



2025 Formulary List of Covered Drugs

Samaritan Dual Advantage (HMO D-SNP)

Please read: This document contains information about the drugs we cover in this plan

HPMS Approved Formulary File Submission ID 25500, Version Number 14

This formulary was updated on 07/01/2025. For more recent information or other questions, please contact us, Samaritan Advantage Health Plans (HMO) Customer Service **541-768-7866** or toll free at **866-207-3182** (TTY users should call **800-735-2900**).

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

You can also visit samhealthplans.org/Find-a-Drug.

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 Samaritan Advantage Health Plans (HMO). When it refers to “plan” or “our plan,” it means Samaritan Dual Advantage.

This document includes a Drug List (formulary) for our plan which is current as of 08/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Samaritan Dual Advantage Plan Formulary?

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

Can the Formulary change?

Most changes in drug coverage happen on January 1, but we 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: *Find a Drug - Samaritan Health Plans (samhealthplans.org)*

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 tier with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately 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 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 change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Samaritan Dual Advantage Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We also may apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 Samaritan Dual Advantage Formulary?”

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

The enclosed formulary is current as of 08/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 132. 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?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand name drugs. 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:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 capsules per 30 days per prescription for omeprazole oral capsule delayed release. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Samaritan Dual Advantage formulary” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Samaritan Dual Advantage Formulary?

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

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

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

You or your prescriber should contact us to ask us for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reason 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 a 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 120 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 120 days.

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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.

For long-term care residents, the pharmacy benefits manager adjudication automatically processes and pays Level of Care Transition Fills when identified by a change in patient residence code based on the most recent claim. If a Level of Care change is identified, the system will automatically override the following edits on Part D covered drugs and allow the claim to pay:

- a) Refill too soon.
- b) Duplicate prescription.
- c) Duplicate therapy.
- d) Non-formulary.
- e) Prior authorization (excluding Part B vs. Part D or Part D vs. Part D-excluded drugs).

If the member experienced a level of care change that was not identified by a change in residence code, in order to ensure that the member does not have a gap in therapy, the pharmacy should call our plan's Pharmacy Help Desk to obtain an override. They can contact Samaritan Advantage Health Plans (HMO) Customer Service, at **541-768-7866** or toll free at **866-207-3182** (TTY users should call **800-735-2900**.)

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

For more information

For more detailed information about your Samaritan Dual Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Samaritan Dual Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 132.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., PRILOSEC) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

You can find information on what the symbols and abbreviations on this table mean below.

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.

EA: Each.

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

QL: Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 capsules per 30 days per prescription for omeprazole oral capsule delayed release. This may be in addition to a standard one-month or three-month supply.

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib caps 100mg</i>	1	QL(60 EA per 30 days)
<i>celecoxib caps 200mg</i>	1	QL(60 EA per 30 days)
<i>celecoxib caps 400mg</i>	1	QL(60 EA per 30 days)
<i>celecoxib caps 50mg</i>	1	QL(60 EA per 30 days)
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	1	
<i>diclofenac sodium dr tbec 50mg</i>	1	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er tb24 100mg</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium soln 1.5%</i>	1	PA
<i>diflunisal tabs 500mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	
<i>etodolac er tb24 400mg</i>	1	
<i>etodolac er tb24 500mg</i>	1	
<i>etodolac er tb24 600mg</i>	1	
<i>etodolac caps 200mg</i>	1	
<i>etodolac caps 300mg</i>	1	
<i>etodolac tabs 400mg</i>	1	
<i>etodolac tabs 500mg</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	
<i>flurbiprofen tabs 50mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
<i>ibu tabs 400mg</i>	1	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	1	
INDOMETHACIN INJ 1MG	1	
KETOROLAC TROMETHAMINE INJ 15MG/ML	1	
KETOROLAC TROMETHAMINE INJ 30MG/ML	1	
KETOROLAC TROMETHAMINE INJ 30MG/ML	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen sodium tabs 275mg</i>	1	
<i>naproxen sodium tabs 550mg</i>	1	

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Last Updated: 07/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
<i>naproxen tbec 500mg</i>	1	
<i>piroxicam caps 10mg</i>	1	
<i>piroxicam caps 20mg</i>	1	
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	
Opioid Analgesics, Long-acting		
FENTANYL PT72 100MCG/HR	1	
FENTANYL PT72 12MCG/HR	1	
FENTANYL PT72 25MCG/HR	1	
FENTANYL PT72 50MCG/HR	1	
FENTANYL PT72 75MCG/HR	1	
INFUMORPH 200 INJ 10MG/ML	1	B/D
INFUMORPH 500 INJ 25MG/ML	1	B/D
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	
<i>methadone hydrochloride intensol conc 10mg/ml</i>	1	
<i>methadone hydrochloride conc 10mg/ml</i>	1	
<i>methadose sugar-free conc 10mg/ml</i>	1	
<i>methadose conc 10mg/ml</i>	1	
<i>mitigo inj 10mg/ml</i>	1	B/D
<i>mitigo inj 25mg/ml</i>	1	B/D
<i>morphine sulfate er tbc 100mg</i>	1	
<i>morphine sulfate er tbc 15mg</i>	1	
<i>morphine sulfate er tbc 200mg</i>	1	
<i>morphine sulfate er tbc 30mg</i>	1	
<i>morphine sulfate er tbc 60mg</i>	1	
TRAMADOL HCL ER TB24 100MG	1	
TRAMADOL HCL ER TB24 200MG	1	
TRAMADOL HCL ER TB24 300MG	1	
<i>tramadol hydrochloride er tb24 100mg</i>	1	
<i>tramadol hydrochloride er tb24 200mg</i>	1	
<i>tramadol hydrochloride er tb24 300mg</i>	1	
XTAMPZA ER C12A 13.5MG	1	
XTAMPZA ER C12A 18MG	1	
XTAMPZA ER C12A 27MG	1	

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER C12A 36MG	1	
XTAMPZA ER C12A 9MG	1	
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	1	
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	
BUTORPHANOL TARTRATE INJ 1MG/ML	1	
BUTORPHANOL TARTRATE INJ 2MG/ML	1	
<i>codeine sulfate tabs 15mg</i>	1	
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
<i>endocet tabs 325mg; 10mg</i>	1	
<i>endocet tabs 325mg; 2.5mg</i>	1	
<i>endocet tabs 325mg; 5mg</i>	1	
<i>endocet tabs 325mg; 7.5mg</i>	1	
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	1	PA; NDS
FENTANYL CITRATE INJ 1000MCG/20ML	1	B/D
FENTANYL CITRATE INJ 1000MCG/20ML	1	B/D
FENTANYL CITRATE INJ 100MCG/2ML	1	B/D
FENTANYL CITRATE INJ 2500MCG/50ML	1	B/D
<i>fentanyl citrate inj 250mcg/5ml</i>	1	B/D
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	1	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl inj 10mg/ml</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	1	
<i>hydromorphone hcl inj 4mg/ml</i>	1	
<i>hydromorphone hcl liqd 1mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 2mg</i>	1	
<i>hydromorphone hcl tabs 4mg</i>	1	
<i>hydromorphone hcl tabs 8mg</i>	1	
<i>hydromorphone hydrochloride inj 1mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 4mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	1	
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	B/D
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 8mg/ml</i>	1	
<i>morphine sulfate inj 8mg/ml</i>	1	
<i>morphine sulfate soln 100mg/5ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/5ml</i>	1	
<i>morphine sulfate tabs 15mg</i>	1	
<i>morphine sulfate tabs 30mg</i>	1	
NALBUPHINE HYDROCHLORIDE INJ 10MG/ML	1	
NALBUPHINE HYDROCHLORIDE INJ 20MG/ML	1	
<i>oxycodone hcl caps 5mg</i>	1	
<i>oxycodone hydrochloride caps 5mg</i>	1	
OXYCODONE HYDROCHLORIDE CONC 100MG/5ML	1	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	1	
<i>oxycodone hydrochloride tabs 10mg</i>	1	
<i>oxycodone hydrochloride tabs 15mg</i>	1	
<i>oxycodone hydrochloride tabs 20mg</i>	1	
<i>oxycodone hydrochloride tabs 30mg</i>	1	
<i>oxycodone hydrochloride tabs 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	1	
<i>tramadol hydrochloride tabs 50mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>glydo prsy 2%</i>	1	QL(30 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl jelly prsy 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1.5%</i>	1	
<i>lidocaine hcl inj 4%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride jelly gel 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride soln 4%</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine/epinephrine inj 1:100000; 1%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 0.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 1.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	QL(30 GM per 30 days); PA
LIDOCAINE OINT 5%	1	QL(150 GM per 30 days); PA
LIDOCAINE PTCH 5%	1	PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
ACAMPROSATE CALCIUM DR TBEC 333MG	1	
<i>disulfiram tabs 250mg</i>	1	
<i>disulfiram tabs 500mg</i>	1	
<i>naltrexone hydrochloride tabs 50mg</i>	1	
VIVITROL INJ 380MG	1	NDS
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	
<i>buprenorphine hcl inj 0.3mg/ml</i>	1	
<i>buprenorphine hcl subl 2mg</i>	1	
<i>buprenorphine hcl subl 8mg</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	

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<i>buprenorphine hydrochloride inj 0.3mg/ml</i>	1	
Opioid Reversal Agents		
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 2mg/2ml</i>	1	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	1	
OPVEE SOLN 2.7MG/0.1ML	1	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	QL(60 EA per 30 days)
NICOTROL INHALER INHA 10MG	1	QL(2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	1	QL(360 ML per 365 days)
<i>varenicline starting month tbpk 0</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate tabs 0.5mg</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	1	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml</i>	1	
<i>amikacin sulfate inj 500mg/2ml</i>	1	
ARIKAYCE SUSP 590MG/8.4ML	1	PA; NDS
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
HUMATIN CAPS 250MG	1	NDS
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml</i>	1	
<i>streptomycin sulfate inj 1gm</i>	1	NDS
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 10mg/ml</i>	1	
<i>tobramycin sulfate inj 80mg/2ml</i>	1	
Antibacterials, Other		
AZTREONAM INJ 1GM	1	
<i>aztreonam inj 2gm</i>	1	
<i>bacitracin inj 50000unit</i>	1	
CHLORAMPHENICOL SODIUM SUCCINATE INJ 1GM	1	

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<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg</i>	1	
<i>clindamycin hydrochloride caps 75mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	
<i>clindamycin phosphate inj 900mg/60ml</i>	1	
<i>clindamycin phosphate inj 900mg/6ml</i>	1	
<i>clindamycin phosphate inj 9gm/60ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium inj 150mg</i>	1	NDS
DALVANCE INJ 500MG	1	NDS
daptomycin inj 500mg	1	NDS
IMPAVIDO CAPS 50MG	1	NDS
<i>lincomycin hydrochloride inj 300mg/ml</i>	1	
<i>linezolid inj 600mg/300ml</i>	1	
<i>linezolid inj 600mg/300ml; 0.9%</i>	1	NDS
<i>linezolid susr 100mg/5ml</i>	1	QL(1800 ML per 28 days); NDS
<i>linezolid tabs 600mg</i>	1	QL(56 EA per 28 days)
<i>methenamine hippurate tabs 1gm</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
NITROFURANTOIN MACROCRYSTALS CAPS 100MG	1	
NITROFURANTOIN MACROCRYSTALS CAPS 50MG	1	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
NITROFURANTOIN SUSP 25MG/5ML	1	NDS
ORBACTIV INJ 400MG	1	NDS
SIVEXTRO INJ 200MG	1	QL(6 EA per 30 days); NDS
SIVEXTRO TABS 200MG	1	QL(6 EA per 30 days); NDS
<i>tigecycline inj 50mg</i>	1	NDS
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
VANCOMYCIN HCL INJ 10GM	1	

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<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml</i>	1	
<i>vancomycin hydrochloride/dextrose inj 5%; 500mg/100ml</i>	1	
<i>vancomycin hydrochloride/dextrose inj 5%; 750mg/150ml</i>	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm</i>	1	
<i>vancomycin hydrochloride inj 500mg</i>	1	
<i>vancomycin hydrochloride inj 5gm</i>	1	
<i>vancomycin hydrochloride inj 750mg</i>	1	
<i>vancomycin hydrochloride solr 250mg/5ml</i>	1	
VANDAZOLE GEL 0.75%	1	
Beta-lactam, Cephalosporins		
CEFACLOR CAPS 250MG	1	
CEFACLOR CAPS 500MG	1	
CEFACLOR SUSR 125MG/5ML	1	
CEFACLOR SUSR 250MG/5ML	1	
CEFACLOR SUSR 375MG/5ML	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 300gm</i>	1	
<i>cefazolin sodium inj 500mg</i>	1	
<i>cefazolin inj 2gm/100ml; 4%</i>	1	
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime hydrochloride inj 1gm</i>	1	
<i>cefepime hydrochloride inj 2gm</i>	1	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>cefepime/dextrose inj 2gm/50ml; 5%</i>	1	
<i>cefepime inj 1gm/50ml</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm/100ml</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefixime caps 400mg</i>	1	

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CEFIXIME SUSR 100MG/5ML	1	
CEFIXIME SUSR 200MG/5ML	1	
<i>cefotaxime sodium inj 1gm</i>	1	
<i>cefotaxime sodium inj 2gm</i>	1	
<i>cefoxitin sodium inj 10gm</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%</i>	1	
<i>cefoxitin sodium inj 2gm</i>	1	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	1	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
CEFPODOXIME PROXETIL TABS 100MG	1	
CEFPODOXIME PROXETIL TABS 200MG	1	
<i>cefprozil susr 125mg/5ml</i>	1	
<i>cefprozil susr 250mg/5ml</i>	1	
<i>cefprozil tabs 250mg</i>	1	
<i>cefprozil tabs 500mg</i>	1	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	1	
CEFTAZIDIME INJ 1GM	1	
CEFTAZIDIME INJ 2GM	1	
CEFTAZIDIME INJ 6GM	1	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0</i>	1	
<i>ceftriaxone sodium inj 10gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 250mg</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 500mg</i>	1	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	
<i>ceftriaxone/dextrose inj 2gm; 2.22%</i>	1	
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
TAZICEF INJ 1GM	1	
<i>tazicef inj 1gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TAZICEF INJ 2GM	1	
TAZICEF INJ 6GM	1	
TEFLARO INJ 400MG	1	NDS
TEFLARO INJ 600MG	1	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	1	
<i>ampicillin sodium inj 125mg</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
AMPICILLIN-SULBACTAM INJ 10GM; 5GM	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	1	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	1	
BICILLIN L-A INJ 1200000UNIT/2ML	1	
BICILLIN L-A INJ 2400000UNIT/4ML	1	
BICILLIN L-A INJ 600000UNIT/ML	1	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	
NAFCILLIN SODIUM INJ 1GM	1	
NAFCILLIN SODIUM INJ 1GM	1	
<i>nafcillin sodium inj 2gm</i>	1	
NAFCILLIN SODIUM INJ 2GM	1	
NAFCILLIN INJ 5%; 1GM/50ML	1	NDS
NAFCILLIN INJ 5%; 2GM/100ML	1	NDS
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML	1	
<i>oxacillin sodium inj 10gm</i>	1	
OXACILLIN SODIUM INJ 1GM	1	
OXACILLIN SODIUM INJ 2GM	1	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	1	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 5000000unit</i>	1	
PENICILLIN G PROCAINE INJ 600000UNIT/ML	1	
<i>penicillin g sodium inj 5000000unit</i>	1	NDS
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 2GM; 0.25GM	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 36GM; 4.5GM	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 3GM; 0.375GM	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 4GM; 0.5GM	1	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	1	
Carbapenems		
<i>ertapenem sodium inj 1gm</i>	1	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	1	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	1	

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<i>meropenem inj 1gm</i>	1	
<i>meropenem inj 500mg</i>	1	
Macrolides		
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	
<i>clarithromycin susr 125mg/5ml</i>	1	
<i>clarithromycin susr 250mg/5ml</i>	1	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
DIFICID SUSR 40MG/ML	1	NDS
DIFICID TABS 200MG	1	NDS
<i>erythrocin stearate tabs 250mg</i>	1	
ERYTHROMYCIN BASE TABS 250MG	1	
ERYTHROMYCIN BASE TABS 500MG	1	
ERYTHROMYCIN DR CPEP 250MG	1	
<i>erythromycin dr tbec 250mg</i>	1	
<i>erythromycin dr tbec 333mg</i>	1	
<i>erythromycin dr tbec 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400MG	1	
<i>erythromycin lactobionate inj 500mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	
CIPRO SUSR 500MG/5ML	1	
CIPRO SUSR 5GM/100ML	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	1	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	

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LEVOFLOXACIN SOLN 25MG/ML	1	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJ 400MG/250ML; 0.8%	1	
MOXIFLOXACIN HYDROCHLORIDE INJ 400MG/250ML	1	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
Sulfonamides		
SULFADIAZINE TABS 500MG	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJ 400MG/5ML; 80MG/5ML	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	1	
Tetracyclines		
<i>avidoxy tabs 100mg</i>	1	
DEMECLOCYCLINE HCL TABS 150MG	1	
DEMECLOCYCLINE HCL TABS 300MG	1	
DOXY 100 INJ 100MG	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	
<i>doxycycline monohydrate tabs 75mg</i>	1	
DOXYCYCLINE CPDR 40MG	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	1	
<i>minocycline hcl tabs 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg</i>	1	
<i>minocycline hydrochloride caps 50mg</i>	1	
<i>minocycline hydrochloride tabs 50mg</i>	1	
TETRACYCLINE HYDROCHLORIDE CAPS 250MG	1	
TETRACYCLINE HYDROCHLORIDE CAPS 500MG	1	
Anticonvulsants		

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Drug Name	Drug Tier	Requirements/Limits
<i>Anticonvulsants, Other</i>		
BRIVIACT INJ 50MG/5ML	1	PA; NDS
BRIVIACT SOLN 10MG/ML	1	PA; NDS
BRIVIACT TABS 100MG	1	PA; NDS
BRIVIACT TABS 10MG	1	PA; NDS
BRIVIACT TABS 25MG	1	PA; NDS
BRIVIACT TABS 50MG	1	PA; NDS
BRIVIACT TABS 75MG	1	PA; NDS
EPIDIOLEX SOLN 100MG/ML	1	PA; NDS
EPRONTIA SOLN 25MG/ML	1	
<i>felbamate susp 600mg/5ml</i>	1	
FELBAMATE TABS 400MG	1	
FELBAMATE TABS 600MG	1	
FINTEPLA SOLN 2.2MG/ML	1	PA; NDS
FYCOMPA SUSP 0.5MG/ML	1	NDS
FYCOMPA TABS 10MG	1	NDS
FYCOMPA TABS 12MG	1	NDS
FYCOMPA TABS 2MG	1	
FYCOMPA TABS 4MG	1	NDS
FYCOMPA TABS 6MG	1	NDS
FYCOMPA TABS 8MG	1	NDS
LAMOTRIGINE ER TB24 100MG	1	
LAMOTRIGINE ER TB24 200MG	1	
LAMOTRIGINE ER TB24 250MG	1	
LAMOTRIGINE ER TB24 25MG	1	
LAMOTRIGINE ER TB24 300MG	1	
LAMOTRIGINE ER TB24 50MG	1	
LAMOTRIGINE ODT TBDP 100MG	1	
LAMOTRIGINE ODT TBDP 200MG	1	
LAMOTRIGINE ODT TBDP 25MG	1	
LAMOTRIGINE ODT TBDP 50MG	1	
<i>lamotrigine starter kit/blue kit 25mg</i>	1	
<i>lamotrigine starter kit/green kit 0</i>	1	
<i>lamotrigine starter kit/orange kit 0</i>	1	
<i>lamotrigine titration kit 0</i>	1	
<i>lamotrigine titration kit 0</i>	1	
<i>lamotrigine chew 25mg</i>	1	
<i>lamotrigine chew 5mg</i>	1	
<i>lamotrigine tabs 100mg</i>	1	
<i>lamotrigine tabs 150mg</i>	1	
<i>lamotrigine tabs 200mg</i>	1	
<i>lamotrigine tabs 25mg</i>	1	
<i>levetiracetam er tb24 500mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er tb24 750mg</i>	1	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1000MG/100ML; 750MG/100ML	1	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1500MG/100ML; 540MG/100ML	1	
LEVETIRACETAM/SODIUM CHLORIDE INJ 500MG/100ML; 820MG/100ML	1	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML	1	
LEVETIRACETAM INJ 1500MG/100ML; 540MG/100ML	1	
LEVETIRACETAM INJ 500MG/100ML; 820MG/100ML	1	
LEVETIRACETAM INJ 500MG/5ML	1	
<i>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
LEVETIRACETAM TB3D 250MG	1	
NAYZILAM SOLN 5MG/0.1ML	1	QL(10 EA per 30 days)
<i>perampanel tabs 10mg</i>	1	NDS
<i>perampanel tabs 12mg</i>	1	NDS
<i>perampanel tabs 2mg</i>	1	
<i>perampanel tabs 4mg</i>	1	NDS
<i>perampanel tabs 6mg</i>	1	NDS
<i>perampanel tabs 8mg</i>	1	NDS
<i>roweepra tabs 500mg</i>	1	
SPRITAM TB3D 1000MG	1	
SPRITAM TB3D 250MG	1	
SPRITAM TB3D 500MG	1	
SPRITAM TB3D 750MG	1	
<i>subvenite starter kit/blue kit 25mg</i>	1	
<i>subvenite starter kit/green kit 0</i>	1	
<i>subvenite starter kit/orange kit 0</i>	1	
<i>subvenite tabs 100mg</i>	1	
<i>subvenite tabs 150mg</i>	1	
<i>subvenite tabs 200mg</i>	1	
<i>subvenite tabs 25mg</i>	1	
<i>topiramate csp 15mg</i>	1	
<i>topiramate csp 25mg</i>	1	
<i>topiramate csp 50mg</i>	1	
<i>topiramate tabs 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VALPROATE SODIUM INJ 100MG/ML	1	
<i>valproic acid caps 250mg</i>	1	
<i>valproic acid soln 250mg/5ml</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
<i>methsuximide caps 300mg</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp 2.5mg/ml</i>	1	
CLOBAZAM TABS 10MG	1	
<i>clobazam tabs 20mg</i>	1	
<i>clonazepam odt tbdp 0.125mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 0.25mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 0.5mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tabs 0.5mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tabs 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL(300 EA per 30 days)
DIACOMIT CAPS 250MG	1	PA; NDS
DIACOMIT CAPS 500MG	1	PA; NDS
DIACOMIT PACK 250MG	1	PA; NDS
DIACOMIT PACK 500MG	1	PA; NDS
DIAZEPAM RECTAL GEL GEL 10MG	1	
DIAZEPAM RECTAL GEL GEL 2.5MG	1	
DIAZEPAM RECTAL GEL GEL 20MG	1	
<i>divalproex sodium dr csdr 125mg</i>	1	
<i>divalproex sodium dr tbec 125mg</i>	1	
<i>divalproex sodium dr tbec 250mg</i>	1	
<i>divalproex sodium dr tbec 500mg</i>	1	
<i>divalproex sodium er tb24 250mg</i>	1	
<i>divalproex sodium er tb24 500mg</i>	1	
<i>gabapentin caps 100mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin caps 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin caps 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tabs 600mg</i>	1	QL(180 EA per 30 days)
<i>gabapentin tabs 800mg</i>	1	QL(150 EA per 30 days)
LIBERVANT FILM 10MG	1	QL(10 EA per 30 days)
LIBERVANT FILM 12.5MG	1	QL(10 EA per 30 days)
LIBERVANT FILM 15MG	1	QL(10 EA per 30 days)
LIBERVANT FILM 5MG	1	QL(10 EA per 30 days)
LIBERVANT FILM 7.5MG	1	QL(10 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium inj 130mg/ml</i>	1	
<i>phenobarbital sodium inj 65mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg</i>	1	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 16.2mg</i>	1	
<i>phenobarbital tabs 30mg</i>	1	
<i>phenobarbital tabs 32.4mg</i>	1	
<i>phenobarbital tabs 60mg</i>	1	
<i>phenobarbital tabs 64.8mg</i>	1	
<i>phenobarbital tabs 97.2mg</i>	1	
<i>pregabalin caps 100mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin caps 150mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin caps 200mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin caps 225mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin caps 25mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin caps 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin caps 50mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin caps 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	1	QL(900 ML per 30 days)
<i>primidone tabs 125mg</i>	1	
<i>primidone tabs 250mg</i>	1	
<i>primidone tabs 50mg</i>	1	
SYMPAZAN FILM 10MG	1	NDS
SYMPAZAN FILM 20MG	1	NDS
SYMPAZAN FILM 5MG	1	NDS
TIAGABINE HYDROCHLORIDE TABS 12MG	1	
TIAGABINE HYDROCHLORIDE TABS 16MG	1	
TIAGABINE HYDROCHLORIDE TABS 2MG	1	
TIAGABINE HYDROCHLORIDE TABS 4MG	1	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	1	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	1	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	1	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	1	QL(10 EA per 30 days); NDS
<i>vigabatrin pack 500mg</i>	1	PA; NDS
<i>vigabatrin tabs 500mg</i>	1	PA; NDS
<i>vigadrone pack 500mg</i>	1	PA; NDS
<i>vigadrone tabs 500mg</i>	1	PA; NDS
VIGAFYDE SOLN 100MG/ML	1	PA; NDS
<i>vigpoder pack 500mg</i>	1	PA; NDS
ZTALMY SUSP 50MG/ML	1	PA; NDS
Sodium Channel Agents		
APTOM TABS 200MG	1	NDS

