delayed Release, 30 mg Oral Capsule Delayed Release</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
NEXIUM 2.5 mg Oral Packet, 5 mg Oral Packet	3		PA
<i>omeprazole 10 mg Oral Capsule Delayed Release, 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	1	PRILOSEC	
<i>omeprazole-sodium bicarbonate</i>	1	ZEGERID	ST
<i>pantoprazole sodium 20 mg Oral Tablet Delayed Release, 40 mg Oral Tablet Delayed Release</i>	1	PROTONIX	
<i>rabeprazole sodium 20 mg Oral Tablet Delayed Release</i>	1	ACIPHEX	
<i>rabeprazole sodium 10 mg Oral Capsule Sprinkle</i>	1	ACIPHEX SPRINKLE	PA
ANTIVIRALS			
Adamantanes			
<i>rimantadine hcl</i>	1	FLUMADINE	
Antiretrovirals			
<i>abacavir sulfate 300 mg Oral Tablet</i>	1	ZIAGEN	QL(2 EA per 1 days)
<i>abacavir sulfate 20 mg/ml Oral Solution</i>	1	ZIAGEN	QL(30 ML per 1 days)
<i>abacavir sulfate-lamivudine</i>	1	EPZICOM	QL(1 EA per 1 days)
<i>abacavir-lamivudine-zidovudine</i>	1	TRIZIVIR	QL(2 EA per 1 days)
APRETUDE	0		SP, \$0 copay for pre-exposure prophylaxis, QL(21 ML per 365 days)
APTIVUS 250 mg Oral Capsule	2		QL(4 EA per 1 days)
APTIVUS 100 mg/ml Oral Solution	2		QL(10 ML per 1 days)
<i>atazanavir sulfate 300 mg Oral Capsule</i>	1	REYATAZ	QL(1 EA per 1 days)
<i>atazanavir sulfate 150 mg Oral Capsule, 200 mg Oral Capsule</i>	1	REYATAZ	QL(2 EA per 1 days)
BIKTARVY	2		QL(1 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cabenuva 400 & 600 mg/2ml Intramuscular Suspension Extended Release</i>	2		QL(1 ML per 180 days)
<i>cabenuva 600 & 900 mg/3ml Intramuscular Suspension Extended Release</i>	2		QL(6 ML per 28 days)
COMPLERA	2		QL(1 EA per 1 days)
CRIXIVAN 200 mg Oral Capsule	2		QL(3 EA per 1 days)
CRIXIVAN	2		QL(6 EA per 1 days)
DELSTRIGO	2		QL(1 EA per 1 days)
DESCOVY 200-25 mg Oral Tablet	2		\$0 copay for pre-exposure prophylaxis, QL(1 EA per 1 days)
DESCOVY 120-15 mg Oral Tablet	2		QL(1 EA per 1 days)
<i>didanosine</i>	1	VIDEX	QL(1 EA per 1 days)
DOVATO	2		QL(1 EA per 1 days)
EDURANT	2		QL(2 EA per 1 days)
<i>efavirenz 600 mg Oral Tablet</i>	1	SUSTIVA	QL(1 EA per 1 days)
<i>efavirenz 200 mg Oral Capsule</i>	1	SUSTIVA	QL(2 EA per 1 days)
<i>efavirenz 50 mg Oral Capsule</i>	1	SUSTIVA	QL(3 EA per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	ATRIPLA	QL(1 EA per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	1	SYMFI	QL(1 EA per 1 days)
<i>emtricitabine 200 mg Oral Capsule</i>	1	EMTRIVA	QL(1 EA per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg Oral Tablet</i>	1	TRUVADA	\$0 copay for pre-exposure prophylaxis, QL(1 EA per 1 days)
<i>emtricitabine-tenofovir df 100-150 mg Oral Tablet, 133-200 mg Oral Tablet, 167-250 mg Oral Tablet</i>	1	TRUVADA	QL(1 EA per 1 days)
EMTRIVA 10 mg/ml Oral Solution	2		QL(24 ML per 1 days)
EPIVIR HBV 5 mg/ml Oral Solution	2		QL(20 ML per 1 days)
<i>etravirine 100 mg Oral Tablet, 200 mg Oral Tablet</i>	1	INTELENCE	QL(2 EA per 1 days)
EVOTAZ	2		QL(1 EA per 1 days)
<i>fosamprenavir calcium 700 mg Oral Tablet</i>	1	LEXIVA	QL(4 EA per 1 days)
FUZEON	2		QL(2 EA per 1 days)
GENVOYA	2		QL(1 EA per 1 days)
INTELENCE 25 mg Oral Tablet	2		QL(4 EA per 1 days)
INVIRASE	2		QL(4 EA per 1 days)
ISENTRESS 100 mg Oral Packet	2		QL(2 EA per 1 days)
ISENTRESS 400 mg Oral Tablet	2		QL(4 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ISENTRESS 100 mg Oral Tablet Chewable, 25 mg Oral Tablet Chewable	2		QL(6 EA per 1 days)
ISENTRESS HD	2		QL(2 EA per 1 days)
JULUCA	2		QL(1 EA per 1 days)
<i>lamivudine 300 mg Oral Tablet</i>	1	EPIVIR	QL(1 EA per 1 days)
<i>lamivudine 150 mg Oral Tablet</i>	1	EPIVIR	QL(2 EA per 1 days)
<i>lamivudine 10 mg/ml Oral Solution</i>	1	EPIVIR	QL(30 ML per 1 days)
<i>lamivudine 100 mg Oral Tablet</i>	1	EPIVIR HBV	QL(1 EA per 1 days)
<i>lamivudine-zidovudine</i>	1	COMBIVIR	QL(2 EA per 1 days)
LEXIVA 50 mg/ml Oral Suspension	2		QL(56 ML per 1 days)
<i>lopinavir-ritonavir 200-50 mg Oral Tablet</i>	1	KALETRA	QL(4 EA per 1 days)
<i>lopinavir-ritonavir 100-25 mg Oral Tablet</i>	1	KALETRA	QL(8 EA per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml Oral Solution</i>	1	KALETRA	QL(14 ML per 1 days)
<i>maraviroc 150 mg Oral Tablet</i>	1	SELZENTRY	QL(2 EA per 1 days)
<i>maraviroc 300 mg Oral Tablet</i>	1	SELZENTRY	QL(4 EA per 1 days)
<i>nevirapine 200 mg Oral Tablet</i>	1	VIRAMUNE	QL(2 EA per 1 days)
<i>nevirapine 50 mg/5ml Oral Suspension</i>	1	VIRAMUNE	QL(40 ML per 1 days)
<i>nevirapine er 400 mg Oral Tablet Extended Release 24 Hour</i>	1	VIRAMUNE XR	QL(1 EA per 1 days)
<i>nevirapine er 100 mg Oral Tablet Extended Release 24 Hour</i>	1	VIRAMUNE XR	QL(3 EA per 1 days)
NORVIR 100 mg Oral Packet	2		QL(12 EA per 1 days)
NORVIR 80 mg/ml Oral Solution	2		QL(16 ML per 1 days)
ODEFSEY	2		QL(1 EA per 1 days)
PIFELTRO	2		QL(2 EA per 1 days)
PREZCOBIX	2		QL(1 EA per 1 days)
PREZISTA 800 mg Oral Tablet	2		QL(1 EA per 1 days)
PREZISTA 600 mg Oral Tablet, 75 mg Oral Tablet	2		QL(2 EA per 1 days)
PREZISTA 150 mg Oral Tablet	2		QL(6 EA per 1 days)
PREZISTA 100 mg/ml Oral Suspension	2		QL(13.34 ML per 1 days)
REYATAZ 50 mg Oral Packet	2		QL(6 EA per 1 days)
<i>ritonavir 100 mg Oral Tablet</i>	1	NORVIR	QL(12 EA per 1 days)
RUKOBIA	2		QL(2 EA per 1 days)
SELZENTRY 75 mg Oral Tablet	2		QL(2 EA per 1 days)
SELZENTRY 25 mg Oral Tablet	2		QL(8 EA per 1 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
SELZENTRY 20 mg/ml Oral Solution	2		QL(60 ML per 1 days)
<i>stavudine</i>	1	ZERIT	QL(2 EA per 1 days)
STRIBILD	2		QL(1 EA per 1 days)
SYMTUZA	2		QL(1 EA per 1 days)
TEMIXYS	1		QL(1 EA per 1 days)
<i>tenofovir disoproxil fumarate 300 mg Oral Tablet</i>	1	VIREAD	QL(1 EA per 1 days)
TIVICAY 25 mg Oral Tablet, 50 mg Oral Tablet	2		QL(2 EA per 1 days)
TIVICAY 10 mg Oral Tablet	2		QL(8 EA per 1 days)
TIVICAY PD	2		QL(12 EA per 1 days)
TRIUMEQ	2		QL(1 EA per 1 days)
TRIUMEQ PD	2		QL(6 EA per 1 days)
TRIZIVIR	2		QL(2 EA per 1 days)
VIRACEPT 625 mg Oral Tablet	2		QL(4 EA per 1 days)
VIRACEPT 250 mg Oral Tablet	2		QL(9 EA per 1 days)
VIREAD 150 mg Oral Tablet, 200 mg Oral Tablet, 250 mg Oral Tablet	2		QL(1 EA per 1 days)
VIREAD 40 mg/gm Oral Powder	2		QL(8 GM per 1 days)
<i>vocabria</i>	2		\$0 copay for pre-exposure prophylaxis, QL(1 EA per 1 days)
<i>zidovudine 300 mg Oral Tablet</i>	1	RETROVIR	QL(2 EA per 1 days)
<i>zidovudine 100 mg Oral Capsule</i>	1	RETROVIR	QL(6 EA per 1 days)
<i>zidovudine 50 mg/5ml Oral Syrup</i>	1	RETROVIR	QL(6 ML per 1 days)
Antivirals, Miscellaneous			
LIVTENCITY	3		SP, PA, QL(112 EA per 28 days)
PREVYMIS 240 mg Oral Tablet, 480 mg Oral Tablet	3		PA, QL(1 EA per 1 days)
XOFLUZA (40 MG DOSE) 1 x 40 mg Oral Tablet Therapy Pack	3		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(2 EA per 180 days)
XOFLUZA (40 MG DOSE) 2 x 20 mg Oral Tablet Therapy Pack	3		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(4 EA per 180 days)
XOFLUZA (80 MG DOSE) 1 x 80 mg Oral Tablet Therapy Pack	3		2 fills of Tamiflu, Relenza, or Xofluza per

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
			season, QL(2 EA per 180 days)
XOFLUZA (80 MG DOSE) 2 x 40 mg Oral Tablet Therapy Pack	3		2 fills of Tamiflu, Relenza, or Xofluza per season, QL(4 EA per 180 days)
Hcv Antivirals			
MAVYRET 100-40 mg Oral Tablet	2		SP, PA, QL(84 EA per 28 days)
MAVYRET 50-20 mg Oral Packet	3		SP, PA, QL(168 EA per 28 days)
Interferons			
PEGASYS 180 mcg/0.5ml Subcutaneous Solution Prefilled Syringe	2		SP, QL(2 ML per 28 days)
PEGASYS 180 mcg/ml Subcutaneous Solution	2		SP, QL(4 ML per 28 days)
PEGINTRON	2		SP, QL(2 EA per 28 days)
Monoclonal Antibodies			
SYNAGIS	3		SP, QL (28 days supply per fill), PA
Neuraminidase Inhibitors			
<i>oseltamivir phosphate 75 mg Oral Capsule</i>	1	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(42 EA per 180 days)
<i>oseltamivir phosphate 45 mg Oral Capsule</i>	1	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(48 EA per 180 days)
<i>oseltamivir phosphate 30 mg Oral Capsule</i>	1	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(84 EA per 180 days)
<i>oseltamivir phosphate 6 mg/ml Oral Suspension Reconstituted</i>	1	TAMIFLU	2 fills of Tamiflu, Relenza, or Xofluza per season, QL(540 ML per 180 days)
RELENZA DISKHALER 5 mg/act Inhalation Aerosol Powder Breath Activated	2		2 fills of Tamiflu, Relenza, or Xofluza per

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
			season, QL(60 EA per 180 days)
Nucleosides And Nucleotides			
<i>acyclovir 200 mg Oral Capsule, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml Oral Suspension</i>	1	ZOVIRAX	
<i>adefovir dipivoxil</i>	1	HEPSERA	SP
BARACLUDE 0.05 mg/ml Oral Solution	2		SP
<i>entecavir 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	BARACLUDE	SP
<i>famciclovir 125 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	FAMVIR	
<i>ribavirin 200 mg Oral Tablet</i>	1	COPEGUS	SP
<i>ribavirin 200 mg Oral Capsule</i>	1	REBETOL	SP
<i>ribavirin 6 gm Inhalation Solution Reconstituted</i>	1	VIRAZOLE	SP
<i>valacyclovir hcl 1 gm Oral Tablet, 500 mg Oral Tablet</i>	1	VALTREX	
<i>valganciclovir hcl 450 mg Oral Tablet</i>	1	VALCYTE	QL (34 days supply per fill)
<i>valganciclovir hcl 50 mg/ml Oral Solution Reconstituted</i>	1	VALCYTE	QL (34 days supply per fill)
VEMLIDY	2		SP, QL(1 EA per 1 days)
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS			
Anxiolytics, Sedatives, & Hypnotics Misc			
<i>buspirone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	BUSPAR	
<i>eszopiclone</i>	1	LUNESTA	
<i>hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml Oral Syrup</i>	1	ATARAX	
<i>hydroxyzine pamoate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	VISTARIL	
<i>meprobamate</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ramelteon</i>	1	ROZEREM	ST
<i>zaleplon</i>	1	SONATA	
<i>zolpidem tartrate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg Sublingual Tablet Sublingual, 3.5 mg Sublingual Tablet Sublingual</i>	1	INTERMEZZO	PA
<i>zolpidem tartrate er</i>	1	AMBIEN CR	
Barbiturates			
<i>phenobarbital 100 mg Oral Tablet, 15 mg Oral Tablet, 16.2 mg Oral Tablet, 30 mg Oral Tablet, 32.4 mg Oral Tablet, 60 mg Oral Tablet, 64.8 mg Oral Tablet, 97.2 mg Oral Tablet</i>	1		
<i>phenobarbital 20 mg/5ml Oral Elixir</i>	1		
Benzodiazepines			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	XANAX	
<i>alprazolam er</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL	2		
<i>alprazolam xr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl</i>	1	LIBRIUM	
<i>clorazepate dipotassium</i>	1	TRANXENE	
<i>diazepam 5 mg/ml Oral Concentrate</i>	1		
<i>diazepam 10 mg Oral Tablet, 2 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VALIUM	
<i>diazepam 5 mg/5ml Oral Solution</i>	1	VALIUM	
DIAZEPAM INTENSOL	1		
<i>estazolam</i>	1	PROSOM	
<i>flurazepam hcl</i>	1	DALMANE	
<i>lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml Oral Concentrate</i>	1	LORAZEPAM INTENSOL	
LORAZEPAM INTENSOL	1		
<i>midazolam hcl 2 mg/ml Oral Syrup</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oxazepam</i>	1	SERAX	
<i>quazepam</i>	1	DORAL	
<i>temazepam</i>	1	RESTORIL	
<i>triazolam</i>	1	HALCION	
ASTRINGENTS			
Astringents			
DRYSOL	1		
AUTONOMIC DRUGS, MISCELLANEOUS			
Autonomic Drugs, Miscellaneous			
<i>apo-varenicline</i>	0	CHANTIX	QL(2 EA per 1 days)
CHANTIX	0		QL(2 EA per 1 days)
CHANTIX CONTINUING MONTH PAK	0		QL(2 EA per 1 days)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 Oral Tablet Therapy Pack	0		QL(53 EA per 180 days)
<i>cvs nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour</i>	0	NICODERM CQ	
<i>cvs nicotine 2 mg Mouth/Throat Lozenge</i>	0	NICORETTE	
<i>cvs nicotine polacrilex</i>	0	NICORETTE	
<i>eq nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour</i>	0	NICODERM CQ	
<i>eq nicotine 4 mg Mouth/Throat Gum, 4 mg Mouth/Throat Lozenge</i>	0	NICORETTE	
<i>eq nicotine polacrilex</i>	0	NICORETTE	
<i>eq nicotine step 3</i>	0	NICODERM CQ	
<i>eql nicotine polacrilex</i>	0	NICORETTE	
<i>gnp nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour</i>	0	NICODERM CQ	
<i>gnp nicotine 2 mg Mouth/Throat Gum, 4 mg Mouth/Throat Gum</i>	0	NICORETTE	
<i>gnp nicotine mini</i>	0	NICORETTE	
<i>gnp nicotine polacrilex</i>	0	NICORETTE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>goodsense nicotine</i>	0	NICORETTE	
HABITROL	0		
<i>hm nicotine</i>	0	NICODERM CQ	
<i>hm nicotine polacrilex</i>	0	NICORETTE	
KLS QUIT2	0		
KLS QUIT4	0		
<i>nicotine 21-14-7 mg/24hr Transdermal Kit</i>	0		
<i>nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour</i>	0	NICODERM CQ	
<i>nicotine mini</i>	0	NICORETTE	
<i>nicotine polacrilex 2 mg Mouth/Throat Gum, 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Gum, 4 mg Mouth/Throat Lozenge</i>	0	NICORETTE	
<i>nicotine polacrilex mini</i>	0	NICORETTE	
<i>nicotine step 1</i>	0	NICODERM CQ	
<i>nicotine step 2</i>	0	NICODERM CQ	
<i>nicotine step 3</i>	0	NICODERM CQ	
NICOTROL	0		
NICOTROL NS	0		
<i>px stop smoking aid 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Lozenge</i>	0	NICORETTE	
<i>qc nicotine transdermal system</i>	0	NICODERM CQ	
<i>ra mini nicotine</i>	0	NICORETTE	
<i>ra nicotine 21 mg/24hr Transdermal Patch 24 Hour</i>	0	NICODERM CQ	
<i>ra nicotine 2 mg Mouth/Throat Gum, 4 mg Mouth/Throat Gum</i>	0	NICORETTE	
<i>ra nicotine gum</i>	0	NICORETTE	
<i>ra nicotine polacrilex</i>	0	NICORETTE	
<i>sm nicotine 14 mg/24hr Transdermal Patch 24 Hour, 21 mg/24hr Transdermal Patch 24 Hour, 7 mg/24hr Transdermal Patch 24 Hour</i>	0	NICODERM CQ	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sm nicotine 2 mg Mouth/Throat Lozenge, 4 mg Mouth/Throat Gum</i>	0	NICORETTE	
<i>sm nicotine polacrilex</i>	0	NICORETTE	
<i>varenicline tartrate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	0	CHANTIX	QL(2 EA per 1 days)
<i>varenicline tartrate 0.5 MG X 11 & 1 mg x 42 Oral Tablet Therapy Pack</i>	0	CHANTIX	QL(53 EA per 180 days)
BETA-ADRENERGIC BLOCKING AGENTS			
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl 200 mg Oral Capsule, 400 mg Oral Capsule</i>	1	SECTRAL	
<i>atenolol 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TENORMIN	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	
<i>betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZEBETA	
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	
<i>carvedilol</i>	1	COREG	
<i>carvedilol phosphate er</i>	1	COREG CR	PA
INNOPRAN XL	2		
<i>labetalol hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet</i>	1	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL XL	
<i>metoprolol tartrate 37.5 mg Oral Tablet, 75 mg Oral Tablet</i>	1		
<i>metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	LOPRESSOR	
<i>metoprolol-hydrochlorothiazide</i>	1	LOPRESSOR HCT	
<i>nadolol 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	CORGARD	
<i>nebivolol hcl</i>	1	BYSTOLIC	ST
<i>pindolol</i>	1	VISKEN	
<i>propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet</i>	1	INDERAL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>propranolol hcl 20 mg/5ml Oral Solution, 40 mg/5ml Oral Solution</i>	1	INDERAL	
<i>propranolol hcl er</i>	1	INDERAL LA	
<i>propranolol-hctz</i>	1	INDERIDE	
SORINE	1		
<i>sotalol hcl 120 mg Oral Tablet, 160 mg Oral Tablet, 240 mg Oral Tablet, 80 mg Oral Tablet</i>	1	BETAPACE	
<i>sotalol hcl (af)</i>	1	BETAPACE AF	
<i>timolol maleate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BLOCADREN	
BLOOD DERIVATIVES			
Blood Derivatives			
RYPLAZIM	3		SP, QL (34 days supply per fill), PA
BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS; MISC.			
