

2026 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File
Submission ID: 26322

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact AmeriHealth Caritas VIP Care Choice (HMO-SNP) at **1-833-467-3302** (TTY users should call **711**), 8 a.m. – 8 p.m., Monday through Friday, from April 1 to September 30, and from October 1 to March 31, 8 a.m. – 8 p.m., seven days a week, or visit **www.amerihealthcaritasvipcare.com/de**. The formulary may change at any time. You will receive notice when necessary.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means AmeriHealth Caritas VIP Care Choice. When it refers to “plan” or “our plan,” it means AmeriHealth Caritas VIP Care Choice.

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

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

What is the AmeriHealth Caritas VIP Care Choice formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but AmeriHealth Caritas VIP Care Choice may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.amerihealthcaritasvipcare.com/de.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the

section below titled “How do I request an exception to AmeriHealth Caritas VIP Care Choice’s formulary?”

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2026. To get updated information about the drugs covered by AmeriHealth Caritas VIP Care Choice please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index, which begins on page 114. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** AmeriHealth Caritas VIP Care Choice requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care Choice before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care Choice may not cover the drug.
- **Quantity Limits:** For certain drugs, AmeriHealth Caritas VIP Care Choice limits the amount of the drug that AmeriHealth Caritas VIP Care Choice will cover. For example, AmeriHealth Caritas VIP Care Choice allows 30 tablets per 30-day supply of a prescription for digoxin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AmeriHealth Caritas VIP Care Choice requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth

Caritas VIP Care Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care Choice will then cover Drug B.

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that AmeriHealth Caritas VIP Care Choice does not cover your drug, you have two options:

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

How do I request an exception to the AmeriHealth Caritas VIP Care Choice formulary?

You can ask AmeriHealth Caritas VIP Care Choice to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, AmeriHealth Caritas VIP Care Choice will only approve your request for an exception if the alternative drugs included on the plan's formulary [the lower cost-sharing drugs] or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception

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

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

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

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

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

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. For example, members who:

- Enter long-term care (LTC) facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community.

If a member has more than one change in level of care in a month, the pharmacy will have to call our plan to request an extension of the transition policy.

For more information

For more detailed information about your AmeriHealth Caritas VIP Care Choice prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about AmeriHealth Caritas VIP Care Choice, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

AmeriHealth Caritas VIP Care Choice's formulary

The formulary that begins on the next page provides coverage information about the drugs covered by AmeriHealth Caritas VIP Care Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

The information in the Requirements/Limits column tells you if AmeriHealth Caritas VIP Care Choice has any special requirements for coverage of your drug.

List of Abbreviations

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

QL: Quantity Limit. For certain drugs, AmeriHealth Caritas VIP Care Choice limits the amount of the drug that the plan will cover. For example, our plan provides nine tablets per 30 days of a prescription for sumatriptan succinate.

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

PA: Prior Authorization. AmeriHealth Caritas VIP Care Choice requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care Choice before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care Choice may not cover the drug.

MME: This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity.

NMO: This prescription cannot be filled by the mail-order pharmacy. Please review your Pharmacy Directory for more information about which pharmacies offer mail-order service. For more information, consult your Pharmacy Directory or call our Member Services department **1-833-467-3302 (TTY 711)**, 8 a.m. – 8 p.m., Monday through Friday, from April 1 to September 30, and from October 1 to March 31, 8 a.m. – 8 p.m., seven days a week, or visit **www.amerihealthcaritasvipcare.com/de**.

2026 6 Tier Standard – AmeriHealth Caritas VIP Care Choice DE (HMO-DSNP)

2026 Member Formulary

Formulary ID 26322

CURRENT AS OF 1/1/2026

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	2	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	2	PA
<i>butalbital-apap-caffeine oral solution 50-325-40 mg/15ml</i>	2	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	PA
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	MME
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	2	

Last Updated 9/2/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
IBU ORAL TABLET 400 MG	1	
IBU ORAL TABLET 600 MG	1	QL (150 EA per 30 days)
IBU ORAL TABLET 800 MG	1	QL (120 EA per 30 days)
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	1	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	3	
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	3	
<i>naproxen oral tablet delayed release 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MME; QL (10 EA per 30 days)

Last Updated 9/2/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>	4	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	4	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	MME; QL (5 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MME; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	MME; QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MME; QL (120 EA per 30 days)

Last Updated 9/2/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	2	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MME; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	2	MME
<i>tramadol hcl oral tablet 50 mg</i>	2	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
ZTLIDO EXTERNAL PATCH 1.8 %	4	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	QL (1 EA per 28 days)
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (150 EA per 30 days)

Last Updated 9/2/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>lofexidine hcl oral tablet 0.18 mg</i>	5	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	6	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	6	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	6	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	6	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	2	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	2	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	2	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	2	QL (6 EA per 180 days)
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	QL (80 EA per 10 days)
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	4	
Beta-lactam, Cephalosporins		