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APTiom TABS 400MG	1	NDS
APTiom TABS 600MG	1	NDS
APTiom TABS 800MG	1	NDS
<i>carbamazepine er cp12 100mg</i>	1	
<i>carbamazepine er cp12 200mg</i>	1	
<i>carbamazepine er cp12 300mg</i>	1	
<i>carbamazepine er tb12 100mg</i>	1	
<i>carbamazepine er tb12 200mg</i>	1	
<i>carbamazepine er tb12 400mg</i>	1	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine chew 200mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
DILANTIN INFATABS CHEW 50MG	1	
DILANTIN CAPS 30MG	1	
<i>epitol tabs 200mg</i>	1	
<i>eslicarbazepine acetate tabs 200mg</i>	1	
<i>eslicarbazepine acetate tabs 400mg</i>	1	
<i>eslicarbazepine acetate tabs 600mg</i>	1	
<i>eslicarbazepine acetate tabs 800mg</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>lacosamide inj 200mg/20ml</i>	1	NDS
<i>lacosamide soln 10mg/ml</i>	1	
<i>lacosamide tabs 100mg</i>	1	
<i>lacosamide tabs 150mg</i>	1	
<i>lacosamide tabs 200mg</i>	1	
<i>lacosamide tabs 50mg</i>	1	
OXCARBAZEPINE SUSP 300MG/5ML	1	
<i>oxcarbazepine tabs 150mg</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 600mg</i>	1	
<i>phenytek caps 200mg</i>	1	
<i>phenytek caps 300mg</i>	1	
<i>phenytoin infatabs chew 50mg</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
<i>phenytoin sodium extended caps 200mg</i>	1	
<i>phenytoin sodium extended caps 300mg</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
<i>rufinamide susp 40mg/ml</i>	1	NDS
<i>rufinamide tabs 200mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide tabs 400mg</i>	1	NDS
XCOPRI TABS 100MG	1	PA; NDS
XCOPRI TABS 150MG	1	PA; NDS
XCOPRI TABS 200MG	1	PA; NDS
XCOPRI TABS 25MG	1	PA; NDS
XCOPRI TABS 50MG	1	PA; NDS
XCOPRI TBPk 0	1	PA
XCOPRI TBPk 0	1	PA; NDS
XCOPRI TBPk 0	1	PA; NDS
XCOPRI TBPk 0	1	PA; NDS
XCOPRI TBPk 0	1	PA; NDS
ZONISADE SUSP 100MG/5ML	1	ST
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	
<i>zonisamide caps 50mg</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>memantine/donepezil hydrochloride er cp24 10mg; 14mg</i>	1	QL(30 EA per 30 days); ST
<i>memantine/donepezil hydrochloride er cp24 10mg; 21mg</i>	1	QL(30 EA per 30 days); ST
<i>memantine/donepezil hydrochloride er cp24 10mg; 28mg</i>	1	QL(30 EA per 30 days); ST
NAMZARIC C4PK 10MG; 0	1	QL(56 EA per 365 days); ST
NAMZARIC CP24 10MG; 14MG	1	QL(30 EA per 30 days); ST
NAMZARIC CP24 10MG; 21MG	1	QL(30 EA per 30 days); ST
NAMZARIC CP24 10MG; 28MG	1	QL(30 EA per 30 days); ST
NAMZARIC CP24 10MG; 7MG	1	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	1	
<i>donepezil hcl tbdp 10mg</i>	1	
<i>donepezil hcl tbdp 5mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er cp24 16mg</i>	1	
<i>galantamine hydrobromide er cp24 24mg</i>	1	
<i>galantamine hydrobromide er cp24 8mg</i>	1	
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	1	
<i>galantamine hydrobromide tabs 12mg</i>	1	
<i>galantamine hydrobromide tabs 4mg</i>	1	
<i>galantamine hydrobromide tabs 8mg</i>	1	
<i>rivastigmine tartrate caps 1.5mg</i>	1	
<i>rivastigmine tartrate caps 3mg</i>	1	
<i>rivastigmine tartrate caps 4.5mg</i>	1	
<i>rivastigmine tartrate caps 6mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 13.3MG/24HR	1	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 4.6MG/24HR	1	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 9.5MG/24HR	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride er cp24 14mg</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride er cp24 21mg</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride er cp24 28mg</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride er cp24 7mg</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride soln 2mg/ml</i>	1	
<i>memantine hydrochloride tabs 10mg</i>	1	
<i>memantine hydrochloride tabs 5mg</i>	1	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TBCR 105MG; 45MG	1	QL(60 EA per 30 days); ST; NDS
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride tabs 100mg</i>	1	
<i>bupropion hydrochloride tabs 75mg</i>	1	
<i>mirtazapine odt tbdp 15mg</i>	1	
<i>mirtazapine odt tbdp 30mg</i>	1	
<i>mirtazapine odt tbdp 45mg</i>	1	
<i>mirtazapine tabs 15mg</i>	1	
<i>mirtazapine tabs 30mg</i>	1	
<i>mirtazapine tabs 45mg</i>	1	
<i>mirtazapine tabs 7.5mg</i>	1	
ZURZUVAE CAPS 20MG	1	QL(28 EA per 14 days); PA; NDS
ZURZUVAE CAPS 25MG	1	QL(28 EA per 14 days); PA; NDS
ZURZUVAE CAPS 30MG	1	QL(14 EA per 14 days); PA; NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PT24 12MG/24HR	1	QL(30 EA per 30 days); ST; NDS
EMSAM PT24 6MG/24HR	1	QL(30 EA per 30 days); ST; NDS
EMSAM PT24 9MG/24HR	1	QL(30 EA per 30 days); ST; NDS
MARPLAN TABS 10MG	1	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 20mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	
<i>desvenlafaxine er tb24 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg</i>	1	QL(30 EA per 30 days)
<i>desvenlafaxine er tb24 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG	1	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG	1	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 40MG	1	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 60MG	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 60mg</i>	1	QL(60 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10mg</i>	1	
<i>escitalopram oxalate tabs 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	1	
FETZIMA TITRATION PACK C4PK 0	1	QL(56 EA per 365 days); ST
FETZIMA CP24 120MG	1	QL(30 EA per 30 days); ST
FETZIMA CP24 20MG	1	QL(30 EA per 30 days); ST
FETZIMA CP24 40MG	1	QL(30 EA per 30 days); ST
FETZIMA CP24 80MG	1	QL(30 EA per 30 days); ST
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg</i>	1	
<i>fluoxetine hydrochloride caps 40mg</i>	1	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	1	
<i>fluvoxamine maleate tabs 100mg</i>	1	
<i>fluvoxamine maleate tabs 25mg</i>	1	
<i>fluvoxamine maleate tabs 50mg</i>	1	
NEFAZODONE HYDROCHLORIDE TABS 100MG	1	
NEFAZODONE HYDROCHLORIDE TABS 150MG	1	
NEFAZODONE HYDROCHLORIDE TABS 200MG	1	
NEFAZODONE HYDROCHLORIDE TABS 250MG	1	
NEFAZODONE HYDROCHLORIDE TABS 50MG	1	
<i>paroxetine hcl er tb24 12.5mg</i>	1	
<i>paroxetine hcl er tb24 25mg</i>	1	
<i>paroxetine hcl er tb24 37.5mg</i>	1	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	1	
<i>paroxetine hydrochloride susp 10mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride tabs 10mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	1	
RALDESY SOLN 10MG/ML	1	NDS
<i>sertraline hcl conc 20mg/ml</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>sertraline hydrochloride tabs 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 150mg</i>	1	
<i>trazodone hydrochloride tabs 50mg</i>	1	
TRINTELLIX TABS 10MG	1	QL(30 EA per 30 days)
TRINTELLIX TABS 20MG	1	QL(30 EA per 30 days)
TRINTELLIX TABS 5MG	1	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER TB24 112.5MG	1	ST
<i>venlafaxine hydrochloride er cp24 150mg</i>	1	
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	1	
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	
<i>venlafaxine hydrochloride er tb24 37.5mg</i>	1	
<i>venlafaxine hydrochloride tabs 100mg</i>	1	
<i>venlafaxine hydrochloride tabs 25mg</i>	1	
<i>venlafaxine hydrochloride tabs 37.5mg</i>	1	
<i>venlafaxine hydrochloride tabs 50mg</i>	1	
<i>venlafaxine hydrochloride tabs 75mg</i>	1	
VIIBRYD STARTER PACK KIT 0	1	QL(60 EA per 365 days)
<i>vilazodone hydrochloride tabs 10mg</i>	1	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tabs 20mg</i>	1	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tabs 40mg</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg</i>	1	
<i>amitriptyline hcl tabs 150mg</i>	1	
<i>amitriptyline hcl tabs 25mg</i>	1	
<i>amitriptyline hcl tabs 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg</i>	1	
<i>amitriptyline hydrochloride tabs 10mg</i>	1	
<i>amitriptyline hydrochloride tabs 50mg</i>	1	
<i>amoxapine tabs 100mg</i>	1	
<i>amoxapine tabs 150mg</i>	1	
<i>amoxapine tabs 25mg</i>	1	
<i>amoxapine tabs 50mg</i>	1	
CLOMIPRAMINE HYDROCHLORIDE CAPS 25MG	1	
CLOMIPRAMINE HYDROCHLORIDE CAPS 50MG	1	
CLOMIPRAMINE HYDROCHLORIDE CAPS 75MG	1	
<i>desipramine hydrochloride tabs 100mg</i>	1	

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<i>desipramine hydrochloride tabs 10mg</i>	1	
<i>desipramine hydrochloride tabs 150mg</i>	1	
<i>desipramine hydrochloride tabs 25mg</i>	1	
<i>desipramine hydrochloride tabs 50mg</i>	1	
<i>desipramine hydrochloride tabs 75mg</i>	1	
DOXEPIN HCL CAPS 75MG	1	
DOXEPIN HCL CONC 10MG/ML	1	
DOXEPIN HYDROCHLORIDE CAPS 100MG	1	
DOXEPIN HYDROCHLORIDE CAPS 10MG	1	
DOXEPIN HYDROCHLORIDE CAPS 150MG	1	
DOXEPIN HYDROCHLORIDE CAPS 25MG	1	
DOXEPIN HYDROCHLORIDE CAPS 50MG	1	
<i>imipramine hcl tabs 25mg</i>	1	
<i>imipramine hcl tabs 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
IMIPRAMINE PAMOATE CAPS 100MG	1	
IMIPRAMINE PAMOATE CAPS 125MG	1	
IMIPRAMINE PAMOATE CAPS 150MG	1	
IMIPRAMINE PAMOATE CAPS 75MG	1	
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
<i>nortriptyline hydrochloride caps 10mg</i>	1	
<i>nortriptyline hydrochloride caps 50mg</i>	1	
<i>protriptyline hcl tabs 10mg</i>	1	
<i>protriptyline hcl tabs 5mg</i>	1	
TRIMIPRAMINE MALEATE CAPS 100MG	1	
TRIMIPRAMINE MALEATE CAPS 25MG	1	
TRIMIPRAMINE MALEATE CAPS 50MG	1	
Antiemetics		
<i>Antiemetics, Other</i>		
COMPRO SUPP 25MG	1	
<i>droperidol inj 2.5mg/ml</i>	1	
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	1	
PROCHLORPERAZINE EDISYLATE INJ 10MG/2ML	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
PROCHLORPERAZINE SUPP 25MG	1	
PROMETHAZINE HCL INJ 25MG/ML	1	
PROMETHAZINE HCL INJ 50MG/ML	1	
PROMETHAZINE HCL SUPP 12.5MG	1	

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Drug Name	Drug Tier	Requirements/Limits
PROMETHAZINE HYDROCHLORIDE PLAIN SOLN 6.25MG/5ML	1	
PROMETHAZINE HYDROCHLORIDE INJ 25MG/ML	1	
PROMETHAZINE HYDROCHLORIDE SUPP 25MG	1	
PROMETHAZINE HYDROCHLORIDE TABS 12.5MG	1	
PROMETHAZINE HYDROCHLORIDE TABS 25MG	1	
PROMETHAZINE HYDROCHLORIDE TABS 50MG	1	
PROMETHEGAN SUPP 12.5MG	1	
PROMETHEGAN SUPP 25MG	1	
<i>scopolamine pt72 1mg/3days</i>	1	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPS 300MG; 0.5MG	1	QL(2 EA per 30 days); B/D
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	1	
<i>aprepitant caps 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant caps 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant caps 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant caps 80mg</i>	1	QL(8 EA per 30 days); B/D
CINVANTI INJ 130MG/18ML	1	
<i>dronabinol caps 10mg</i>	1	QL(60 EA per 30 days); PA
DRONABINOL CAPS 2.5MG	1	QL(60 EA per 30 days); PA
DRONABINOL CAPS 5MG	1	QL(60 EA per 30 days); PA
<i>granisetron hcl inj 1mg/ml</i>	1	
<i>granisetron hcl inj 4mg/4ml</i>	1	
<i>granisetron hydrochloride inj 1mg/ml</i>	1	
<i>granisetron hydrochloride inj 1mg/ml</i>	1	
<i>granisetron hydrochloride tabs 1mg</i>	1	QL(30 EA per 30 days); B/D
ONDANSETRON HCL SOLN 4MG/5ML	1	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride inj 40mg/20ml</i>	1	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	
<i>ondansetron hydrochloride tabs 4mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg</i>	1	B/D
<i>ondansetron odt tbdp 8mg</i>	1	B/D
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	1	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	1	
SANCUSO PTCH 3.1MG/24HR	1	QL(2 EA per 30 days); NDS
Antifungals		
Antifungals		
ABELCET INJ 5MG/ML	1	B/D
<i>amphotericin b liposome inj 50mg</i>	1	B/D; NDS
AMPHOTERICIN B INJ 50MG	1	B/D
<i>clotrimazole crea 1%</i>	1	QL(90 GM per 30 days)
<i>clotrimazole soln 1%</i>	1	QL(60 ML per 30 days)

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<i>clotrimazole troc 10mg</i>	1	
CRESEMBA INJ 372MG	1	NDS
ERAXIS INJ 100MG	1	NDS
ERAXIS INJ 50MG	1	NDS
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	1	
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	1	NDS
<i>flucytosine caps 500mg</i>	1	NDS
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
GRISEOFULVIN MICROSIZE TABS 500MG	1	
GRISEOFULVIN ULTRAMICROSIZE TABS 125MG	1	
<i>griseofulvin ultramicrosize tabs 165mg</i>	1	NDS
GRISEOFULVIN ULTRAMICROSIZE TABS 250MG	1	
ITRACONAZOLE CAPS 100MG	1	PA
<i>itraconazole soln 10mg/ml</i>	1	PA; NDS
<i>ketoconazole crea 2%</i>	1	QL(90 GM per 30 days)
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>klayesta powd 100000unit/gm</i>	1	QL(120 GM per 30 days)
<i>micafungin inj 100mg</i>	1	
<i>micafungin inj 50mg</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>naftifine hydrochloride gel 2%</i>	1	
<i>nyamyc powd 100000unit/gm</i>	1	QL(120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	QL(120 GM per 30 days)
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>nystop powd 100000unit/gm</i>	1	QL(120 GM per 30 days)
<i>posaconazole dr tbec 100mg</i>	1	PA; NDS
<i>posaconazole inj 300mg/16.7ml</i>	1	NDS
<i>posaconazole susp 40mg/ml</i>	1	PA; NDS
<i>terbinafine hcl tabs 250mg</i>	1	QL(84 EA per 180 days)
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>terconazole supp 80mg</i>	1	

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<i>voriconazole inj 200mg</i>	1	PA; NDS
<i>voriconazole susr 40mg/ml</i>	1	NDS
<i>voriconazole tabs 200mg</i>	1	
<i>voriconazole tabs 50mg</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	1	
<i>febuxostat tabs 40mg</i>	1	
<i>febuxostat tabs 80mg</i>	1	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJ 140MG/ML	1	QL(1 ML per 28 days); PA
AIMOVIG INJ 70MG/ML	1	QL(2 ML per 28 days); PA
UBRELVY TABS 100MG	1	QL(16 EA per 30 days); PA; NDS
UBRELVY TABS 50MG	1	QL(16 EA per 30 days); PA; NDS
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj 1mg/ml</i>	1	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	QL(8 ML per 30 days); PA; NDS
ERGOMAR SUBL 2MG	1	
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	1	QL(24 EA per 28 days)
MIGERGOT SUPP 100MG; 2MG	1	QL(20 EA per 28 days); NDS
<i>Prophylactic</i>		
<i>timolol maleate tabs 10mg</i>	1	
<i>timolol maleate tabs 20mg</i>	1	
<i>timolol maleate tabs 5mg</i>	1	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl tabs 1mg</i>	1	QL(9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	1	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	1	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	1	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL(9 EA per 30 days)

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<i>sumatriptan succinate tabs 25mg</i>	1	QL(9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL(9 EA per 30 days)
SUMATRIPTAN SOLN 20MG/ACT	1	QL(12 EA per 30 days)
SUMATRIPTAN SOLN 5MG/ACT	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan soln 2.5mg</i>	1	QL(18 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	1	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
PYRIDOSTIGMINE BROMIDE ER TBCR 180MG	1	
<i>pyridostigmine bromide soln 60mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
REGONOL INJ 10MG/2ML	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
DAPSONE TABS 100MG	1	
DAPSONE TABS 25MG	1	
<i>rifabutin caps 150mg</i>	1	
<i>Antituberculars</i>		
<i>cycloserine caps 250mg</i>	1	NDS
<i>ethambutol hydrochloride tabs 100mg</i>	1	
<i>ethambutol hydrochloride tabs 400mg</i>	1	
ISONIAZID INJ 100MG/ML	1	
ISONIAZID SYRP 50MG/5ML	1	
<i>isoniazid tabs 100mg</i>	1	
<i>isoniazid tabs 300mg</i>	1	
PRIFTIN TABS 150MG	1	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg</i>	1	
<i>rifampin caps 300mg</i>	1	
RIFAMPIN INJ 600MG	1	
SIRTURO TABS 100MG	1	NDS
SIRTURO TABS 20MG	1	NDS
TRECTOR TABS 250MG	1	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO INJ 100MG/4ML	1	NDS
<i>bendamustine hydrochloride inj 100mg/4ml</i>	1	NDS
<i>bendamustine hydrochloride inj 100mg</i>	1	NDS
<i>bendamustine hydrochloride inj 25mg</i>	1	NDS
BENDEKA INJ 100MG/4ML	1	NDS