Blood Form, Coag, And Thromb Agent; Misc			
ADAKVEO	3		SP, QL (34 days supply per fill), PA
ENJAYMO	3		SP, QL (34 days supply per fill), PA
PYRUKYND	3		SP, PA, QL(56 EA per 28 days)
PYRUKYND TAPER PACK	3		SP, PA, QL(56 EA per 28 days)
TAVALISSE	3		SP, PA, QL(60 EA per 30 days)
BONE ANABOLIC AGENTS			
Bone Anabolic Agents			
EVENITY	3		SP, QL (34 days supply per fill), PA
BONE RESORPTION INHIBITORS			
Bone Resorption Inhibitors			
<i>alendronate sodium 10 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet, 70 mg Oral Tablet</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml Oral Solution</i>	1	FOSAMAX	
BINOSTO	3		PA
FOSAMAX PLUS D	2		
<i>ibandronate sodium 150 mg Oral Tablet</i>	1	BONIVA	QL(1 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PROLIA	3		SP, QL (180 days supply per fill), PA
<i>risedronate sodium 150 mg Oral Tablet, 30 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ACTONEL	
XGEVA	3		SP, QL (28 days supply per fill), PA
<i>zoledronic acid 5 mg/100ml Intravenous Solution</i>	1	RECLAST	SP, QL (365 days supply per fill)
<i>zoledronic acid 4 mg/100ml Intravenous Solution, 4 mg/5ml Intravenous Concentrate</i>	1	ZOMETA	SP, QL (34 days supply per fill)
CALCIUM-CHANNEL BLOCKING AGENTS			
Calcium-channel Blocking Agents, Misc			
CARTIA XT	1		
<i>diltiazem hcl 120 mg Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg Oral Capsule Extended Release 12 Hour, 60 mg Oral Capsule Extended Release 12 Hour, 90 mg Oral Capsule Extended Release 12 Hour</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour</i>	1	DILACOR XR	
<i>diltiazem hcl er beads</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>	1	CARDIZEM CD	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>diltiazem hcl er coated beads 180 mg Oral Tablet Extended Release 24 Hour, 240 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 360 mg Oral Tablet Extended Release 24 Hour, 420 mg Oral Tablet Extended Release 24 Hour</i>	1	CARDIZEM LA	
<i>dilt-xr</i>	1	DILACOR XR	
MATZIM LA	1		
TAZTIA XT	1		
TIADYLT ER	1		
<i>trandolapril-verapamil hcl er</i>	1	TARKA	
<i>verapamil hcl 120 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	CALAN	
<i>verapamil hcl er 120 mg Oral Tablet Extended Release, 180 mg Oral Tablet Extended Release, 240 mg Oral Tablet Extended Release</i>	1	CALAN	
<i>verapamil hcl er 100 mg Oral Capsule Extended Release 24 Hour, 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>	1	VERELAN	
Dihydropyridines			
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	
<i>amlodipine besylate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NORVASC	
<i>amlodipine besylate-valsartan</i>	1	EXFORGE	PA
<i>amlodipine-atorvastatin</i>	1	CADUET	
<i>amlodipine-olmesartan</i>	1	AZOR	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>amlodipine-valsartan-hctz</i>	1	EXFORGE HCT	PA
<i>felodipine er</i>	1	PLENDIL	
<i>isradipine</i>	1	DYNACIRC	
<i>nicardipine hcl 20 mg Oral Capsule, 30 mg Oral Capsule</i>	1	CARDENE	
<i>nifedipine 10 mg Oral Capsule, 20 mg Oral Capsule</i>	1	PROCARDIA	
<i>nifedipine er</i>	1	ADALAT CC	
<i>nifedipine er osmotic release</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg Oral Capsule</i>	1	NIMOTOP	
<i>nisoldipine er</i>	1	SULAR	
<i>olmesartan-amlodipine-hctz</i>	1	TRIBENZOR	PA
CALORIC AGENTS			
Caloric Agents			
DOJOLVI	3		SP, QL (34 days supply per fill), PA
CARDIAC DRUGS			
Antiarrhythmic Agents			
<i>amiodarone hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 400 mg Oral Tablet</i>	1	CORDARONE	
<i>disopyramide phosphate</i>	1	NORPACE	
<i>dofetilide</i>	1	TIKOSYN	
<i>flecainide acetate</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg Oral Capsule, 200 mg Oral Capsule, 250 mg Oral Capsule</i>	1	MEXITIL	
MULTAQ	2		
NORPACE CR 150 mg Oral Capsule Extended Release 12 Hour	2		QL(5 EA per 1 days)
NORPACE CR 100 mg Oral Capsule Extended Release 12 Hour	2		QL(8 EA per 1 days)
PACERONE	1		
<i>propafenone hcl</i>	1	RYTHMOL	
<i>propafenone hcl er</i>	1	RYTHMOL SR	
<i>quinidine gluconate er</i>	1		
<i>quinidine sulfate 200 mg Oral Tablet, 300 mg Oral Tablet</i>	1		
Cardiac Drugs, Miscellaneous			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CAMZYOS	3		SP, PA, QL(30 EA per 30 days)
CORLANOR 5 mg Oral Tablet, 7.5 mg Oral Tablet	3		PA, QL(2 EA per 1 days)
CORLANOR 5 mg/5ml Oral Solution	3		PA, QL(20 ML per 1 days)
<i>ranolazine er 1000 mg Oral Tablet Extended Release 12 Hour, 500 mg Oral Tablet Extended Release 12 Hour</i>	1	RANEXA	PA
Cardiotonic Agents			
DIGITEK	1		
<i>digox</i>	1	LANOXIN	
<i>digoxin 125 mcg Oral Tablet, 250 mcg Oral Tablet</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml Oral Solution</i>	1	LANOXIN	
LANOXIN 125 mcg Oral Tablet, 250 mcg Oral Tablet	3		
CARIOSTATIC AGENTS			
Cariostatic Agents			
DENTA 5000 PLUS	1		
DENTAGEL	1		
JUST RIGHT 5000 1.1 % Dental Gel	1		
<i>sf</i>	1		
<i>sf 5000 plus</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 2.2 (1 F) mg Oral Tablet Chewable</i>	1		
<i>sodium fluoride 1.1 % Dental Gel</i>	1		
<i>sodium fluoride 0.2 % Mouth/Throat Solution</i>	1		
<i>sodium fluoride 0.55 (0.25 F) mg Oral Tablet Chewable, 1.1 (0.5 F) mg Oral Tablet Chewable</i>	1	LURIDE	
<i>sodium fluoride 0.5 mg/ml Oral Solution, 1.1 (0.5 F) mg/ml Oral Solution</i>	1	LURIDE	
<i>sodium fluoride 1.1 % Dental Cream</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 plus</i>	1	PREVIDENT 5000 PLUS	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sodium fluoride 5000 ppm 1.1 % Dental Gel, 1.1 % Dental Paste</i>	1		
<i>sodium fluoride 5000 ppm 1.1 % Dental Cream</i>	1	PREVIDENT 5000 PLUS	
CATHARTICS AND LAXATIVES			
Cathartics And Laxatives			
CLENPIQ	3		\$0 copay for members age 45-75 years
GAVILYTE-C	1		\$0 copay for members age 45-75 years
GAVILYTE-G	1		\$0 copay for members age 45-75 years
GAVILYTE-N WITH FLAVOR PACK	1		\$0 copay for members age 45-75 years
<i>na sulfate-k sulfate-mg sulf</i>	1	SUPREP BOWEL PREP KIT	\$0 copay for members age 45-75 years
<i>peg 3350-kcl-na bicarb-nacl</i>	1	NULYTELY	\$0 copay for members age 45-75 years
<i>peg-3350/electrolytes</i>	1	GOLYTELY	\$0 copay for members age 45-75 years
<i>peg-3350/electrolytes/ascorbat</i>	1	MOVIPREP	\$0 copay for members age 45-75 years
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm Oral Solution Reconstituted</i>	1	MOVIPREP	\$0 copay for members age 45-75 years
PLENVU	3		\$0 copay for members age 45-75 years
<i>polyethylene glycol 3350 Powder</i>	1		
SUPREP BOWEL PREP KIT	3		\$0 copay for members age 45-75 years
TRILYTE	1		\$0 copay for members age 45-75 years
CELL STIMULANTS AND PROLIFERANTS			
Cell Stimulants And Proliferants			
AVITA	1		AL(Max 30 years)
KEPIVANCE	3		SP, QL (34 days supply per fill)
<i>tretinoin 0.05 % External Gel</i>	1	ATRALIN	AL(Max 30 years)
<i>tretinoin 0.01 % External Gel, 0.025 % External Cream, 0.025 % External Gel, 0.05 % External Cream, 0.1 % External Cream</i>	1	RETIN-A	AL(Max 30 years)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tretinoin microsphere 0.04 % External Gel, 0.1 % External Gel</i>	1	RETIN-A	AL(Max 30 years)
<i>tretinoin microsphere pump</i>	1	RETIN-A	AL(Max 30 years)
CELLULAR THERAPY			
Cellular Therapy			
PROVENGE 50000000 cells Intravenous Suspension	3		SP, QL (34 days supply per fill), PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC			
Central Nervous System Agents, Misc			
<i>atomoxetine hcl</i>	1	STRATTERA	
EXSERVAN	3		SP, PA, QL(60 EA per 30 days)
<i>guanfacine hcl er</i>	1	INTUNIV	
<i>memantine hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml Oral Solution</i>	1	NAMENDA	
<i>memantine hcl er 14 mg Oral Capsule Extended Release 24 Hour, 21 mg Oral Capsule Extended Release 24 Hour, 28 mg Oral Capsule Extended Release 24 Hour, 7 mg Oral Capsule Extended Release 24 Hour</i>	1	NAMENDA XR	PA
QELBREE 100 mg Oral Capsule Extended Release 24 Hour	3		PA, QL(1 EA per 1 days)
QELBREE 150 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour	3		PA, QL(2 EA per 1 days)
RADICAVA	3		SP, QL (34 days supply per fill), PA
RADICAVA ORS	3		SP, PA, QL(50 ML per 28 days)
RADICAVA ORS STARTER KIT	3		SP, PA, QL(70 ML per 180 days)
<i>riluzole 50 mg Oral Tablet</i>	1	RILUTEK	
<i>sodium oxybate</i>	3		SP, PA, QL(540 ML per 30 days)
TIGLUTIK	3		SP, PA, QL(600 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XYREM	3		SP, PA, QL(540 ML per 30 days)
XYWAV	3		SP, PA, QL(540 ML per 30 days)
CHOLELITHOLYTIC AGENTS			
Cholelitholytic Agents			
<i>ursodiol 300 mg Oral Capsule</i>	1	ACTIGALL	
<i>ursodiol 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	URSO	
CONTRACEPTIVES			
Contraceptives			
AFIRMELLE	0		
AFTERA	0		
ALTAVERA	0		
<i>alyacen 1/35</i>	0		
<i>alyacen 7/7/7</i>	0		
AMETHIA	0		
AMETHIA LO	0		
AMETHYST	0		
ANNOVERA	0		
APRI	0		
ARANELLE	0		
ASHLYNA	0		
AUBRA	0		
AUBRA EQ	0		
AUROVELA 1.5/30	0		
AUROVELA 1/20	0		
AUROVELA 24 FE	0		
AUROVELA FE 1.5/30	0		
AUROVELA FE 1/20	0		
AVIANE	0		
AYUNA	0		
AZURETTE	0		
BALCOLTRA	0		
BALZIVA	0		
BLISOVI 24 FE	0		
BLISOVI FE 1.5/30	0		
BLISOVI FE 1/20	0		
<i>briellyn</i>	0		
CAMILA	0		
CAMRESE	0		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CAMRESE LO	0		
CAZIAN	0		
CHARLOTTE 24 FE	0		
CHATEAL	0		
CHATEAL EQ	0		
CRYSSELLE-28	0		
CYCLAFEM 1/35	0		
CYCLAFEM 7/7/7	0		
CYRED	0		
CYRED EQ	0		
DASETTA 1/35	0		
DASETTA 7/7/7	0		
DAYSEE	0		
DEBLITANE	0		
DELYLA	0		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg Oral Tablet</i>	0	DESOGEN	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) Oral Tablet</i>	0	MIRCETTE	
DOLISHALE	0		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg Oral Tablet</i>	0	BEYAZ	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg Oral Tablet</i>	0	SAFYRAL	
<i>drospirenone-ethinyl estradiol 3-0.03 mg Oral Tablet</i>	0	YASMIN	
<i>drospirenone-ethinyl estradiol 3-0.02 mg Oral Tablet</i>	0	YAZ	
ECONTRA EZ	0		
ECONTRA ONE-STEP	0		
ELINEST	0		
ELLA	0		
ELURYNG	0		
EMOQUETTE	0		
ENPRESSE-28	0		
ENSKYCE	0		
ERRIN	0		
ESTARYLLA	0		
<i>ethynodiol diac-eth estradiol</i>	0	DEMULEN	
<i>etonogestrel-ethinyl estradiol</i>	0	NUVARING	
FALMINA	0		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FAYOSIM	0		
FEMYNOR	0		
GEMMILY	0		
GIANVI	0		
HAILEY 1.5/30	0		
HAILEY 24 FE	0		
HAILEY FE 1.5/30	0		
HAILEY FE 1/20	0		
HALOETTE	0		
HEATHER	0		
ICLEVIA	0		
INCASSIA	0		
INTROVALE	0		
ISIBLOOM	0		
JAIMIESS	0		
JASMIEL	0		
JENCYCLA	0		
JOLESSA	0		
JULEBER	0		
JUNEL 1.5/30	0		
JUNEL 1/20	0		
JUNEL FE 1.5/30	0		
JUNEL FE 1/20	0		
JUNEL FE 24	0		
KAITLIB FE	0		
KALLIGA	0		
KARIVA	0		
KELNOR 1/35	0		
KELNOR 1/50	0		
KURVELO	0		
LARIN 1.5/30	0		
LARIN 1/20	0		
LARIN 24 FE	0		
LARIN FE 1.5/30	0		
LARIN FE 1/20	0		
LARISSIA	0		
LAYOLIS FE	0		
LEENA	0		
LESSINA	0		
LEVONEST	0		
<i>levonorgest-eth est & eth est</i>	0	QUARTETTE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg Oral Tablet</i>	0	LOSEASONIQUE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg Oral Tablet</i>	0	SEASONALE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg Oral Tablet</i>	0	SEASONIQUE	
<i>levonorgestrel 1.5 mg Oral Tablet</i>	0	PLAN B ONE-STEP	
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg Oral Tablet</i>	0	ALESSE	
<i>levonorgestrel-ethinyl estrad 90-20 mcg Oral Tablet</i>	0	AMETHYST 28 DAY	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg Oral Tablet</i>	0	NORDETTE	
<i>levonorg-eth estrad triphasic</i>	0	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	0		
LILLOW	0		
LO LOESTRIN FE	0		
LOJAIMIESS	0		
LORYNA	0		
LOW-OGESTREL	0		
LO-ZUMANDIMINE	0		
LUTERA	0		
LYLEQ	0		
LYZA	0		
<i>marlissa</i>	0	NORDETTE	
MELODETTA 24 FE	0		
MERZEE	0		
MIBELAS 24 FE	0		
MICROGESTIN 1.5/30	0		
MICROGESTIN 1/20	0		
MICROGESTIN 24 FE	0		
MICROGESTIN FE 1.5/30	0		
MICROGESTIN FE 1/20	0		
MILI	0		
MONO-LINYAH	0		
MY CHOICE	0		
MY WAY	0		
NATAZIA	0		
NECON 0.5/35 (28)	0		
NEW DAY	0		
NEXTSTELLIS	0		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NIKKI	0		
NORA-BE	0		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg Oral Tablet, 1.5-30 mg-mcg Oral Tablet</i>	0	LOESTRIN FE	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Tablet Chewable</i>	0	MINASTRIN 24 FE	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Capsule</i>	0	TAYTULLA	
<i>norethindrone 0.35 mg Oral Tablet</i>	0	NOR-QD	
<i>norethindrone acet-ethinyl est</i>	0	LOESTRIN	
<i>norethindron-ethinyl estrad-fe</i>	0		
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg Oral Tablet Chewable</i>	0	FEMCON FE	
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg Oral Tablet Chewable</i>	0	GENERESS FE	
<i>norgestimate-eth estradiol</i>	0	ORTHO-CYCLEN (28)	
<i>norgestim-eth estrad triphasic</i>	0	ORTHO TRI-CYCLEN	
NORLYDA	0		
NORLYROC	0		
NORTREL 0.5/35 (28)	0		
NORTREL 1/35 (21)	0		
NORTREL 1/35 (28)	0		
NORTREL 7/7/7	0		
NYLIA 1/35	0		
NYMYO	0		
OCELLA	0		
OPCICON ONE-STEP	0		
OPTION 2	0		
ORSYTHIA	0		
PHILITH	0		
PIMTREA	0		
PIRMELLA 1/35	0		
PIRMELLA 7/7/7	0		
PORTIA-28	0		
PREVIFEM	0		
RECLIPSEN	0		
RIVELSA	0		
SETLAKIN	0		
SHAROBEL	0		
SIMLIYA	0		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
SIMPESSE	0		
SLYND	0		
SPRINTEC 28	0		
SRONYX	0		
SYEDA	0		
TAKE ACTION	0		
TARINA 24 FE	0		
TARINA FE 1/20	0		
TARINA FE 1/20 EQ	0		
TAYSOFY	0		
TAYTULLA	0		
TILIA FE	0		
TRI FEMYNOR	0		
TRI-ESTARYLLA	0		
TRI-LEGEST FE	0		
TRI-LINYAH	0		
TRI-LO-ESTARYLLA	0		
TRI-LO-MARZIA	0		
TRI-LO-MILI	0		
TRI-LO-SPRINTEC	0		
TRI-MILI	0		
TRI-NYMYO	0		
TRI-PREVIFEM	0		
TRI-SPRINTEC	0		
TRIVORA (28)	0		
TRI-VYLIBRA	0		
TRI-VYLIBRA LO	0		
TULANA	0		
TWIRLA	0		
TYBLUME 0.1-20 mg-mcg Oral Tablet Chewable	0		
TYDEMY	0		
VELIVET	0		
VESTURA	0		
VIENVA	0		
<i>viorele</i>	0	MIRCETTE	
VOLNEA	0		
VYFEMLA	0		
VYLIBRA	0		
WERA	0		
WYMZYA FE	0		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XULANE	0		
ZAFEMY	0		
ZOVIA 1/35 (28)	0		
ZOVIA 1/35E (28)	0		
ZUMANDIMINE	0		
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS			
Cystic Fibrosis Transmembrane Conductance Regulator (cftr) Correctors			
ORKAMBI 100-125 mg Oral Packet, 150-188 mg Oral Packet, 75-94 mg Oral Packet	3		SP, PA, QL(56 EA per 28 days)
ORKAMBI 100-125 mg Oral Tablet, 200-125 mg Oral Tablet	3		SP, PA, QL(112 EA per 28 days)
SYMDEKO	3		SP, PA, QL(56 EA per 28 days)
TRIKAFTA	3		SP, PA, QL(84 EA per 28 days)
Cystic Fibrosis Transmembrane Conductance Regulator (cftr) Potentiators			
KALYDECO 25 mg Oral Packet, 50 mg Oral Packet, 75 mg Oral Packet	3		SP, PA, QL(56 EA per 28 days)
KALYDECO 150 mg Oral Tablet	3		SP, PA, QL(60 EA per 30 days)
DENTAL AGENTS			
Dental Agents			
<i>sodium fluoride 5000 enamel 1.1-5 % Dental Gel</i>	1		
<i>sodium fluoride 5000 sensitive 1.1-5 % Dental Gel</i>	1		
DEPIGMENTING AND PIGMENTING AGENTS			
Pigmenting Agents			
<i>methoxsalen rapid</i>	1	OXSORALEN-ULTRA	PA
DEVICES			
Devices			
<i>1st tier unifine pentips</i>	2		
<i>1st tier unifine pentips plus</i>	2		
<i>1st tier unilet comfortouch</i>	2		
ABOUTTIME PEN NEEDLE	2		
ACCU-CHEK FASTCLIX LANCET	2		
ACCU-CHEK FASTCLIX LANCETS	2		
ACCU-CHEK MULTICLIX LANCET DEV	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ACCU-CHEK SAFE-T PRO LANCETS	2		
ACCU-CHEK SOFTCLIX LANCET DEV	2		
ACCU-CHEK SOFTCLIX LANCETS	2		
<i>acti-lance 28g</i>	2		
<i>acti-lance lite lancets 28g</i>	2		
<i>acti-lance special lancets 17g</i>	2		
<i>acti-lance universal 23g</i>	2		
<i>adjustable lancing device</i>	2		
<i>adult mask large</i>	2		
<i>advanced mobile lancet</i>	2		
ADVOCATE INSULIN PEN NEEDLES	2		