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	2	
<i>cefazolin sodium intravenous solution prefilled syringe 2 gm/10ml</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin sodium in dextrose intravenous solution 2 gm/100ml</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	2	
<i>nafcillin sodium injection solution reconstituted 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	2	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	2	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>fidaxomicin oral tablet 200 mg</i>	5	QL (20 EA per 10 days)
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
<i>felbamate oral suspension 600 mg/5ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; QL (720 ML per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	ST; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	4	ST; QL (60 EA per 30 days)
ROWEEPRA ORAL TABLET 500 MG	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	ST; QL (180 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	2	
<i>topiramate oral solution 25 mg/ml</i>	2	PA; QL (480 ML per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 ML per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	2	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	5	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	2	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	

Antidementia Agents - Management Of Dementia

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (28 EA per 180 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	2	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA
<i>imipramine pamoate oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	2	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg</i>	2	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	2	QL (120 EA per 30 days)
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	QL (180 EA per 30 days)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	4	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	2	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	B/D; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	B/D
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	PA
<i>clotrimazole external cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	2	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	2	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole oral tablet 200 mg</i>	2	
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	1	QL (180 GM per 30 days)
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	4	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	2	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	2	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	QL (180 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	QL (180 GM per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	2	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	5	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	QL (18 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	2	QL (9 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pretomanid oral tablet 200 mg</i>	4	PA
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
Antineoplastics - Treatment Of Cancer		

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Drug Name	Drug Tier	Requirements/Limits
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	B/D
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
LEUKERAN ORAL TABLET 2 MG	5	PA
MATULANE ORAL CAPSULE 50 MG	5	
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	5	PA
<i>nilutamide oral tablet 150 mg</i>	5	PA
NUBEQA ORAL TABLET 300 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (240 EA per 30 days)
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	2	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	2	
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	4	
TABLOID ORAL TABLET 40 MG	4	PA
XROMI ORAL SOLUTION 100 MG/ML	4	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; QL (60 EA per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA; QL (66 EA per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (91 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LYSODREN ORAL TABLET 500 MG	5	
MODEYSO ORAL CAPSULE 125 MG	5	PA; QL (20 EA per 28 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		

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Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	5	PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA; QL (30 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA; QL (90 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
<i>imkeldi oral solution 80 mg/ml</i>	5	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib d-tartrate oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL PACKET 50 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	PA
<i>tretinoin oral capsule 10 mg</i>	5	PA
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i>	2	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	2	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (12 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	2	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	ST
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1st Generation/Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	3	QL (1 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	3	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA; QL (12 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	2	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (360 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	PA; QL (2 EA per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	QL (6 EA per 3 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 150 mg</i>	2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	QL (600 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		

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Drug Name	Drug Tier	Requirements/Limits
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
Antivirals - Treatment Of Infections By Viruses		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	PA; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 EA per 28 days)
Antiherpetic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	4	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	QL (960 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	2	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (90 EA per 30 days)
Anti-HIV Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (42 ML per 365 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	QL (1840 ML per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	2	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	2	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	
<i>ritonavir oral tablet 100 mg</i>	2	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (1080 ML per 84 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 EA per 5 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 EA per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	6	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	2	PA; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	2	
<i>glucagon emergency injection kit 1 mg</i>	3	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	3	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
<i>gauze pad 2"x2"</i>	1	
GAUZE PAD 2"X2"	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (50-50) 100 UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (75-25) 100 UNIT/ML	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML	3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	2	
<i>insulin aspart flexpen subcutaneous solution pen- injector 100 unit/ml</i>	2	
<i>insulin aspart injection solution 100 unit/ml</i>	2	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	2	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro injection solution 100 unit/ml</i>	2	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	2	