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BICNU INJ 100MG	1	NDS
<i>busulfan inj 6mg/ml</i>	1	NDS
<i>carboplatin inj 150mg/15ml</i>	1	
<i>carboplatin inj 450mg/45ml</i>	1	
<i>carboplatin inj 50mg/5ml</i>	1	
<i>carboplatin inj 600mg/60ml</i>	1	
<i>carmustine inj 100mg</i>	1	NDS
<i>cisplatin inj 100mg/100ml</i>	1	
<i>cisplatin inj 200mg/200ml</i>	1	
<i>cisplatin inj 50mg/50ml</i>	1	
<i>cyclophosphamide caps 25mg</i>	1	B/D
<i>cyclophosphamide caps 50mg</i>	1	B/D
<i>cyclophosphamide inj 1gm</i>	1	NDS
<i>cyclophosphamide inj 2gm</i>	1	NDS
<i>cyclophosphamide inj 500mg</i>	1	
<i>dacarbazine inj 100mg</i>	1	
<i>dacarbazine inj 200mg</i>	1	
GLEOSTINE CAPS 100MG	1	NDS
GLEOSTINE CAPS 10MG	1	
GLEOSTINE CAPS 40MG	1	
<i>ifosfamide inj 1gm/20ml</i>	1	
IFOSFAMIDE INJ 1GM	1	
<i>ifosfamide inj 3gm/60ml</i>	1	
IFOSFAMIDE INJ 3GM	1	
<i>kemoplat inj 50mg/50ml</i>	1	
LEUKERAN TABS 2MG	1	NDS
MATULANE CAPS 50MG	1	NDS
<i>melphalan hydrochloride inj 50mg</i>	1	
<i>oxaliplatin inj 100mg/20ml</i>	1	
<i>oxaliplatin inj 50mg/10ml</i>	1	
<i>paraplatin inj 450mg/45ml</i>	1	
<i>paraplatin inj 50mg/5ml</i>	1	
TEMODAR INJ 100MG	1	NDS
<i>thiotepa inj 15mg</i>	1	NDS
VALCHLOR GEL 0.016%	1	PA; NDS
VIVIMUSTA INJ 100MG/4ML	1	NDS
YONDELIS INJ 1MG	1	NDS
ZANOSAR INJ 1GM	1	NDS
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	1	PA
<i>abiraterone acetate tabs 500mg</i>	1	PA; NDS
<i>abirtega tabs 250mg</i>	1	PA
<i>bicalutamide tabs 50mg</i>	1	

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ERLEADA TABS 240MG	1	PA; NDS
ERLEADA TABS 60MG	1	PA; NDS
EULEXIN CAPS 125MG	1	
<i>flutamide caps 125mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	NDS
NUBEQA TABS 300MG	1	PA; NDS
XTANDI CAPS 40MG	1	PA; NDS
XTANDI TABS 40MG	1	PA; NDS
XTANDI TABS 80MG	1	PA; NDS
Antiangiogenic Agents		
<i>lenalidomide caps 10mg</i>	1	PA; NDS
<i>lenalidomide caps 15mg</i>	1	PA; NDS
<i>lenalidomide caps 2.5mg</i>	1	PA; NDS
<i>lenalidomide caps 20mg</i>	1	PA; NDS
<i>lenalidomide caps 25mg</i>	1	PA; NDS
<i>lenalidomide caps 5mg</i>	1	PA; NDS
POMALYST CAPS 1MG	1	PA; NDS
POMALYST CAPS 2MG	1	PA; NDS
POMALYST CAPS 3MG	1	PA; NDS
POMALYST CAPS 4MG	1	PA; NDS
THALOMID CAPS 100MG	1	PA; NDS
THALOMID CAPS 150MG	1	PA; NDS
THALOMID CAPS 200MG	1	PA; NDS
THALOMID CAPS 50MG	1	PA; NDS
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	1	NDS
FASLODEX INJ 250MG/5ML	1	NDS
<i>fulvestrant inj 250mg/5ml</i>	1	NDS
ORSERDU TABS 345MG	1	PA; NDS
ORSERDU TABS 86MG	1	PA; NDS
SOLTAMOX SOLN 10MG/5ML	1	NDS
<i>tamoxifen citrate tabs 10mg</i>	1	
<i>tamoxifen citrate tabs 20mg</i>	1	
<i>toremifene citrate tabs 60mg</i>	1	NDS
Antimetabolites		
ARRANON INJ 5MG/ML	1	NDS
<i>cladribine inj 10mg/10ml</i>	1	B/D; NDS
<i>clofarabine inj 1mg/ml</i>	1	NDS
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 100mg/ml</i>	1	B/D
<i>cytarabine inj 100mg/ml</i>	1	B/D
<i>cytarabine inj 20mg/ml</i>	1	B/D

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DROXIA CAPS 200MG	1	
DROXIA CAPS 300MG	1	
DROXIA CAPS 400MG	1	
<i>floxuridine inj 0.5gm</i>	1	B/D; NDS
<i>fluorouracil inj 1gm/20ml</i>	1	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
<i>fluorouracil inj 500mg/10ml</i>	1	B/D
<i>fluorouracil inj 5gm/100ml</i>	1	B/D
FOLOTYN INJ 20MG/ML	1	PA; NDS
FOLOTYN INJ 40MG/2ML	1	PA; NDS
<i>gemcitabine hcl inj 1gm</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	1	
<i>gemcitabine hydrochloride inj 1gm</i>	1	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	1	
<i>gemcitabine hydrochloride inj 200mg</i>	1	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	1	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	1	
<i>hydroxyurea caps 500mg</i>	1	
<i>mercaptopurine susp 2000mg/100ml</i>	1	NDS
MERCAPTOPURINE TABS 50MG	1	
<i>nelarabine inj 5mg/ml</i>	1	NDS
NIPENT INJ 10MG	1	NDS
<i>pemetrexed disodium inj 100mg</i>	1	NDS
<i>pemetrexed disodium inj 500mg</i>	1	NDS
<i>pemetrexed inj 100mg</i>	1	NDS
<i>pemetrexed inj 500mg</i>	1	NDS
<i>pralatrexate inj 20mg/ml</i>	1	PA; NDS
<i>pralatrexate inj 40mg/2ml</i>	1	PA; NDS
PURIXAN SUSP 2000MG/100ML	1	NDS
TABLOID TABS 40MG	1	NDS
VYXEOS INJ 100MG; 44MG	1	PA; NDS
Antineoplastics, Other		
<i>adriamycin inj 50mg</i>	1	B/D
AKEEGA TABS 500MG; 100MG	1	PA; NDS
AKEEGA TABS 500MG; 50MG	1	PA; NDS
<i>arsenic trioxide inj 10mg/10ml</i>	1	NDS
<i>arsenic trioxide inj 12mg/6ml</i>	1	NDS
<i>azacitidine inj 100mg</i>	1	NDS
<i>bleomycin sulfate inj 15unit</i>	1	B/D
<i>bleomycin sulfate inj 15unit</i>	1	B/D
<i>bleomycin sulfate inj 30unit</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>bortezomib inj 3.5mg</i>	1	PA; NDS
BORTEZOMIB INJ 3.5MG	1	PA; NDS
<i>dactinomycin inj 0.5mg</i>	1	NDS
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	1	
<i>decitabine inj 50mg</i>	1	NDS
<i>docetaxel inj 160mg/16ml</i>	1	
<i>docetaxel inj 160mg/8ml</i>	1	NDS
<i>docetaxel inj 20mg/2ml</i>	1	NDS
<i>docetaxel inj 20mg/ml</i>	1	
<i>docetaxel inj 80mg/4ml</i>	1	
<i>docetaxel inj 80mg/8ml</i>	1	NDS
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl inj 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	NDS
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D
<i>doxorubicin hydrochloride inj 2mg/ml</i>	1	B/D
<i>eribulin mesylate inj 1mg/2ml</i>	1	PA; NDS
HALAVEN INJ 1MG/2ML	1	PA; NDS
IBRANCE TABS 100MG	1	PA; NDS
IBRANCE TABS 125MG	1	PA; NDS
IBRANCE TABS 75MG	1	PA; NDS
<i>idarubicin hcl inj 10mg/10ml</i>	1	NDS
<i>idarubicin hcl inj 20mg/20ml</i>	1	NDS
<i>idarubicin hcl inj 5mg/5ml</i>	1	NDS
<i>idarubicin hydrochloride inj 10mg/10ml</i>	1	NDS
<i>idarubicin hydrochloride inj 20mg/20ml</i>	1	NDS
<i>idarubicin hydrochloride inj 5mg/5ml</i>	1	NDS
INREBIC CAPS 100MG	1	PA; NDS
ITOVEBI TABS 3MG	1	QL(60 EA per 30 days); PA; NDS
ITOVEBI TABS 9MG	1	PA; NDS
IWILFIN TABS 192MG	1	PA; NDS
IXEMPRA KIT INJ 15MG	1	NDS
IXEMPRA KIT INJ 45MG	1	NDS
JEVTANA INJ 60MG/1.5ML	1	PA; NDS
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	1	PA; NDS
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	1	PA; NDS
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	1	PA; NDS
LAZCLUZE TABS 240MG	1	PA; NDS
LAZCLUZE TABS 80MG	1	QL(60 EA per 30 days); PA; NDS
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 200mg</i>	1	

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<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium inj 500mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	1	
<i>levoleucovorin calcium inj 250mg/25ml</i>	1	
<i>levoleucovorin inj 50mg</i>	1	NDS
LONSURF TABS 6.14MG; 15MG	1	PA; NDS
LONSURF TABS 8.19MG; 20MG	1	PA; NDS
LYSODREN TABS 500MG	1	NDS
<i>mitomycin inj 20mg</i>	1	NDS
<i>mitomycin inj 40mg</i>	1	NDS
<i>mitomycin inj 5mg</i>	1	NDS
<i>mutamycin inj 20mg</i>	1	NDS
<i>mutamycin inj 40mg</i>	1	NDS
<i>mutamycin inj 5mg</i>	1	NDS
OGSIVEO TABS 100MG	1	PA; NDS
OGSIVEO TABS 150MG	1	PA; NDS
OGSIVEO TABS 50MG	1	PA; NDS
OJEMDA SUSR 25MG/ML	1	PA; NDS
OJEMDA TABS 100MG	1	PA; NDS
OJEMDA TABS 100MG	1	PA; NDS
OJEMDA TABS 100MG	1	PA; NDS
ONUREG TABS 200MG	1	PA; NDS
ONUREG TABS 300MG	1	PA; NDS
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 150mg/25ml</i>	1	
<i>paclitaxel inj 300mg/50ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
PROLEUKIN INJ 22000000UNIT	1	NDS
REVUFORJ TABS 110MG	1	PA; NDS
REVUFORJ TABS 160MG	1	PA; NDS
REVUFORJ TABS 25MG	1	PA; NDS
<i>romidepsin inj 10mg</i>	1	PA; NDS
RYLAZE INJ 10MG/0.5ML	1	NDS
SYNRIBO INJ 3.5MG	1	NDS
TICE BCG INJ 50MG	1	
TRISENOX INJ 12MG/6ML	1	NDS
TRUSELTIQ CPPK 0	1	PA; NDS
TRUSELTIQ CPPK 100MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ CPPK 25MG	1	PA; NDS
TRUSELTIQ CPPK 25MG	1	PA; NDS
<i>valrubicin inj 40mg/ml</i>	1	NDS
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
VONJO CAPS 100MG	1	PA; NDS
ZALTRAP INJ 100MG/4ML	1	PA; NDS
ZALTRAP INJ 200MG/8ML	1	PA; NDS
ZOLINZA CAPS 100MG	1	PA; NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	1	
EXEMESTANE TABS 25MG	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS INJ 100MG	1	NDS
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 500mg/25ml</i>	1	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 40mg/2ml</i>	1	
<i>irinotecan inj 500mg/25ml</i>	1	
KYPROLIS INJ 30MG	1	PA; NDS
KYPROLIS INJ 60MG	1	PA; NDS
<i>toposar inj 100mg/5ml</i>	1	
<i>toposar inj 1gm/50ml</i>	1	
<i>toposar inj 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	1	
<i>topotecan hcl inj 4mg</i>	1	NDS
<i>topotecan hydrochloride inj 4mg/4ml</i>	1	
<i>topotecan hydrochloride inj 4mg/4ml</i>	1	
<i>Molecular Target Inhibitors</i>		
ALECENSA CAPS 150MG	1	PA; NDS
ALIQOPA INJ 60MG	1	PA; NDS
ALUNBRIG TABS 180MG	1	QL(30 EA per 30 days); PA; NDS
ALUNBRIG TABS 30MG	1	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABS 90MG	1	QL(30 EA per 30 days); PA; NDS
ALUNBRIG TBPK 0	1	QL(60 EA per 365 days); PA; NDS
AUGTYRO CAPS 160MG	1	PA; NDS
AUGTYRO CAPS 40MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABS 100MG	1	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 200MG	1	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 25MG	1	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 300MG	1	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 50MG	1	QL(30 EA per 30 days); PA; NDS
BALVERSA TABS 3MG	1	PA; NDS
BALVERSA TABS 4MG	1	PA; NDS
BALVERSA TABS 5MG	1	PA; NDS
BELEODAQ INJ 500MG	1	PA; NDS
BOSULIF CAPS 100MG	1	PA; NDS
BOSULIF CAPS 50MG	1	PA; NDS
BOSULIF TABS 100MG	1	PA; NDS
BOSULIF TABS 400MG	1	PA; NDS
BOSULIF TABS 500MG	1	PA; NDS
BRAFTOVI CAPS 75MG	1	PA; NDS
BRUKINSA CAPS 80MG	1	PA; NDS
CABOMETYX TABS 20MG	1	QL(30 EA per 30 days); PA; NDS
CABOMETYX TABS 40MG	1	PA; NDS
CABOMETYX TABS 60MG	1	PA; NDS
CALQUENCE CAPS 100MG	1	PA; NDS
CALQUENCE TABS 100MG	1	PA; NDS
CAPRELSA TABS 100MG	1	QL(60 EA per 30 days); PA; NDS
CAPRELSA TABS 300MG	1	PA; NDS
COMETRIQ KIT 0	1	PA; NDS
COMETRIQ KIT 0	1	PA; NDS
COMETRIQ KIT 20MG	1	PA; NDS
COPIKTRA CAPS 15MG	1	PA; NDS
COPIKTRA CAPS 25MG	1	PA; NDS
COTELLIC TABS 20MG	1	PA; NDS
DANZITEN TABS 71MG	1	PA; NDS
DANZITEN TABS 95MG	1	PA; NDS
<i>dasatinib tabs 100mg</i>	1	PA; NDS
<i>dasatinib tabs 140mg</i>	1	PA; NDS
<i>dasatinib tabs 20mg</i>	1	PA; NDS
<i>dasatinib tabs 50mg</i>	1	PA; NDS
<i>dasatinib tabs 70mg</i>	1	PA; NDS
<i>dasatinib tabs 80mg</i>	1	PA; NDS
DAURISMO TABS 100MG	1	PA; NDS
DAURISMO TABS 25MG	1	PA; NDS
ERIVEDGE CAPS 150MG	1	PA; NDS
<i>erlotinib hydrochloride tabs 100mg</i>	1	PA; NDS
<i>erlotinib hydrochloride tabs 150mg</i>	1	PA; NDS
<i>erlotinib hydrochloride tabs 25mg</i>	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tabs 10mg</i>	1	QL(30 EA per 30 days); PA; NDS
EVEROLIMUS TABS 2.5MG	1	QL(30 EA per 30 days); PA; NDS
EVEROLIMUS TABS 5MG	1	QL(30 EA per 30 days); PA; NDS
EVEROLIMUS TABS 7.5MG	1	QL(30 EA per 30 days); PA; NDS
<i>everolimus tbso 2mg</i>	1	PA; NDS
<i>everolimus tbso 3mg</i>	1	PA; NDS
<i>everolimus tbso 5mg</i>	1	PA; NDS
EXKIVITY CAPS 40MG	1	NDS
<i>fludarabine phosphate inj 50mg</i>	1	NDS
FOTIVDA CAPS 0.89MG	1	PA; NDS
FOTIVDA CAPS 1.34MG	1	PA; NDS
FRUZAQLA CAPS 1MG	1	PA; NDS
FRUZAQLA CAPS 5MG	1	PA; NDS
GAVRETO CAPS 100MG	1	PA; NDS
<i>gefitinib tabs 250mg</i>	1	PA; NDS
GILOTRIF TABS 20MG	1	QL(30 EA per 30 days); PA; NDS
GILOTRIF TABS 30MG	1	QL(30 EA per 30 days); PA; NDS
GILOTRIF TABS 40MG	1	QL(30 EA per 30 days); PA; NDS
GOMEKLI CAPS 1MG	1	PA; NDS
GOMEKLI CAPS 2MG	1	PA; NDS
GOMEKLI TBSO 1MG	1	PA; NDS
IBRANCE CAPS 100MG	1	PA; NDS
IBRANCE CAPS 125MG	1	PA; NDS
IBRANCE CAPS 75MG	1	PA; NDS
ICLUSIG TABS 10MG	1	QL(30 EA per 30 days); PA; NDS
ICLUSIG TABS 15MG	1	QL(30 EA per 30 days); PA; NDS
ICLUSIG TABS 30MG	1	PA; NDS
ICLUSIG TABS 45MG	1	PA; NDS
IDHIFA TABS 100MG	1	QL(30 EA per 30 days); PA; NDS
IDHIFA TABS 50MG	1	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate tabs 100mg</i>	1	PA
<i>imatinib mesylate tabs 400mg</i>	1	PA
IMBRUVICA CAPS 140MG	1	PA; NDS
IMBRUVICA CAPS 70MG	1	PA; NDS
IMBRUVICA SUSP 70MG/ML	1	PA; NDS
IMBRUVICA TABS 140MG	1	PA; NDS
IMBRUVICA TABS 280MG	1	PA; NDS
IMBRUVICA TABS 420MG	1	PA; NDS
IMBRUVICA TABS 560MG	1	PA; NDS
IMKELDI SOLN 80MG/ML	1	PA; NDS
INLYTA TABS 1MG	1	PA; NDS
INLYTA TABS 5MG	1	PA; NDS
INQOVI TABS 100MG; 35MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 10MG	1	QL(60 EA per 30 days); PA; NDS
JAKAFI TABS 15MG	1	PA; NDS
JAKAFI TABS 20MG	1	PA; NDS
JAKAFI TABS 25MG	1	PA; NDS
JAKAFI TABS 5MG	1	PA; NDS
JAYPIRCA TABS 100MG	1	PA; NDS
JAYPIRCA TABS 50MG	1	QL(30 EA per 30 days); PA; NDS
KISQALI TBPK 200MG	1	PA; NDS
KISQALI TBPK 200MG	1	PA; NDS
KISQALI TBPK 200MG	1	PA; NDS
KOSELUGO CAPS 10MG	1	PA; NDS
KOSELUGO CAPS 25MG	1	PA; NDS
KRAZATI TABS 200MG	1	PA; NDS
<i>lapatinib ditosylate tabs 250mg</i>	1	PA; NDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	1	PA; NDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	1	PA; NDS
LENVIMA 14 MG DAILY DOSE CPPK 0	1	PA; NDS
LENVIMA 18 MG DAILY DOSE CPPK 0	1	PA; NDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	1	PA; NDS
LENVIMA 24 MG DAILY DOSE CPPK 0	1	PA; NDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	1	PA; NDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	1	PA; NDS
LORBRENA TABS 100MG	1	PA; NDS
LORBRENA TABS 25MG	1	PA; NDS
LUMAKRAS TABS 120MG	1	PA; NDS
LUMAKRAS TABS 240MG	1	PA; NDS
LUMAKRAS TABS 320MG	1	PA; NDS
LYNPARZA TABS 100MG	1	PA; NDS
LYNPARZA TABS 150MG	1	PA; NDS
LYTGOBI TBPK 4MG	1	PA; NDS
LYTGOBI TBPK 4MG	1	PA; NDS
LYTGOBI TBPK 4MG	1	PA; NDS
MEKINIST SOLR 0.05MG/ML	1	PA; NDS
MEKINIST TABS 0.5MG	1	PA; NDS
MEKINIST TABS 2MG	1	PA; NDS
MEKTOVI TABS 15MG	1	PA; NDS
NERLYNX TABS 40MG	1	QL(180 EA per 30 days); PA; NDS
<i>nilotinib hydrochloride caps 150mg</i>	1	PA; NDS
<i>nilotinib hydrochloride caps 200mg</i>	1	PA; NDS
<i>nilotinib hydrochloride caps 50mg</i>	1	PA; NDS
NINLARO CAPS 2.3MG	1	PA; NDS
NINLARO CAPS 3MG	1	PA; NDS
NINLARO CAPS 4MG	1	PA; NDS

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ODOMZO CAPS 200MG	1	PA; NDS
OJJAARA TABS 100MG	1	PA; NDS
OJJAARA TABS 150MG	1	PA; NDS
OJJAARA TABS 200MG	1	PA; NDS
<i>pazopanib hydrochloride tabs 200mg</i>	1	PA; NDS
PEMAZYRE TABS 13.5MG	1	QL(30 EA per 30 days); PA; NDS
PEMAZYRE TABS 4.5MG	1	QL(30 EA per 30 days); PA; NDS
PEMAZYRE TABS 9MG	1	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE TBPk 200MG	1	PA; NDS
PIQRAY 250MG DAILY DOSE TBPk 0	1	PA; NDS
PIQRAY 300MG DAILY DOSE TBPk 150MG	1	PA; NDS
QINLOCK TABS 50MG	1	PA; NDS
RETEVMO CAPS 40MG	1	PA; NDS
RETEVMO CAPS 80MG	1	PA; NDS
RETEVMO TABS 120MG	1	PA; NDS
RETEVMO TABS 160MG	1	PA; NDS
RETEVMO TABS 40MG	1	QL(90 EA per 30 days); PA; NDS
RETEVMO TABS 80MG	1	QL(60 EA per 30 days); PA; NDS
REZLIDHIA CAPS 150MG	1	PA; NDS
ROMVIMZA CAPS 14MG	1	PA; NDS
ROMVIMZA CAPS 20MG	1	PA; NDS
ROMVIMZA CAPS 30MG	1	PA; NDS
ROZLYTREK CAPS 100MG	1	PA; NDS
ROZLYTREK CAPS 200MG	1	PA; NDS
ROZLYTREK PACK 50MG	1	PA; NDS
RUBRACA TABS 200MG	1	PA; NDS
RUBRACA TABS 250MG	1	PA; NDS
RUBRACA TABS 300MG	1	PA; NDS
RYDAPT CAPS 25MG	1	PA; NDS
SCEMBLIX TABS 100MG	1	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABS 20MG	1	QL(60 EA per 30 days); PA; NDS
SCEMBLIX TABS 40MG	1	PA; NDS
<i>sorafenib tosylate tabs 200mg</i>	1	PA; NDS
<i>sorafenib tabs 200mg</i>	1	PA; NDS
SPRYCEL TABS 100MG	1	PA; NDS
SPRYCEL TABS 140MG	1	PA; NDS
SPRYCEL TABS 20MG	1	PA; NDS
SPRYCEL TABS 50MG	1	PA; NDS
SPRYCEL TABS 70MG	1	PA; NDS
SPRYCEL TABS 80MG	1	PA; NDS
STIVARGA TABS 40MG	1	PA; NDS
<i>sunitinib malate caps 12.5mg</i>	1	PA; NDS
<i>sunitinib malate caps 25mg</i>	1	PA; NDS