ADVOCATE INSULIN SYRINGE	2		
ADVOCATE LANCETS	2		
ADVOCATE LANCETS 30G	2		
ADVOCATE LANCING DEVICE	2		
ADVOCATE RAPID-SAFE LANCING	2		
ADVOCATE SAFETY LANCETS	2		
ADVOCATE SAFETY LANCETS 26G	2		
AGAMATRIX ULTRA-THIN LANCETS	2		
<i>aimSCO twist lancets 32g</i>	2		
AIMSCO TWIST LANCETS 33G	2		
ALCOH-GLOVE CONTOURED WIPE	2		
<i>alcohol pads</i>	2		
<i>alcohol prep</i>	2		
<i>alcohol prep pads</i>	2		
<i>alcohol swabs</i>	2		
ALCOHOL SWABSTICK	2		
<i>alcoh-wipe</i>	2		
<i>amielle restore vag exercisers</i>	2		
APLICARE ALCOHOL SWABSTICK	2		
AQUALANCE LANCETS 30G	2		
<i>assure comfort lancets 28g</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ASSURE HAEMOLANCE PLUS HIGH	2		
ASSURE HAEMOLANCE PLUS LOW	2		
ASSURE HAEMOLANCE PLUS MICRO	2		
ASSURE HAEMOLANCE PLUS NORMAL	2		
ASSURE ID INSULIN SAFETY SYR	2		
ASSURE ID SAFETY PEN NEEDLES	2		
ASSURE LANCE LANCETS	2		
ASSURE LANCE LANCETS 21G	2		
ASSURE LANCE PLUS SAFETY 25G	2		
ASSURE LANCE PLUS SAFETY 30G	2		
ASSURE LANCE SAFETY LANCET 28G	2		
<i>aum mini insulin pen needle</i>	2		
AUM READYGARD DUO PEN NEEDLE	2		
AUM SAFETY PEN NEEDLE	2		
<i>aurora lancet super thin 30g</i>	2		
<i>aurora lancet thin 23g</i>	2		
<i>aurora pen needles</i>	2		
<i>aurora unifine pentips</i>	2		
AUTOJECT 2	2		
AUTO-LANCET	2		
AUTO-LANCET MINI	2		
AUTOLET LANCING DEVICE	2		
AUTOLET PLUS	2		
<i>autopen</i>	2		
BD AUTOSHIELD	2		
BD AUTOSHIELD DUO	2		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
BD INSULIN SYRINGE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BD INSULIN SYRINGE HALF-UNIT	2		
BD INSULIN SYRINGE MICROFINE	2		
BD INSULIN SYRINGE U/F	2		
BD INSULIN SYRINGE U/F 1/2UNIT	2		
BD INSULIN SYRINGE U-500	2		
BD INSULIN SYRINGE ULTRAFINE	2		
BD LANCET ULTRAFINE 30G	2		
BD LANCET ULTRAFINE 33G	2		
BD LUER-LOK SYRINGE 20G X 1" 1 ml Miscellaneous	2		
BD MICROTAINER LANCETS	2		
BD PEN NEEDLE MICRO U/F	2		
BD PEN NEEDLE MINI U/F	2		
BD PEN NEEDLE NANO 2ND GEN	2		
BD PEN NEEDLE NANO U/F	2		
BD PEN NEEDLE ORIGINAL U/F	2		
BD PEN NEEDLE SHORT U/F	2		
BD SAFETYGLIDE INSULIN SYRINGE	2		
BD SAFETY-LOK INSULIN SYRINGE	2		
BD SWAB SINGLE USE REGULAR	2		
BD VEO INSULIN SYR U/F 1/2UNIT	2		
BD VEO INSULIN SYRINGE U/F	2		
CARDIOCOM LANCING DEVICE	2		
CAREFINE PEN NEEDLES	2		
<i>careone advanced lancing dev</i>	2		
<i>careone insulin syringe</i>	2		
CAREONE LANCET SUPER THIN 30G	2		
<i>careone lancet thin 23g</i>	2		
<i>careone unifine pentips</i>	2		
<i>careone unifine pentips plus</i>	2		
CARESENS LANCETS	2		
CARETOUCH ALCOHOL PREP	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CARETOUCH INSULIN SYRINGE	2		
CARETOUCH LANCING/EJECTOR	2		
CARETOUCH PEN NEEDLES	2		
CARETOUCH SAFETY LANCETS	2		
CARETOUCH SAFETY LANCETS 26G	2		
CARETOUCH TWIST LANCETS 28G	2		
CARETOUCH TWIST LANCETS 30G	2		
CARETOUCH TWIST LANCETS 33G	2		
CARETOUCH TWIST MC LANCETS 30G	2		
CEQR SIMPLICITY 2U	2		
CLEANLET LANCETS 28G	2		
CLEVER CHEK LANCETS	2		
CLEVER CHOICE COMFORT EZ	2		
CLEVER CHOICE LANCETS 21G	2		
CLEVER CHOICE LANCETS 23G	2		
CLEVER CHOICE LANCETS 28G	2		
<i>clickfine pen needles 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous</i>	2		
CLICKFINE PEN NEEDLES	2		
COAGUCHEK LANCETS	2		
COMFORT ASSIST INSULIN SYRINGE	2		
<i>comfort assured lancets 28g</i>	2		
<i>comfort assured lancets 33g</i>	2		
COMFORT EZ INSULIN SYRINGE	2		
COMFORT EZ MICRO PEN NEEDLES	2		
COMFORT EZ PEN NEEDLES	2		
COMFORT EZ SHORT PEN NEEDLES	2		
<i>comfort lancets</i>	2		
COMFORT TOUCH ALCOHOL PREP	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM Miscellaneous, 31G X 5 MM Miscellaneous, 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous, 32G X 5 MM Miscellaneous, 32G X 6 MM Miscellaneous, 32G X 8 MM Miscellaneous	2		
COMFORT TOUCH LANCETS 31G	2		
COMFORT TOUCH PLUS LANCETS 28G	2		
COMFORT TOUCH PLUS LANCETS 30G	2		
CURITY ALCOHOL PREPS	2		
<i>cvs alcohol prep pads</i>	2		
<i>cvs lancets 21g</i>	2		
<i>cvs lancets micro thin 33g</i>	2		
<i>cvs lancets original</i>	2		
<i>cvs lancets thin 26g</i>	2		
<i>cvs lancets ultra thin 30g</i>	2		
<i>cvs lancets ultra-thin 30g</i>	2		
<i>cvs lancing device</i>	2		
<i>cvs prep</i>	2		
<i>cvs ultra thin lancets</i>	2		
DEXCOM G6 RECEIVER	2		QL(1 EA per 730 days)
DEXCOM G6 SENSOR	2		QL(1 EA per 10 days)
DEXCOM G6 TRANSMITTER	2		QL(1 EA per 90 days)
DEXCOM G7 RECEIVER	2		QL(1 EA per 730 days)
DEXCOM G7 SENSOR	2		QL(1 EA per 10 days)
DIATHRIVE LANCET ULTRA THIN 30	2		
DIATHRIVE LANCETS	2		
DIATHRIVE LANCING DEVICE	2		
DIATHRIVE PEN NEEDLE	2		
DROPLET GENTEEL LANCING DEVICE	2		
DROPLET INSULIN SYRINGE	2		
DROPLET LANCETS ULTRA THIN 30G	2		
DROPLET LANCING DEVICE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DROPLET MICRON	2		
DROPLET PEN NEEDLES	2		
DROPSAFE ALCOHOL PREP	2		
<i>dropsafe safety pen needles</i>	2		
<i>drug mart lancets thin 26g</i>	2		
DRUG MART LANCING DEVICE	2		
DRUG MART ON-THE-GO LANCET 30G	2		
<i>drug mart unifine pentips</i>	2		
<i>drug mart unifine pentips plus</i>	2		
DRUG MART UNILET LANCETS 28G	2		
DRUG MART UNILET LANCETS 30G	2		
DRUG MART UNILET LANCETS 33G	2		
<i>easy comfort alcohol pads</i>	2		
<i>easy comfort insulin syringe</i>	2		
<i>easy comfort lancets</i>	2		
<i>easy comfort lancets twist top</i>	2		
<i>easy comfort pen needles</i>	2		
<i>easy glide pen needles</i>	2		
<i>easy mini eject lancing device</i>	2		
<i>easy mini lancing device</i>	2		
EASY TOUCH ALCOHOL PREP MEDIUM	2		
EASY TOUCH FLIPLOCK INSULIN SYR	2		
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ml Miscellaneous	2		
EASY TOUCH INSULIN BARRELS 1ML	2		
EASY TOUCH INSULIN SAFETY SYR	2		
EASY TOUCH INSULIN SYRINGE	2		
EASY TOUCH LANCETS 21G	2		
EASY TOUCH LANCETS 23G	2		
EASY TOUCH LANCETS 26G	2		
EASY TOUCH LANCETS 28G	2		
EASY TOUCH LANCETS 28G/TWIST	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EASY TOUCH LANCETS 30G	2		
EASY TOUCH LANCETS 30G/TWIST	2		
EASY TOUCH LANCETS 32G	2		
EASY TOUCH LANCETS 32G/TWIST	2		
EASY TOUCH LANCETS 33G/TWIST	2		
EASY TOUCH LANCING DEVICE	2		
EASY TOUCH PEN NEEDLES	2		
EASY TOUCH SAFETY LANCETS 21G	2		
EASY TOUCH SAFETY LANCETS 23G	2		
EASY TOUCH SAFETY LANCETS 26G	2		
EASY TOUCH SAFETY LANCETS 28G	2		
EASY TOUCH SAFETY PEN NEEDLES	2		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml Miscellaneous, 30G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
EMBRACE LANCETS ULTRA THIN 30G	2		
EMBRACE PRESSURE ACTIVATED 21G	2		
EMBRACE PRESSURE ACTIVATED 28G	2		
<i>eql alcohol swabs</i>	2		
<i>eql color lancets 21g</i>	2		
<i>eql color lancets micro 33g</i>	2		
<i>eql insulin syringe</i>	2		
<i>eql super thin lancets 30g</i>	2		
<i>eql thin lancets 26g</i>	2		
<i>essentra wipes 9x9" 70 % Sheet</i>	2		
EXEL COMFORT POINT INSULIN SYR	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EXEL COMFORT POINT PEN NEEDLE	2		
E-Z JECT LANCET MICRO-THIN 33G	2		
E-Z JECT LANCET SUPER THIN 30G	2		
E-Z JECT LANCETS	2		
E-Z JECT LANCETS 21G	2		
E-Z JECT LANCETS THIN 26G	2		
EZ-LETS LANCETS 21G	2		
EZ-LETS LANCETS 26G	2		
EZ-LETS LANCETS 28G	2		
EZ-LETS LANCETS 30G	2		
FIFTY50 ALCOHOL PREP	2		
FIFTY50 PEN NEEDLES	2		
FIFTY50 SAFETY SEAL LANCETS	2		
FIFTY50 SUPERIOR COMFORT SYR	2		
FIFTY50 UNILET LANCETS 33G	2		
FINE 30	2		
FINGERSTIX LANCETS	2		
FORA LANCETS	2		
FORA LANCING DEVICE	2		
<i>freds pharmacy autolet lancing</i>	2		
<i>freds pharmacy unifine pentip+</i>	2		
<i>freds pharmacy unifine pentips</i>	2		
<i>freds pharmacy unilet lanc 28g</i>	2		
<i>freds pharmacy unilet lanc 30g</i>	2		
FREESTYLE LANCETS	2		
FREESTYLE LIBRE 14 DAY READER	2		QL(1 EA per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	2		QL(0.07 EA per 1 days)
FREESTYLE LIBRE 2 READER	2		QL(1 EA per 730 days)
FREESTYLE LIBRE 2 SENSOR	2		QL(0.07 EA per 1 days)
<i>freestyle libre 3 sensor</i>	2		QL(0.07 EA per 1 days)
FREESTYLE LIBRE READER	2		QL(1 EA per 730 days)
FREESTYLE PRECISION INS SYR	2		
FREESTYLE UNISTICK II LANCETS	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
GENTEEL BUTTERFLY TOUCH LANCET	2		
GENTEEL LANCING KIT (BLUE)	2		
GENTEEL PLUS LANCING (BLACK)	2		
GENTEEL PLUS LANCING (PURPLE)	2		
GENTEEL PLUS LANCING (WHITE)	2		
GENTEEL PLUS LANCING DEV(BLUE)	2		
GENTEEL PLUS LANCING DEV(PINK)	2		
GENTLE-LET GP LANCETS	2		
GENTLE-LET LANCETS	2		
<i>global alcohol prep ease</i>	2		
<i>global ease inject pen needles</i>	2		
<i>global easy glide insulin syr</i>	2		
<i>global easy glide pen needles</i>	2		
<i>global inject ease insulin syr</i>	2		
<i>global inject ease lancets 28g</i>	2		
<i>global inject ease lancets 30g</i>	2		
<i>global insulin syringes</i>	2		
<i>global lancing device</i>	2		
GLUCOCOM LANCETS 28G	2		
GLUCOCOM LANCETS 30G	2		
GLUCOCOM LANCETS 33G	2		
GLUCOPRO INSULIN SYRINGE	2		
<i>gnp alcohol swabs</i>	2		
<i>gnp clickfine pen needles</i>	2		
<i>gnp insulin syringe</i>	2		
<i>gnp insulin syringes</i>	2		
<i>gnp insulin syringes 28gx1/2"</i>	2		
<i>gnp insulin syringes 29gx1/2"</i>	2		
<i>gnp insulin syringes 30gx5/16"</i>	2		
<i>gnp insulin syringes 31gx5/16"</i>	2		
<i>gnp lancets 21g</i>	2		
<i>gnp lancets thin</i>	2		
<i>gnp lancets thin 26g</i>	2		
<i>gnp sterile lancets 28g</i>	2		
<i>gnp sterile lancets 30g</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>gnp sterile lancets 33g</i>	2		
<i>gnp ulticare pen needles</i>	2		
GNP ULTIGUARD SAFEPAK NEEDLE	2		
<i>gnp ultra com insulin syringe</i>	2		
GOJJI LANCING DEVICE/CLEAR CAP	2		
GOJJI STERILE LANCETS	2		
<i>goodsense clickfine pen needle</i>	2		
<i>goodsense color lancets 33g</i>	2		
<i>goodsense lancets 26g univ</i>	2		
<i>goodsense lancets 30g</i>	2		
<i>goodsense lancets 30g univ</i>	2		
<i>goodsense lancets 33g</i>	2		
<i>goodsense lancets 33g univ</i>	2		
<i>goodsense lancing device</i>	2		
GOODSENSE PEN NEEDLE PENFINE	2		
HEALTH CARE LANCING DEVICE	2		
<i>healthwise insulin syr/needle</i>	2		
<i>healthwise micron pen needles</i>	2		
<i>healthwise mini pen needles</i>	2		
<i>healthwise pen needles</i>	2		
<i>healthwise short pen needles</i>	2		
<i>healthwise unifine pentips</i>	2		
<i>healthy accents lancing device</i>	2		
<i>healthy accents unifine pentip</i>	2		
<i>healthy accents unilet lancets</i>	2		
<i>h-e-b incontrol adv lancing</i>	2		
<i>h-e-b incontrol alcohol</i>	2		
<i>h-e-b incontrol lancets 28g</i>	2		
<i>h-e-b incontrol lancets 30g</i>	2		
<i>h-e-b incontrol lancets 33g</i>	2		
<i>h-e-b incontrol pen needles</i>	2		
H-E-B INCONTROL UNIFINE PENTIP	2		
<i>hm sterile alcohol prep</i>	2		
HM ULTICARE INSULIN SYRINGE	2		
HM ULTICARE MINI PEN NEEDLES	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HM ULTICARE SHORT PEN NEEDLES	2		
HYPOLANCE AST LANCING	2		
HY-VEE LANCETS	2		
<i>hy-vee thin lancets</i>	2		
IN TOUCH LANCING DEVICE	2		
IN TOUCH STERILE LANCETS 30G	2		
INCONTROL ULTICARE PEN NEEDLES	2		
<i>inject-ease</i>	2		
<i>insulin syringe</i>	2		
<i>insulin syringe/needle</i>	2		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml Miscellaneous, 27G X 1/2" 1 ml Miscellaneous, 28G X 1/2" 0.5 ml Miscellaneous, 28G X 1/2" 1 ml Miscellaneous, 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 0.3 ml Miscellaneous, 30G X 5/16" 0.5 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 1/4" 0.3 ml Miscellaneous, 31G X 1/4" 0.5 ml Miscellaneous, 31G X 1/4" 1 ml Miscellaneous, 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous</i>	2		
<i>insulin syringes</i>	2		
<i>insupen pen needles</i>	2		
INSUPEN SENSITIVE	2		
INSUPEN ULTRAFIN	2		
<i>kinney lancets</i>	2		
<i>kinney thin lancets</i>	2		
<i>kinray insulin syringe</i>	2		
<i>kmart valu insulin syringe 29g</i>	2		
<i>kmart valu insulin syringe 30g</i>	2		
KROGER AUTOLET LANCING DEVICE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KROGER HEALTHPRO LANCET 26G	2		
<i>croger insulin syringe</i>	2		
<i>croger lancets</i>	2		
<i>croger lancets 21g</i>	2		
<i>croger lancets micro thin 33g</i>	2		
<i>croger lancets super thin</i>	2		
<i>croger lancets thin</i>	2		
<i>croger lancets thin 26g</i>	2		
<i>croger lancets ultrathin 30g</i>	2		
<i>croger lancing device</i>	2		
<i>croger pen needles</i>	2		
<i>lancet device</i>	2		
<i>lancet device with ejector</i>	2		
<i>lancet transporter case</i>	2		
<i>lancets</i>	2		
<i>lancets 30g</i>	2		
<i>lancets 33g</i>	2		
<i>lancets micro thin 33g</i>	2		
<i>lancets super thin 28g</i>	2		
<i>lancets thin</i>	2		
LANCETS ULTRA THIN	2		
<i>lancets ultra thin 30g</i>	2		
<i>lancing device</i>	2		
LANZO	2		
<i>leader advanced lancing device</i>	2		
<i>leader insulin syringe</i>	2		
LEADER UNIFINE PENTIPS	2		
LEADER UNIFINE PENTIPS PLUS	2		
LIBERTY MEDICAL LANCETS	2		
LIBERTY MINI LANCING DEVICE	2		
LIFESCAN UNISTIK 2	2		
LIFESCAN UNISTIK II LANCETS	2		
<i>lite touch lancets</i>	2		
LITE TOUCH LANCING PEN	2		
LITETOUCH INSULIN SYRINGE	2		
LITETOUCH LANCETS	2		
LITETOUCH PEN NEEDLES	2		
<i>live better adv lancing device</i>	2		
<i>live better lancet super thin</i>	2		
<i>live better lancet ultra thin</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>longs insulin syringe</i>	2		
<i>longs lancets standard</i>	2		
<i>longs lancets thin</i>	2		
<i>longs lancets ultra thin</i>	2		
MAGELLAN INSULIN SAFETY SYR	2		
MARATHON MEDICAL PENTIPS	2		
MAXICOMFORT II PEN NEEDLE	2		
MAXI-COMFORT INSULIN SYRINGE	2		
MAXI-COMFORT SAFETY PEN NEEDLE	2		
MAXICOMFORT SYR 27G X 1/2"	2		
<i>medic insulin syringe</i>	2		
<i>medichoic safety lancet</i>	2		
<i>medichoic safety lancet extra</i>	2		
<i>medichoic safety lancet norm</i>	2		
<i>medicine shoppe pen needles</i>	2		
MEDISENSE THIN LANCETS	2		
MEDLANCE EXTRA 21G	2		
MEDLANCE LITE 25G	2		
MEDLANCE PLUS EXTRA 21G	2		
MEDLANCE PLUS LANCETS	2		
MEDLANCE PLUS LITE 25G	2		
MEDLANCE PLUS SUPERLITE 30G	2		
MEDLANCE PLUS UNIVERSAL 21G	2		
MEDLANCE UNIVERSAL 21G	2		
<i>meijer alcohol swabs</i>	2		
MEIJER LANCETS	2		
MEIJER LANCETS THIN	2		
MEIJER LANCETS UNIVERSAL 21G	2		
MEIJER LANCETS UNIVERSAL 30G	2		
MEIJER LANCETS UNIVERSAL 33G	2		
<i>meijer pen needles</i>	2		
MEIJER SUPER THIN LANCETS	2		
MICRODOT PEN NEEDLE	2		
MICROLET LANCETS	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MICROLET NEXT LANCING DEVICE	2		
<i>mini lancing device</i>	2		
<i>mm insulin syringe/needle</i>	2		
MM LANCING DEVICE	2		
MM PEN NEEDLES	2		
MM TWIST LANCETS	2		
MONOJECT INSULIN SYRINGE	2		
MONOJECT ULTRA COMFORT SYRINGE	2		
MONOLET LANCETS	2		
MONOLET OPD LANCETS	2		
MONOLETTOR SAFETY LANCETS	2		
<i>mpd safety lancet 21g</i>	2		
<i>mpd safety lancet 23g</i>	2		
<i>mpd safety lancet 28g</i>	2		
<i>mpd safety lancet 30g</i>	2		
<i>ms insulin syringe</i>	2		
<i>multi-lancet device</i>	2		
MULTI-LANCET DEVICE 2	2		
MYGLUCOHEALTH LANCETS 30G	2		
NOVA SAFETY LANCETS 23G	2		
NOVA SAFETY LANCETS 28G	2		
NOVA SUREFLEX LANCETS	2		
NOVA SUREFLEX LANCING DEVICE	2		
NOVOFINE AUTOCOVER PEN NEEDLE	2		
NOVOFINE PEN NEEDLE	2		
NOVOFINE PLUS PEN NEEDLE	2		
NOVOPEN ECHO	2		
NOVOTWIST PEN NEEDLE	2		
OMNIPOD 5 G6 INTRO (GEN 5)	2		
OMNIPOD 5 G6 POD (GEN 5)	2		
OMNIPOD CLASSIC PDM (GEN 3)	2		
OMNIPOD CLASSIC PODS (GEN 3)	2		
OMNIPOD DASH INTRO (GEN 4)	2		
OMNIPOD DASH PDM (GEN 4)	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
OMNIPOD DASH PODS (GEN 4)	2		
ONETOUCH CLUB LANCETS FINE PT	2		
ONETOUCH DELICA LANCETS 30G	2		
ONETOUCH DELICA LANCETS 33G	2		
ONETOUCH DELICA LANCING DEV	2		
ONETOUCH DELICA PLUS LANCET30G	2		
ONETOUCH DELICA PLUS LANCET33G	2		
ONETOUCH DELICA PLUS LANCING	2		
ONETOUCH DELICA SAFETY LANCING	2		
ONETOUCH FINEPOINT LANCETS	2		
ONETOUCH SURESOFT LANCING DEV	2		