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Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	2	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	
INSULIN SYRINGE 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD DASH INTRO (GEN 4) KIT	3	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PDM (GEN 4) KIT	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	
PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1	
<i>pen needles 29g x 4mm , 30g x 5 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
V-GO 20 KIT 20 UNIT/24HR	3	
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	4	PA
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	2	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	2	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
<i>eltrombopag olamine oral packet 12.5 mg</i>	5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	5	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	4	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
TAVNEOS ORAL CAPSULE 10 MG	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
XOLREMDI ORAL CAPSULE 100 MG	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 90 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	2	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	5	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	PA
<i>nimodipine oral capsule 30 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg</i>	2	PA; QL (90 EA per 30 days)
<i>ivabradine hcl oral tablet 7.5 mg</i>	2	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
LODOCO ORAL TABLET 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	PA
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	5	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	5	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
PREVALITE ORAL PACKET 4 GM	2	
PREVALITE ORAL POWDER 4 GM/DOSE	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (2 ML per 28 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	2	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA; QL (56 EA per 180 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	5	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (28 EA per 180 days)
NUDEXTA ORAL CAPSULE 20-10 MG	5	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA
<i>riluzole oral tablet 50 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	ST; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	ST; QL (55 EA per 180 days)
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	5	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	2	PA; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	2	PA; QL (120 EA per 180 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; QL (20 ML per 180 days)
PONVORY ORAL TABLET 20 MG	5	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	5	PA; QL (14 EA per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 6X8.8 & 6X22 MCG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	5	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	2	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (28 EA per 180 days)
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental and Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents - Treatment Of Skin Conditions		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA
<i>adapalene external gel 0.3 %</i>	2	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	2	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	2	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	QL (45 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
Dermatitis and Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	2	QL (50 ML per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	2	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	
<i>doxepin hcl external cream 5 %</i>	2	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	2	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external lotion 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	2	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
HYFTOR EXTERNAL GEL 0.2 %	5	PA
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	2	ST
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	2	
Dermatological Agents, Other		
<i>alcohol pad , 70 %</i>	1	
ALCOHOL PAD 70 %	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 28 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	2	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	2	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; QL (55 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	2	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	2	QL (60 GM per 30 days)
Topical Anti-infectives		
<i>acyclovir external cream 5 %</i>	2	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	2	QL (30 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	2	QL (120 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	QL (60 EA per 30 days)
<i>ery external pad 2 %</i>	2	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	2	QL (60 ML per 30 days)
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	2	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	2	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	2	QL (44 GM per 30 days)
<i>penciclovir external cream 1 %</i>	2	QL (5 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
KLOR-CON ORAL PACKET 20 MEQ	3	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>sodium chloride (pf) injection solution 0.9 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	5	PA
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	5	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	5	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	2	PA
deferasirox oral tablet soluble 125 mg	2	PA
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA
deferiprone oral tablet 1000 mg, 500 mg	5	PA
penicillamine oral tablet 250 mg	5	PA
tolvaptan oral tablet 15 mg, 15 mg tolvaptan (hyponatremia), 30 mg, 30 mg tolvaptan (hyponatremia)	5	PA
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	5	PA; QL (56 EA per 28 days)
trientine hcl oral capsule 250 mg	5	PA
Electrolytes/Minerals/Metals/Vitamins		
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	B/D
dextrose intravenous solution 10 %, 5 %	2	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
levocarnitine oral solution 1 gm/10ml	2	
levocarnitine oral tablet 330 mg	2	
levocarnitine sf oral solution 1 gm/10ml	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	2	
<i>prenatal oral tablet 27-1 mg</i>	2	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	B/D; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	B/D; QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	2	B/D
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	B/D; QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	B/D; QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	B/D; QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	2	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>generlac oral solution 10 gm/15ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
RELISTOR ORAL TABLET 150 MG	4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; QL (12 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	5	PA; QL (12 ML per 30 days)
TRULANCE ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	2	QL (60 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	PA
<i>loperamide hcl oral capsule 2 mg</i>	2	
XERMELO ORAL TABLET 250 MG	5	PA; QL (84 EA per 28 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET 250 MG	5	PA
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	PA
OALIVA ORAL TABLET 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	4	PA; QL (112 EA per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	4	PA; QL (112 EA per 14 days)
VOWST ORAL CAPSULE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML	4	PA
<i>l-glutamine oral packet 5 gm</i>	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA
<i>tiopronin oral tablet 100 mg</i>	5	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	5	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	5	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	4	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>methyltestosterone oral capsule 10 mg</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	2	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 %, 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
YUVAFEM VAGINAL TABLET 10 MCG	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		

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Drug Name	Drug Tier	Requirements/Limits
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	QL (8 EA per 28 days)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
LOW-OGESTREL ORAL TABLET 0.3-30 MG- MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5- 30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
MIMVEY ORAL TABLET 1-0.5 MG	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg- mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG- MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG- MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	2	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	3	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
Progestins		
CAMILA ORAL TABLET 0.35 MG	2	
DEBLITANE ORAL TABLET 0.35 MG	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
ERRIN ORAL TABLET 0.35 MG	2	
INCASSIA ORAL TABLET 0.35 MG	2	
LYZA ORAL TABLET 0.35 MG	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	2	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	PA
MELEYA ORAL TABLET 0.35 MG	2	
NORA-BE ORAL TABLET 0.35 MG	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
ORQUIDEA ORAL TABLET 0.35 MG	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>raloxifene hcl oral tablet 60 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	5	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	5	PA
RECORLEV ORAL TABLET 150 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	5	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	5	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	5	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
LEQSELVI ORAL TABLET 8 MG	5	PA; QL (60 EA per 30 days)
LITFULO ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	5	PA; QL (4.5 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/ML	5	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	5	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	5	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; QL (3 ML per 28 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/2ML	5	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/2ML	5	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (11.648 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; QL (2 ML per 28 days)
Immunosuppressants		