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<i>sunitinib malate caps 37.5mg</i>	1	PA; NDS
<i>sunitinib malate caps 50mg</i>	1	PA; NDS
TABRECTA TABS 150MG	1	QL(120 EA per 30 days); PA; NDS
TABRECTA TABS 200MG	1	QL(120 EA per 30 days); PA; NDS
TAFINLAR CAPS 50MG	1	PA; NDS
TAFINLAR CAPS 75MG	1	PA; NDS
TAFINLAR TBSO 10MG	1	PA; NDS
TAGRISSE TABS 40MG	1	QL(30 EA per 30 days); PA; NDS
TAGRISSE TABS 80MG	1	PA; NDS
TALZENNA CAPS 0.1MG	1	PA; NDS
TALZENNA CAPS 0.25MG	1	PA; NDS
TALZENNA CAPS 0.35MG	1	PA; NDS
TALZENNA CAPS 0.5MG	1	PA; NDS
TALZENNA CAPS 0.75MG	1	PA; NDS
TALZENNA CAPS 1MG	1	PA; NDS
TASIGNA CAPS 150MG	1	PA; NDS
TASIGNA CAPS 200MG	1	PA; NDS
TASIGNA CAPS 50MG	1	PA; NDS
TAZVERIK TABS 200MG	1	PA; NDS
<i>temsirolimus inj 25mg/ml</i>	1	NDS
TEPMETKO TABS 225MG	1	PA; NDS
TIBSOVO TABS 250MG	1	PA; NDS
TORISEL INJ 25MG/ML	1	NDS
<i>torpenz tabs 10mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>torpenz tabs 2.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>torpenz tabs 5mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>torpenz tabs 7.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
TRUQAP TABS 160MG	1	PA; NDS
TRUQAP TABS 200MG	1	PA; NDS
TUKYSA TABS 150MG	1	PA; NDS
TUKYSA TABS 50MG	1	PA; NDS
TURALIO CAPS 125MG	1	PA; NDS
TURALIO CAPS 200MG	1	PA; NDS
VANFLYTA TABS 17.7MG	1	PA; NDS
VANFLYTA TABS 26.5MG	1	PA; NDS
VENCLEXTA STARTING PACK TBPK 0	1	PA; NDS
VENCLEXTA TABS 100MG	1	PA; NDS
VENCLEXTA TABS 10MG	1	PA
VENCLEXTA TABS 50MG	1	PA; NDS
VERZENIO TABS 100MG	1	PA; NDS
VERZENIO TABS 150MG	1	PA; NDS
VERZENIO TABS 200MG	1	PA; NDS
VERZENIO TABS 50MG	1	PA; NDS

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VITRAKVI CAPS 100MG	1	PA; NDS
VITRAKVI CAPS 25MG	1	PA; NDS
VITRAKVI SOLN 20MG/ML	1	PA; NDS
VIZIMPRO TABS 15MG	1	PA; NDS
VIZIMPRO TABS 30MG	1	PA; NDS
VIZIMPRO TABS 45MG	1	PA; NDS
XALKORI CAPS 200MG	1	PA; NDS
XALKORI CAPS 250MG	1	PA; NDS
XALKORI CPSP 150MG	1	PA; NDS
XALKORI CPSP 20MG	1	PA; NDS
XALKORI CPSP 50MG	1	PA; NDS
XOSPATA TABS 40MG	1	PA; NDS
XPOVIO 60 MG TWICE WEEKLY TBPk 20MG	1	PA; NDS
XPOVIO 80 MG TWICE WEEKLY TBPk 20MG	1	PA; NDS
XPOVIO TBPk 10MG	1	PA; NDS
XPOVIO TBPk 40MG	1	PA; NDS
XPOVIO TBPk 40MG	1	PA; NDS
XPOVIO TBPk 40MG	1	PA; NDS
XPOVIO TBPk 50MG	1	PA; NDS
XPOVIO TBPk 60MG	1	PA; NDS
ZEJULA CAPS 100MG	1	PA; NDS
ZEJULA TABS 100MG	1	QL(30 EA per 30 days); PA; NDS
ZEJULA TABS 200MG	1	PA; NDS
ZEJULA TABS 300MG	1	PA; NDS
ZELBORAF TABS 240MG	1	PA; NDS
ZYDELIG TABS 100MG	1	PA; NDS
ZYDELIG TABS 150MG	1	PA; NDS
ZYKADIA TABS 150MG	1	PA; NDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
ARZERRA INJ 1000MG/50ML	1	PA; NDS
ARZERRA INJ 100MG/5ML	1	PA; NDS
AVASTIN INJ 100MG/4ML	1	PA; NDS
AVASTIN INJ 400MG/16ML	1	PA; NDS
BAVENCIO INJ 200MG/10ML	1	PA; NDS
BLINCYTO INJ 35MCG	1	PA; NDS
CYRAMZA INJ 100MG/10ML	1	PA; NDS
CYRAMZA INJ 500MG/50ML	1	PA; NDS
DANYELZA INJ 40MG/10ML	1	PA; NDS
DARZALEX INJ 100MG/5ML	1	PA; NDS
DARZALEX INJ 400MG/20ML	1	PA; NDS
EMPLICITI INJ 300MG	1	PA; NDS
EMPLICITI INJ 400MG	1	PA; NDS
ERBITUX INJ 100MG/50ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ERBITUX INJ 200MG/100ML	1	PA; NDS
GAZYVA INJ 1000MG/40ML	1	PA; NDS
HERCEPTIN INJ 150MG	1	PA; NDS
IMFINZI INJ 120MG/2.4ML	1	PA; NDS
IMFINZI INJ 500MG/10ML	1	PA; NDS
KADCYLA INJ 100MG	1	PA; NDS
KADCYLA INJ 160MG	1	PA; NDS
KEYTRUDA INJ 100MG/4ML	1	PA; NDS
MYLOTARG INJ 4.5MG	1	PA; NDS
OPDIVO INJ 100MG/10ML	1	PA; NDS
OPDIVO INJ 40MG/4ML	1	PA; NDS
PERJETA INJ 420MG/14ML	1	PA; NDS
PORTRAZZA INJ 800MG/50ML	1	PA; NDS
RITUXAN INJ 100MG/10ML	1	PA; NDS
RITUXAN INJ 500MG/50ML	1	PA; NDS
TECENTRIQ INJ 1200MG/20ML	1	PA; NDS
UNITUXIN INJ 17.5MG/5ML	1	PA; NDS
VECTIBIX INJ 100MG/5ML	1	NDS
VECTIBIX INJ 400MG/20ML	1	NDS
YERVOY INJ 200MG/40ML	1	PA; NDS
YERVOY INJ 50MG/10ML	1	PA; NDS
ZEVALIN Y-90 INJ 3.2MG/2ML	1	NDS
Retinoids		
<i>bexarotene caps 75mg</i>	1	PA; NDS
<i>bexarotene gel 1%</i>	1	PA; NDS
PANRETIN GEL 0.1%	1	NDS
<i>tretinoin caps 10mg</i>	1	NDS
Treatment Adjuncts		
<i>dexrazoxane hydrochloride inj 250mg</i>	1	NDS
<i>dexrazoxane hydrochloride inj 500mg</i>	1	NDS
<i>dexrazoxane inj 250mg</i>	1	NDS
<i>dexrazoxane inj 500mg</i>	1	NDS
ELITEK INJ 1.5MG	1	NDS
ELITEK INJ 7.5MG	1	NDS
<i>mesna inj 100mg/ml</i>	1	
<i>mesna tabs 400mg</i>	1	NDS
MESNEX TABS 400MG	1	NDS
VORANIGO TABS 10MG	1	QL(60 EA per 30 days); PA; NDS
VORANIGO TABS 40MG	1	PA; NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs 200mg</i>	1	NDS
IVERMECTIN TABS 3MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel tabs 600mg</i>	1	
Antiprotozoals		
<i>alinia susr 100mg/5ml</i>	1	NDS
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	1	
BENZNIDAZOLE TABS 12.5MG	1	
<i>chloroquine phosphate tabs 250mg</i>	1	
<i>chloroquine phosphate tabs 500mg</i>	1	
COARTEM TABS 20MG; 120MG	1	
<i>hydroxychloroquine sulfate tabs 100mg</i>	1	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hydrochloride tabs 250mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	NDS
<i>pentamidine isethionate inj 300mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	B/D
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	PA; NDS
QUININE SULFATE CAPS 324MG	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj 1mg/ml</i>	1	
<i>benztropine mesylate tabs 0.5mg</i>	1	
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 2mg</i>	1	
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	1	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	1	
Antiparkinson Agents, Other		
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 12.5MG; 200MG; 50MG	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 18.75MG; 200MG; 75MG	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 25MG; 200MG; 100MG	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 31.25MG; 200MG; 125MG	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 37.5MG; 200MG; 150MG	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 50MG; 200MG; 200MG	1	
<i>entacapone tabs 200mg</i>	1	
Dopamine Agonists		

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Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hydrochloride inj 30mg/3ml</i>	1	QL(90 ML per 30 days); PA; NDS
BROMOCRIPTINE MESYLATE CAPS 5MG	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
NEUPRO PT24 1MG/24HR	1	
NEUPRO PT24 2MG/24HR	1	
NEUPRO PT24 3MG/24HR	1	
NEUPRO PT24 4MG/24HR	1	
NEUPRO PT24 6MG/24HR	1	
NEUPRO PT24 8MG/24HR	1	
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 1mg</i>	1	
<i>ropinirole er tb24 12mg</i>	1	
<i>ropinirole er tb24 2mg</i>	1	
<i>ropinirole er tb24 4mg</i>	1	
<i>ropinirole er tb24 6mg</i>	1	
<i>ropinirole er tb24 8mg</i>	1	
<i>ropinirole hcl tabs 0.5mg</i>	1	
<i>ropinirole hcl tabs 1mg</i>	1	
<i>ropinirole hcl tabs 2mg</i>	1	
<i>ropinirole hcl tabs 4mg</i>	1	
<i>ropinirole hcl tabs 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg</i>	1	
<i>ropinirole hydrochloride tabs 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	1	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	1	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs 0.5mg</i>	1	
<i>rasagiline mesylate tabs 1mg</i>	1	
<i>selegiline hcl caps 5mg</i>	1	
<i>selegiline hcl tabs 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP 1.25MG	1	NDS
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
CHLORPROMAZINE HCL TABS 100MG	1	
CHLORPROMAZINE HCL TABS 10MG	1	
CHLORPROMAZINE HCL TABS 200MG	1	
CHLORPROMAZINE HCL TABS 25MG	1	
CHLORPROMAZINE HCL TABS 50MG	1	
<i>chlorpromazine hydrochloride conc 100mg/ml</i>	1	
<i>chlorpromazine hydrochloride conc 30mg/ml</i>	1	
CHLORPROMAZINE HYDROCHLORIDE TABS 100MG	1	
CHLORPROMAZINE HYDROCHLORIDE TABS 10MG	1	
CHLORPROMAZINE HYDROCHLORIDE TABS 200MG	1	
CHLORPROMAZINE HYDROCHLORIDE TABS 25MG	1	
CHLORPROMAZINE HYDROCHLORIDE TABS 50MG	1	
FLUPHENAZINE DECANOATE INJ 25MG/ML	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	1	
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	1	
<i>fluphenazine hydrochloride tabs 10mg</i>	1	
<i>fluphenazine hydrochloride tabs 1mg</i>	1	
<i>fluphenazine hydrochloride tabs 2.5mg</i>	1	
<i>fluphenazine hydrochloride tabs 5mg</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	1	
<i>haloperidol decanoate inj 50mg/ml</i>	1	
<i>haloperidol decanoate inj 50mg/ml</i>	1	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg</i>	1	
<i>haloperidol tabs 10mg</i>	1	
<i>haloperidol tabs 1mg</i>	1	
<i>haloperidol tabs 20mg</i>	1	
<i>haloperidol tabs 2mg</i>	1	
<i>haloperidol tabs 5mg</i>	1	
<i>loxapine caps 10mg</i>	1	
<i>loxapine caps 25mg</i>	1	
<i>loxapine caps 50mg</i>	1	
<i>loxapine caps 5mg</i>	1	
MOLINDONE HYDROCHLORIDE TABS 10MG	1	
MOLINDONE HYDROCHLORIDE TABS 25MG	1	

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MOLINDONE HYDROCHLORIDE TABS 5MG	1	
<i>perphenazine tabs 16mg</i>	1	
<i>perphenazine tabs 2mg</i>	1	
<i>perphenazine tabs 4mg</i>	1	
<i>perphenazine tabs 8mg</i>	1	
PIMOZIDE TABS 1MG	1	
PIMOZIDE TABS 2MG	1	
THIORIDAZINE HYDROCHLORIDE TABS 100MG	1	
THIORIDAZINE HYDROCHLORIDE TABS 10MG	1	
THIORIDAZINE HYDROCHLORIDE TABS 25MG	1	
THIORIDAZINE HYDROCHLORIDE TABS 50MG	1	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<i>thiothixene caps 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg</i>	1	
<i>trifluoperazine hcl tabs 2mg</i>	1	
<i>trifluoperazine hcl tabs 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG	1	NDS
ABILIFY MAINTENA INJ 300MG	1	NDS
ABILIFY MAINTENA INJ 400MG	1	NDS
ABILIFY MAINTENA INJ 400MG	1	NDS
<i>aripiprazole odt tbdp 10mg</i>	1	QL(60 EA per 30 days); NDS
<i>aripiprazole odt tbdp 15mg</i>	1	QL(60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	1	QL(750 ML per 30 days)
<i>aripiprazole tabs 10mg</i>	1	QL(30 EA per 30 days)
<i>aripiprazole tabs 15mg</i>	1	QL(30 EA per 30 days)
<i>aripiprazole tabs 20mg</i>	1	QL(30 EA per 30 days)
<i>aripiprazole tabs 2mg</i>	1	QL(30 EA per 30 days)
<i>aripiprazole tabs 30mg</i>	1	QL(30 EA per 30 days)
<i>aripiprazole tabs 5mg</i>	1	QL(30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	1	NDS
ARISTADA INJ 1064MG/3.9ML	1	NDS
ARISTADA INJ 441MG/1.6ML	1	NDS
ARISTADA INJ 662MG/2.4ML	1	NDS
ARISTADA INJ 882MG/3.2ML	1	NDS
<i>asenapine maleate sl subl 10mg</i>	1	QL(60 EA per 30 days)
<i>asenapine maleate sl subl 2.5mg</i>	1	QL(60 EA per 30 days)
<i>asenapine maleate sl subl 5mg</i>	1	QL(60 EA per 30 days)
CAPLYTA CAPS 10.5MG	1	QL(30 EA per 30 days); PA; NDS
CAPLYTA CAPS 21MG	1	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAPS 42MG	1	QL(30 EA per 30 days); PA; NDS
FANAPT TITRATION PACK A TABS 0	1	QL(16 EA per 365 days); ST
FANAPT TABS 10MG	1	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 12MG	1	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 1MG	1	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 2MG	1	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 4MG	1	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 6MG	1	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 8MG	1	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA INJ 1092MG/3.5ML	1	ST; NDS
INVEGA HAFYERA INJ 1560MG/5ML	1	ST; NDS
INVEGA SUSTENNA INJ 117MG/0.75ML	1	NDS
INVEGA SUSTENNA INJ 156MG/ML	1	NDS
INVEGA SUSTENNA INJ 234MG/1.5ML	1	NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	1	
INVEGA SUSTENNA INJ 78MG/0.5ML	1	NDS
INVEGA TRINZA INJ 273MG/0.88ML	1	NDS
INVEGA TRINZA INJ 410MG/1.32ML	1	NDS
INVEGA TRINZA INJ 546MG/1.75ML	1	NDS
INVEGA TRINZA INJ 819MG/2.63ML	1	NDS
<i>lurasidone hydrochloride tabs 120mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 20mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 40mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG	1	QL(30 EA per 30 days); ST; NDS
LYBALVI TABS 15MG; 10MG	1	QL(30 EA per 30 days); ST; NDS
LYBALVI TABS 20MG; 10MG	1	QL(30 EA per 30 days); ST; NDS
LYBALVI TABS 5MG; 10MG	1	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPS 34MG	1	PA; NDS
NUPLAZID TABS 10MG	1	PA; NDS
<i>olanzapine odt tbdp 10mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 15mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 20mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 5mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine inj 10mg</i>	1	
<i>olanzapine tabs 10mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine tabs 15mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine tabs 2.5mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine tabs 5mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine tabs 7.5mg</i>	1	QL(30 EA per 30 days)
OPIPZA FILM 10MG	1	QL(90 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
OPIPZA FILM 2MG	1	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 5MG	1	QL(90 EA per 30 days); PA; NDS
<i>paliperidone er tb24 1.5mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tb24 3mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	1	QL(60 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	1	QL(30 EA per 30 days)
PERSERIS INJ 120MG	1	NDS
PERSERIS INJ 90MG	1	NDS
<i>quetiapine fumarate er tb24 150mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate er tb24 300mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 150mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	1	QL(90 EA per 30 days)
REXULTI TABS 0.25MG	1	QL(30 EA per 30 days); NDS
REXULTI TABS 0.5MG	1	QL(30 EA per 30 days); NDS
REXULTI TABS 1MG	1	QL(30 EA per 30 days); NDS
REXULTI TABS 2MG	1	QL(30 EA per 30 days); NDS
REXULTI TABS 3MG	1	QL(30 EA per 30 days); NDS
REXULTI TABS 4MG	1	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJ 12.5MG	1	
RISPERDAL CONSTA INJ 25MG	1	
RISPERDAL CONSTA INJ 37.5MG	1	NDS
RISPERDAL CONSTA INJ 50MG	1	NDS
<i>risperidone er inj 12.5mg</i>	1	
<i>risperidone er inj 25mg</i>	1	
<i>risperidone er inj 37.5mg</i>	1	NDS
<i>risperidone er inj 50mg</i>	1	NDS
<i>risperidone odt tbdp 0.25mg</i>	1	QL(60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg</i>	1	QL(60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	1	QL(60 EA per 30 days)
<i>risperidone odt tbdp 2mg</i>	1	QL(60 EA per 30 days)
<i>risperidone odt tbdp 3mg</i>	1	QL(60 EA per 30 days)
<i>risperidone odt tbdp 4mg</i>	1	QL(60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	1	QL(240 ML per 30 days)
<i>risperidone tabs 0.25mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL(60 EA per 30 days)

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<i>risperidone tabs 1mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tabs 2mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tabs 3mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tabs 4mg</i>	1	QL(60 EA per 30 days)
SECUADO PT24 3.8MG/24HR	1	QL(30 EA per 30 days); ST; NDS
SECUADO PT24 5.7MG/24HR	1	QL(30 EA per 30 days); ST; NDS
SECUADO PT24 7.6MG/24HR	1	QL(30 EA per 30 days); ST; NDS
VRAYLAR CAPS 1.5MG	1	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 3MG	1	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 4.5MG	1	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 6MG	1	QL(30 EA per 30 days); NDS
VRAYLAR CPPK 0	1	QL(14 EA per 365 days)
<i>ziprasidone hcl caps 20mg</i>	1	QL(60 EA per 30 days)
<i>ziprasidone hcl caps 40mg</i>	1	QL(60 EA per 30 days)
<i>ziprasidone hcl caps 60mg</i>	1	QL(60 EA per 30 days)
<i>ziprasidone hcl caps 80mg</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate inj 20mg</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	1	
ZYPREXA RELPREVV INJ 300MG	1	NDS
ZYPREXA RELPREVV INJ 405MG	1	NDS
Treatment-Resistant		
<i>clozapine odt tbdp 100mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine tabs 100mg</i>	1	QL(270 EA per 30 days)
<i>clozapine tabs 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tabs 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	QL(180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	1	QL(540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen inj 20000mcg/20ml</i>	1	B/D
<i>baclofen inj 40mg/20ml</i>	1	B/D; NDS
<i>baclofen inj 500mcg/ml</i>	1	B/D
<i>baclofen inj 50mcg/ml</i>	1	B/D; NDS
<i>baclofen tabs 10mg</i>	1	
<i>baclofen tabs 20mg</i>	1	
BOTOX INJ 100UNIT	1	PA
BOTOX INJ 200UNIT	1	PA
<i>dantrolene sodium caps 100mg</i>	1	
DANTROLENE SODIUM CAPS 25MG	1	