ONETOUCH ULTRA 2	0		QL(1 EA per 730 days)
ONETOUCH ULTRA CONTROL	2		
ONETOUCH ULTRA MINI	0		QL(1 EA per 730 days)
ONETOUCH ULTRASOFT LANCETS	2		
ONETOUCH VERIO In Vitro Solution, High In Vitro Solution	2		
ONETOUCH VERIO w/Device Kit	0		QL(1 EA per 730 days)
ONETOUCH VERIO FLEX SYSTEM	0		QL(1 EA per 730 days)
ONETOUCH VERIO IQ SYSTEM	0		QL(1 EA per 730 days)
ONETOUCH VERIO REFLECT	0		QL(1 EA per 730 days)
OPTICHAMBER DIAMOND Miscellaneous	2		
OPTICHAMBER DIAMOND-LG MASK	2		
OPTICHAMBER DIAMOND-MD MASK	2		
OPTICHAMBER DIAMOND-SM MASK	2		
<i>pc lancets super thin 30g</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>pc unifine pentips</i>	2		
<i>pediatric medium mask</i>	2		
<i>pediatric small mask</i>	2		
<i>pen needles</i>	2		
<i>pen needles 5/16"</i>	2		
PENTIPS	2		
PERFECT LANCETS 28G	2		
PERFECT LANCETS 30G	2		
PHARMACIST CHOICE ALCOHOL	2		
PHARMACIST CHOICE LANCETS	2		
PHARMACY COUNTER LANCETS	2		
<i>pip lancets 28g</i>	2		
<i>pip lancets 30g</i>	2		
<i>pip pen needles 31g x 5mm</i>	2		
<i>pip pen needles 32g x 4mm</i>	2		
PRECISION SUREDOSE PLUS SYR	2		
PRECISION SURE-DOSE SYRINGE	2		
PRECISION THINS GP LANCETS	2		
<i>preferred plus insulin syringe</i>	2		
<i>preferred plus lancets colored</i>	2		
<i>preferred plus lancets thin</i>	2		
<i>preferred plus unifine pentips</i>	2		
<i>pressure activat safety lancet</i>	2		
PREVENT DROPSAFE PEN NEEDLES	2		
PREVENT SAFETY PEN NEEDLES	2		
<i>pro comfort alcohol</i>	2		
PRO COMFORT INSULIN SYRINGE	2		
<i>pro comfort lancets 30g</i>	2		
<i>pro comfort lancets 31g</i>	2		
<i>pro comfort pen needles</i>	2		
PRODIGY INSULIN SYRINGE	2		
PRODIGY LANCETS 28G	2		
PRODIGY LANCING DEVICE	2		
PRODIGY SAFETY LANCETS 26G	2		
PRODIGY TWIST TOP LANCETS 28G	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PSS SELECT GP LANCETS	2		
PSS SELECT SAFETY LANCETS	2		
<i>pure comfort alcohol prep</i>	2		
<i>pure comfort lancets 30g</i>	2		
<i>pure comfort pen needle</i>	2		
<i>push button safety lancets</i>	2		
<i>push button safety lancets 28g</i>	2		
<i>px advanced lancing device</i>	2		
<i>px extra short pen needles</i>	2		
<i>px insulin syringe</i>	2		
<i>px lancet auto injector</i>	2		
<i>px lancets microthin 33g</i>	2		
<i>px lancets ultra thin</i>	2		
<i>px lancets ultra thin 28g</i>	2		
<i>px mini pen needles</i>	2		
<i>px pen needle</i>	2		
<i>px shortlength pen needles</i>	2		
<i>qc advanced lancing device</i>	2		
<i>qc alcohol swabs</i>	2		
<i>qc lancets super thin 30g</i>	2		
<i>qc lancets ultra thin</i>	2		
<i>qc pen needles</i>	2		
<i>qc unifine pentips</i>	2		
<i>qc unilet lancets 28g</i>	2		
<i>qc unilet lancets micro thin</i>	2		
<i>ra alcohol swabs</i>	2		
RA E-ZJECT LANCETS 28G	2		
RA E-ZJECT LANCETS THIN 26G	2		
RA E-ZJECT LANCETS THIN 28G	2		
RA E-ZJECT LANCETS ULTRA THIN	2		
<i>ra insulin syringe</i>	2		
<i>ra pen needles</i>	2		
<i>raya sure pen needle</i>	2		
READYLANCE SAFETY LANCETS	2		
<i>reality insulin syringe</i>	2		
<i>reality lancets</i>	2		
<i>reality trigger lancets</i>	2		
RELION ALCOHOL SWABS	2		
RELION INSULIN SYRINGE	2		
RELION LANCET DEVICES 30G	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
RELION LANCETS MICRO-THIN 33G	2		
RELION LANCETS THIN 26G	2		
RELION LANCETS ULTRA-THIN 30G	2		
RELION LANCING DEVICE	2		
RELION MINI PEN NEEDLES	2		
RELION PEN NEEDLES	2		
RELION SHORT PEN NEEDLES	2		
RELION ULTRA THIN LANCETS 30G	2		
RELION ULTRA THIN PLUS LANCETS	2		
REXALL LANCETS ULTRA THIN 30G	2		
RIGHTEST GD500 LANCING DEVICE	2		
RIGHTEST GL300 LANCETS	2		
SAFE-T-LANCE	2		
<i>safety insulin syringes</i>	2		
<i>safety lancet 21g/pressure act</i>	2		
<i>safety lancet 23g/pressure act</i>	2		
<i>safety lancet 28g/pressure act</i>	2		
<i>safety lancet 30g/pressure act</i>	2		
SAFETY LANCETS	2		
SAFETY LANCETS 21G	2		
<i>safety lancets 28g</i>	2		
<i>safety pen needles</i>	2		
<i>saps care alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health care alcohol prep</i>	2		
<i>saps health plus lancets</i>	2		
<i>saps health twist top lancets</i>	2		
<i>saps twist top lancets</i>	2		
<i>sapscare twist top lancets</i>	2		
<i>sb alcohol prep</i>	2		
<i>sb insulin syringe</i>	2		
<i>sb lancets thin</i>	2		
<i>sb lancets ultra thin</i>	2		
SECURESAFE INSULIN SYRINGE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>select-lite device/lancets</i>	2		
<i>select-lite lancing device</i>	2		
SHOPKO AUTOLET LANCING DEVICE	2		
SHOPKO ON-THE-GO LANCETS 30G	2		
SHOPKO UNIFINE PENTIPS	2		
SHOPKO UNIFINE PENTIPS PLUS	2		
SHOPKO UNILET LANCETS 28G	2		
SHOPKO UNILET LANCETS 30G	2		
<i>side button safety lancet</i>	2		
SIMPLE DIAGNOSTICS LANCING DEV	2		
<i>sm alcohol prep Pad, 70 % Pad</i>	2		
<i>sm lancets 33g</i>	2		
SM TRUEDRAW LANCING DEVICE	2		
SMART DIABETES VANTAGE LANCING	2		
SMART SENSE COLOR LANCETS 33G	2		
SMART SENSE STANDARD LANCETS	2		
SMART SENSE SUPER THIN LANCETS	2		
SMART SENSE THIN LANCETS 26G	2		
SMARTEST LANCETS 28G	2		
SOLUS V2 LANCETS 28G	2		
SOLUS V2 LANCING DEVICE	2		
SOLUS V2 TWIST LANCETS 30G	2		
STERILANCE PA	2		
STERILANCE TL	2		
<i>super thin lancets</i>	2		
<i>sure comfort alcohol prep</i>	2		
<i>sure comfort insulin syringe</i>	2		
<i>sure comfort lancets 18g</i>	2		
<i>sure comfort lancets 21g</i>	2		
<i>sure comfort lancets 23g</i>	2		
<i>sure comfort lancets 28g</i>	2		
<i>sure comfort lancets 30g</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sure comfort lancing pen</i>	2		
<i>sure comfort pen needles</i>	2		
SURE-FINE PEN NEEDLES	2		
SURE-JECT INSULIN SYRINGE	2		
SURE-LANCE FLAT LANCETS	2		
SURE-LANCE LANCETS 26G	2		
SURE-LANCE THIN LANCETS 28G	2		
SURE-LANCE ULTRA THIN LANCETS	2		
SURELITE LANCETS	2		
SURE-PEN	2		
SURE-PREP ALCOHOL PREP	2		
SURE-TOUCH LANCETS UNIVERSAL	2		
SUSVIMO OCULAR IMPLANT	3		SP, QL (2 implants per lifetime), PA
TECHLITE AST LANCETS	2		
<i>techlite insulin syringe</i>	2		
TECHLITE LANCETS	2		
TECHLITE LANCETS 30G	2		
TECHLITE PEN NEEDLES	2		
<i>tgt lancet micro thin 33g</i>	2		
<i>tgt lancet thin 26g</i>	2		
<i>tgt lancet ultra thin 30g</i>	2		
<i>tgt lancing device</i>	2		
THINLETS GP LANCETS	2		
<i>todays health lancing device</i>	2		
<i>todays health mini pen needles</i>	2		
<i>todays health pen needles</i>	2		
<i>todays health short pen needle</i>	2		
<i>todays health thin lancets 28g</i>	2		
<i>todays health thin lancets 30g</i>	2		
<i>topcare clickfine pen needles</i>	2		
<i>topcare lancets micro-thin 33g</i>	2		
<i>topcare ultra comfort ins syr</i>	2		
<i>travel lancets</i>	2		
TRAVEL LANCETS ADVANCED 28G	2		
<i>true comfort alcohol prep pads</i>	2		
<i>true comfort insulin syringe</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>true comfort pen needles</i>	2		
<i>true comfort pro alcohol prep</i>	2		
<i>true comfort pro insulin syr</i>	2		
<i>true comfort pro pen needles</i>	2		
<i>true comfort safety lancets</i>	2		
<i>true comfort twist top lancets</i>	2		
TRUEDRAW LANCING DEVICE	2		
TRUEPLUS 5-BEVEL PEN NEEDLES	2		
TRUEPLUS INSULIN SYRINGE	2		
TRUEPLUS LANCETS 26G	2		
TRUEPLUS LANCETS 28G	2		
TRUEPLUS LANCETS 30G	2		
TRUEPLUS LANCETS 33G	2		
TRUEPLUS PEN NEEDLES	2		
TRUEPLUS SAFETY LANCETS 28G	2		
ULTICARE ALCOHOL SWABS	2		
ULTICARE INSULIN SAFETY SYR	2		
ULTICARE INSULIN SYRINGE	2		
ULTICARE MICRO PEN NEEDLES	2		
ULTICARE MINI PEN NEEDLES	2		
ULTICARE PEN NEEDLES	2		
ULTICARE SHORT PEN NEEDLES	2		
<i>ultiguard safepack pen needle</i>	2		
ULTIGUARD SAFEPACK SYR/NEEDLE	2		
ULTI-LANCE AUTOMATIC	2		
<i>ultilet alcohol swabs</i>	2		
ULTILET CLASSIC LANCETS	2		
ULTILET INSULIN SYRINGE	2		
ULTILET INSULIN SYRINGE SHORT	2		
ULTILET LANCETS	2		
ULTILET PEN NEEDLE	2		
ULTILET SAFETY LANCETS	2		
ULTILET SAFETY LANCETS 23G	2		
<i>ultra comfort insulin syringe</i>	2		
ULTRA FLO INSULIN PEN NEEDLES	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ULTRA FLO INSULIN SYR 1/2 UNIT	2		
ULTRA FLO INSULIN SYRINGE	2		
<i>ultra thin lancets 31g</i>	2		
ULTRA THIN PEN NEEDLES	2		
<i>ultra-care alcohol prep pads</i>	2		
<i>ultracare insulin syringe</i>	2		
<i>ultra-care lancets 30g</i>	2		
<i>ultracare pen needles</i>	2		
ULTRA-THIN II AUTO LANCET	2		
ULTRA-THIN II INS SYR SHORT	2		
ULTRA-THIN II INSULIN SYRINGE	2		
ULTRA-THIN II LANCETS	2		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM Miscellaneous, 31G X 6 MM Miscellaneous	2		
ULTRA-THIN II PEN NEEDLE SHORT	2		
ULTRA-THIN II PEN NEEDLES	2		
UNIFINE PEN NEEDLES	2		
UNIFINE PENTIPS	2		
UNIFINE PENTIPS PLUS	2		
UNIFINE SAFECONTROL PEN NEEDLE	2		
UNIFINE ULTRA PEN NEEDLE	2		
UNILET COMFORTOUCH LANCET	2		
UNILET EXCELITE	2		
UNILET EXCELITE II	2		
UNILET G.P. LANCET	2		
UNILET G.P. SUPERLITE LANCET	2		
UNILET GP 28 ULTRA THIN	2		
UNILET LANCET	2		
UNILET MICRO-THIN 33G	2		
UNILET SUPERLITE LANCET	2		
UNILET SUPER-THIN 30G	2		
UNILET ULTRA-THIN 28G	2		
UNISTIK 1	2		
UNISTIK 2	2		
UNISTIK 2 COMFORT	2		

¹You 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	Reference Name	Requirements/Limits ¹
UNISTIK 2 EXTRA	2		
UNISTIK 2 NEONATAL	2		
UNISTIK 2 NORMAL	2		
UNISTIK 2 SUPER	2		
UNISTIK 3	2		
UNISTIK 3 COMFORT	2		
UNISTIK 3 EXTRA	2		
UNISTIK 3 GENTLE	2		
UNISTIK 3 NEONATAL	2		
UNISTIK 3 NORMAL	2		
UNISTIK CZT COMFORT	2		
UNISTIK CZT NORMAL	2		
UNISTIK NORMAL	2		
UNISTIK PRO SAFETY LANCET	2		
UNISTIK SAFETY LANCETS 28G	2		
UNISTIK SAFETY LANCETS 30G	2		
UNISTIK TOUCH SAFETY LANC 21G	2		
UNISTIK TOUCH SAFETY LANC 23G	2		
UNISTIK TOUCH SAFETY LANC 28G	2		
UNISTIK TOUCH SAFETY LANC 30G	2		
UNIVERSAL 1 LANCETS THIN 26G	2		
UNIVERSAL 1 LANCETS THIN 33G	2		
UNIVERSAL 1 LANCETS ULTRA THIN	2		
<i>value health insulin syringe</i>	2		
<i>value plus lancet standard 21g</i>	2		
<i>value plus lancets super thin</i>	2		
<i>value plus lancets thin 26g</i>	2		
<i>value plus lancing device</i>	2		
<i>valumark lancet super thin 30g</i>	2		
<i>valumark lancet ultra thin 28g</i>	2		
<i>valumark pen needles</i>	2		
VANISHPOINT INSULIN SYRINGE	2		
VIDA MIA AUTOLET LANCING DEV	2		
VIDA MIA UNIFINE PENTIPS	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VIDA MIA UNILET LANCETS 28G	2		
VIDA MIA UNILET LANCETS 30G	2		
VIVAGUARD LANCETS	2		
VIVAGUARD LANCING DEVICE	2		
VIVI CAP1	2		
<i>vp insulin syringe</i>	2		
<i>walgreens adv travel lancets</i>	2		
WALGREENS LANCETS	2		
<i>walgreens lancets micro thin</i>	2		
<i>walgreens lancets super thin</i>	2		
WALGREENS THIN LANCETS	2		
WALGREENS ULTRA THIN LANCETS	2		
WEBCOL ALCOHOL PREP LARGE	2		
WEBCOL ALCOHOL PREP MEDIUM	2		
<i>wegmans unifine pentips plus</i>	2		
<i>zevrx insulin syringe</i>	2		
<i>zevrx pen needles</i>	2		
<i>zevrx sterile alcohol prep pad</i>	2		
<i>zevrx twist top lancets 30g</i>	2		
DIABETES MELLITUS			
Diabetes Mellitus			
ONETOUCH ULTRA	2		QL(200 EA per 30 days)
ONETOUCH VERIO In Vitro Strip	2		QL(200 EA per 30 days)
DIGESTANTS			
Digestants			
CREON	2		
PERTZYE	3		PA
VIOKACE	3		PA
ZENPEP	3		PA
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS			
Disease-modifying Antirheumatic Drugs			
ACTEMRA 200 mg/10ml Intravenous Solution, 400 mg/20ml Intravenous Solution, 80 mg/4ml Intravenous Solution	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ACTEMRA 162 mg/0.9ml Subcutaneous Solution Prefilled Syringe	3		SP, PA NSO, QL(3.6 ML per 28 days)
ACTEMRA ACTPEN	3		SP, PA NSO, QL(3.6 ML per 28 days)
AVSOLA	3		SP, QL (28 to 56 days supply per fill depending on indication), PA
CIMZIA	3		SP, PA NSO, QL(1 EA per 28 days)
CIMZIA STARTER KIT 6 X 200 mg/ml Subcutaneous Prefilled Syringe Kit	3		SP, PA NSO, QL(3 EA per 28 days)
COSENTYX	3		SP, PA NSO, QL(1 ML per 28 days)
COSENTYX (300 MG DOSE)	3		SP, PA NSO, QL(2 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	3		SP, PA NSO, QL(2 ML per 28 days)
COSENTYX SENSOREADY PEN	3		SP, PA NSO, QL(1 ML per 28 days)
ENBREL 25 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 50 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, PA NSO, QL(4 ML per 28 days)
ENBREL 25 mg Subcutaneous Solution Reconstituted	3		SP, PA NSO, QL(8 EA per 28 days)
ENBREL 25 mg/0.5ml Subcutaneous Solution	3		SP, PA NSO, QL(8 ML per 28 days)
ENBREL MINI	3		SP, PA NSO, QL(4 ML per 28 days)
ENBREL SURECLICK	3		SP, PA NSO, QL(4 ML per 28 days)
HUMIRA	3		SP, PA NSO, QL(2 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Prefilled Syringe Kit	3		SP, PA NSO, QL(2 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HUMIRA PEDIATRIC CROHNS START 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit	3		SP, PA NSO, QL(3 EA per 28 days)
HUMIRA PEN 40 mg/0.4ml Subcutaneous Pen-injector Kit, 40 mg/0.8ml Subcutaneous Pen-injector Kit	3		SP, PA NSO, QL(2 EA per 28 days)
HUMIRA PEN 80 mg/0.8ml Subcutaneous Pen-injector Kit	3		SP, PA NSO, QL(3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit	3		SP, PA NSO, QL(3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Pen-injector Kit	3		SP, PA NSO, QL(6 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	3		SP, PA NSO, QL(4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START	3		SP, PA NSO, QL(4 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	3		SP, PA NSO, QL(3 EA per 28 days)
			SP, QL (28 to 56 days supply per fill depending on indication), PA
INFLECTRA	3		
<i>leflunomide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg Oral Tablet Therapy Pack	3		SP, PA NSO, QL(55 EA per 28 days)
OTEZLA 30 mg Oral Tablet	3		SP, PA NSO, QL(60 EA per 30 days)
			SP, QL (28 to 56 days supply per fill depending on indication), PA
REMICADE	3		
			SP, QL (28 to 56 days supply per fill depending on indication), PA
RENFLIXIS	3		
RINVOQ 15 mg Oral Tablet Extended Release 24 Hour, 30 mg	3		SP, PA NSO, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Oral Tablet Extended Release 24 Hour			
RINVOQ 45 mg Oral Tablet Extended Release 24 Hour	3		SP, PA NSO, QL(56 EA per 180 days)
SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml Subcutaneous Solution Prefilled Syringe	3		SP, PA NSO, QL(0.5 ML per 28 days)
SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, PA NSO, QL(1 ML per 28 days)
SIMPONI ARIA	3		SP, QL (56 days supply per fill), PA
XELJANZ 10 mg Oral Tablet, 5 mg Oral Tablet	3		SP, PA NSO, QL(60 EA per 30 days)
XELJANZ 1 mg/ml Oral Solution	3		SP, PA NSO, QL(300 ML per 30 days)
XELJANZ XR	3		SP, PA NSO, QL(30 EA per 30 days)
DIURETICS			
Loop Diuretics			
<i>bumetanide 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	BUMEX	
<i>furosemide 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	LASIX	
<i>furosemide 10 mg/ml Oral Solution, 8 mg/ml Oral Solution</i>	1	LASIX	
<i>torseamide 10 mg Oral Tablet, 100 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	DEMADEX	
Potassium-sparing Diuretics			
<i>amiloride hcl 5 mg Oral Tablet</i>	1	MIDAMOR	
<i>amiloride-hydrochlorothiazide</i>	1	MODURETIC	
<i>triamterene-hctz 37.5-25 mg Oral Capsule</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg Oral Tablet, 75-50 mg Oral Tablet</i>	1	MAXZIDE	
Thiazide Diuretics			
DIURIL	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydrochlorothiazide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg Oral Capsule, 12.5 mg Oral Tablet</i>	1	MICROZIDE	
Thiazide-like Diuretics			
<i>chlorthalidone 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	HYGROTON	
<i>indapamide</i>	1	LOZOL	
<i>metolazone</i>	1	ZAROXOLYN	
Vasopressin Antagonists			
JYNARQUE 30 & 15 mg Oral Tablet Therapy Pack, 45 & 15 mg Oral Tablet Therapy Pack, 60 & 30 mg Oral Tablet Therapy Pack, 90 & 30 mg Oral Tablet Therapy Pack	3		SP, PA, QL(56 EA per 28 days)