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Drug Name	Drug Tier	Requirements/Limits
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	3	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg</i>	2	B/D
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	2	QL (42 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	2	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	5	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	6	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	6	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	6	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	6	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	6	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	
IPOL INJECTION INJECTABLE	6	
IPOL INJECTION SUSPENSION	6	
IXIARO INTRAMUSCULAR SUSPENSION	6	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	6	
MENVEO INTRAMUSCULAR SOLUTION	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
<i>penmenvay intramuscular suspension reconstituted</i>	6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	

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Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION	6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	6	B/D
ROTARIX ORAL SUSPENSION	6	
ROTATEQ ORAL SOLUTION	6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	6	B/D
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	6	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	6	
VAXELIS INTRAMUSCULAR SUSPENSION	6	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	6	QL (4 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine rectal enema 4 gm</i>	2	
<i>mesalamine rectal suppository 1000 mg</i>	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	2	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	4	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	5	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	ST
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	PA
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	2	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	2	QL (600 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	2	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	2	QL (90 EA per 90 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	2	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84 EA per 28 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	B/D; QL (672 ML per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	5	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	2	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B/D
ADVAIR HFA INHALATION AEROSOL 115- 21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B/D
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	2	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	5	PA; QL (2 ML per 28 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA

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KIT	109	V-GO 40	53	XIGDUO XR	49
U		VIENVA	87	XOLAIR	111, 112
UBREL VY	23	<i>vigabatrin</i>	15	XOLREMDI	55
UNITHROID	89	VIGAFYDE	15	XOSPATA	33
UPTRAVI	109	VIJOICE	32, 33	XPOVIO (100 MG ONCE	
UPTRAVI TITRATION	110	<i>vilazodone hcl</i>	19	WEEKLY)	27
<i>ursodiol</i>	78	VIMKUNYA	101	XPOVIO (40 MG ONCE	
<i>ustekinumab</i>	95	VIRACEPT	45	WEEKLY)	27
<i>ustekinumab-aekn</i>	95	VIREAD	41	XPOVIO (40 MG TWICE	
UZEDY	40	VITRAKVI	33	WEEKLY)	27
V		VIVITROL	4	XPOVIO (60 MG ONCE	
<i>valacyclovir hcl</i>	42	VIVOTIF	101	WEEKLY)	27
VALCHLOR	25	VIZIMPRO	33	XPOVIO (60 MG TWICE	
<i>valganciclovir hcl</i>	41	VONJO	33	WEEKLY)	27
<i>valproic acid</i>	14	VOQUEZNA	78	XPOVIO (80 MG ONCE	
<i>valsartan</i>	57	VOQUEZNA DUAL PAK	78	WEEKLY)	27

XPOVIO (80 MG TWICE WEEKLY).....	27	ZARXIO.....	55	ZITHROMAX.....	12
XROMI.....	26	ZAVZPRET.....	23	ZOLINZA.....	27
XTANDI.....	25	ZEJULA.....	33	zolmitriptan.....	24
XULANE.....	88	ZELBORAF.....	33	zolpidem tartrate.....	112
XYWAV.....	113	ZEMAIRA.....	80	zolpidem tartrate er.....	112
Y		ZENATANE.....	70	ZONISADE.....	16
YESINTEK.....	95	ZENPEP.....	80	zonisamide.....	16
YF-VAX.....	101	ZEPBOUND.....	112	ZOSYN.....	7
YONSA.....	25	ZEPOSIA.....	69	ZOVIA 1/35 (28).....	88
YORVIPATH.....	103	ZEPOSIA 7-DAY STARTER PACK.....	69	ZTALMY.....	15
YUTREPIA.....	110	ZEPOSIA STARTER KIT.....	69	ZTLIDO.....	4
YUVAFEM.....	83	zidovudine.....	43	ZURZUVAE.....	18
Z		ZILBRYSQ.....	95	ZYDELIG.....	33
ZAFEMY.....	88	ziprasidone hcl.....	40	ZYKADIA.....	33
zaleplon.....	112	ziprasidone mesylate.....	40		



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This formulary was updated on 09/02/2025. For more recent information or other questions, please contact AmeriHealth Caritas VIP Care Choice (HMO-SNP) at **1-833-467-3302** (TTY users should call **711**), 8 a.m. – 8 p.m., Monday through Friday, from April 1 to September 30, and from October 1 to March 31, 8 a.m. – 8 p.m., seven days a week, or visit **www.amerihealthcaritasvipcare.com/de**.

The formulary may change at any time. You will receive notice when necessary.

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AmeriHealth Caritas VIP Choice is an HMO-SNP plan with a Medicare contract and a contract with the Delaware Medicaid program. Enrollment in AmeriHealth Caritas VIP Choice depends on contract renewal.