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Drug Name	Drug Tier	Requirements/Limits
DANTROLENE SODIUM CAPS 50MG	1	
<i>gablofen inj 10000mcg/20ml</i>	1	B/D
<i>gablofen inj 20000mcg/20ml</i>	1	B/D
GABLOFEN INJ 40000MCG/20ML	1	B/D; NDS
GABLOFEN INJ 50MCG/ML	1	B/D; NDS
LIORESAL INTRATHECAL INJ 0.05MG/ML	1	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	1	B/D; NDS
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
XEOMIN INJ 100UNIT	1	PA
XEOMIN INJ 200UNIT	1	PA; NDS
XEOMIN INJ 50UNIT	1	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir inj 75mg/ml</i>	1	NDS
<i>ganciclovir inj 500mg</i>	1	B/D
LIVTENCITY TABS 200MG	1	NDS
PREVYMIS PACK 120MG	1	NDS
PREVYMIS PACK 20MG	1	
PREVYMIS TABS 240MG	1	NDS
PREVYMIS TABS 480MG	1	NDS
<i>valganciclovir hydrochloride solr 50mg/ml</i>	1	NDS
VALGANCICLOVIR TABS 450MG	1	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tabs 10mg</i>	1	
BARACLUDE SOLN 0.05MG/ML	1	QL(600 ML per 30 days)
<i>entecavir tabs 0.5mg</i>	1	QL(30 EA per 30 days)
<i>entecavir tabs 1mg</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLN 5MG/ML	1	
<i>lamivudine tabs 100mg</i>	1	
VEMLIDY TABS 25MG	1	NDS
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET PACK 50MG; 20MG	1	QL(560 EA per 365 days); PA; NDS
MAVYRET TABS 100MG; 40MG	1	QL(336 EA per 365 days); PA; NDS
<i>ribavirin caps 200mg</i>	1	
RIBAVIRIN TABS 200MG	1	
<i>sofosbuvir/velpatasvir tabs 400mg; 100mg</i>	1	QL(84 EA per 365 days); PA; NDS
VOSEVI TABS 400MG; 100MG; 100MG	1	QL(84 EA per 365 days); PA; NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY TABS 30MG; 120MG; 15MG	1	QL(30 EA per 30 days); NDS
BIKTARVY TABS 50MG; 200MG; 25MG	1	QL(30 EA per 30 days); NDS
DOVATO TABS 50MG; 300MG	1	QL(30 EA per 30 days); NDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	1	QL(30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TABS 600MG	1	QL(60 EA per 30 days); NDS
ISENTRESS CHEW 100MG	1	QL(180 EA per 30 days); NDS
ISENTRESS CHEW 25MG	1	QL(180 EA per 30 days)
ISENTRESS PACK 100MG	1	QL(60 EA per 30 days); NDS
ISENTRESS TABS 400MG	1	QL(60 EA per 30 days); NDS
JULUCA TABS 50MG; 25MG	1	QL(30 EA per 30 days); NDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	1	QL(30 EA per 30 days); NDS
TIVICAY PD TBSO 5MG	1	QL(180 EA per 30 days); NDS
TIVICAY TABS 10MG	1	QL(30 EA per 30 days)
TIVICAY TABS 25MG	1	QL(30 EA per 30 days); NDS
TIVICAY TABS 50MG	1	QL(60 EA per 30 days); NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABS 200MG; 25MG; 300MG	1	QL(30 EA per 30 days); NDS
DELSTRIGO TABS 100MG; 300MG; 300MG	1	QL(30 EA per 30 days); NDS
EDURANT TABS 25MG	1	QL(30 EA per 30 days); NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	1	QL(30 EA per 30 days); NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	1	QL(30 EA per 30 days); NDS
<i>efavirenz caps 200mg</i>	1	QL(90 EA per 30 days)
<i>efavirenz caps 50mg</i>	1	QL(90 EA per 30 days)
<i>efavirenz tabs 600mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	1	QL(30 EA per 30 days); NDS
<i>etravirine tabs 100mg</i>	1	QL(60 EA per 30 days); NDS
<i>etravirine tabs 200mg</i>	1	QL(60 EA per 30 days); NDS
INTELENCE TABS 25MG	1	QL(120 EA per 30 days)
NEVIRAPINE ER TB24 100MG	1	QL(60 EA per 30 days)
NEVIRAPINE ER TB24 400MG	1	QL(30 EA per 30 days)
NEVIRAPINE SUSP 50MG/5ML	1	QL(1200 ML per 30 days)
<i>nevirapine tabs 200mg</i>	1	QL(60 EA per 30 days)
PIFELTRO TABS 100MG	1	QL(30 EA per 30 days); NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	1	QL(960 ML per 30 days)
ABACAVIR TABS 300MG	1	QL(60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	1	QL(30 EA per 30 days); NDS
DESCOVY TABS 120MG; 15MG	1	QL(30 EA per 30 days); NDS
DESCOVY TABS 200MG; 25MG	1	QL(30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	1	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	1	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	1	QL(30 EA per 30 days); NDS
<i>emtricitabine caps 200mg</i>	1	QL(30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	1	QL(850 ML per 30 days)
LAMIVUDINE/ZIDOVUDINE TABS 150MG; 300MG	1	QL(60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	1	QL(960 ML per 30 days)
LAMIVUDINE TABS 150MG	1	QL(60 EA per 30 days)
LAMIVUDINE TABS 300MG	1	QL(30 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	1	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION INJ 10MG/ML	1	
<i>stavudine caps 15mg</i>	1	
<i>stavudine caps 20mg</i>	1	
<i>stavudine caps 30mg</i>	1	
<i>stavudine caps 40mg</i>	1	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL(30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	1	QL(180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	1	QL(30 EA per 30 days); NDS
TRIZIVIR TABS 300MG; 150MG; 300MG	1	QL(60 EA per 30 days); NDS
VIREAD POWD 40MG/GM	1	QL(240 GM per 30 days); NDS
VIREAD TABS 150MG	1	QL(30 EA per 30 days); NDS
VIREAD TABS 200MG	1	QL(30 EA per 30 days); NDS
VIREAD TABS 250MG	1	QL(30 EA per 30 days); NDS
<i>zidovudine caps 100mg</i>	1	QL(180 EA per 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tabs 300mg</i>	1	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJ 90MG	1	NDS
<i>maraviroc tabs 150mg</i>	1	QL(60 EA per 30 days); NDS
<i>maraviroc tabs 300mg</i>	1	QL(120 EA per 30 days); NDS
RUKOBIA TB12 600MG	1	QL(60 EA per 30 days); NDS
SELZENTRY SOLN 20MG/ML	1	NDS
SELZENTRY TABS 25MG	1	QL(480 EA per 30 days)
SELZENTRY TABS 75MG	1	QL(60 EA per 30 days); NDS
SUNLENCA TABS 300MG	1	QL(24 EA per 168 days); NDS
SUNLENCA TBPK 300MG	1	QL(8 EA per 365 days); NDS
SUNLENCA TBPK 300MG	1	QL(10 EA per 365 days); NDS
TROGARZO INJ 200MG/1.33ML	1	NDS
TYBOST TABS 150MG	1	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	1	QL(120 EA per 30 days); NDS
atazanavir sulfate caps 300mg	1	QL(30 EA per 30 days)
atazanavir caps 150mg	1	
atazanavir caps 200mg	1	QL(60 EA per 30 days)
darunavir tabs 600mg	1	QL(60 EA per 30 days); NDS
darunavir tabs 800mg	1	QL(30 EA per 30 days); NDS
EVOTAZ TABS 300MG; 150MG	1	QL(30 EA per 30 days); NDS
fosamprenavir calcium tabs 700mg	1	QL(120 EA per 30 days); NDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	1	
LEXIVA SUSP 50MG/ML	1	QL(1800 ML per 30 days)
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	1	
lopinavir/ritonavir tabs 100mg; 25mg	1	
lopinavir/ritonavir tabs 200mg; 50mg	1	
NORVIR PACK 100MG	1	QL(360 EA per 30 days)
NORVIR SOLN 80MG/ML	1	QL(480 ML per 30 days)
PREZCOBIX TABS 150MG; 800MG	1	QL(30 EA per 30 days); NDS
PREZISTA SUSP 100MG/ML	1	QL(400 ML per 30 days); NDS
PREZISTA TABS 150MG	1	QL(180 EA per 30 days); NDS
PREZISTA TABS 75MG	1	QL(300 EA per 30 days)
REYATAZ PACK 50MG	1	QL(180 EA per 30 days); NDS
ritonavir tabs 100mg	1	QL(360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	1	QL(30 EA per 30 days); NDS
VIRACEPT TABS 250MG	1	QL(300 EA per 30 days); NDS
VIRACEPT TABS 625MG	1	QL(120 EA per 30 days); NDS
Anti-influenza Agents		
amantadine hcl caps 100mg	1	
amantadine hcl soln 50mg/5ml	1	
amantadine hcl tabs 100mg	1	
oseltamivir phosphate caps 30mg	1	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg	1	QL(84 EA per 365 days)
oseltamivir phosphate caps 75mg	1	QL(110 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	1	QL(1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	1	QL(240 EA per 365 days)
rimantadine hydrochloride tabs 100mg	1	
Antiherpetic Agents		
ACYCLOVIR SODIUM INJ 50MG/ML	1	B/D
acyclovir caps 200mg	1	
ACYCLOVIR SUSP 200MG/5ML	1	
acyclovir tabs 400mg	1	
acyclovir tabs 800mg	1	
famciclovir tabs 125mg	1	
famciclovir tabs 250mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tabs 500mg</i>	1	
<i>valacyclovir hydrochloride tabs 1gm</i>	1	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	1	QL(120 EA per 30 days)
Antiviral, Coronavirus Agents		
LAGEVRIO CAPS 200MG	1	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	1	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	1	QL(30 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	1	QL(11 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tabs 15mg</i>	1	
<i>buspirone hydrochloride tabs 10mg</i>	1	
<i>buspirone hydrochloride tabs 30mg</i>	1	
<i>buspirone hydrochloride tabs 5mg</i>	1	
<i>buspirone hydrochloride tabs 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam tabs 0.25mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tabs 0.5mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tabs 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	1	QL(720 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	1	QL(360 EA per 30 days)
<i>diazepam intensol conc 5mg/ml</i>	1	
<i>diazepam conc 5mg/ml</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam soln 5mg/5ml</i>	1	
<i>diazepam tabs 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL(300 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL(240 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	1	
<i>lorazepam inj 2mg/ml</i>	1	
<i>lorazepam inj 4mg/ml</i>	1	
<i>lorazepam tabs 0.5mg</i>	1	QL(90 EA per 30 days)
<i>lorazepam tabs 1mg</i>	1	QL(90 EA per 30 days)
<i>lorazepam tabs 2mg</i>	1	QL(150 EA per 30 days)
<i>midazolam hcl inj 10mg/10ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl syrp 2mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hydrochloride inj 25mg/5ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/ml</i>	1	
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tbc 300mg</i>	1	
<i>lithium carbonate er tbc 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
BYDUREON BCISE INJ 2MG/0.85ML	1	QL(3.4 ML per 28 days); PA
BYETTA INJ 10MCG/0.04ML	1	QL(2.4 ML per 28 days); PA
BYETTA INJ 5MCG/0.02ML	1	QL(4.8 ML per 28 days); PA
CYCLOSET TABS 0.8MG	1	
EXENATIDE INJ 10MCG/0.04ML	1	QL(2.4 ML per 28 days); PA
EXENATIDE INJ 5MCG/0.02ML	1	QL(4.8 ML per 28 days); PA
<i>glimepiride tabs 1mg</i>	1	
<i>glimepiride tabs 2mg</i>	1	
<i>glimepiride tabs 4mg</i>	1	
<i>glipizide er tb24 10mg</i>	1	
<i>glipizide er tb24 2.5mg</i>	1	
<i>glipizide er tb24 5mg</i>	1	
<i>glipizide xl tb24 10mg</i>	1	
<i>glipizide xl tb24 2.5mg</i>	1	
<i>glipizide xl tb24 5mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 2.5mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg</i>	1	
<i>glyburide/metformin hydrochloride tabs 2.5mg; 500mg</i>	1	
<i>glyburide/metformin hydrochloride tabs 5mg; 500mg</i>	1	

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INVOKAMET XR TB24 150MG; 1000MG	1	
INVOKAMET XR TB24 150MG; 500MG	1	
INVOKAMET XR TB24 50MG; 1000MG	1	
INVOKAMET XR TB24 50MG; 500MG	1	
INVOKAMET TABS 150MG; 1000MG	1	
INVOKAMET TABS 150MG; 500MG	1	
INVOKAMET TABS 50MG; 1000MG	1	
INVOKAMET TABS 50MG; 500MG	1	
JANUMET XR TB24 1000MG; 100MG	1	
JANUMET XR TB24 1000MG; 50MG	1	
JANUMET XR TB24 500MG; 50MG	1	
JANUMET TABS 1000MG; 50MG	1	
JANUMET TABS 500MG; 50MG	1	
JANUVIA TABS 100MG	1	QL(30 EA per 30 days)
JANUVIA TABS 25MG	1	QL(30 EA per 30 days)
JANUVIA TABS 50MG	1	QL(30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG	1	
JENTADUETO XR TB24 5MG; 1000MG	1	
JENTADUETO TABS 2.5MG; 1000MG	1	
JENTADUETO TABS 2.5MG; 500MG	1	
JENTADUETO TABS 2.5MG; 850MG	1	
<i>metformin hydrochloride er tb24 500mg</i>	1	
<i>metformin hydrochloride er tb24 750mg</i>	1	
<i>metformin hydrochloride tabs 1000mg</i>	1	
<i>metformin hydrochloride tabs 500mg</i>	1	
<i>metformin hydrochloride tabs 850mg</i>	1	
<i>miglitol tabs 100mg</i>	1	
<i>miglitol tabs 25mg</i>	1	
<i>miglitol tabs 50mg</i>	1	
MOUNJARO INJ 10MG/0.5ML	1	QL(2 ML per 28 days); PA
MOUNJARO INJ 12.5MG/0.5ML	1	QL(2 ML per 28 days); PA
MOUNJARO INJ 15MG/0.5ML	1	QL(2 ML per 28 days); PA
MOUNJARO INJ 2.5MG/0.5ML	1	QL(2 ML per 28 days); PA
MOUNJARO INJ 5MG/0.5ML	1	QL(2 ML per 28 days); PA
MOUNJARO INJ 7.5MG/0.5ML	1	QL(2 ML per 28 days); PA
<i>nateglinide tabs 120mg</i>	1	
<i>nateglinide tabs 60mg</i>	1	
OZEMPIC INJ 2MG/1.5ML	1	QL(1.5 ML per 28 days); PA
OZEMPIC INJ 2MG/3ML	1	QL(3 ML per 28 days); PA
OZEMPIC INJ 4MG/3ML	1	QL(3 ML per 28 days); PA
OZEMPIC INJ 8MG/3ML	1	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	1	
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	1	

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<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	1	
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg</i>	1	
<i>pioglitazone hydrochloride tabs 30mg</i>	1	
<i>repaglinide tabs 0.5mg</i>	1	
<i>repaglinide tabs 1mg</i>	1	
<i>repaglinide tabs 2mg</i>	1	
RYBELSUS TABS 14MG	1	QL(30 EA per 30 days); PA
RYBELSUS TABS 3MG	1	QL(60 EA per 365 days); PA
RYBELSUS TABS 7MG	1	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg</i>	1	ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg</i>	1	ST
SYMLINPEN 120 INJ 2700MCG/2.7ML	1	PA; NDS
SYMLINPEN 60 INJ 1500MCG/1.5ML	1	PA; NDS
SYNJARDY XR TB24 10MG; 1000MG	1	
SYNJARDY XR TB24 12.5MG; 1000MG	1	
SYNJARDY XR TB24 25MG; 1000MG	1	
SYNJARDY XR TB24 5MG; 1000MG	1	
SYNJARDY TABS 12.5MG; 1000MG	1	
SYNJARDY TABS 12.5MG; 500MG	1	
SYNJARDY TABS 5MG; 1000MG	1	
SYNJARDY TABS 5MG; 500MG	1	
TRADJENTA TABS 5MG	1	QL(30 EA per 30 days)
TRULICITY INJ 0.75MG/0.5ML	1	QL(2 ML per 28 days); PA
TRULICITY INJ 1.5MG/0.5ML	1	QL(2 ML per 28 days); PA
TRULICITY INJ 3MG/0.5ML	1	QL(2 ML per 28 days); PA
TRULICITY INJ 4.5MG/0.5ML	1	QL(2 ML per 28 days); PA
VICTOZA INJ 18MG/3ML	1	QL(9 ML per 30 days); PA
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	1	
BAQSIMI TWO PACK POWD 3MG/DOSE	1	
<i>dextrose 30% inj 30%</i>	1	
<i>diazoxide susp 50mg/ml</i>	1	NDS
GLUCAGEN HYPOKIT INJ 1MG	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	1	
GLUCAGON EMERGENCY KIT INJ 1MG	1	
Insulins		

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<i>insulin aspart flexpen inj 100unit/ml</i>	1	
<i>insulin aspart penfill inj 100unit/ml</i>	1	
<i>insulin aspart protamine/insulin aspart flexpen inj 30unit/ml; 70unit/ml</i>	1	
<i>insulin aspart protamine/insulin aspart inj 30%; 70%</i>	1	
<i>insulin aspart inj 100unit/ml</i>	1	
<i>insulin lispro junior kwikpen inj 100unit/ml</i>	1	
<i>insulin lispro kwikpen inj 100unit/ml</i>	1	
<i>insulin lispro protamine/insulin lispro kwikpen inj 25unit/ml; 75unit/ml</i>	1	
<i>insulin lispro inj 100unit/ml</i>	1	
LANTUS SOLOSTAR INJ 100UNIT/ML	1	
LANTUS INJ 100UNIT/ML	1	
<i>novolin 70/30 flexpen relion inj 30unit/ml; 70unit/ml</i>	1	
<i>novolin 70/30 flexpen inj 30unit/ml; 70unit/ml</i>	1	
<i>novolin 70/30 relion inj 30unit/ml; 70unit/ml</i>	1	
<i>novolin 70/30 inj 30unit/ml; 70unit/ml</i>	1	
NOVOLIN N FLEXPEN RELION INJ 100UNIT/ML	1	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	1	
<i>novolin n relion inj 100unit/ml</i>	1	
<i>novolin n inj 100unit/ml</i>	1	
NOVOLIN R FLEXPEN RELION INJ 100UNIT/ML	1	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	1	
<i>novolin r relion inj 100unit/ml</i>	1	
<i>novolin r inj 100unit/ml</i>	1	
NOVOLOG FLEXPEN INJ 100UNIT/ML	1	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	1	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	1	
NOVOLOG PENFILL INJ 100UNIT/ML	1	
NOVOLOG INJ 100UNIT/ML	1	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	1	
TOUJEO SOLOSTAR INJ 300UNIT/ML	1	
TRESIBA FLEXTOUCH INJ 100UNIT/ML	1	
TRESIBA FLEXTOUCH INJ 200UNIT/ML	1	
TRESIBA INJ 100UNIT/ML	1	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban inj 250mg/2.5ml</i>	1	NDS
<i>argatroban inj 50mg/50ml</i>	1	NDS
ELIQUIS STARTER PACK TBPK 5MG	1	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	1	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	1	QL(90 EA per 30 days)

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<i>enoxaparin sodium inj 100mg/ml</i>	1	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150mg/ml</i>	1	
<i>enoxaparin sodium inj 300mg/3ml</i>	1	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	1	NDS
FONDAPARINUX SODIUM INJ 2.5MG/0.5ML	1	
<i>fondaparinux sodium inj 5mg/0.4ml</i>	1	NDS
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	1	NDS
FRAGMIN INJ 10000UNIT/ML	1	NDS
FRAGMIN INJ 12500UNIT/0.5ML	1	NDS
FRAGMIN INJ 15000UNIT/0.6ML	1	NDS
FRAGMIN INJ 18000UNIT/0.72ML	1	NDS
FRAGMIN INJ 7500UNIT/0.3ML	1	NDS
FRAGMIN INJ 95000UNIT/3.8ML	1	NDS
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	1	
<i>heparin sodium/d5w inj 5%; 25000unit/500ml</i>	1	
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml</i>	1	
<i>heparin sodium/dextrose inj 5%; 25000unit/500ml</i>	1	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	
<i>heparin sodium inj 20000unit/ml</i>	1	
<i>heparin sodium inj 5000unit/0.5ml</i>	1	
<i>heparin sodium inj 5000unit/0.5ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	

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<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	1	QL(102 EA per 365 days)
XARELTO TABS 10MG	1	QL(30 EA per 30 days)
XARELTO TABS 15MG	1	QL(60 EA per 30 days)
XARELTO TABS 2.5MG	1	QL(360 EA per 30 days)
XARELTO TABS 20MG	1	QL(30 EA per 30 days)
Blood Products and Modifiers, Other		
ANAGRELIDE HYDROCHLORIDE CAPS 0.5MG	1	
ANAGRELIDE HYDROCHLORIDE CAPS 1MG	1	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 100MCG/ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	1	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 200MCG/ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	1	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	1	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	1	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	1	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	1	PA; NDS
ARANESP ALBUMIN FREE INJ 60MCG/ML	1	PA
<i>eltrombopag olamine pack 12.5mg</i>	1	PA; NDS
<i>eltrombopag olamine pack 25mg</i>	1	PA; NDS
<i>eltrombopag olamine tabs 12.5mg</i>	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine tabs 25mg</i>	1	PA; NDS
<i>eltrombopag olamine tabs 50mg</i>	1	PA; NDS
<i>eltrombopag olamine tabs 75mg</i>	1	PA; NDS
EPOGEN INJ 20000UNIT/ML	1	PA
GRANIX INJ 300MCG/0.5ML	1	ST; NDS
GRANIX INJ 300MCG/ML	1	ST; NDS
GRANIX INJ 480MCG/0.8ML	1	ST; NDS
GRANIX INJ 480MCG/1.6ML	1	ST; NDS
NEULASTA ONPRO KIT INJ 6MG/0.6ML	1	PA; NDS
NEULASTA INJ 6MG/0.6ML	1	PA; NDS
NEUPOGEN INJ 300MCG/0.5ML	1	ST; NDS
NEUPOGEN INJ 300MCG/ML	1	ST; NDS
NEUPOGEN INJ 480MCG/0.8ML	1	ST; NDS
NEUPOGEN INJ 480MCG/1.6ML	1	ST; NDS
NPLATE INJ 250MCG	1	PA; NDS
NPLATE INJ 500MCG	1	PA; NDS
<i>plerixafor inj 24mg/1.2ml</i>	1	NDS
PROCRIT INJ 10000UNIT/ML	1	PA
PROCRIT INJ 20000UNIT/ML	1	PA; NDS
PROCRIT INJ 2000UNIT/ML	1	PA
PROCRIT INJ 3000UNIT/ML	1	PA
PROCRIT INJ 40000UNIT/ML	1	PA; NDS
PROCRIT INJ 4000UNIT/ML	1	PA
PROMACTA PACK 12.5MG	1	PA; NDS
PROMACTA PACK 25MG	1	PA; NDS
PROMACTA TABS 12.5MG	1	PA; NDS
PROMACTA TABS 25MG	1	PA; NDS
PROMACTA TABS 50MG	1	PA; NDS
PROMACTA TABS 75MG	1	PA; NDS
XOLREMDI CAPS 100MG	1	QL(120 EA per 30 days); PA; NDS
ZARXIO INJ 300MCG/0.5ML	1	NDS
ZARXIO INJ 480MCG/0.8ML	1	NDS
Hemostasis Agents		
<i>aminocaproic acid inj 250mg/ml</i>	1	
<i>aminocaproic acid tabs 1000mg</i>	1	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>tranexamic acid inj 1000mg/10ml</i>	1	
TRANEXAMIC ACID TABS 650MG	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	1	
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	1	
BRILINTA TABS 60MG	1	
BRILINTA TABS 90MG	1	