<i>tolvaptan 15 mg Oral Tablet</i>	1	JYNARQUE	SP, PA, QL(60 EA per 30 days)
<i>tolvaptan 30 mg Oral Tablet</i>	1	SAMSCA	SP, PA, QL(30 EA per 30 days)
EENT DRUGS, MISCELLANEOUS			
Eent Drugs, Miscellaneous			
<i>acetic acid 2 % Otic Solution</i>	1	VOSOL	
<i>apraclonidine hcl 0.5 % Ophthalmic Solution</i>	1	IOPIDINE	
<i>balanced salt</i>	1		
OXERVATE	3		SP, PA, QL(56 ML per 28 days)
TEPEZZA	3		SP, QL (34 days supply per fill), PA
VISUDYNE	3		SP, QL (34 days supply per fill)
ELECTROLYTIC, CALORIC, AND WATER BALANCE AGENTS; MISC			
Electrolytic, Caloric, And Water Balance Agents; Misc			
CRYSVITA	3		SP, QL (34 days supply per fill), PA
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS			
Basic Lotions And Liniments			
<i>ammonium lactate 12 % External Cream, 12 % External Lotion</i>	1	LAC-HYDRIN	
<i>lactic acid 10 % External Lotion</i>	1	LACTINOL	
ENZYMES			
Enzymes			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ALDURAZYME	3		SP, QL (34 days supply per fill), PA
BRINEURA	3		SP, QL (34 days supply per fill), PA
CEREZYME	3		SP, QL (34 days supply per fill), PA
ELAPRASE	3		SP, QL (34 days supply per fill), PA
ELELYSO	3		SP, QL (34 days supply per fill), PA
ELITEK	3		SP, QL (34 days supply per fill), PA
FABRAZYME	3		SP, QL (34 days supply per fill), PA
KANUMA	3		SP, QL (34 days supply per fill), PA
LUMIZYME	3		SP, QL (34 days supply per fill), PA
MEPSEVII	3		SP, QL (34 days supply per fill), PA
NAGLAZYME	3		SP, QL (34 days supply per fill), PA
NEXVIAZYME	3		SP, QL (28 days supply per fill), PA
PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(4 ML per 28 days)
PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(14 ML per 28 days)
PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(84 ML per 28 days)
REVCOVI	3		SP, QL (34 days supply per fill), PA
STRENSIQ	3		SP, QL (30 days supply per fill), PA
SUCRAID	3		SP, QL (236 ML per fill), PA
VIMIZIM	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VPRIV	3		SP, QL (34 days supply per fill), PA
XIAFLEX	3		SP, QL (34 days supply per fill), PA
ESTROGENS AND ANTIESTROGENS			
Antiestrogens			
<i>anastrozole 1 mg Oral Tablet</i>	0	ARIMIDEX	\$0 copay for women
<i>exemestane</i>	0	AROMASIN	\$0 copay for women
KISQALI FEMARA (400 MG DOSE)	3		SP, PA NSO, QL(70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	3		SP, PA NSO, QL(91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE)	3		SP, PA NSO, QL(49 EA per 28 days)
<i>letrozole 2.5 mg Oral Tablet</i>	0	FEMARA	\$0 copay for women, AL(Min 45 years)
Estrogen Agonist-antagonists			
<i>clomiphene citrate 50 mg Oral Tablet</i>	1		
DUAVEE	3		PA
OSPHENA	3		PA, QL(1 EA per 1 days)
<i>raloxifene hcl</i>	0	EVISTA	\$0 copay for women
<i>tamoxifen citrate 10 mg Oral Tablet, 20 mg Oral Tablet</i>	0	NOLVADEX	\$0 copay for women
<i>toremifene citrate</i>	1	FARESTON	SP
Estrogens			
COMBIPATCH	2		
COVARYX	1		
COVARYX HS	1		
DELESTROGEN 10 mg/ml Intramuscular Oil	3		
DIVIGEL 0.25 mg/0.25gm Transdermal Gel, 0.5 mg/0.5gm Transdermal Gel, 0.75 mg/0.75gm Transdermal Gel	3		
DIVIGEL 1 mg/gm Transdermal Gel, 1.25 mg/1.25gm Transdermal Gel	3		
DOTTI	1		
EEMT	1		
EEMT HS	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ELESTRIN	3		
<i>est estrogens-methyltest 0.625-1.25 mg Oral Tablet</i>	1		
<i>est estrogens-methyltest 1.25-2.5 mg Oral Tablet</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs</i>	1		
<i>estradiol 0.025 mg/24hr Transdermal Patch Weekly, 0.0375 mg/24hr Transdermal Patch Weekly, 0.05 mg/24hr Transdermal Patch Weekly, 0.06 mg/24hr Transdermal Patch Weekly, 0.075 mg/24hr Transdermal Patch Weekly, 0.1 mg/24hr Transdermal Patch Weekly</i>	1	CLIMARA	
<i>estradiol 0.25 mg/0.25gm Transdermal Gel, 0.5 mg/0.5gm Transdermal Gel, 0.75 mg/0.75gm Transdermal Gel</i>	1	DIVIGEL	
<i>estradiol 1 mg/gm Transdermal Gel, 1.25 mg/1.25gm Transdermal Gel</i>	1	DIVIGEL	
<i>estradiol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm Vaginal Cream</i>	1	ESTRACE	
<i>estradiol 10 mcg Vaginal Tablet</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr Transdermal Patch Twice Weekly, 0.0375 mg/24hr Transdermal Patch Twice Weekly, 0.05 mg/24hr Transdermal Patch Twice Weekly, 0.075 mg/24hr Transdermal Patch Twice Weekly, 0.1 mg/24hr Transdermal Patch Twice Weekly</i>	1	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml Intramuscular Oil, 40 mg/ml Intramuscular Oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg Oral Tablet, 1-0.5 mg Oral Tablet</i>	1	ACTIVEVILLA	
ESTRING	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FYAVOLV	1		
JINTELI	1		
LYLLANA	1		
MIMVEY	1		
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet, 1-5 mg-mcg Oral Tablet</i>	1	FEMHRT	
PREMARIN 0.3 mg Oral Tablet, 0.45 mg Oral Tablet, 0.625 mg Oral Tablet, 0.9 mg Oral Tablet, 1.25 mg Oral Tablet	2		
PREMARIN 0.625 mg/gm Vaginal Cream	2		
PREMPHASE	2		
PREMPRO	2		
YUVAFEM	1		
EXPECTORANTS			
Expectorants			
<i>iodine strong (Iugol's)</i>	1		
FIBROMYALGIA AGENTS			
Fibromyalgia Agents			
SAVELLA	2		
SAVELLA TITRATION PACK	2		
FIRST GENERATION ANTIHISTAMINES			
Derivatives, Miscellaneous			
<i>cyproheptadine hcl 4 mg Oral Tablet</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml Oral Syrup</i>	1	PERIACTIN	
Ethanolamine Derivatives			
<i>carbinoxamine maleate 6 mg Oral Tablet</i>	1		
<i>carbinoxamine maleate 4 mg Oral Tablet</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml Oral Solution</i>	1	CLISTIN	
<i>clemastine fumarate 2.68 mg Oral Tablet</i>	1	TAVIST	
<i>diphen 12.5 mg/5ml Oral Elixir</i>	1	BENADRYL	
<i>di-phen 12.5 mg/5ml Oral Elixir</i>	1	BENADRYL	
<i>diphenhydramine hcl 12.5 mg/5ml Oral Elixir</i>	1	BENADRYL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Phenothiazine Derivatives			
<i>promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25 mg Rectal Suppository, 50 mg Oral Tablet</i>	1	PHENERGAN	
<i>promethazine hcl 6.25 mg/5ml Oral Solution, 6.25 mg/5ml Oral Syrup</i>	1	PHENERGAN	
<i>promethazine vc</i>	1	PHENERGAN VC	
<i>promethazine-phenylephrine</i>	1	PHENERGAN VC	
PROMETHEGAN	1		
Propylamine Derivatives			
<i>dexchlorpheniramine maleate 2 mg/5ml Oral Solution</i>	1	RYCLORA	
GENITOURINARY SMOOTH MUSCLE RELAXANTS			
Antimuscarinics			
<i>darifenacin hydrobromide er</i>	1	ENABLEX	ST
<i>fesoterodine fumarate er</i>	1	TOVIAZ	ST
<i>flavoxate hcl</i>	1		
GELNIQUE	3		PA
<i>oxybutynin chloride 5 mg Oral Tablet</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml Oral Syrup</i>	1	DITROPAN	
<i>oxybutynin chloride er</i>	1	DITROPAN	
OXYTROL	3		ST
<i>solifenacin succinate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VESICARE	
<i>tolterodine tartrate</i>	1	DETROL	
<i>tolterodine tartrate er</i>	1	DETROL LA	ST
TOVIAZ	3		ST
<i>trospium chloride</i>	1	SANCTURA	
<i>trospium chloride er</i>	1	SANCTURA XR	ST
B3-adrenergic Agonists			
MYRBETRIQ 25 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour	2		QL(1 EA per 1 days)
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		QL(10 ML per 1 days), AL(Min 3 years and Max 18 years)
GI DRUGS, MISCELLANEOUS			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Gi Drugs, Miscellaneous			
BYLVAY 1200 mcg Oral Capsule	3		SP, PA, QL(5 EA per 1 days)
BYLVAY 400 mcg Oral Capsule	3		SP, PA, QL(15 EA per 1 days)
BYLVAY (PELLETS) 600 mcg Oral Capsule Sprinkle	3		SP, PA, QL(10 EA per 1 days)
BYLVAY (PELLETS) 200 mcg Oral Capsule Sprinkle	3		SP, PA, QL(30 EA per 1 days)
CHOLBAM	3		SP, QL (30 days supply per fill), PA
ENTYVIO	3		SP, QL (56 days supply per fill), PA
GATTEX	3		SP, PA, QL(1 EA per 30 days)
LINZESS	2		QL(1 EA per 1 days), AL(Min 18 years)
LIVMARLI	3		SP, PA, QL(90 ML per 30 days)
<i>lubiprostone</i>	1	AMITIZA	QL(2 EA per 1 days)
MOVANTIK	2		QL(1 EA per 1 days)
RELISTOR 8 mg/0.4ml Subcutaneous Solution	3		PA, QL(6 ML per 30 days)
RELISTOR 12 mg/0.6ml Subcutaneous Solution	3		PA, QL(18 ML per 30 days)
SKYRIZI 180 mg/1.2ml Subcutaneous Solution Cartridge, 360 mg/2.4ml Subcutaneous Solution Cartridge	3		SP, PA NSO, QL(2.4 ML per 56 days)
STELARA 130 mg/26ml Intravenous Solution	3		SP, QL (56 days supply per fill), PA
GOLD COMPOUNDS			
Gold Compounds			
RIDAURA	2		
GONADOTROPINS AND ANTIGONADOTROPINS			
Antigonadotropins			
<i>cetorelix acetate</i>	1	CETROTIDE	QL (34 days supply per fill)
CETROTIDE	3		QL (34 days supply per fill)
FIRMAGON	3		SP, QL (28 days supply per fill)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FIRMAGON (240 MG DOSE)	3		SP, QL (28 days supply per fill)
<i>ganirelix acetate</i>	2		
MYFEMBREE	3		PA, QL(28 EA per 28 days)
ORGOVYX	3		PA, QL(64 EA per 30 days)
ORIAHNN	3		PA, QL(56 EA per 28 days)
ORILISSA 150 mg Oral Tablet	3		PA, QL(30 EA per 30 days)
ORILISSA 200 mg Oral Tablet	3		PA, QL(60 EA per 30 days)
Gonadotropins			
CAMCEVI	3		SP, QL (168 days supply per fill)
<i>chorionic gonadotropin 10000 unit Intramuscular Solution Reconstituted</i>	2	PREGNYL	PA
ELIGARD 30 mg Subcutaneous Kit	3		SP, QL (112 days supply per fill)
ELIGARD 45 mg Subcutaneous Kit	3		SP, QL (168 days supply per fill)
ELIGARD 7.5 mg Subcutaneous Kit	3		SP, QL (28 days supply per fill)
ELIGARD 22.5 mg Subcutaneous Kit	3		SP, QL (84 days supply per fill)
FENSOLVI (6 MONTH)	3		SP, PA, QL(1 EA per 168 days)
FOLLISTIM AQ	3		QL (34 days supply per fill), PA
GONAL-F	3		QL (34 days supply per fill)
GONAL-F RFF	3		QL (34 days supply per fill)
GONAL-F RFF REDIJECT 300 unit/0.5ml Subcutaneous Solution Pen-injector, 450 unt/0.75ml Subcutaneous Solution Pen-injector, 900 unit/1.5ml Subcutaneous Solution Pen-injector	3		QL (34 days supply per fill)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>leuprolide acetate 1 mg/0.2ml Injection Kit</i>	1	LUPRON	SP
LUPANETA PACK 3.75 & 5 mg Combination Kit	3		SP, QL (28 days supply per fill)
LUPANETA PACK 11.25 & 5 mg Combination Kit	3		SP, QL (84 days supply per fill)
LUPRON DEPOT (1-MONTH)	3		SP, QL (28 days supply per fill)
LUPRON DEPOT (3-MONTH)	3		SP, QL (84 days supply per fill)
LUPRON DEPOT (4-MONTH)	3		SP, QL (112 days supply per fill)
LUPRON DEPOT (6-MONTH)	3		SP, QL (168 days supply per fill)
LUPRON DEPOT-PED (1-MONTH)	3		SP, QL (28 days supply per fill)
LUPRON DEPOT-PED (3-MONTH)	3		SP, QL (84 days supply per fill)
MENOPUR	3		QL (34 days supply per fill)
NOVAREL	3		QL (34 days supply per fill), PA
OVIDREL	3		QL (34 days supply per fill)
PREGNYL	3		QL (34 days supply per fill)
SUPPRELIN LA	3		SP, QL (365 days supply per fill), PA
SYNAREL	2		SP
TRELSTAR MIXJECT 22.5 mg Intramuscular Suspension Reconstituted	3		SP, QL (168 days supply per fill)
TRELSTAR MIXJECT 3.75 mg Intramuscular Suspension Reconstituted	3		SP, QL (28 days supply per fill)
TRELSTAR MIXJECT 11.25 mg Intramuscular Suspension Reconstituted	3		SP, QL (84 days supply per fill)
TRIPTODUR	3		SP, QL (168 days supply per fill), PA
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>deferasirox 125 mg Oral Tablet Soluble, 250 mg Oral Tablet Soluble, 500 mg Oral Tablet Soluble</i>	1	EXJADE	SP, QL (30 days supply per fill), PA
<i>deferasirox 180 mg Oral Tablet, 360 mg Oral Tablet, 90 mg Oral Tablet</i>	1	JADENU	SP, QL (30 days supply per fill), PA
<i>deferasirox 180 mg Oral Packet, 360 mg Oral Packet, 90 mg Oral Packet</i>	1	JADENU SPRINKLE	SP, QL (30 days supply per fill), PA
<i>deferasirox granules</i>	1	JADENU SPRINKLE	SP, QL (30 days supply per fill), PA
<i>deferiprone 500 mg Oral Tablet</i>	1	FERRIPROX	SP, QL (34 days supply per fill), PA
FERRIPROX 100 mg/ml Oral Solution	3		SP, QL (34 days supply per fill), PA
<i>penicillamine 250 mg Oral Tablet</i>	1	DEPEN TITRATABS	SP
HEMATOPOIETIC AGENTS			
Hematopoietic Agents			
ARANESP (ALBUMIN FREE)	2		SP, QL (34 days supply per fill), PA
DOPTELET	3		SP, PA, QL(60 EA per 30 days)
EPOGEN	2		SP, QL (34 days supply per fill), PA
FULPHILA	2		SP, PA, QL(0.04 ML per 1 days)
LEUKINE	2		SP, QL (34 days supply per fill), PA
MIRCERA	3		SP, QL (34 days supply per fill), PA
MOZOBIL	3		SP, QL (34 days supply per fill)
MULPLETA	3		SP, QL (7 tablets per fill), PA
NEULASTA	2		SP, PA, QL(0.04 ML per 1 days)
NEULASTA ONPRO	2		SP, PA, QL(0.04 ML per 1 days)
NEUPOGEN	2		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NIVESTYM	3		SP, QL (7 days supply per fill), PA
NPLATE	3		SP, QL (34 days supply per fill), PA
NYVEPRIA	3		SP, PA, QL(0.04 ML per 1 days)
PROCRIT	2		SP, QL (34 days supply per fill), PA
PROMACTA	3		SP, QL (30 days supply per fill), PA
REBLOZYL	3		SP, QL (34 days supply per fill), PA
<i>releuko 300 mcg/0.5ml Subcutaneous Solution Prefilled Syringe, 480 mcg/0.8ml Subcutaneous Solution Prefilled Syringe, 480 mcg/1.6ml Injection Solution</i>	3		SP, QL (34 days supply per fill), PA
RELEUKO 300 mcg/ml Injection Solution	3		SP, QL (34 days supply per fill), PA
RETACRIT	2		SP, QL (34 days supply per fill), PA
UDENYCA	2		SP, PA, QL(0.04 ML per 1 days)
ZIEXTENZO	2		SP, PA, QL(0.04 ML per 1 days)
HEMORRHOLOGIC AGENTS			
Hemorrhologic Agents			
<i>pentoxifylline er</i>	1	TRENTAL	
HYPOTENSIVE AGENTS			
Central Alpha-agonists			
<i>clonidine</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg Oral Tablet, 0.2 mg Oral Tablet, 0.3 mg Oral Tablet</i>	1	CATAPRES	
<i>guanfacine hcl</i>	1	TENEX	
<i>methyldopa</i>	1	ALDOMET	
<i>methyldopa-hydrochlorothiazide</i>	1	ALDORIL	
Direct Vasodilators			
<i>hydralazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	APRESOLINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>minoxidil 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	1	LONITEN	
IMMUNOMODULATORY AGENTS			
Immunomodulatory Agents			
ACTIMMUNE	3		SP, QL (28 days supply per fill), PA
AUBAGIO 14 mg Oral Tablet	2		SP, QL(30 EA per 30 days)
AUBAGIO 7 mg Oral Tablet	2		SP, PA, QL(30 EA per 30 days)
AVONEX PEN	2		SP, QL(1 EA per 28 days)
AVONEX PEN	2		SP, QL(1 ML per 28 days)
AVONEX PREFILLED	2		SP, QL(1 EA per 28 days)
AVONEX PREFILLED	2		SP, QL(1 ML per 28 days)
BAFIERTAM	2		SP, QL(120 EA per 30 days), ST
BETASERON	2		SP, QL(14 EA per 28 days)
<i>dimethyl fumarate 120 mg Oral Capsule Delayed Release</i>	1	TECFIDERA	SP, QL(14 EA per 7 days)
<i>dimethyl fumarate 240 mg Oral Capsule Delayed Release</i>	1	TECFIDERA	SP, QL(60 EA per 30 days)
<i>dimethyl fumarate starter pack</i>	1	TECFIDERA	SP, QL(60 EA per 30 days)
ENSPRYNG	3		SP, PA, QL(1 ML per 28 days)
EXTAVIA	2		SP, QL(15 EA per 30 days)
<i>fingolimod hcl 0.5 mg Oral Capsule</i>	1	GILENYA	SP, QL(30 EA per 30 days)
GILENYA	2		SP, QL(30 EA per 30 days)
<i>glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe</i>	1	COPAXONE	SP, QL(12 ML per 28 days)
<i>glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe</i>	1	COPAXONE	SP, QL(30 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KESIMPTA	2		SP, QL(0.4 ML per 28 days)
LEMTRADA	3		SP, QL (1 course per 365 days), PA
MAYZENT 1 mg Oral Tablet, 2 mg Oral Tablet	2		SP, QL(30 EA per 30 days)
MAYZENT 0.25 mg Oral Tablet	2		SP, QL(140 EA per 28 days)
MAYZENT STARTER PACK 0.25 mg Oral Tablet Therapy Pack	2		SP, QL(7 EA per 180 days)
MAYZENT STARTER PACK 12 x 0.25 mg Oral Tablet Therapy Pack	2		SP, QL(12 EA per 180 days)
OCREVUS	3		SP, QL (180 days supply per fill), PA, QL(40 ML per 365 days)
PLEGRIDY	2		SP, QL(1 ML per 28 days)
PLEGRIDY STARTER PACK	2		SP, QL(1 ML per 28 days)
PONVORY	2		SP, QL(30 EA per 30 days)
PONVORY STARTER PACK	2		SP, QL(14 EA per 180 days)
REBIF	2		SP, QL(6 ML per 28 days)
REBIF REBIDOSE	2		SP, QL(6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	2		SP, QL(4.2 ML per 28 days)