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CABLIVI INJ 11MG	1	QL(30 EA per 30 days); PA; NDS
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>prasugrel hydrochloride tabs 10mg</i>	1	
<i>prasugrel hydrochloride tabs 5mg</i>	1	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hydrochloride tabs 0.1mg</i>	1	
<i>clonidine hydrochloride tabs 0.2mg</i>	1	
<i>clonidine hydrochloride tabs 0.3mg</i>	1	
<i>clonidine ptkw 0.1mg/24hr</i>	1	
<i>clonidine ptkw 0.2mg/24hr</i>	1	
<i>clonidine ptkw 0.3mg/24hr</i>	1	
<i>droxidopa caps 100mg</i>	1	PA; NDS
<i>droxidopa caps 200mg</i>	1	PA; NDS
<i>droxidopa caps 300mg</i>	1	PA; NDS
GUANFACINE HYDROCHLORIDE TABS 1MG	1	
GUANFACINE HYDROCHLORIDE TABS 2MG	1	
<i>methyldopa tabs 250mg</i>	1	
<i>methyldopa tabs 500mg</i>	1	
<i>midodrine hydrochloride tabs 10mg</i>	1	
<i>midodrine hydrochloride tabs 2.5mg</i>	1	
<i>midodrine hydrochloride tabs 5mg</i>	1	
<i>phenylephrine hydrochloride inj 10mg/ml</i>	1	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>phenoxybenzamine hydrochloride caps 10mg</i>	1	PA; NDS
<i>prazosin hydrochloride caps 1mg</i>	1	
<i>prazosin hydrochloride caps 2mg</i>	1	
<i>prazosin hydrochloride caps 5mg</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil tabs 16mg</i>	1	
<i>candesartan cilexetil tabs 32mg</i>	1	
<i>candesartan cilexetil tabs 4mg</i>	1	
<i>candesartan cilexetil tabs 8mg</i>	1	
EDARBI TABS 40MG	1	
EDARBI TABS 80MG	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tabs 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg</i>	1	
<i>olmesartan medoxomil tabs 40mg</i>	1	
<i>olmesartan medoxomil tabs 5mg</i>	1	
<i>telmisartan tabs 20mg</i>	1	
<i>telmisartan tabs 40mg</i>	1	
<i>telmisartan tabs 80mg</i>	1	
<i>valsartan tabs 160mg</i>	1	
<i>valsartan tabs 320mg</i>	1	
<i>valsartan tabs 40mg</i>	1	
<i>valsartan tabs 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tabs 10mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>benazepril hydrochloride tabs 40mg</i>	1	
<i>benazepril hydrochloride tabs 5mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>enalaprilat inj 1.25mg/ml</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>moexipril hydrochloride tabs 15mg</i>	1	
<i>moexipril hydrochloride tabs 7.5mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>quinapril hydrochloride tabs 20mg</i>	1	
<i>quinapril hydrochloride tabs 40mg</i>	1	
<i>quinapril hydrochloride tabs 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride inj 150mg/3ml</i>	1	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	1	
<i>amiodarone hydrochloride inj 50mg/ml</i>	1	
<i>amiodarone hydrochloride inj 50mg/ml</i>	1	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	1	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	1	
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 400mg</i>	1	
<i>digitek tabs 0.125mg</i>	1	
<i>digitek tabs 0.25mg</i>	1	
DIGOXIN INJ 0.25MG/ML	1	
<i>digoxin soln 0.05mg/ml</i>	1	
<i>digoxin tabs 125mcg</i>	1	
<i>digoxin tabs 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	1	
<i>digox tabs 125mcg</i>	1	
<i>digox tabs 250mcg</i>	1	
DOFETILIDE CAPS 125MCG	1	
DOFETILIDE CAPS 250MCG	1	
DOFETILIDE CAPS 500MCG	1	
<i>flecainide acetate tabs 100mg</i>	1	
<i>flecainide acetate tabs 150mg</i>	1	
<i>flecainide acetate tabs 50mg</i>	1	
IBUTILIDE FUMARATE INJ 1MG/10ML	1	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 50mg/5ml</i>	1	
<i>lidocaine hydrochloride inj 100mg/5ml</i>	1	
<i>mexiletine hydrochloride caps 150mg</i>	1	
<i>mexiletine hydrochloride caps 200mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hydrochloride caps 250mg</i>	1	
MULTAQ TABS 400MG	1	
<i>pacerone tabs 100mg</i>	1	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 400mg</i>	1	
<i>procainamide hydrochloride inj 100mg/ml</i>	1	
<i>procainamide hydrochloride inj 100mg/ml</i>	1	
<i>procainamide hydrochloride inj 500mg/ml</i>	1	
<i>propafenone hcl tabs 150mg</i>	1	
<i>propafenone hcl tabs 225mg</i>	1	
<i>propafenone hcl tabs 300mg</i>	1	
PROPAFENONE HYDROCHLORIDE ER CP12 225MG	1	
PROPAFENONE HYDROCHLORIDE ER CP12 325MG	1	
PROPAFENONE HYDROCHLORIDE ER CP12 425MG	1	
<i>propafenone hydrochloride tabs 300mg</i>	1	
<i>quinidine gluconate cr tbc 324mg</i>	1	
<i>quinidine gluconate er tbc 324mg</i>	1	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	
<i>sorine tabs 120mg</i>	1	
<i>sorine tabs 160mg</i>	1	
<i>sorine tabs 240mg</i>	1	
<i>sorine tabs 80mg</i>	1	
<i>sotalol hcl (af) tabs 120mg</i>	1	
<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hcl af tabs 160mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 160mg</i>	1	
<i>sotalol hcl tabs 240mg</i>	1	
<i>sotalol hydrochloride (af) tabs 120mg</i>	1	
<i>sotalol hydrochloride (af) tabs 160mg</i>	1	
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	
<i>sotalol hydrochloride inj 150mg/10ml</i>	1	NDS
<i>sotalol hydrochloride tabs 120mg</i>	1	
<i>sotalol hydrochloride tabs 160mg</i>	1	
<i>sotalol hydrochloride tabs 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride caps 200mg</i>	1	
<i>acebutolol hydrochloride caps 400mg</i>	1	
<i>atenolol tabs 100mg</i>	1	
<i>atenolol tabs 25mg</i>	1	
<i>atenolol tabs 50mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tabs 20mg</i>	1	
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>bisoprolol fumarate tabs 5mg</i>	1	
BREVIBLOC PREMIXED DOUBLESTRENGTH INJ 2000MG/100ML; 4.1MG/ML	1	
BREVIBLOC PREMIXED INJ 2500MG/250ML; 5.9MG/ML	1	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML	1	
BREVIBLOC INJ 2500MG/250ML; 5.9MG/ML	1	
<i>carvedilol tabs 12.5mg</i>	1	
<i>carvedilol tabs 25mg</i>	1	
<i>carvedilol tabs 3.125mg</i>	1	
<i>carvedilol tabs 6.25mg</i>	1	
ESMOLOL HCL INJ 100MG/10ML	1	
ESMOLOL HCL INJ 100MG/10ML	1	
<i>esmolol hydrochloride in sodium chloride double strength inj 2000mg/100ml; 4.1mg/ml</i>	1	
<i>esmolol hydrochloride in sodium chloride inj 2500mg/250ml; 5.9mg/ml</i>	1	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml</i>	1	
<i>esmolol hydrochloride/sodium chloride inj 2500mg/250ml; 5.9mg/ml</i>	1	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride tabs 100mg</i>	1	
<i>labetalol hydrochloride tabs 200mg</i>	1	
<i>labetalol hydrochloride tabs 300mg</i>	1	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	1	
<i>nadolol tabs 20mg</i>	1	
<i>nadolol tabs 40mg</i>	1	
<i>nadolol tabs 80mg</i>	1	
<i>nebivolol hydrochloride tabs 10mg</i>	1	
<i>nebivolol hydrochloride tabs 2.5mg</i>	1	
<i>nebivolol hydrochloride tabs 20mg</i>	1	
<i>nebivolol hydrochloride tabs 5mg</i>	1	
<i>pindolol tabs 10mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tabs 5mg</i>	1	
<i>propranolol hcl inj 1mg/ml</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 120mg</i>	1	
<i>propranolol hydrochloride er cp24 160mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg</i>	1	
<i>propranolol hydrochloride er cp24 80mg</i>	1	
<i>propranolol hydrochloride soln 20mg/5ml</i>	1	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg</i>	1	
<i>propranolol hydrochloride tabs 60mg</i>	1	
<i>propranolol hydrochloride tabs 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
<i>felodipine er tb24 10mg</i>	1	
<i>felodipine er tb24 2.5mg</i>	1	
<i>felodipine er tb24 5mg</i>	1	
NICARDIPINE HCL CAPS 20MG	1	
NICARDIPINE HCL CAPS 30MG	1	
NICARDIPINE HYDROCHLORIDE INJ 2.5MG/ML	1	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine caps 10mg</i>	1	
<i>nifedipine caps 20mg</i>	1	
<i>nimodipine caps 30mg</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
<i>dilt-xr cp24 120mg</i>	1	
<i>dilt-xr cp24 180mg</i>	1	
<i>dilt-xr cp24 240mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	1	
<i>diltiazem hcl er cp12 120mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp12 60mg</i>	1	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 240mg</i>	1	
<i>diltiazem hcl er cp24 420mg</i>	1	
<i>diltiazem hcl er tb24 240mg</i>	1	
<i>diltiazem hcl er tb24 300mg</i>	1	
<i>diltiazem hcl er tb24 360mg</i>	1	
<i>diltiazem hcl er tb24 420mg</i>	1	
<i>diltiazem hcl inj 100mg</i>	1	
<i>diltiazem hcl inj 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	
<i>diltiazem hcl tabs 60mg</i>	1	
<i>diltiazem hydrochloride er cp24 120mg</i>	1	
<i>diltiazem hydrochloride er cp24 120mg</i>	1	
<i>diltiazem hydrochloride er cp24 180mg</i>	1	
<i>diltiazem hydrochloride er cp24 180mg</i>	1	
<i>diltiazem hydrochloride er cp24 240mg</i>	1	
<i>diltiazem hydrochloride er cp24 240mg</i>	1	
<i>diltiazem hydrochloride er cp24 300mg</i>	1	
<i>diltiazem hydrochloride er cp24 300mg</i>	1	
<i>diltiazem hydrochloride er cp24 360mg</i>	1	
<i>diltiazem hydrochloride er cp24 360mg</i>	1	
<i>diltiazem hydrochloride er cp24 360mg</i>	1	
<i>diltiazem hydrochloride er tb24 120mg</i>	1	
<i>diltiazem hydrochloride er tb24 180mg</i>	1	
<i>diltiazem hydrochloride er tb24 240mg</i>	1	
<i>diltiazem hydrochloride er tb24 300mg</i>	1	
<i>diltiazem hydrochloride er tb24 360mg</i>	1	
<i>diltiazem hydrochloride inj 125mg/25ml</i>	1	
<i>diltiazem hydrochloride inj 125mg/25ml</i>	1	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tabs 120mg</i>	1	
<i>diltiazem hydrochloride tabs 90mg</i>	1	
<i>matzim la tb24 180mg</i>	1	
<i>matzim la tb24 240mg</i>	1	
<i>matzim la tb24 300mg</i>	1	
<i>matzim la tb24 360mg</i>	1	
<i>matzim la tb24 420mg</i>	1	
<i>taztia xt cp24 120mg</i>	1	
<i>taztia xt cp24 180mg</i>	1	
<i>taztia xt cp24 240mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cp24 300mg</i>	1	
<i>taztia xt cp24 360mg</i>	1	
<i>tiadylt er cp24 120mg</i>	1	
<i>tiadylt er cp24 180mg</i>	1	
<i>tiadylt er cp24 240mg</i>	1	
<i>tiadylt er cp24 300mg</i>	1	
<i>tiadylt er cp24 360mg</i>	1	
<i>tiadylt er cp24 420mg</i>	1	
<i>verapamil hcl er cp24 100mg</i>	1	
<i>verapamil hcl er cp24 120mg</i>	1	
<i>verapamil hcl er cp24 180mg</i>	1	
<i>verapamil hcl er cp24 240mg</i>	1	
<i>verapamil hcl er cp24 300mg</i>	1	
<i>verapamil hcl er tbc 120mg</i>	1	
<i>verapamil hcl sr cp24 120mg</i>	1	
<i>verapamil hcl sr cp24 180mg</i>	1	
<i>verapamil hcl sr cp24 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	
<i>verapamil hydrochloride er cp24 100mg</i>	1	
<i>verapamil hydrochloride er cp24 200mg</i>	1	
<i>verapamil hydrochloride er cp24 300mg</i>	1	
<i>verapamil hydrochloride er tbc 180mg</i>	1	
<i>verapamil hydrochloride er tbc 240mg</i>	1	
<i>verapamil hydrochloride inj 2.5mg/ml</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide sodium inj 500mg</i>	1	NDS
<i>aliskiren tabs 150mg</i>	1	
<i>aliskiren tabs 300mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	

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<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	1	
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</i>	1	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	1	
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	1	
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml</i>	1	B/D

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<i>dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 4mg/ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 4mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	1	B/D
<i>dopamine hydrochloride inj 40mg/ml</i>	1	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR TABS 40MG; 12.5MG	1	
EDARBYCLOR TABS 40MG; 25MG	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
ENTRESTO CPSP 15MG; 16MG	1	QL(240 EA per 30 days)
ENTRESTO CPSP 6MG; 6MG	1	QL(240 EA per 30 days)
ENTRESTO TABS 24MG; 26MG	1	QL(60 EA per 30 days)
ENTRESTO TABS 49MG; 51MG	1	QL(60 EA per 30 days)
ENTRESTO TABS 97MG; 103MG	1	QL(60 EA per 30 days)
<i>epinephrine inj 1mg/ml</i>	1	
<i>epinephrine inj 30mg/30ml</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>ivabradine hydrochloride tabs 5mg</i>	1	QL(60 EA per 30 days)
<i>ivabradine hydrochloride tabs 7.5mg</i>	1	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>mannitol inj 20%</i>	1	
<i>mannitol inj 25%</i>	1	
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 25MG; 250MG	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	
<i>metyrosine caps 250mg</i>	1	PA; NDS
MILRINONE LACTATE IN DEXTROSE INJ 5%; 20MG/100ML	1	B/D
<i>milrinone lactate in dextrose inj 5%; 20mg/100ml</i>	1	B/D
<i>milrinone lactate in dextrose inj 5%; 40mg/200ml</i>	1	B/D

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MILRINONE LACTATE INJ 10MG/10ML	1	B/D
MILRINONE LACTATE INJ 10MG/10ML	1	B/D
<i>milrinone lactate inj 20mg/20ml</i>	1	B/D
MILRINONE LACTATE INJ 50MG/50ML	1	B/D
MILRINONE LACTATE INJ 50MG/50ML	1	B/D
<i>norepinephrine bitartrate inj 1mg/ml</i>	1	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg</i>	1	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg</i>	1	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg</i>	1	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg</i>	1	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>osmitrol viaflex inj 10%</i>	1	
<i>osmitrol viaflex inj 20%</i>	1	
<i>pentoxifylline er tbc 400mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ranolazine er tb12 1000mg</i>	1	
<i>ranolazine er tb12 500mg</i>	1	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	1	
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 2mg; 180mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 2mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	

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<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	1	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 40mg/5ml</i>	1	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
<i>torsemide tabs 100mg</i>	1	
<i>torsemide tabs 10mg</i>	1	
<i>torsemide tabs 20mg</i>	1	
<i>torsemide tabs 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
Diuretics, Thiazide		
CHLOROTHIAZIDE SODIUM INJ 500MG	1	
<i>chlorthalidone tabs 25mg</i>	1	
<i>chlorthalidone tabs 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>metolazone tabs 10mg</i>	1	
<i>metolazone tabs 2.5mg</i>	1	
<i>metolazone tabs 5mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibrate tabs 145mg</i>	1	
<i>fenofibrate tabs 160mg</i>	1	
<i>fenofibrate tabs 48mg</i>	1	

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<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibric acid dr cpdr 135mg</i>	1	
<i>fenofibric acid dr cpdr 45mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	1	
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
<i>lovastatin tabs 10mg</i>	1	
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg</i>	1	
<i>rosuvastatin calcium tabs 20mg</i>	1	
<i>rosuvastatin calcium tabs 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	1	
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine pack 4gm</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>colesevelam hydrochloride tabs 625mg</i>	1	
<i>colestipol hydrochloride gran 5gm</i>	1	
<i>colestipol hydrochloride pack 5gm</i>	1	
<i>colestipol hydrochloride tabs 1gm</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	1	
<i>ezetimibe tabs 10mg</i>	1	
<i>icosapent ethyl caps 0.5gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl caps 1gm</i>	1	
JUXTAPID CAPS 10MG	1	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPS 20MG	1	QL(60 EA per 30 days); PA; NDS
JUXTAPID CAPS 30MG	1	QL(60 EA per 30 days); PA; NDS
JUXTAPID CAPS 5MG	1	QL(30 EA per 30 days); PA; NDS
NIACIN ER TBCR 1000MG	1	
NIACIN ER TBCR 500MG	1	
NIACIN ER TBCR 750MG	1	
OMEGA-3-ACID ETHYL ESTERS CAPS 375MG; 465MG; 1GM	1	
PRALUENT INJ 150MG/ML	1	QL(2 ML per 28 days); PA
PRALUENT INJ 75MG/ML	1	QL(2 ML per 28 days); PA
<i>prevalite pack 4gm</i>	1	
<i>prevalite powd 4gm/dose</i>	1	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	1	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJ 140MG/ML	1	QL(3 ML per 28 days); PA
REPATHA INJ 140MG/ML	1	QL(3 ML per 28 days); PA
TRYNGOLZA INJ 80MG/0.8ML	1	QL(0.8 ML per 28 days); PA; NDS
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tabs 25mg</i>	1	
<i>eplerenone tabs 50mg</i>	1	
KERENDIA TABS 10MG	1	QL(30 EA per 30 days); PA
KERENDIA TABS 20MG	1	QL(30 EA per 30 days); PA
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
INVOKANA TABS 100MG	1	QL(30 EA per 30 days)
INVOKANA TABS 300MG	1	QL(30 EA per 30 days)
JARDIANCE TABS 10MG	1	QL(30 EA per 30 days)
JARDIANCE TABS 25MG	1	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin in dextrose 5% inj 5%; 100mcg/ml</i>	1	

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<i>nitroglycerin in dextrose 5% inj 5%; 200mcg/ml</i>	1	
<i>nitroglycerin in dextrose 5% inj 5%; 400mcg/ml</i>	1	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	1	
NITROGLYCERIN SOLN 0.4MG/SPRAY	1	
<i>nitroglycerin subl 0.3mg</i>	1	
<i>nitroglycerin subl 0.4mg</i>	1	
<i>nitroglycerin subl 0.6mg</i>	1	
NITROMIST AERS 400MCG/SPRAY	1	
VERQUVO TABS 10MG	1	QL(30 EA per 30 days); PA
VERQUVO TABS 2.5MG	1	QL(30 EA per 30 days); PA
VERQUVO TABS 5MG	1	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
HYDRALAZINE HCL INJ 20MG/ML	1	
<i>hydralazine hydrochloride tabs 100mg</i>	1	
<i>hydralazine hydrochloride tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 25mg</i>	1	
<i>hydralazine hydrochloride tabs 50mg</i>	1	
<i>minoxidil tabs 10mg</i>	1	
<i>minoxidil tabs 2.5mg</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	1	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL(90 EA per 30 days); Tablet 5mg
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	1	QL(90 EA per 30 days); Tablet 7.5mg
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL(90 EA per 30 days); Tablet 10mg

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg</i>	1	QL(90 EA per 30 days); Tablet 12.5mg
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg</i>	1	QL(90 EA per 30 days); Tablet 15mg
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	1	QL(90 EA per 30 days); Tablet 20mg
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(90 EA per 30 days); Tablet 30mg
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL(90 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 10mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 20mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 30mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 40mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 50mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 60mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 70mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 10mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 20mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 30mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 40mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 50mg</i>	1	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 60mg</i>	1	QL(30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride caps 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 100mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine caps 18mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 40mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 60mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 80mg</i>	1	QL(30 EA per 30 days)
CLONIDINE HYDROCHLORIDE ER TB12 0.1MG	1	
DEXMETHYLPHENIDATE HCL ER CP24 15MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 20MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 30MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 35MG	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL(60 EA per 30 days)

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<i>dexmethylphenidate hcl tabs 5mg</i>	1	QL(60 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 10MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 15MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 30MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 40MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 5MG	1	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE CP24 25MG	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	QL(60 EA per 30 days)
GUANFACINE HYDROCHLORIDE ER TB24 1MG	1	
GUANFACINE HYDROCHLORIDE ER TB24 2MG	1	
GUANFACINE HYDROCHLORIDE ER TB24 3MG	1	
GUANFACINE HYDROCHLORIDE ER TB24 4MG	1	
<i>methylphenidate hydrochloride er tbc 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 20mg</i>	1	QL(90 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE SOLN 10MG/5ML	1	
METHYLPHENIDATE HYDROCHLORIDE SOLN 5MG/5ML	1	
<i>methylphenidate hydrochloride tabs 10mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs 5mg</i>	1	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABS 12MG	1	QL(120 EA per 30 days); PA; NDS
AUSTEDO TABS 6MG	1	QL(120 EA per 30 days); PA; NDS
AUSTEDO TABS 9MG	1	QL(120 EA per 30 days); PA; NDS
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	
BUTALBITAL/ASPIRIN/CAFFEINE CAPS 325MG; 50MG; 40MG	1	
CAFFEINE CITRATE INJ 60MG/3ML	1	
CAFFEINE CITRATE SOLN 20MG/ML	1	
<i>caffeine citrate soln 60mg/3ml</i>	1	
<i>clonidine hcl inj 100mcg/ml</i>	1	B/D
<i>clonidine hcl inj 500mcg/ml</i>	1	B/D
CLONIDINE HYDROCHLORIDE INJ 100MCG/ML	1	B/D
CLONIDINE HYDROCHLORIDE INJ 500MCG/ML	1	B/D
COBENFY STARTER PACK CPPK 20MG; 0	1	QL(112 EA per 365 days); PA; NDS
COBENFY CAPS 20MG; 100MG	1	QL(60 EA per 30 days); PA; NDS

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COBENFY CAPS 20MG; 50MG	1	QL(60 EA per 30 days); PA; NDS
COBENFY CAPS 30MG; 125MG	1	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPS 40MG	1	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPS 60MG	1	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPS 80MG	1	QL(30 EA per 30 days); PA; NDS
INGREZZA CPSP 40MG	1	QL(60 EA per 30 days); PA; NDS
INGREZZA CPSP 60MG	1	QL(30 EA per 30 days); PA; NDS
INGREZZA CPSP 80MG	1	QL(30 EA per 30 days); PA; NDS
NUEDEXTA CAPS 20MG; 10MG	1	PA; NDS
<i>riluzole tabs 50mg</i>	1	
<i>tetrabenazine tabs 12.5mg</i>	1	PA
<i>tetrabenazine tabs 25mg</i>	1	PA; NDS
VEOZAH TABS 45MG	1	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	1	QL(110 EA per 365 days)
SAVELLA TABS 100MG	1	QL(60 EA per 30 days)
SAVELLA TABS 12.5MG	1	QL(60 EA per 30 days)
SAVELLA TABS 25MG	1	QL(60 EA per 30 days)
SAVELLA TABS 50MG	1	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	1	QL(4 EA per 28 days); PA; NDS
AVONEX INJ 30MCG/0.5ML	1	QL(4 EA per 28 days); PA; NDS
BAFIERTAM CPDR 95MG	1	QL(120 EA per 30 days); PA; NDS
BETASERON INJ 0.3MG	1	QL(15 EA per 30 days); PA; NDS
DALFAMPRIDINE ER TB12 10MG	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack cdpk 0</i>	1	QL(120 EA per 365 days); PA; NDS
<i>dimethyl fumarate cpdr 120mg</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate cpdr 240mg</i>	1	QL(60 EA per 30 days); PA
EXTAVIA INJ 0.3MG	1	QL(15 EA per 30 days); PA; NDS
<i>fingolimod hydrochloride caps 0.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
GILENYA CAPS 0.25MG	1	QL(60 EA per 30 days); PA; NDS
<i>glatiramer acetate inj 20mg/ml</i>	1	QL(30 ML per 30 days); PA; NDS
<i>glatiramer acetate inj 40mg/ml</i>	1	QL(12 ML per 28 days); PA; NDS
<i>glatopa inj 20mg/ml</i>	1	QL(30 ML per 30 days); PA; NDS
<i>glatopa inj 40mg/ml</i>	1	QL(12 ML per 28 days); PA; NDS
<i>mitoxantrone hcl inj 2mg/ml</i>	1	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	PA
PLEGRIDY STARTER PACK INJ 0	1	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJ 0	1	QL(4 ML per 365 days); PA; NDS
PLEGRIDY INJ 125MCG/0.5ML	1	QL(1 ML per 28 days); PA; NDS
PLEGRIDY INJ 125MCG/0.5ML	1	QL(1 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK INJ 0	1	QL(8.4 ML per 365 days); PA; NDS

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REBIF REBIDOSE INJ 22MCG/0.5ML	1	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE INJ 44MCG/0.5ML	1	QL(6 ML per 28 days); PA; NDS
REBIF TITRATION PACK INJ 0	1	QL(8.4 ML per 365 days); PA; NDS
REBIF INJ 22MCG/0.5ML	1	QL(6 ML per 28 days); PA; NDS
REBIF INJ 44MCG/0.5ML	1	QL(6 ML per 28 days); PA; NDS
<i>teriflunomide tabs 14mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>teriflunomide tabs 7mg</i>	1	QL(30 EA per 30 days); PA; NDS
TYSABRI INJ 300MG/15ML	1	PA; NDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN MISC 1MG	1	NDS
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
KEPIVANCE INJ 6.25MG	1	NDS
<i>kourzeq pste 0.1%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine hydrochloride viscous soln 2%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>oralone dental paste pste 0.1%</i>	1	
<i>periogard soln 0.12%</i>	1	
PILOCARPINE HYDROCHLORIDE TABS 5MG	1	
PILOCARPINE HYDROCHLORIDE TABS 7.5MG	1	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane caps 10mg</i>	1	
<i>accutane caps 20mg</i>	1	
<i>accutane caps 30mg</i>	1	
<i>accutane caps 40mg</i>	1	
ACITRETIN CAPS 10MG	1	
ACITRETIN CAPS 17.5MG	1	
<i>acitretin caps 25mg</i>	1	
<i>amnesteem caps 10mg</i>	1	
<i>amnesteem caps 20mg</i>	1	
<i>amnesteem caps 30mg</i>	1	
<i>amnesteem caps 40mg</i>	1	
AVITA CREA 0.025%	1	PA
AVITA GEL 0.025%	1	PA
<i>azelaic acid gel 15%</i>	1	QL(100 GM per 30 days)
<i>brimonidine tartrate gel 0.33%</i>	1	PA
CLARAVIS CAPS 10MG	1	
CLARAVIS CAPS 20MG	1	
<i>claravis caps 30mg</i>	1	

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CLARAVIS CAPS 40MG	1	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
FINACEA FOAM 15%	1	QL(50 GM per 30 days)
ISOTRETINOIN CAPS 10MG	1	
ISOTRETINOIN CAPS 20MG	1	
<i>isotretinoin caps 30mg</i>	1	
ISOTRETINOIN CAPS 40MG	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
METRONIDAZOLE LOTN 0.75%	1	
MYORISAN CAPS 10MG	1	
MYORISAN CAPS 20MG	1	
<i>myorisan caps 30mg</i>	1	
MYORISAN CAPS 40MG	1	
<i>rosadan crea 0.75%</i>	1	
<i>rosadan gel 0.75%</i>	1	
<i>tazarotene crea 0.05%</i>	1	QL(60 GM per 30 days)
TAZAROTENE CREA 0.1%	1	QL(60 GM per 30 days)
<i>tazarotene gel 0.05%</i>	1	QL(100 GM per 30 days)
<i>tazarotene gel 0.1%</i>	1	QL(100 GM per 30 days)
TRETINOIN MICROSPHERE PUMP GEL 0.1%	1	PA
TRETINOIN MICROSPHERE GEL 0.04%	1	PA
TRETINOIN MICROSPHERE GEL 0.1%	1	PA
<i>tretinoin crea 0.025%</i>	1	PA
TRETINOIN CREA 0.05%	1	PA
TRETINOIN CREA 0.1%	1	PA
TRETINOIN GEL 0.01%	1	PA
TRETINOIN GEL 0.025%	1	PA
ZENATANE CAPS 10MG	1	
ZENATANE CAPS 20MG	1	
<i>zenatane caps 30mg</i>	1	
ZENATANE CAPS 40MG	1	
<i>Dermatitis and Pruritus Agents</i>		
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>betamethasone dipropionate augmented crea 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
CLOBETASOL PROPIONATE E CREA 0.05%	1	
CLOBETASOL PROPIONATE CREA 0.05%	1	
CLOBETASOL PROPIONATE GEL 0.05%	1	
CLOBETASOL PROPIONATE OINT 0.05%	1	
CLOBETASOL PROPIONATE SHAM 0.05%	1	
<i>clobetasol propionate soln 0.05%</i>	1	
CLODAN SHAM 0.05%	1	
<i>desonide crea 0.05%</i>	1	
<i>desonide lotn 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	QL(120 GM per 30 days)
DESOXIMETASONE CREA 0.25%	1	QL(100 GM per 30 days)
FLUOCINOLONE ACETONIDE SCALP OIL 0.01%	1	
FLUOCINOLONE ACETONIDE CREA 0.01%	1	
FLUOCINOLONE ACETONIDE CREA 0.025%	1	
FLUOCINOLONE ACETONIDE OINT 0.025%	1	
FLUOCINOLONE ACETONIDE SOLN 0.01%	1	
<i>fluocinonide emulsified base crea 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide crea 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide oint 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide soln 0.05%</i>	1	QL(60 ML per 30 days)
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone oint 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>pimecrolimus crea 1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
SPEVIGO INJ 150MG/ML	1	QL(4 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oint 0.03%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triderm crea 0.5%</i>	1	
Dermatological Agents, Other		
<i>calcipotriene/betamethasone dipropionate susp 0.064%; 0.005%</i>	1	QL(400 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	1	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	QL(90 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	QL(60 ML per 30 days)
<i>diclofenac sodium gel 3%</i>	1	QL(300 GM per 30 days); ST
FLUOROURACIL CREA 0.5%	1	NDS
<i>fluorouracil crea 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod pump crea 3.75%</i>	1	QL(56 GM per 30 days)
<i>imiquimod crea 5%</i>	1	QL(48 EA per 30 days)
<i>methoxsalen caps 10mg</i>	1	NDS
OTEZLA TABS 20MG	1	QL(60 EA per 30 days); PA; NDS
OTEZLA TABS 30MG	1	QL(60 EA per 30 days); PA; NDS
<i>podofilox soln 0.5%</i>	1	
REGRANEX GEL 0.01%	1	PA; NDS
SANTYL OINT 250UNIT/GM	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
Pediculicides/Scabicides		
<i>crotan lotn 10%</i>	1	
<i>malathion lotn 0.5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>pruradik lotn 10%</i>	1	
Topical Anti-infectives		
ACYCLOVIR OINT 5%	1	QL(60 GM per 30 days)
<i>ciclopirox nail lacquer soln 8%</i>	1	PA
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	

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<i>clindacin foam 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate soln 1%</i>	1	QL(60 ML per 30 days)
<i>ery pads 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>mupirocin crea 2%</i>	1	
<i>mupirocin oint 2%</i>	1	QL(110 GM per 30 days)
SULFAMYLLON CREA 85MG/GM	1	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid tbso 200mg</i>	1	NDS
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	1	
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	1	
<i>dextrose 10% inj 10%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3% inj 5%; 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	1	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 70% inj 70%</i>	1	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	1	
<i>dextrose inj 20%</i>	1	
<i>dextrose inj 40%</i>	1	
<i>glucose (dextrose) 50% inj 50%</i>	1	
<i>glucose (dextrose) 70% inj 70%</i>	1	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	1	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	1	
<i>isolyte-s inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	

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<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con 10 tbc 10meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
<i>klor-con m10 tbc 10meq</i>	1	
<i>klor-con m15 tbc 15meq</i>	1	
<i>klor-con m20 tbc 20meq</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 4meq/l; 130meq/l; 28meq/l</i>	1	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate inj 20gm/500ml</i>	1	
<i>magnesium sulfate inj 2gm/50ml</i>	1	
<i>magnesium sulfate inj 40gm/1000ml</i>	1	
<i>magnesium sulfate inj 4gm/100ml</i>	1	
<i>magnesium sulfate inj 4gm/50ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
NORMOSOL-M/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	1	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	1	B/D
<i>potassium acetate inj 2meq/ml</i>	1	
<i>potassium chloride er cpr 10meq</i>	1	
<i>potassium chloride er cpr 8meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tbc 15meq</i>	1	
<i>potassium chloride er tbc 15meq</i>	1	
<i>potassium chloride er tbc 20meq</i>	1	
<i>potassium chloride er tbc 20meq</i>	1	
<i>potassium chloride er tbc 8meq</i>	1	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 20MEQ/L; 0.45%	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 20MEQ/L; 0.9%	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	1	
<i>potassium chloride inj 10meq/50ml</i>	1	
<i>potassium chloride inj 20meq/50ml</i>	1	
POTASSIUM CHLORIDE INJ 2MEQ/ML	1	
POTASSIUM CHLORIDE INJ 2MEQ/ML	1	
<i>potassium chloride soln 10%</i>	1	
<i>potassium chloride soln 20%</i>	1	
<i>potassium citrate er tbc 1080mg</i>	1	
<i>potassium citrate er tbc 15meq</i>	1	
<i>potassium citrate er tbc 540mg</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	1	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium acetate inj 2meq/ml</i>	1	
<i>sodium chloride 0.45% inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium phosphate inj 142mg/ml; 276mg/ml</i>	1	
<i>sodium phosphates inj 142mg/ml; 276mg/ml</i>	1	
<i>tpn electrolytes inj 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 20meq/20ml; 35meq/20ml</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	B/D
Electrolyte/Mineral/Metal Modifiers		
DEFERASIROX PACK 180MG	1	PA; NDS
<i>deferasirox pack 360mg</i>	1	PA; NDS
DEFERASIROX PACK 90MG	1	PA; NDS
<i>deferasirox tabs 180mg</i>	1	PA
<i>deferasirox tabs 360mg</i>	1	PA
<i>deferasirox tabs 90mg</i>	1	PA
<i>deferasirox tbso 125mg</i>	1	PA
<i>deferasirox tbso 250mg</i>	1	PA; NDS
<i>deferasirox tbso 500mg</i>	1	PA; NDS
<i>deferiprone tabs 1000mg</i>	1	PA; NDS
<i>deferiprone tabs 500mg</i>	1	PA; NDS
FERRIPROX SOLN 100MG/ML	1	PA; NDS
<i>penicillamine tabs 250mg</i>	1	NDS
<i>trientine hydrochloride caps 250mg</i>	1	PA; NDS
<i>trientine hydrochloride caps 500mg</i>	1	PA; NDS
Phosphate Binders		
<i>calcium acetate tabs 667mg</i>	1	
<i>lanthanum carbonate chew 1000mg</i>	1	NDS
<i>lanthanum carbonate chew 500mg</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew 750mg</i>	1	NDS
<i>sevelamer carbonate pack 0.8gm</i>	1	
<i>sevelamer carbonate pack 2.4gm</i>	1	
<i>sevelamer carbonate tabs 800mg</i>	1	
VELPHORO CHEW 500MG	1	NDS
Potassium Binders		
<i>kionex susp 15gm/60ml</i>	1	
LOKELMA PACK 10GM	1	QL(90 EA per 30 days)
LOKELMA PACK 5GM	1	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sps susp 15gm/60ml</i>	1	
VELTASSA PACK 16.8GM	1	
VELTASSA PACK 1GM	1	
VELTASSA PACK 25.2GM	1	
VELTASSA PACK 8.4GM	1	
Vitamins		
PRENATAL TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	1	
<i>enulose soln 10gm/15ml</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
LINZESS CAPS 145MCG	1	QL(30 EA per 30 days)
LINZESS CAPS 290MCG	1	QL(30 EA per 30 days)
LINZESS CAPS 72MCG	1	QL(30 EA per 30 days)
<i>lubiprostone caps 24mcg</i>	1	QL(60 EA per 30 days)
<i>lubiprostone caps 8mcg</i>	1	QL(60 EA per 30 days)
RELISTOR INJ 12MG/0.6ML	1	QL(18 ML per 30 days); ST; NDS
RELISTOR INJ 12MG/0.6ML	1	QL(18 ML per 30 days); ST; NDS
RELISTOR INJ 8MG/0.4ML	1	QL(12 ML per 30 days); ST; NDS
RELISTOR TABS 150MG	1	QL(90 EA per 30 days); ST; NDS
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA
<i>alosetron hydrochloride tabs 1mg</i>	1	PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	1	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	1	
<i>loperamide hydrochloride caps 2mg</i>	1	

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XERMELO TABS 250MG	1	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride caps 10mg</i>	1	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	1	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
GLYCOPYRROLATE INJ 0.2MG/ML	1	
GLYCOPYRROLATE INJ 0.4MG/2ML	1	
GLYCOPYRROLATE INJ 0.4MG/2ML	1	
GLYCOPYRROLATE INJ 1MG/5ML	1	
GLYCOPYRROLATE INJ 1MG/5ML	1	
GLYCOPYRROLATE INJ 4MG/20ML	1	
<i>glycopyrrolate tabs 1mg</i>	1	PA
<i>glycopyrrolate tabs 2mg</i>	1	PA
Gastrointestinal Agents, Other		
CHENODAL TABS 250MG	1	PA; NDS
CTEXLI TABS 250MG	1	PA; NDS
GATTEX INJ 5MG	1	PA; NDS
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
LIVMARLI SOLN 19MG/ML	1	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLN 9.5MG/ML	1	QL(90 ML per 30 days); PA; NDS
LIVMARLI TABS 10MG	1	QL(60 EA per 30 days); PA; NDS
LIVMARLI TABS 15MG	1	QL(60 EA per 30 days); PA; NDS
LIVMARLI TABS 20MG	1	QL(60 EA per 30 days); PA; NDS
LIVMARLI TABS 30MG	1	QL(30 EA per 30 days); PA; NDS
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hydrochloride inj 5mg/ml</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide hydrochloride tabs 5mg</i>	1	
MYALEPT INJ 11.3MG	1	PA; NDS
<i>nitroglycerin oint 0.4%</i>	1	
OALIVA TABS 10MG	1	QL(30 EA per 30 days); PA; NDS
OALIVA TABS 5MG	1	QL(30 EA per 30 days); PA; NDS
<i>opium tincture tinc 1%</i>	1	
OPIUM TINC 1%	1	
<i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	1	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	

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<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg</i>	1	
<i>ursodiol tabs 500mg</i>	1	
VOWST CAPS 0	1	PA; NDS
XIFAXAN TABS 200MG	1	PA
XIFAXAN TABS 550MG	1	PA; NDS
ZORBTIVE INJ 8.8MG	1	PA; NDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	1	
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg</i>	1	
<i>cimetidine tabs 400mg</i>	1	
<i>cimetidine tabs 800mg</i>	1	
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	1	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	1	
<i>nizatidine caps 300mg</i>	1	
Protectants		
<i>misoprostol tabs 100mcg</i>	1	
<i>misoprostol tabs 200mcg</i>	1	
SUCRALFATE SUSP 1GM/10ML	1	
<i>sucralfate tabs 1gm</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium cpdr 40mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 10mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 2.5mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 20mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 40mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 5mg</i>	1	QL(60 EA per 30 days)
<i>esomeprazole sodium inj 40mg</i>	1	

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<i>lansoprazole cpdr 15mg</i>	1	QL(60 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium inj 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	1	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME INJ 2.9MG/5ML	1	PA; NDS
ARALAST NP INJ 1000MG	1	PA; NDS
ARALAST NP INJ 500MG	1	PA; NDS
<i>betaine anhydrous powd 0</i>	1	NDS
CERDELGA CAPS 84MG	1	PA; NDS
CEREZYME INJ 400UNIT	1	PA; NDS
CHOLBAM CAPS 250MG	1	PA; NDS
CHOLBAM CAPS 50MG	1	PA; NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	1	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	1	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	1	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	1	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	1	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CYSTAGON CAPS 150MG	1	
CYSTAGON CAPS 50MG	1	
ELAPRASE INJ 6MG/3ML	1	PA; NDS
EVRYSDI SOLR 0.75MG/ML	1	QL(240 ML per 30 days); PA; NDS
EVRYSDI TABS 5MG	1	QL(30 EA per 30 days); PA; NDS
FABRAZYME INJ 35MG	1	PA; NDS
FABRAZYME INJ 5MG	1	PA; NDS
GLASSIA INJ 1000MG/50ML	1	PA; NDS
KANUMA INJ 20MG/10ML	1	PA; NDS
<i>l-glutamine pack 5gm</i>	1	PA; NDS
LUMIZYME INJ 50MG	1	PA; NDS
<i>miglustat caps 100mg</i>	1	PA; NDS
NAGLAZYME INJ 1MG/ML	1	PA; NDS
<i>nitisinone caps 10mg</i>	1	NDS
<i>nitisinone caps 20mg</i>	1	NDS
<i>nitisinone caps 2mg</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone caps 5mg</i>	1	NDS
ONPATTRO INJ 10MG/5ML	1	PA; NDS
ORFADIN SUSP 4MG/ML	1	NDS
PROCYSBI CPDR 25MG	1	PA; NDS
PROCYSBI CPDR 75MG	1	PA; NDS
PYRUKYND TAPER PACK TBPK 0	1	QL(30 EA per 30 days); PA; NDS
PYRUKYND TAPER PACK TBPK 0	1	QL(30 EA per 30 days); PA; NDS
PYRUKYND TAPER PACK TBPK 5MG	1	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABS 20MG	1	QL(60 EA per 30 days); PA; NDS
PYRUKYND TABS 50MG	1	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABS 5MG	1	QL(60 EA per 30 days); PA; NDS
RAVICTI LIQD 1.1GM/ML	1	PA; NDS
REVCovi INJ 2.4MG/1.5ML	1	PA; NDS
<i>sapropterin dihydrochloride pack 100mg</i>	1	PA; NDS
<i>sapropterin dihydrochloride pack 500mg</i>	1	PA; NDS
<i>sapropterin dihydrochloride tabs 100mg</i>	1	PA; NDS
<i>sodium phenylbutyrate powd 3gm/tsp</i>	1	NDS
<i>sodium phenylbutyrate tabs 500mg</i>	1	NDS
STRENSIQ INJ 18MG/0.45ML	1	PA; NDS
STRENSIQ INJ 28MG/0.7ML	1	PA; NDS
STRENSIQ INJ 40MG/ML	1	PA; NDS
STRENSIQ INJ 80MG/0.8ML	1	PA; NDS
SUCRAID SOLN 8500UNIT/ML	1	PA; NDS
TEGSEDI INJ 284MG/1.5ML	1	PA; NDS
VIMIZIM INJ 5MG/5ML	1	PA; NDS
VPRIV INJ 400UNIT	1	PA; NDS
VYNDAQEL CAPS 20MG	1	QL(120 EA per 30 days); PA; NDS
WELIREG TABS 40MG	1	PA; NDS
<i>yargesa caps 100mg</i>	1	PA; NDS
ZEMAIRA INJ 1000MG	1	PA; NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	1	
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	1	
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	1	
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	1	
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	1	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	1	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	1	
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	1	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>flavoxate hcl tabs 100mg</i>	1	
<i>mirabegron er tb24 25mg</i>	1	
<i>mirabegron er tb24 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ SRER 8MG/ML	1	
<i>oxybutynin chloride er tb24 10mg</i>	1	
<i>oxybutynin chloride er tb24 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	
<i>oxybutynin chloride soln 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>solifenacin succinate tabs 10mg</i>	1	
<i>solifenacin succinate tabs 5mg</i>	1	
<i>tolterodine tartrate er cp24 2mg</i>	1	
<i>tolterodine tartrate er cp24 4mg</i>	1	
<i>tolterodine tartrate tabs 1mg</i>	1	
<i>tolterodine tartrate tabs 2mg</i>	1	
<i>tropium chloride er cp24 60mg</i>	1	
<i>tropium chloride tabs 20mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	1	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>dutasteride caps 0.5mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg</i>	1	
<i>silodosin caps 8mg</i>	1	
<i>tadalafil tabs 2.5mg</i>	1	QL(30 EA per 30 days); PA
<i>tadalafil tabs 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25% soln 0.25%</i>	1	
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
ELMIRON CAPS 100MG	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml</i>	1	
<i>cortisone acetate tabs 25mg</i>	1	NDS