REBIF TITRATION PACK	2		SP, QL(4.2 ML per 28 days)
THALOMID	2		SP, QL (34 days supply per fill)
TYSABRI	3		SP, QL (34 days supply per fill), PA
UPLIZNA	3		SP, PA, QL(30 ML per 180 days)
VUMERITY	2		SP, QL(120 EA per 30 days), ST
VYVGART	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ZEPOSIA	2		SP, PA, QL(30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	2		SP, PA, QL(7 EA per 180 days)
ZEPOSIA STARTER KIT	2		SP, PA, QL(37 EA per 180 days)
IMMUNOSUPPRESSIVE AGENTS			
Immunosuppressive Agents			
<i>azathioprine 50 mg Oral Tablet</i>	1	IMURAN	
BENLYSTA 120 mg Intravenous Solution Reconstituted, 400 mg Intravenous Solution Reconstituted	3		SP, QL (34 days supply per fill), PA
BENLYSTA 200 mg/ml Subcutaneous Solution Auto-injector, 200 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(4 ML per 28 days)
<i>cyclosporine 100 mg Oral Capsule, 25 mg Oral Capsule</i>	1	SANDIMMUNE	
<i>cyclosporine modified 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	NEORAL	
<i>cyclosporine modified 100 mg/ml Oral Solution</i>	1	NEORAL	
ENVARSUS XR	3		
<i>everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet, 1 mg Oral Tablet</i>	1	ZORTRESS	PA
GAMIFANT	3		SP, QL (34 days supply per fill), PA
GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule	1		
GENGRAF 100 mg/ml Oral Solution	1		
LUPKYNIS	3		SP, PA, QL(180 EA per 30 days)
MAVENCLAD (10 TABS)	3		SP, PA, QL(10 EA per 28 days)
MAVENCLAD (4 TABS)	3		SP, PA, QL(4 EA per 27 days)
MAVENCLAD (5 TABS)	3		SP, PA, QL(5 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MAVENCLAD (6 TABS)	3		SP, PA, QL(6 EA per 28 days)
MAVENCLAD (7 TABS)	3		SP, PA, QL(7 EA per 28 days)
MAVENCLAD (8 TABS)	3		SP, PA, QL(8 EA per 28 days)
MAVENCLAD (9 TABS)	3		SP, PA, QL(9 EA per 28 days)
<i>mycophenolate mofetil 250 mg Oral Capsule, 500 mg Oral Tablet</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted</i>	1	CELLCEPT	
<i>mycophenolate sodium</i>	1	MYFORTIC	
NEORAL 100 mg Oral Capsule, 25 mg Oral Capsule	3		
NEORAL 100 mg/ml Oral Solution	3		
NULOJIX	3		PA
PROGRAF 0.2 mg Oral Packet, 0.5 mg Oral Capsule, 1 mg Oral Capsule, 1 mg Oral Packet, 5 mg Oral Capsule	3		
SANDIMMUNE 100 mg Oral Capsule, 25 mg Oral Capsule	3		
SANDIMMUNE 100 mg/ml Oral Solution	3		
SAPHNELO	3		SP, PA, QL(2 ML per 28 days)
<i>sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	RAPAMUNE	PA
<i>sirolimus 1 mg/ml Oral Solution</i>	1	RAPAMUNE	PA
<i>tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule, 5 mg Oral Capsule</i>	1	PROGRAF	
ION-REMOVING AGENTS			
Phosphate-removing Agents			
AURYXIA	3		PA, QL(408 EA per 34 days)
FOSRENOL 1000 mg Oral Packet, 750 mg Oral Packet	2		
<i>lanthanum carbonate 1000 mg Oral Tablet Chewable, 500 mg Oral</i>	1	FOSRENOL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Tablet Chewable, 750 mg Oral Tablet Chewable</i>			
<i>sevelamer carbonate</i>	1	REVELA	
<i>sevelamer hcl</i>	1	RENAGEL	PA
VELPHORO	3		PA
Potassium-removing Agents			
LOKELMA 5 gm Oral Packet	3		PA, QL(1 EA per 1 days)
LOKELMA 10 gm Oral Packet	3		PA, QL(1.14 EA per 1 days)
<i>sodium polystyrene sulfonate Oral Powder</i>	1	KAYEXALATE	
SPS	1		
VELTASSA	3		PA, QL(1 EA per 1 days)
KALLIKREIN-KININ SYSTEM INHIBITORS			
Bradykinin Receptor Antagonists			
<i>icatibant acetate</i>	1	FIRAZYR	SP, PA, QL(9 ML per 30 days)
SAJAZIR	1		SP, PA, QL(9 ML per 30 days)
Complement Inhibitors			
BERINERT	3		SP, QL (34 days supply per fill), PA
CINRYZE	3		SP, QL (34 days supply per fill), PA
EMPAVELI	3		SP, QL (28 days supply per fill), PA
HAEGARDA	3		SP, QL (8 weight based doses per 28 days), PA
RUCONEST	3		SP, QL (34 days supply per fill), PA
SOLIRIS	3		SP, QL (28 days supply per fill), PA
ULTOMIRIS	3		SP, QL (34 days supply per fill), PA
Kallikrein Inhibitors			
KALBITOR	3		SP, QL (34 days supply per fill), PA
TAKHZYRO	3		SP, PA, QL(4 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KERATOLYTIC AGENTS			
Keratolytic Agents			
<i>salimez</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % External Liquid, 10-5 % External Lotion, 10-5 % External Suspension</i>	1		
<i>sulfacetamide sodium-sulfur 10-2 % External Liquid</i>	1	AVAR LS CLEANSER	
<i>sulfacetamide sodium-sulfur 10-2 % External Cream</i>	1	AVAR-E LS	
<i>sulfacetamide sodium-sulfur 10-5 % External Cream, 9.8-4.8 % External Cream, 9.8-4.8 % External Lotion</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % External Liquid</i>	1	PLEXION CLEANSER	
<i>sulfacetamide sodium-sulfur 9-4.5 % External Liquid</i>	1	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 10-4 % External Pad</i>	1	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % External Suspension</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % External Liquid</i>	1	SUMAXIN WASH	
<i>sulfacetamide sod-sulfur wash 9-4.5 % External Kit</i>	1		
<i>sulfacetamide-sulfur in urea 10-5 % External Emulsion</i>	1	ROSULA CLEANSER	
SULFACLEANSE 8/4	1		
LOCAL ANESTHETICS			
Local Anesthetics			
<i>lidocaine hcl 4 % Mouth/Throat Solution</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl</i>	1	XYLOCAINE	
MUCOLYTIC AGENTS			
Mucolytic Agents			
HYPERSAL 3.5 % Inhalation Nebulization Solution	3		
NEBUSAL 3 % Inhalation Nebulization Solution	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NEBUSAL 6 % Inhalation Nebulization Solution	3		
PULMOZYME 2.5 mg/2.5ml Inhalation Solution	3		SP, QL (30 days supply per fill), PA
<i>sodium chloride 0.9 % Inhalation Nebulization Solution, 10 % Inhalation Nebulization Solution, 3 % Inhalation Nebulization Solution</i>	1		
<i>sodium chloride 7 % Inhalation Nebulization Solution</i>	1	HYPERSAL	
MULTIVITAMIN PREPARATIONS			
Multivitamin Preparations			
ATABEX EC	1		
<i>azesco</i>	1		
<i>cadeau dha</i>	1		
CITRANATAL 90 DHA	1		
CITRANATAL ASSURE	1		
CITRANATAL B-CALM	1		
CITRANATAL DHA	1		
CITRANATAL HARMONY	1		
CITRANATAL RX	1		
<i>c-nate dha</i>	1		
<i>complete natal dha 29-1-200 & 200 mg Oral Miscellaneous</i>	1		
<i>completenate</i>	1		
CONCEPT DHA	1		
CONCEPT OB	1		
DUET DHA 400	1		
DUET DHA BALANCED	1		
ELITE-OB	1		
ENBRACE HR	1		
FOLIVANE-OB 85-1 mg Oral Capsule	1		
<i>kosher prenatal plus iron</i>	1		
<i>m-natal plus</i>	1		
<i>multi-mac</i>	1		
<i>multi-vit/iron/fluoride</i>	1		
<i>multivitamin + fluoride</i>	1		
<i>multivitamin select/fluoride</i>	1		
<i>multivitamin/fluoride 0.25 mg Oral Tablet Chewable, 0.5 mg Oral</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Tablet Chewable, 1 mg Oral Tablet Chewable</i>			
<i>multivitamin/fluoride 0.25 mg/ml Oral Solution, 0.5 mg/ml Oral Solution</i>	1		
<i>multi-vitamin/fluoride</i>	1		
<i>multivitamin/fluoride/iron</i>	1		
<i>multi-vitamin/fluoride/iron</i>	1		
NATACHEW	1		
NEEVO DHA	1		
NESTABS	1		
NESTABS DHA	1		
NESTABS ONE	1		
NIVA-PLUS	1		
OB COMPLETE	1		
OB COMPLETE ONE	1		
OB COMPLETE PETITE	1		
OB COMPLETE PREMIER	1		
OB COMPLETE/DHA	1		
OBSTETRIX DHA	1		
OBSTETRIX EC	1		
OBSTETRIX ONE	1		
<i>onevite Oral Tablet</i>	1		
<i>pnv tabs 29-1</i>	1		
<i>pnv-dha</i>	1		
<i>pnv-dha+docusate</i>	1		
<i>pnv-omega</i>	1		
<i>pnv-select</i>	1		
POLY-VI-FLOR 0.25 mg Oral Tablet Chewable, 0.5 mg Oral Tablet Chewable, 1 mg Oral Tablet Chewable	1		
POLY-VI-FLOR 0.25 mg/ml Oral Suspension	1		
POLY-VI-FLOR/IRON 0.5-10 mg Oral Tablet Chewable	1		
POLY-VI-FLOR/IRON 0.25-7 mg/ml Oral Suspension	1		
<i>pregen dha</i>	1		
<i>prena 1 true</i>	1		
<i>prena1</i>	1		
<i>prena1 pearl</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>prenaissance</i>	1		
<i>prenaissance plus</i>	1		
<i>prenatabs fa</i>	1		
PRENATABS RX	1		
<i>prenatal 27-1 mg Oral Tablet</i>	1		
<i>prenatal 19 Oral Tablet, 29-1 mg Oral Tablet, 29-1 mg Oral Tablet Chewable</i>	1		
<i>prenatal plus</i>	1		
<i>prenatal plus iron</i>	1		
<i>prenatal plus vitamin/mineral</i>	1		
<i>prenatal vitamin plus low iron</i>	1		
PRENATAL-U	1		
PRENATE	1		
PRENATE AM	1		
PRENATE DHA	1		
PRENATE ELITE	1		
PRENATE ENHANCE	1		
PRENATE ESSENTIAL	1		
PRENATE MINI	1		
PRENATE PIXIE	1		
PRENATE RESTORE	1		
<i>preplus</i>	1		
<i>pretab</i>	1		
PRIMACARE	1		
PROVIDA OB	1		
<i>relnate dha</i>	1		
SELECT-OB	1		
SELECT-OB+DHA	1		
<i>se-natal 19</i>	1		
TARON-C DHA 35-1 mg Oral Capsule	1		
TARON-PREX	1		
<i>thrivite 19 Oral Tablet</i>	1		
<i>thrivite rx</i>	1		
TRICARE	1		
TRICARE PRENATAL DHA ONE	1		
<i>trinatal rx 1</i>	1		
TRINATE	1		
<i>tristart dha</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRIVEEN-DUO DHA 29-1-200 & 300 mg Oral Miscellaneous	1		
TRI-VI-FLOR	1		
VINATE CARE	1		
VINATE DHA RF	1		
VINATE II	1		
VINATE ONE	1		
<i>virt-c dha</i>	1		
<i>virt-nate dha</i>	1		
<i>virt-pn dha</i>	1		
<i>virt-pn plus</i>	1		
VITAFOL GUMMIES	1		
VITAFOL ULTRA	1		
VITAFOL-NANO	1		
VITAFOL-OB	1		
VITAFOL-OB+DHA	1		
VITAFOL-ONE	1		
VITAMEDMD ONE RX/QUATREFOLIC	1		
VITAMEDMD REDICHEW RX	1		
<i>vitamins acd-fluoride</i>	1		
VITAPEARL	1		
VITATRUE	1		
VIVA DHA	1		
<i>vp-pnv-dha</i>	1		
<i>wescap-c dha</i>	1		
<i>wescap-pn dha</i>	1		
<i>wesnate dha</i>	1		
<i>westgel dha</i>	1		
ZATEAN-PN DHA	1		
ZATEAN-PN PLUS	1		
<i>ziphex</i>	1		
MYDRIATICS			
Mydriatics			
<i>atropine sulfate 1 % Ophthalmic Ointment</i>	1		
<i>atropine sulfate 0.01 % Ophthalmic Solution</i>	1		
<i>atropine sulfate 1 % Ophthalmic Solution</i>	1	ISOPTO ATROPINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cyclopentolate hcl 0.5 % Ophthalmic Solution, 1 % Ophthalmic Solution, 2 % Ophthalmic Solution</i>	1	CYCLOGYL	
<i>tropicamide 0.5 % Ophthalmic Solution</i>	1		
<i>tropicamide 1 % Ophthalmic Solution</i>	1	MYDRIACYL	
NON-AHFS SUBCLASS			
Unknown Therapeutic Class			
INQOVI	3		SP, PA NSO, QL(5 EA per 28 days)
NONHORMONAL CONTRACEPTIVES			
Nonhormonal Contraceptives			
CAYA	0		
FC2 FEMALE CONDOM	0		
FEMCAP	0		
OPTIONS GYNOL II CONTRACEPTIVE	0		
PHEXXI	0		
TODAY SPONGE	0		
VCF VAGINAL CONTRACEPTIVE 28 % Vaginal Film	0		
VCF VAGINAL CONTRACEPTIVE 12.5 % Vaginal Foam, 4 % Vaginal Gel	0		
WIDE-SEAL DIAPHRAGM 60	0		
WIDE-SEAL DIAPHRAGM 65	0		
WIDE-SEAL DIAPHRAGM 70	0		
WIDE-SEAL DIAPHRAGM 75	0		
WIDE-SEAL DIAPHRAGM 80	0		
WIDE-SEAL DIAPHRAGM 85	0		
WIDE-SEAL DIAPHRAGM 90	0		
WIDE-SEAL DIAPHRAGM 95	0		
OPIATE ANTAGONISTS			
Opiate Antagonists			
KLOXXADO	2		
<i>naloxone hcl 4 mg/0.1ml Nasal Liquid</i>	1	NARCAN	
<i>naloxone hcl 0.4 mg/ml Injection Solution Cartridge, 2 mg/2ml Injection Solution Prefilled Syringe</i>	1	NARCAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>naltrexone hcl 50 mg Oral Tablet</i>	1	REVIA	
NARCAN	2		
VIVITROL	3		SP, QL (30 days supply per fill)
ZIMHI	2		
OTHER MISCELLANEOUS THERAPEUTIC AGENTS			
Other Miscellaneous Therapeutic Agents			
AMVUTTRA	3		SP, PA, QL(0.5 ML per 84 days)
ARCALYST	3		SP, QL (34 days supply per fill), PA
BOTOX	3		SP, QL (90 days supply per fill), PA
CYSTAGON	2		SP, QL (34 days supply per fill)
<i>dalfampridine er</i>	1	AMPYRA	SP, QL(60 EA per 30 days)
DUROLANE	3		SP, QL (34 days supply per fill)
DYSPORT	3		SP, QL (90 days supply per fill), PA
ELMIRON	3		PA
ENDARI	3		SP, PA, QL(180 EA per 30 days)
EUFLEXXA	3		SP, QL (34 days supply per fill)
EVRYSDI	3		SP, PA, QL(6.67 ML per 1 days)
FIRDAPSE	3		SP, PA, QL(240 EA per 30 days)
GALAFOLD	3		SP, PA, QL(14 EA per 28 days)
GEL-ONE	3		SP, QL (34 days supply per fill), PA
GELSYN-3	3		SP, QL (34 days supply per fill)
GENVISC 850	3		SP, QL (34 days supply per fill), PA
GIVLAARI	3		SP, QL (34 days supply per fill), PA
HYALGAN	3		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
JAVYGTOR 500 mg Oral Packet	1		QL (30 days supply per fill), SP
JAVYGTOR 100 mg Oral Tablet	1		QL (30 days supply per fill), SP, PA
JAVYGTOR 100 mg Oral Packet	1		QL (34 days supply per fill), SP, PA
<i>levocarnitine 330 mg Oral Tablet</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml Oral Solution</i>	1	CARNITOR	
<i>levocarnitine sf</i>	1	CARNITOR	
<i>miglustat</i>	1	ZAVESCA	SP, PA, QL(90 EA per 30 days)
MYOBLOC	3		SP, QL (90 day supply per fill), PA
NITYR	3		SP, PA
NULIBRY	3		SP, QL (34 days supply per fill), PA
ONPATTRO	3		SP, QL (21 days supply per fill), PA
ORTHOVISC	3		SP, QL (34 days supply per fill), PA
PROCYSBI	3		SP, QL (34 days supply per fill), PA
REZUROCK	3		SP, PA, QL(30 EA per 30 days)
<i>sapropterin dihydrochloride 100 mg Oral Packet, 100 mg Oral Tablet, 500 mg Oral Packet</i>	1	KUVAN	SP, QL (30 days supply per fill), PA
<i>silica Gel</i>	1		
SUPARTZ FX	3		SP, QL (34 days supply per fill)
SYNVISC	3		SP, QL (34 days supply per fill)
SYNVISC ONE	3		SP, QL (34 days supply per fill)
TYBOST	2		QL(1 EA per 1 days)
VIJOICE 50 mg Oral Tablet Therapy Pack	3		SP, PA, QL(28 EA per 28 days)
VIJOICE 125 mg Oral Tablet Therapy Pack, 200 & 50 mg Oral Tablet Therapy Pack	3		SP, PA, QL(56 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VISCO-3	3		SP, QL (34 days supply per fill), PA
VOXZOGO	3		SP, PA, QL(30 EA per 30 days)
VYNDAMAX	3		SP, PA, QL(30 EA per 30 days)
VYNDAQEL	3		SP, PA, QL(120 EA per 30 days)
XEOMIN	3		SP, QL (90 days supply per fill), PA
ZOKINVY	3		SP, QL (34 days supply per fill), PA
OXYTOCICS			
Oxytocics			
<i>methylergonovine maleate 0.2 mg Oral Tablet</i>	1	METHERGINE	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS			
Parasympathomimetic (cholinergic) Agents			
<i>bethanechol chloride 10 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	1	URECHOLINE	
<i>donepezil hcl 10 mg Oral Tablet, 23 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml Oral Solution</i>	1	RAZADYNE	
<i>galantamine hydrobromide er</i>	1	RAZADYNE ER	
<i>guanidine hcl</i>	1		
<i>pilocarpine hcl 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	SALAGEN	
<i>pyridostigmine bromide 30 mg Oral Tablet</i>	1		
<i>pyridostigmine bromide 60 mg Oral Tablet</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml Oral Solution</i>	1	MESTINON	
<i>pyridostigmine bromide er</i>	1	MESTINON	
<i>rivastigmine tartrate</i>	1	EXELON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PARATHYROID AND ANTIPARATHYROID AGENTS			
Antiparathyroid Agents			
<i>calcitonin (salmon) 200 unit/act Nasal Solution</i>	1	MIACALCIN	
<i>cinacalcet hcl</i>	1	SENSIPAR	SP
PARSABIV	3		SP, QL (34 days supply per fill), PA
Parathyroid Agents			
<i>teriparatide (recombinant) 620 mcg/2.48ml Subcutaneous Solution Pen-injector</i>	1		SP, PA, QL(2.48 ML per 28 days)
TYMLOS	3		SP, PA, QL(1.56 ML per 30 days)
PHOSPHODIESTERASE TYPE 4 INHIBITORS			
Phosphodiesterase Type 4 Inhibitors			
DALIRESP	3		PA
<i>roflumilast 250 mcg Oral Tablet, 500 mcg Oral Tablet</i>	1	DALIRESP	PA
PITUITARY			
Pituitary			
<i>desmopressin ace spray refrig</i>	1	MINIRIN	
<i>desmopressin acetate 1.5 mg/ml Nasal Solution</i>	1		
<i>desmopressin acetate 0.1 mg Oral Tablet, 0.2 mg Oral Tablet</i>	1	DDAVP	
<i>desmopressin acetate spray</i>	1	DDAVP	
SKYTROFA	%		SP, QL (34 days supply per fill), PA
PITUITARY FUNCTION			
Pituitary Function			
MACRILEN	3		SP, QL (34 days supply per fill)
PROGESTINS			
Progestins			
CRINONE	3		PA
DEPO-SUBQ PROVERA 104	0		QL (84 days supply per fill)
ENDOMETRIN	2		
<i>hydroxyprogesterone caproate Powder</i>	1		QL (34 days supply per fill)
<i>hydroxyprogesterone caproate 250 mg/ml Intramuscular Oil</i>	3	MAKENA	SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MAKENA 275 mg/1.1ml Subcutaneous Solution Auto-injector	3		SP, QL (34 days supply per fill), PA
<i>medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension, 150 mg/ml Intramuscular Suspension Prefilled Syringe</i>	0	DEPO-PROVERA	QL (84 days supply per fill)
<i>medroxyprogesterone acetate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PROVERA	
<i>megestrol acetate 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml Oral Suspension, 400 mg/10ml Oral Suspension, 800 mg/20ml Oral Suspension</i>	1	MEGACE	
<i>norethindrone acetate 5 mg Oral Tablet</i>	1	AYGESTIN	
<i>progesterone 50 mg/ml Intramuscular Oil</i>	1		
<i>progesterone 100 mg Oral Capsule, 200 mg Oral Capsule</i>	1	PROMETRIUM	
PROKINETIC AGENTS			
Prokinetic Agents			
<i>metoclopramide hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml Oral Solution, 5 mg/5ml Oral Solution</i>	1	REGLAN	
PROTECTIVE AGENTS			
Protective Agents			
COSELA	3		SP, QL (34 days supply per fill), PA
MESNEX 400 mg Oral Tablet	3		
PSYCHOTHERAPEUTIC AGENTS			
Antidepressants			
<i>amitriptyline hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	ELAVIL	
<i>amoxapine</i>	1	ASENDIN	
ALENZIN	3		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>bupropion hcl 100 mg Oral Tablet, 75 mg Oral Tablet</i>	1	WELLBUTRIN	
<i>bupropion hcl er (smoking det)</i>	0	ZYBAN	
<i>bupropion hcl er (sr)</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg Oral Tablet Extended Release 24 Hour</i>	1	FORFIVO XL	PA, QL(1 EA per 1 days)
<i>bupropion hcl er (xl) 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	1	WELLBUTRIN XL	
<i>chlordiazepoxide-amitriptyline</i>	1	LIMBITROL	
<i>citalopram hydrobromide 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml Oral Solution</i>	1	CELEXA	
<i>clomipramine hcl 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	NORPRAMIN	
<i>desvenlafaxine succinate er</i>	1	PRISTIQ	QL(1 EA per 1 days)
<i>doxepin hcl 10 mg Oral Capsule, 100 mg Oral Capsule, 150 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml Oral Concentrate</i>	1	SINEQUAN	
<i>duloxetine hcl 20 mg Oral Capsule Delayed Release Particles, 30 mg Oral Capsule Delayed Release Particles, 60 mg Oral Capsule Delayed Release Particles</i>	1	CYMBALTA	
<i>escitalopram oxalate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml Oral Solution</i>	1	LEXAPRO	
FETZIMA	3		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FETZIMA TITRATION	3		PA
<i>fluoxetine hcl 10 mg Oral Capsule, 10 mg Oral Tablet, 20 mg Oral Capsule, 20 mg Oral Tablet, 40 mg Oral Capsule, 60 mg Oral Tablet, 90 mg Oral Capsule Delayed Release</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml Oral Solution</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd)</i>	1	SARAFEM	
<i>fluvoxamine maleate</i>	1	LUVOX	
<i>imipramine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TOFRANIL	
<i>imipramine pamoate</i>	1	TOFRANIL-PM	
<i>maprotiline hcl</i>	1	LUDIOMIL	
<i>mirtazapine 15 mg Oral Tablet, 15 mg tab disint, 30 mg Oral Tablet, 30 mg tab disint, 45 mg Oral Tablet, 45 mg tab disint, 7.5 mg Oral Tablet</i>	1	REMERON	
<i>nefazodone hcl</i>	1	SERZONE	
<i>nortriptyline hcl 10 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml Oral Solution</i>	1	PAMELOR	
<i>olanzapine-fluoxetine hcl</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml Oral Suspension</i>	1	PAXIL	
<i>paroxetine hcl er</i>	1	PAXIL CR	
<i>perphenazine-amitriptyline</i>	1	TRIAVIL	
<i>phenelzine sulfate 15 mg Oral Tablet</i>	1	NARDIL	
<i>protriptyline hcl</i>	1	VIVACTIL	
<i>sertraline hcl 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ZOLOFT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sertraline hcl 20 mg/ml Oral Concentrate</i>	1	ZOLOFT	
SPRAVATO (56 MG DOSE)	3		SP, QL (34 days supply per fill), PA
SPRAVATO (84 MG DOSE)	3		SP, QL (34 days supply per fill), PA
<i>tranylcypromine sulfate</i>	1	PARNATE	
<i>trazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 300 mg Oral Tablet, 50 mg Oral Tablet</i>	1	DESYREL	
<i>trimipramine maleate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	SURMONTIL	
TRINTELLIX	3		PA
<i>venlafaxine hcl</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg Oral Tablet Extended Release 24 Hour, 225 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour, 75 mg Oral Tablet Extended Release 24 Hour</i>	1		
<i>venlafaxine hcl er 150 mg Oral Capsule Extended Release 24 Hour, 37.5 mg Oral Capsule Extended Release 24 Hour, 75 mg Oral Capsule Extended Release 24 Hour</i>	1	EFFEXOR XR	
VIIBRYD	3		PA, QL(1 EA per 1 days)
VIIBRYD STARTER PACK	3		PA, QL(1 EA per 1 days)
<i>vilazodone hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	VIIBRYD	PA, QL(1 EA per 1 days)
ZULRESSO	3		SP, QL (34 days supply per fill), PA
Antipsychotics			
ABILIFY MAINTENA	3		SP, PA, QL(1 EA per 28 days)
<i>aripiprazole 10 mg Oral Tablet, 15 mg Oral Tablet, 2 mg Oral Tablet,</i>	1	ABILIFY	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>			
<i>aripiprazole 1 mg/ml Oral Solution</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
ARISTADA 441 mg/1.6ml Intramuscular Prefilled Syringe	3		SP, PA, QL(1.6 ML per 28 days)
ARISTADA 662 mg/2.4ml Intramuscular Prefilled Syringe	3		SP, PA, QL(2.4 ML per 28 days)
ARISTADA 882 mg/3.2ml Intramuscular Prefilled Syringe	3		SP, PA, QL(3.2 ML per 28 days)
ARISTADA 1064 mg/3.9ml Intramuscular Prefilled Syringe	3		SP, PA, QL(3.9 ML per 56 days)
ARISTADA INITIO	3		SP, PA, QL(2.4 ML per 28 days)
<i>asenapine maleate</i>	1	SAPHRIS	PA
CAPLYTA	3		PA, QL(1 EA per 1 days)
<i>chlorpromazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	THORAZINE	
<i>clozapine 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
COMPRO	1		
FANAPT	3		PA
FANAPT TITRATION PACK	3		PA
<i>fluphenazine decanoate 25 mg/ml Injection Solution</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml Oral Elixir, 5 mg/ml Oral Concentrate</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	HALDOL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>haloperidol decanoate 100 mg/ml Intramuscular Solution, 50 mg/ml Intramuscular Solution</i>	1	HALDOL	
<i>haloperidol lactate</i>	1	HALDOL	
INVEGA HAFYERA 1092 mg/3.5ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(3.5 ML per 168 days)
INVEGA HAFYERA 1560 mg/5ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(5 ML per 168 days)
INVEGA SUSTENNA 39 mg/0.25ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(0.25 ML per 28 days)
INVEGA SUSTENNA 78 mg/0.5ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(0.5 ML per 28 days)
INVEGA SUSTENNA 117 mg/0.75ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(0.75 ML per 28 days)
INVEGA SUSTENNA 156 mg/ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(1 ML per 28 days)
INVEGA SUSTENNA 234 mg/1.5ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(1.5 ML per 28 days)
INVEGA TRINZA 273 mg/0.88ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(0.88 ML per 84 days)
INVEGA TRINZA 410 mg/1.32ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(1.32 ML per 84 days)
INVEGA TRINZA 546 mg/1.75ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(1.75 ML per 84 days)
INVEGA TRINZA 819 mg/2.63ml Intramuscular Suspension Prefilled Syringe	3		SP, PA, QL(2.62 ML per 84 days)
LATUDA	3		PA
<i>loxapine succinate</i>	1	LOXITANE	
NUPLAZID	3		SP, PA, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>olanzapine 10 mg Intramuscular Solution Reconstituted, 10 mg Oral Tablet, 15 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er</i>	1	INVEGA	PA
<i>perphenazine 16 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	TRILAFON	
PERSERIS	3		SP, PA, QL(1 EA per 28 days)
<i>pimozide</i>	1	ORAP	
<i>prochlorperazine</i>	1	COMPRO	
<i>prochlorperazine maleate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	COMPAZINE	
<i>quetiapine fumarate 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 300 mg Oral Tablet, 400 mg Oral Tablet, 50 mg Oral Tablet</i>	1	SEROQUEL	
<i>quetiapine fumarate er</i>	1	SEROQUEL XR	
RISPERDAL CONSTA	3		SP, PA, QL(2 EA per 28 days)
<i>risperidone 0.25 mg Oral Tablet, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint, 3 mg Oral Tablet, 3 mg tab disint, 4 mg Oral Tablet, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml Oral Solution</i>	1	RISPERDAL	
SECUADO	3		PA, QL(1 EA per 1 days)
<i>thioridazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	MELLARIL	
<i>thiothixene</i>	1	NAVANE	
<i>trifluoperazine hcl</i>	1	STELAZINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VRAYLAR	3		PA, QL(1 EA per 1 days)
<i>ziprasidone hcl</i>	1	GEODON	
ZYPREXA RELPREVV	3		SP, PA, QL(2 EA per 28 days)
RADIOACTIVE AGENTS			
Radioactive Agents			
XOFIGO	3		SP, QL (34 days supply per fill), PA
RENIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB			
Angiotensin li Receptor Antagonists			
<i>candesartan cilexetil</i>	1	ATACAND	
<i>candesartan cilexetil-hctz</i>	1	ATACAND HCT	
EDARBI	3		PA, QL(1 EA per 1 days)
EDARBYCLOR	3		PA, QL(1 EA per 1 days)
<i>irbesartan</i>	1	AVAPRO	
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	
<i>losartan potassium 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	COZAAR	
<i>losartan potassium-hctz</i>	1	HYZAAR	
<i>olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BENICAR	
<i>olmesartan medoxomil-hctz</i>	1	BENICAR HCT	
<i>telmisartan</i>	1	MICARDIS	
<i>telmisartan-hctz</i>	1	MICARDIS-HCT	
<i>valsartan 160 mg Oral Tablet, 320 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	DIOVAN	
<i>valsartan-hydrochlorothiazide</i>	1	DIOVAN HCT	
Angiotensin-converting Enzyme Inhibitors			
<i>benazepril hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	LOTENSIN	
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	
<i>captopril 100 mg Oral Tablet, 12.5 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	CAPOTEN	
<i>captopril-hydrochlorothiazide</i>	1	CAPOZIDE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>enalapril maleate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VASOTEC	
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	
<i>fosinopril sodium</i>	1	MONOPRIL	
<i>fosinopril sodium-hctz</i>	1	MONOPRIL-HCT	
<i>lisinopril 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZESTRIL	
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	
<i>moexipril hcl</i>	1	UNIVASC	
<i>perindopril erbumine</i>	1	ACEON	
<i>quinapril hcl</i>	1	ACCUPRIL	
<i>quinapril-hydrochlorothiazide</i>	1	ACCURETIC	
<i>ramipril</i>	1	ALTACE	
<i>trandolapril</i>	1	MAVIK	
Mineralocorticoid (aldost) Recept Antag			
<i>eplerenone</i>	1	INSPRA	
<i>spironolactone 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ALDACTONE	
<i>spironolactone-hctz 25-25 mg Oral Tablet</i>	1	ALDACTAZIDE	
Renin Inhibitors			
<i>aliskiren fumarate</i>	1	TEKTURNA	PA
TEKTURNA HCT	3		PA
Renin-angiotensin-aldosterone System Inhibitors, Misc			
ENTRESTO 97-103 mg Oral Tablet	2		QL(2 EA per 1 days)
ENTRESTO 49-51 mg Oral Tablet	2		QL(3 EA per 1 days)
ENTRESTO 24-26 mg Oral Tablet	2		QL(6 EA per 1 days)
REPLACEMENT PREPARATIONS			
Replacement Preparations			
<i>calcium acetate 667 mg Oral Tablet</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Tablet</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Capsule</i>	1	PHOSLO	
EFFER-K 25 meq Oral Tablet Effervescent	1		
KLOR-CON	1		
KLOR-CON 10	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KLOR-CON M10	1		
KLOR-CON M15	1		
KLOR-CON M20	1		
KLOR-CON/EF	1		
K-PHOS	2		
PHOSPHO-TRIN K500	2		
<i>potassium chloride 20 meq Oral Packet</i>	1		
<i>potassium chloride 10 % Oral Solution, 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution</i>	1	K-SOL	
<i>potassium chloride crystals 10 meq Oral Tablet Extended Release</i>	1		
<i>potassium chloride crystals 15 meq Oral Tablet Extended Release, 20 meq Oral Tablet Extended Release</i>	1	KLOR-CON	
<i>potassium chloride 20 meq Oral Tablet Extended Release</i>	1	K-TAB	
<i>potassium chloride 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release</i>	1	KLOR-CON	
<i>potassium chloride 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release</i>	1	MICRO-K	
RESPIRATORY SMOOTH MUSCLE RELAXANTS			
Respiratory Smooth Muscle Relaxants			
ELIXOPHYLLIN	1		
THEO-24	3		
<i>theophylline 80 mg/15ml Oral Elixir, 80 mg/15ml Oral Solution</i>	1		
<i>theophylline 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour</i>	1	THEO-DUR	
<i>theophylline 400 mg Oral Tablet Extended Release 24 Hour, 600 mg Oral Tablet Extended Release 24 Hour</i>	1	UNIPHYL	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS			
Respiratory Tract Agents, Miscellaneous			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ARALAST NP	3		SP, QL (34 days supply per fill), PA
GLASSIA	3		SP, QL (34 days supply per fill), PA
PROLASTIN-C	3		SP, QL (34 days supply per fill), PA
TEZSPIRE	3		SP, PA, QL(1.91 ML per 28 days)
XOLAIR 150 mg Subcutaneous Solution Reconstituted	3		SP, QL (28 days supply per fill), PA
XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(4 ML per 28 days)
XOLAIR 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(5 ML per 28 days)
ZEMAIRA	3		SP, QL (34 days supply per fill), PA
SECOND GENERATION ANTIHISTAMINES			
Second Generation Antihistamines			
CLARINEX-D 12 HOUR	3		
<i>desloratadine 5 mg Oral Tablet</i>	1	CLARINEX	
<i>levocetirizine dihydrochloride 5 mg Oral Tablet</i>	1	XYZAL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml Oral Solution</i>	1	XYZAL	
SKELETAL MUSCLE RELAXANTS			
Centrally Acting Skeletal Muscle Relaxants			
<i>carisoprodol 250 mg Oral Tablet, 350 mg Oral Tablet</i>	1	SOMA	
<i>carisoprodol-aspirin-codeine</i>	1	SOMA COMPOUND WITH CODEINE	
<i>chlorzoxazone 250 mg Oral Tablet</i>	1		
<i>chlorzoxazone 375 mg Oral Tablet, 750 mg Oral Tablet</i>	1	LORZONE	
<i>chlorzoxazone 500 mg Oral Tablet</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg Oral Tablet</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	FLEXERIL	
<i>metaxalone</i>	1	SKELAXIN	
<i>methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	ROBAXIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tizanidine hcl 2 mg Oral Capsule, 2 mg Oral Tablet, 4 mg Oral Capsule, 4 mg Oral Tablet, 6 mg Oral Capsule</i>	1	ZANAFLEX	
Direct-acting Skeletal Muscle Relaxants			
<i>dantrolene sodium 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	DANTRIUM	
Gaba-derivative Skeletal Muscle Relaxants			
<i>baclofen 5 mg Oral Tablet</i>	1		
<i>baclofen 5 mg/5ml Oral Solution</i>	1		PA, QL(16 ML per 1 days)
<i>baclofen 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	LIORESAL	
Skeletal Muscle Relaxants, Miscellaneous			
<i>orphenadrine citrate er</i>	1	NORFLEX	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC			
Skin And Mucous Membrane Agents, Misc			
<i>acitretin</i>	1	SORIATANE	SP, QL (34 days supply per fill), PA
<i>adapalene 0.1 % External Cream, 0.1 % External Gel, 0.3 % External Gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % External Gel</i>	1	EPIDUO	
ADBRY	3		SP, PA, QL(4 ML per 28 days)
AMNESTEEM	1		QL (30 days supply per fill)
ARAZLO	3		PA
<i>azelaic acid 15 % External Gel</i>	1	FINACEA	
<i>bexarotene 1 % External Gel</i>	1	TARGRETIN	SP, QL (34 days supply per fill), PA
<i>calcipotriene 0.005 % External Cream, 0.005 % External Ointment</i>	1	DOVONEX	
<i>calcipotriene 0.005 % External Solution</i>	1	DOVONEX	
CALCITRENE	1		
<i>calcitriol 3 mcg/gm External Ointment</i>	1	VECTICAL	
CIBINQO	3		SP, PA, QL(30 EA per 30 days)

¹You 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	Reference Name	Requirements/Limits ¹
CLARAVIS	1		QL (30 days supply per fill)
CONDYLOX	2		
COREMINO	1		
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Pen-injector	3		SP, PA, QL(2.28 ML per 28 days)
DUPIXENT 300 mg/2ml Subcutaneous Solution Pen-injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe	3		SP, PA, QL(4 ML per 28 days)
FABIOR	3		PA
FINACEA 15 % External Foam	3		PA
<i>fluorouracil 0.5 % External Cream</i>	1	CARAC	
<i>fluorouracil 5 % External Cream</i>	1	EFUDEX	
<i>fluorouracil 2 % External Solution, 5 % External Solution</i>	1	EFUDEX	
<i>imiquimod 5 % External Cream</i>	1	ALDARA	
<i>isotretinoin 10 mg Oral Capsule, 20 mg Oral Capsule, 25 mg Oral Capsule, 30 mg Oral Capsule, 35 mg Oral Capsule, 40 mg Oral Capsule</i>	1	ABSORICA	QL (30 days supply per fill)
KLISYRI	3		QL (5 packets per fill), PA
<i>minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour, 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour</i>	1	SOLODYN	
<i>minocycline hcl er 105 mg Oral Tablet Extended Release 24 Hour, 115 mg Oral Tablet Extended Release 24 Hour, 55 mg Oral Tablet Extended Release 24 Hour, 65 mg Oral Tablet Extended Release 24 Hour, 80 mg Oral Tablet Extended Release 24 Hour</i>	1	SOLODYN	PA
MIRVASO	3		QL (1 tube per fill), PA
MYORISAN	1		QL (30 days supply per fill)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
OPZELURA	3		PA, QL(240 GM per 28 days)
PICATO	3		QL (1 tube per fill), PA
<i>pimecrolimus</i>	1	ELIDEL	PA
<i>podofilox 0.5 % External Solution</i>	1	CONDYLOX	
QBREXZA	2		PA, QL(1 EA per 1 days)
QUTENZA	3		SP, PA, QL(4 EA per 90 days)
QUTENZA (2 PATCH)	3		SP, PA, QL(4 EA per 90 days)
QUTENZA (4 PATCH)	3		SP, PA, QL(4 EA per 90 days)
SANTYL	2		PA
SCENESSE	3		SP, QL (60 days supply per fill), PA
SKYRIZI 150 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, PA NSO, QL(1 ML per 84 days)
SKYRIZI (150 MG DOSE)	3		SP, PA NSO, QL(1 EA per 84 days)
SKYRIZI PEN	3		SP, PA NSO, QL(1 ML per 84 days)
STELARA 45 mg/0.5ml Subcutaneous Solution, 45 mg/0.5ml Subcutaneous Solution Prefilled Syringe	3		SP, PA NSO, QL(0.5 ML per 84 days)
STELARA 90 mg/ml Subcutaneous Solution Prefilled Syringe	3		SP, QL (56 or 84 days supply per fill depending on indication), PA NSO
<i>tacrolimus 0.03 % External Ointment, 0.1 % External Ointment</i>	1	PROTOPIC	
TARGRETIN 1 % External Gel	3		SP, QL (34 days supply per fill), PA
<i>tazarotene 0.1 % External Foam</i>	1	FABIOR	PA
<i>tazarotene 0.05 % External Gel, 0.1 % External Cream, 0.1 % External Gel</i>	1	TAZORAC	
TAZORAC 0.05 % External Cream, 0.05 % External Gel, 0.1 % External Gel	3		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TREMFYA	3		SP, PA NSO, QL(1 ML per 56 days)
VALCHLOR	3		SP, QL (34 days supply per fill), PA
VEREGEN	3		PA
ZENATANE	1		QL (30 days supply per fill)
SOMATOSTATIN AGONISTS AND ANTAGONISTS			
Somatostatin Agonists			
<i>lanreotide acetate 120 mg/0.5ml Subcutaneous Solution</i>	3		SP, QL (28 days supply per fill), PA
<i>octreotide acetate 100 mcg/ml Subcutaneous Solution Prefilled Syringe, 50 mcg/ml Subcutaneous Solution Prefilled Syringe, 500 mcg/ml Subcutaneous Solution Prefilled Syringe</i>	1		SP, QL (34 days supply per fill)
<i>octreotide acetate 100 mcg/ml Injection Solution, 1000 mcg/ml Injection Solution, 200 mcg/ml Injection Solution, 50 mcg/ml Injection Solution, 500 mcg/ml Injection Solution</i>	1	SANDOSTATIN	SP, QL (34 days supply per fill)
SANDOSTATIN LAR DEPOT	3		SP, QL (28 days supply per fill), PA
SIGNIFOR	3		SP, PA, QL(60 ML per 30 days)
SIGNIFOR LAR	3		SP, QL (28 days supply per fill), PA
SOMATULINE DEPOT	3		SP, QL (28 days supply per fill), PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS			
Somatotropin Agonists			
GENOTROPIN 12 mg Subcutaneous Cartridge, 5 mg Subcutaneous Cartridge	%		SP, QL (34 days supply per fill), PA
GENOTROPIN MINIQICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1	%		SP, QL (34 days supply per fill), PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe			
HUMATROPE	%		SP, QL (34 days supply per fill), PA
NORDITROPIN FLEXP	%		SP, QL (34 days supply per fill), PA
NUTROPIN AQ NUSPIN 10	%		SP, QL (34 days supply per fill), PA
NUTROPIN AQ NUSPIN 20	%		SP, QL (34 days supply per fill), PA
NUTROPIN AQ NUSPIN 5	%		SP, QL (34 days supply per fill), PA
OMNITROPE 5.8 mg Subcutaneous Solution Reconstituted	%		SP, QL (34 days supply per fill), PA
OMNITROPE 10 mg/1.5ml Subcutaneous Solution Cartridge, 5 mg/1.5ml Subcutaneous Solution Cartridge	%		SP, QL (34 days supply per fill), PA
SAIZEN	%		SP, QL (34 days supply per fill), PA
SAIZENPREP	%		SP, QL (34 days supply per fill), PA
SEROSTIM	%		SP, QL (34 days supply per fill), PA
ZOMACTON	%		SP, QL (34 days supply per fill), PA
ZOMACTON (FOR ZOMA-JET 10)	%		SP, QL (34 days supply per fill), PA
ZORBTIVE	%		SP, QL (34 days supply per fill), PA
Somatotropin Antagonists			
SOMAVERT	3		SP, PA
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS			
Alpha-adrenergic Blocking Agents			
<i>alfuzosin hcl er</i>	1	UROXATRAL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dihydroergotamine mesylate 1 mg/ml Injection Solution</i>	1	D.H.E. 45	
<i>dihydroergotamine mesylate 4 mg/ml Nasal Solution</i>	1	MIGRANAL	
<i>ergoloid mesylates 1 mg Oral Tablet</i>	1	HYDERGINE	
<i>phenoxybenzamine hcl 10 mg Oral Capsule</i>	1	DIBENZYLINE	SP
<i>silodosin</i>	1	RAPAFLO	PA
<i>tamsulosin hcl</i>	1	FLOMAX	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
Alpha- And Beta-adrenergic Agonists			
AUVI-Q 0.1 mg/0.1ml Injection Solution Auto-injector	2		QL (2 kits per fill), AL(Max 3 years)
<i>epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector</i>	1	EPIPEN	QL (2 kits per fill)
<i>epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector</i>	1	EPIPEN JR	QL (2 kits per fill)
Alpha-adrenergic Agonists			
LUCEMYRA	3		PA, QL(112 EA per 7 days)
<i>midodrine hcl</i>	1	PROAMATINE	
Beta-adrenergic Agonists			
ADVAIR HFA	2		
<i>albuterol sulfate 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	1	ACCUNEB	
<i>albuterol sulfate 2 mg Oral Tablet, 2.5 mg/0.5ml Inhalation Nebulization Solution, 4 mg Oral Tablet</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, (5 MG/ML) 0.5% Inhalation Nebulization Solution, 2 mg/5ml Oral Syrup</i>	1	PROVENTIL	
<i>albuterol sulfate er</i>	1	VOSPIRE ER	
<i>albuterol sulfate hfa</i>	1	PROAIR HFA	
<i>arformoterol tartrate</i>	1	BROVANA	PA
COMBIVENT RESPIMAT	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluticasone-salmeterol 100-50 mcg/act Inhalation Aerosol Powder Breath Activated, 250-50 mcg/act Inhalation Aerosol Powder Breath Activated, 500-50 mcg/act Inhalation Aerosol Powder Breath Activated</i>	1	ADVAIR DISKUS	QL(2 EA per 1 days)
<i>formoterol fumarate 20 mcg/2ml Inhalation Nebulization Solution</i>	1	PERFOROMIST	PA
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml Inhalation Solution</i>	1	DUONEB	
<i>levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution</i>	1	XOPENEX	
<i>levalbuterol hcl 0.31 mg/3ml Inhalation Nebulization Solution, 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	1	XOPENEX	
<i>levalbuterol tartrate</i>	1	XOPENEX HFA	
PROAIR DIGIHALER 108 (90 Base) mcg/act Inhalation Aerosol Powder Breath Activated	2		PA
PROAIR RESPICLICK	2		PA
SEREVENT DISKUS 50 mcg/act Inhalation Aerosol Powder Breath Activated	2		
STRIVERDI RESPIMAT	2		
<i>terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BRETHINE	
VENTOLIN HFA	1		
WIXELA INHUB 100-50 mcg/act Inhalation Aerosol Powder Breath Activated, 250-50 mcg/act Inhalation Aerosol Powder Breath Activated, 500-50 mcg/act Inhalation Aerosol Powder Breath Activated	1		QL(2 EA per 1 days)
THYROID AND ANTITHYROID AGENTS			
Antithyroid Agents			
<i>methimazole 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg Oral Tablet</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Thyroid Agents			
ARMOUR THYROID	3		
EUTHYROX	1		
LEVO-T	3		
<i>levothyroxine sodium 100 mcg Oral Tablet, 112 mcg Oral Tablet, 125 mcg Oral Tablet, 137 mcg Oral Tablet, 150 mcg Oral Tablet, 175 mcg Oral Tablet, 200 mcg Oral Tablet, 25 mcg Oral Tablet, 300 mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet</i>	1	SYNTHROID	
LEVOXYL	3		
<i>liothyronine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet</i>	1	CYTOMEL	
NP THYROID	1		
SYNTHROID	3		
UNITHROID	3		
THYROID FUNCTION			
Thyroid Function			
THYROGEN	3		SP, QL (34 days supply per fill)
URICOSURIC AGENTS			
Uricosuric Agents			
<i>colchicine-probenecid</i>	1	COLBENEMID	
<i>probenecid</i>	1	BENEMID	
URINARY ANTI-INFECTIVES			
Urinary Anti-infectives			
<i>methenamine hippurate</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm Oral Tablet, 1 gm Oral Tablet</i>	1		
<i>nitrofurantoin 25 mg/5ml Oral Suspension</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	1	MACROBID	
<i>trimethoprim 100 mg Oral Tablet</i>	1	PROLOPRIM	
URETRON D/S	2		
URINE AND FECES CONTENTS			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Ketones			
CHEMSTRIP K	3		QL (100 strips per fill)
<i>ketone test</i>	3		QL (100 strips per fill)
KETOSTIX	3		QL (100 strips per fill)
RELION KETONE TEST	3		QL (100 strips per fill)
Urine And Feces Contents			
CVS KETONE CARE	3		QL (100 strips per fill)
VACCINES			
Vaccines			
VIVOTIF	3		QL (4 capsules per fill)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS			
Vascular Endothelial Growth Factor Antagonists			
BEOVU	3		SP, PA, QL(0.1 ML per 25 days)
EYLEA	3		SP, PA, QL(0.1 ML per 25 days)
LUCENTIS	3		SP, PA, QL(0.1 ML per 28 days)
SUSVIMO (IMPLANT 1ST FILL)	3		SP, PA, QL(0.2 ML per 168 days)
SUSVIMO (IMPLANT REFILL)	3		SP, PA, QL(0.2 ML per 168 days)
VABYSMO	3		SP, PA, QL(0.1 ML per 21 days)
VASOCONSTRICTORS			
Vasoconstrictors			
<i>phenylephrine hcl 10 % Ophthalmic Solution</i>	1		
VASODILATING AGENTS			
Nitrates And Nitrites			
<i>isosorbide dinitrate</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate</i>	1	MONOKET	
<i>isosorbide mononitrate er</i>	1	IMDUR	
MINITRAN	1		
NITRO-BID	2		
NITRO-DUR 0.3 mg/hr Transdermal Patch 24 Hour, 0.8 mg/hr Transdermal Patch 24 Hour	2		
<i>nitroglycerin 0.1 mg/hr Transdermal Patch 24 Hour, 0.2 mg/hr Transdermal Patch 24 Hour, 0.4 mg/hr Transdermal Patch 24 Hour,</i>	1	NITRO-DUR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
0.6 mg/hr Transdermal Patch 24 Hour			
nitroglycerin 0.4 mg/spray Translingual Solution	1	NITROLINGUAL	
nitroglycerin 0.3 mg Sublingual Tablet Sublingual, 0.4 mg Sublingual Tablet Sublingual, 0.6 mg Sublingual Tablet Sublingual	1	NITROSTAT	
NITRO-TIME	1		
Phosphodiesterase Type 5 Inhibitors			
ALYQ	1		SP, PA, QL(60 EA per 30 days)
sildenafil citrate 20 mg Oral Tablet	1	REVATIO	PA
sildenafil citrate 10 mg/ml Oral Suspension Reconstituted	1	REVATIO	SP, QL (34 days supply per fill), PA
tadalafil 2.5 mg Oral Tablet, 5 mg Oral Tablet	1	CIALIS	PA
tadalafil (pah) 20 mg Oral Tablet	1	ADCIRCA	SP, PA, QL(60 EA per 30 days)
Vasodilating Agents			
ADEMPAS	3		SP, PA, QL(90 EA per 30 days)
ambrisentan	1	LETAIRIS	SP, PA, QL(30 EA per 30 days)
bosentan 125 mg Oral Tablet, 62.5 mg Oral Tablet	1	TRACLEER	SP, PA, QL(60 EA per 30 days)
epoprostenol sodium	3	FLOLAN	SP, QL (34 days supply per fill), PA
OPSUMIT	3		SP, PA, QL(30 EA per 30 days)
TRACLEER 32 mg Oral Tablet Soluble	3		SP, PA, QL(112 EA per 28 days)
treprostinil 100 mg/20ml Injection Solution, 20 mg/20ml Injection Solution, 200 mg/20ml Injection Solution, 50 mg/20ml Injection Solution	3	REMODULIN	SP, QL (34 days supply per fill), PA
TYVASO	3		SP, PA, QL(81.2 ML per 28 days)
TYVASO REFILL	3		SP, PA, QL(81.2 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TYVASO STARTER	3		SP, PA, QL(81.2 ML per 28 days)
UPTRAVI 1000 mcg Oral Tablet, 1200 mcg Oral Tablet, 1400 mcg Oral Tablet, 1600 mcg Oral Tablet, 400 mcg Oral Tablet, 600 mcg Oral Tablet, 800 mcg Oral Tablet	3		SP, PA, QL(60 EA per 30 days)
UPTRAVI 1800 mcg Intravenous Solution Reconstituted	3		SP, QL (30 days supply per fill), PA, QL(60 EA per 30 days)
UPTRAVI 200 mcg Oral Tablet	3		SP, PA, QL(140 EA per 28 days)
UPTRAVI 200 & 800 mcg Oral Tablet Therapy Pack	3		SP, PA, QL(200 EA per 180 days)
VENTAVIS	3		SP, QL (34 days supply per fill), PA
Vasodilating Agents, Miscellaneous			
<i>dipyridamole 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	PERSANTINE	
VERQUVO	3		PA, QL(1 EA per 1 days)
VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS			
Vesicular Monoamine Transporter 2 (vmat2) Inhibitors			
<i>tetrabenazine 12.5 mg Oral Tablet</i>	1	XENAZINE	SP, PA, QL(102 EA per 34 days)
<i>tetrabenazine 25 mg Oral Tablet</i>	1	XENAZINE	SP, PA, QL(136 EA per 34 days)
VITAMIN B COMPLEX			
Vitamin B Complex			
<i>folic acid 1 mg Oral Tablet</i>	1		
VITAMIN D			
Vitamin D			
<i>calcitriol 0.25 mcg Oral Capsule, 0.5 mcg Oral Capsule</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml Oral Solution</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg Oral Capsule, 1 mcg Oral Capsule, 2.5 mcg Oral Capsule</i>	1	HECTOROL	
<i>ergocalciferol 1.25 MG (50000 ut) Oral Capsule</i>	1	DRISDOL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>paricalcitol 1 mcg Oral Capsule, 2 mcg Oral Capsule, 4 mcg Oral Capsule</i>	1	ZEMPLAR	
<i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) Oral Capsule</i>	1	DRISDOL	
<i>vitamin d (ergocalciferol) 50000 unit Oral Capsule</i>	2	DRISDOL	
VITAMIN K ACTIVITY			
Vitamin K Activity			
<i>phytonadione 5 mg Oral Tablet</i>	1	MEPHYTON	

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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<i>warfarin sodium</i>	84	XOFIGO	172
WEBCOL ALCOHOL PREP LARGE	135	XOFLUZA (40 MG DOSE)	91
WEBCOL ALCOHOL PREP MEDIUM	135	XOFLUZA (80 MG DOSE)	91, 92
<i>wegmans unifine pentips plus</i>	135	XOLAIR	175
WELIREG	79	XOSPATA	79
WERA	110	XPOVIO (100 MG ONCE WEEKLY)	79
<i>wescap-c dha</i>	159	XPOVIO (40 MG ONCE WEEKLY)	79
<i>wescap-pn dha</i>	159	XPOVIO (40 MG TWICE WEEKLY)	79
<i>wesnate dha</i>	159	XPOVIO (60 MG ONCE WEEKLY)	79
<i>westgel dha</i>	159	XPOVIO (60 MG TWICE WEEKLY)	79
WIDE-SEAL DIAPHRAGM 60	160	XPOVIO (80 MG ONCE WEEKLY)	79
WIDE-SEAL DIAPHRAGM 65	160	XPOVIO (80 MG TWICE WEEKLY)	79
WIDE-SEAL DIAPHRAGM 70	160	XTANDI	79
WIDE-SEAL DIAPHRAGM 75	160	XULANE	111
WIDE-SEAL DIAPHRAGM 80	160	XULTOPHY	43
WIDE-SEAL DIAPHRAGM 85	160	XYNTHA	49
WIDE-SEAL DIAPHRAGM 90	160	XYNTHA SOLOFUSE	49
WIDE-SEAL DIAPHRAGM 95	160	XYREM	105
WILATE	49	XYWAV	105
WINRHO SDF	86	Y	
WIXELA INHUB	182	YERVOY	79
WYMZYA FE	110	YONDELIS	80
X		YONSA	80
XALKORI	79	YUVAFEM	143
XARELTO	84	Z	
XARELTO STARTER PACK	84	ZAFEMY	111
XATMEP	79	<i>zafirlukast</i>	60

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<i>zaleplon</i>	94	ZINPLAVA.....	86
ZALTRAP.....	80	ZIOPTAN.....	48
ZATEAN-PN DHA	159	<i>ziphex</i>	159
ZATEAN-PN PLUS	159	<i>ziprasidone hcl</i>	172
ZEBUTAL.....	20	ZOKINVY	163
ZEGALOGUE.....	50	<i>zoledronic acid</i>	99
ZEJULA.....	80	ZOLINZA	80
ZELBORAF	80	<i>zolmitriptan</i>	65
ZEMAIRA.....	175	<i>zolpidem tartrate</i>	94
ZEMBRACE SYMTOUCH.....	65	<i>zolpidem tartrate er</i>	94
ZENATANE	179	ZOMACTON.....	180
ZENPEP.....	135	ZOMACTON (FOR ZOMA-JET 10).....	180
ZEPOSIA	152	<i>zonisamide</i>	40
ZEPOSIA 7-DAY STARTER PACK	152	ZONTIVITY	85
ZEPOSIA STARTER KIT	152	ZORBTIVE	180
ZEPZELCA	80	ZOVIA 1/35 (28)	111
ZETONNA.....	60	ZOVIA 1/35E (28).....	111
ZEVALIN Y-90	80	ZTALMY	40
<i>zevrx insulin syringe</i>	135	ZULRESSO.....	168
<i>zevrx pen needles</i>	135	ZUMANDIMINE	111
<i>zevrx sterile alcohol prep pad</i>	135	ZYDELIG	80
<i>zevrx twist top lancets 30g</i>	135	ZYKADIA.....	80
<i>zidovudine</i>	91	ZYNLONTA	80
ZIEXTENZO.....	149	ZYPITAMAG	63
ZIMHI	161	ZYPREXA RELPREVV	172

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