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DEPO-MEDROL INJ 20MG/ML	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate +rfid inj 4mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>hydrocortisone sodium succinate inj 100mg</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
KENALOG-10 INJ 10MG/ML	1	
<i>methylprednisolone acetate inj 40mg/ml</i>	1	
<i>methylprednisolone acetate inj 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk 4mg</i>	1	
<i>methylprednisolone sodium succinate inj 1000mg</i>	1	
<i>methylprednisolone sodium succinate inj 1000mg</i>	1	
<i>methylprednisolone sodium succinate inj 125mg</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	
<i>methylprednisolone tabs 16mg</i>	1	
<i>methylprednisolone tabs 32mg</i>	1	
<i>methylprednisolone tabs 4mg</i>	1	
<i>methylprednisolone tabs 8mg</i>	1	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisone intensol conc 5mg/ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	

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<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
SOLU-CORTEF INJ 1000MG	1	
SOLU-CORTEF INJ 100MG	1	
SOLU-CORTEF INJ 250MG	1	
SOLU-CORTEF INJ 500MG	1	
SOLU-MEDROL INJ 2GM	1	
<i>triamcinolone acetanide inj 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN INJ 10000UNIT	1	PA
<i>desmopressin acetate inj 4mcg/ml</i>	1	NDS
<i>desmopressin acetate soln 0.01%</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
<i>desmopressin acetate soln 1.5mg/ml</i>	1	NDS
<i>desmopressin acetate tabs 0.1mg</i>	1	
<i>desmopressin acetate tabs 0.2mg</i>	1	
GENOTROPIN MINIQUICK INJ 0.2MG	1	PA
GENOTROPIN MINIQUICK INJ 0.4MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 0.6MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 0.8MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 1.2MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 1.4MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 1.6MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 1.8MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 1MG	1	PA; NDS
GENOTROPIN MINIQUICK INJ 2MG	1	PA; NDS
GENOTROPIN INJ 12MG	1	PA; NDS
GENOTROPIN INJ 5MG	1	PA; NDS
HUMATROPE INJ 12MG	1	PA; NDS
HUMATROPE INJ 24MG	1	PA; NDS
HUMATROPE INJ 6MG	1	PA; NDS
INCRELEX INJ 40MG/4ML	1	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INJ 45MG	1	QL(1 EA per 168 days); PA; NDS
NORDITROPIN FLEXPOR INJ 10MG/1.5ML	1	PA; NDS

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NORDITROPIN FLEXPOR INJ 15MG/1.5ML	1	PA; NDS
NORDITROPIN FLEXPOR INJ 30MG/3ML	1	PA; NDS
NORDITROPIN FLEXPOR INJ 5MG/1.5ML	1	PA; NDS
NOVAREL INJ 5000UNIT	1	PA
OMNITROPE INJ 10MG/1.5ML	1	PA; NDS
OMNITROPE INJ 5MG/1.5ML	1	PA; NDS
<i>oxytocin inj 10unit/ml</i>	1	
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJ 10000UNIT	1	PA
PREGNYL INJ 10000UNIT	1	PA
SEROSTIM INJ 4MG	1	PA; NDS
SEROSTIM INJ 5MG	1	PA; NDS
SEROSTIM INJ 6MG	1	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDRODERM PT24 2MG/24HR	1	PA
ANDRODERM PT24 4MG/24HR	1	PA
DANAZOL CAPS 100MG	1	
DANAZOL CAPS 200MG	1	
DANAZOL CAPS 50MG	1	
<i>testosterone cypionate inj 100mg/ml</i>	1	PA
<i>testosterone cypionate inj 200mg/ml</i>	1	PA
<i>testosterone cypionate inj 200mg/ml</i>	1	PA
<i>testosterone enanthate inj 200mg/ml</i>	1	PA
<i>testosterone pump gel 1%</i>	1	PA
<i>testosterone pump gel 1.62%</i>	1	PA
<i>testosterone gel 20.25mg/1.25gm</i>	1	PA
<i>testosterone gel 25mg/2.5gm</i>	1	PA
<i>testosterone gel 40.5mg/2.5gm</i>	1	PA
<i>testosterone gel 50mg/5gm</i>	1	PA
Estrogens		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	1	
<i>abigale tabs 1mg; 0.5mg</i>	1	
<i>altavera tabs 30mcg; 0.15mg</i>	1	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	1	
AMABELZ TABS 0.5MG; 0.1MG	1	
AMABELZ TABS 1MG; 0.5MG	1	
<i>amethia tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	1	
<i>apri tabs 0.15mg; 30mcg</i>	1	
<i>aranella tabs 0; 0</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ashlyna tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>aubra eq tabs 20mcg; 0.1mg</i>	1	
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>ayuna tabs 0.03mg; 0.15mg</i>	1	
<i>azurette tabs 0; 0</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>camrese lo tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>camrese tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>charlotte 24 fe chew 20mcg; 75mg; 1mg</i>	1	
<i>chateal eq tabs 30mcg; 0.15mg</i>	1	
<i>chateal tabs 0.03mg; 0.15mg</i>	1	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	1	
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	
<i>cyred eq tabs 0.15mg; 30mcg</i>	1	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tabs 35mcg; 0</i>	1	
<i>daysee tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>delyla tabs 20mcg; 0.1mg</i>	1	
DEPO-ESTRADIOL INJ 5MG/ML	1	
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	
<i>dolishale tabs 20mcg; 90mcg</i>	1	
<i>dotti pttw 0.025mg/24hr</i>	1	
<i>dotti pttw 0.0375mg/24hr</i>	1	
<i>dotti pttw 0.05mg/24hr</i>	1	
<i>dotti pttw 0.075mg/24hr</i>	1	
<i>dotti pttw 0.1mg/24hr</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>elinest tabs 30mcg; 0.3mg</i>	1	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>enpresse-28 tabs 0; 0</i>	1	
<i>enskyce tabs 0.15mg; 0.03mg</i>	1	
<i>estarylla tabs 35mcg; 0.25mg</i>	1	
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	

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<i>estradiol valerate inj 40mg/ml</i>	1	
ESTRADIOL/NORETHINDRONE ACETATE TABS 0.5MG; 0.1MG	1	
ESTRADIOL/NORETHINDRONE ACETATE TABS 1MG; 0.5MG	1	
<i>estradiol crea 0.1mg/gm</i>	1	
<i>estradiol gel 0.25mg/0.25gm</i>	1	
<i>estradiol gel 0.5mg/0.5gm</i>	1	
<i>estradiol gel 0.75mg/0.75gm</i>	1	
<i>estradiol gel 1.25mg/1.25gm</i>	1	
<i>estradiol gel 1mg/gm</i>	1	
<i>estradiol pttw 0.025mg/24hr</i>	1	
<i>estradiol pttw 0.0375mg/24hr</i>	1	
<i>estradiol pttw 0.05mg/24hr</i>	1	
<i>estradiol pttw 0.075mg/24hr</i>	1	
<i>estradiol pttw 0.1mg/24hr</i>	1	
ESTRADIOL PTWK 0.025MG/24HR	1	
ESTRADIOL PTWK 0.05MG/24HR	1	
ESTRADIOL PTWK 0.06MG/24HR	1	
ESTRADIOL PTWK 0.075MG/24HR	1	
ESTRADIOL PTWK 0.1MG/24HR	1	
ESTRADIOL PTWK 37.5MCG/24HR	1	
<i>estradiol tabs 0.5mg</i>	1	
<i>estradiol tabs 1mg</i>	1	
<i>estradiol tabs 2mg</i>	1	
<i>estradiol tabs 10mcg</i>	1	
ESTRING RING 7.5MCG/24HR	1	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	1	
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>falmina tabs 20mcg; 0.1mg</i>	1	
<i>fayosim tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
FEMRING RING 0.05MG/24HR	1	QL(1 EA per 90 days)
FEMRING RING 0.1MG/24HR	1	QL(1 EA per 90 days)
<i>finzala chew 20mcg; 75mg; 1mg</i>	1	
FYAVOLV TABS 2.5MCG; 0.5MG	1	
FYAVOLV TABS 5MCG; 1MG	1	
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	

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<i>iclevia tabs 0.03mg; 0.15mg</i>	1	QL(91 EA per 91 days)
<i>introvale tabs 0.03mg; 0.15mg</i>	1	QL(91 EA per 91 days)
<i>isibloom tabs 0.15mg; 30mcg</i>	1	
<i>jaimiess tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>jasmiel tabs 3mg; 0.02mg</i>	1	
JINTELI TABS 5MCG; 1MG	1	
<i>jolessa tabs 0.03mg; 0.15mg</i>	1	QL(91 EA per 91 days)
<i>juleber tabs 0.15mg; 30mcg</i>	1	
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	1	
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	1	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	1	
<i>leena tabs 0; 0</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	1	
<i>lo-zumandimine tabs 3mg; 0.02mg</i>	1	
<i>lojaimiess tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>loryna tabs 3mg; 0.02mg</i>	1	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	
<i>lutra tabs 20mcg; 0.1mg</i>	1	
<i>lyllana pttw 0.025mg/24hr</i>	1	
<i>lyllana pttw 0.0375mg/24hr</i>	1	

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<i>lyllana pttw 0.05mg/24hr</i>	1	
<i>lyllana pttw 0.075mg/24hr</i>	1	
<i>lyllana pttw 0.1mg/24hr</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
MENEST TABS 2.5MG	1	
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	1	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>mili tabs 35mcg; 0.25mg</i>	1	
MIMVEY TABS 1MG; 0.5MG	1	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	
<i>nikki tabs 3mg; 0.02mg</i>	1	
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS 2.5MCG; 0.5MG	1	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	1	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS 5MCG; 1MG	1	
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg</i>	1	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	1	
<i>nylia 1/35 tabs 35mcg; 1mg</i>	1	
<i>nylia 7/7/7 tabs 35mcg; 0</i>	1	

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<i>nymyo tabs 35mcg; 0.25mg</i>	1	
<i>ocella tabs 3mg; 0.03mg</i>	1	
<i>philith tabs 35mcg; 0.4mg</i>	1	
<i>pimtrea tabs 0; 0</i>	1	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	
PREMARIN CREA 0.625MG/GM	1	
PREMARIN TABS 0.3MG	1	
PREMARIN TABS 0.45MG	1	
PREMARIN TABS 0.625MG	1	
PREMARIN TABS 0.9MG	1	
PREMARIN TABS 1.25MG	1	
PREMPHASE TABS 0.625MG; 5MG	1	
PREMPRO TABS 0.3MG; 1.5MG	1	
PREMPRO TABS 0.45MG; 1.5MG	1	
PREMPRO TABS 0.625MG; 2.5MG	1	
PREMPRO TABS 0.625MG; 5MG	1	
<i>reclipsen tabs 0.15mg; 0.03mg</i>	1	
<i>rivelsa tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>rosyrah tabs 0; 0</i>	1	QL(91 EA per 91 days)
<i>setlakin tabs 0.03mg; 0.15mg</i>	1	QL(91 EA per 91 days)
<i>simliya tabs 0; 0</i>	1	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	
<i>sronyx tabs 20mcg; 0.1mg</i>	1	
<i>syeda tabs 3mg; 0.03mg</i>	1	
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	1	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	1	
<i>tilia fe tabs 0; 75mg; 1mg</i>	1	
<i>tri femynor tabs 0; 0</i>	1	
<i>tri-estarylla tabs 0; 0</i>	1	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	
<i>tri-linyah tabs 0; 0</i>	1	
<i>tri-lo-estarylla tabs 0; 0</i>	1	
<i>tri-lo-marzia tabs 0; 0</i>	1	
<i>tri-lo-mili tabs 0; 0</i>	1	
<i>tri-lo-sprintec tabs 0; 0</i>	1	
<i>tri-mili tabs 0; 0</i>	1	
<i>tri-nymyo tabs 0; 0</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>tri-vylibra lo tabs 0; 0</i>	1	
<i>tri-vylibra tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
<i>turqoz tabs 30mcg; 0.3mg</i>	1	
<i>tyblume chew 20mcg; 0.1mg</i>	1	

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<i>valtya 1/50 tabs 50mcg; 1mg</i>	1	
<i>velivet tabs 0; 0</i>	1	
<i>vestura tabs 3mg; 0.02mg</i>	1	
<i>vienva tabs 20mcg; 0.1mg</i>	1	
<i>vioarele tabs 0; 0</i>	1	
<i>volnea tabs 0; 0</i>	1	
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	
<i>vylibra tabs 35mcg; 0.25mg</i>	1	
<i>wera tabs 35mcg; 0.5mg</i>	1	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	
<i>xarah fe tabs 0; 75mg; 1mg</i>	1	
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	1	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>yuvafem tabs 10mcg</i>	1	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	1	
<i>zumandimine tabs 3mg; 0.03mg</i>	1	
Progestins		
<i>camila tabs 0.35mg</i>	1	
<i>deblitane tabs 0.35mg</i>	1	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	1	QL(0.65 ML per 90 days)
<i>errin tabs 0.35mg</i>	1	
<i>gallifrey tabs 5mg</i>	1	
<i>heather tabs 0.35mg</i>	1	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	1	PA; NDS
<i>incassia tabs 0.35mg</i>	1	
<i>jencycla tabs 0.35mg</i>	1	
LILETTA IUD 20.1MCG/DAY	1	
<i>lyleq tabs 0.35mg</i>	1	
<i>lyza tabs 0.35mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	1	
MEGESTROL ACETATE SUSP 625MG/5ML	1	
<i>megestrol acetate tabs 20mg</i>	1	
<i>megestrol acetate tabs 40mg</i>	1	
NEXPLANON INJ 68MG	1	
<i>nora-be tabs 0.35mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>norethindrone tabs 0.35mg</i>	1	

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<i>norlyroc tabs 0.35mg</i>	1	
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	1	
<i>progesterone inj 50mg/ml</i>	1	
<i>sharobel tabs 0.35mg</i>	1	
SLYND TABS 4MG	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	1	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tabs 60mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG	1	
ADTHYZA TABS 15MG	1	
ADTHYZA TABS 30MG	1	
ADTHYZA TABS 60MG	1	
ADTHYZA TABS 90MG	1	
ARMOUR THYROID TABS 120MG	1	
ARMOUR THYROID TABS 15MG	1	
ARMOUR THYROID TABS 180MG	1	
ARMOUR THYROID TABS 240MG	1	
ARMOUR THYROID TABS 300MG	1	
ARMOUR THYROID TABS 30MG	1	
ARMOUR THYROID TABS 60MG	1	
ARMOUR THYROID TABS 90MG	1	
<i>levo-t tabs 100mcg</i>	1	
<i>levo-t tabs 112mcg</i>	1	
<i>levo-t tabs 125mcg</i>	1	
<i>levo-t tabs 137mcg</i>	1	
<i>levo-t tabs 150mcg</i>	1	
<i>levo-t tabs 175mcg</i>	1	
<i>levo-t tabs 200mcg</i>	1	
<i>levo-t tabs 25mcg</i>	1	
<i>levo-t tabs 300mcg</i>	1	
<i>levo-t tabs 50mcg</i>	1	
<i>levo-t tabs 75mcg</i>	1	
<i>levo-t tabs 88mcg</i>	1	
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	

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<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
LEVOXYL TABS 100MCG	1	
LEVOXYL TABS 112MCG	1	
LEVOXYL TABS 125MCG	1	
LEVOXYL TABS 137MCG	1	
LEVOXYL TABS 150MCG	1	
LEVOXYL TABS 175MCG	1	
LEVOXYL TABS 200MCG	1	
LEVOXYL TABS 25MCG	1	
LEVOXYL TABS 50MCG	1	
LEVOXYL TABS 75MCG	1	
LEVOXYL TABS 88MCG	1	
<i>liothyronine sodium inj 10mcg/ml</i>	1	NDS
<i>liothyronine sodium tabs 25mcg</i>	1	
<i>liothyronine sodium tabs 50mcg</i>	1	
<i>liothyronine sodium tabs 5mcg</i>	1	
<i>niva thyroid tabs 120mg</i>	1	
<i>niva thyroid tabs 15mg</i>	1	
<i>niva thyroid tabs 30mg</i>	1	
<i>niva thyroid tabs 60mg</i>	1	
<i>niva thyroid tabs 90mg</i>	1	
NP THYROID 120 TABS 120MG	1	
NP THYROID 15 TABS 15MG	1	
NP THYROID 30 TABS 30MG	1	
NP THYROID 60 TABS 60MG	1	
NP THYROID 90 TABS 90MG	1	
RENTHYROID TABS 120MG	1	
RENTHYROID TABS 15MG	1	
RENTHYROID TABS 30MG	1	
RENTHYROID TABS 60MG	1	
RENTHYROID TABS 90MG	1	
SYNTHROID TABS 100MCG	1	
SYNTHROID TABS 112MCG	1	
SYNTHROID TABS 125MCG	1	
SYNTHROID TABS 137MCG	1	
SYNTHROID TABS 150MCG	1	
SYNTHROID TABS 175MCG	1	
SYNTHROID TABS 200MCG	1	
SYNTHROID TABS 25MCG	1	

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SYNTHROID TABS 300MCG	1	
SYNTHROID TABS 50MCG	1	
SYNTHROID TABS 75MCG	1	
SYNTHROID TABS 88MCG	1	
<i>thyroid tabs 120mg</i>	1	
<i>thyroid tabs 15mg</i>	1	
<i>thyroid tabs 30mg</i>	1	
<i>thyroid tabs 60mg</i>	1	
<i>thyroid tabs 90mg</i>	1	
<i>unithroid tabs 100mcg</i>	1	
<i>unithroid tabs 112mcg</i>	1	
<i>unithroid tabs 125mcg</i>	1	
<i>unithroid tabs 137mcg</i>	1	
<i>unithroid tabs 150mcg</i>	1	
<i>unithroid tabs 175mcg</i>	1	
<i>unithroid tabs 200mcg</i>	1	
<i>unithroid tabs 25mcg</i>	1	
<i>unithroid tabs 300mcg</i>	1	
<i>unithroid tabs 50mcg</i>	1	
<i>unithroid tabs 75mcg</i>	1	
<i>unithroid tabs 88mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	1	
ELIGARD INJ 22.5MG	1	QL(1 EA per 84 days); PA
ELIGARD INJ 30MG	1	QL(1 EA per 112 days); PA
ELIGARD INJ 45MG	1	QL(1 EA per 168 days); PA
ELIGARD INJ 7.5MG	1	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	1	QL(4 EA per 365 days); PA; NDS
FIRMAGON INJ 80MG	1	QL(1 EA per 28 days); PA
LANREOTIDE ACETATE INJ 120MG/0.5ML	1	PA; NDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	1	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (1-MONTH) INJ 7.5MG	1	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG	1	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (3-MONTH) INJ 22.5MG	1	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH) INJ 30MG	1	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH) INJ 45MG	1	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	1	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	1	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	1	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	1	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	1	QL(1 EA per 84 days); PA; NDS

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<i>mifepristone tabs 200mg</i>	1	
<i>mifepristone tabs 300mg</i>	1	QL(120 EA per 30 days); PA; NDS
<i>octreotide acetate inj 1000mcg/ml</i>	1	PA; NDS
<i>octreotide acetate inj 100mcg/ml</i>	1	PA
<i>octreotide acetate inj 10mg</i>	1	PA; NDS
<i>octreotide acetate inj 200mcg/ml</i>	1	PA
<i>octreotide acetate inj 20mg</i>	1	PA; NDS
<i>octreotide acetate inj 30mg</i>	1	PA; NDS
<i>octreotide acetate inj 500mcg/ml</i>	1	PA; NDS
<i>octreotide acetate inj 50mcg/ml</i>	1	PA
ORGOVYX TABS 120MG	1	PA; NDS
RECORLEV TABS 150MG	1	QL(240 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT INJ 10MG	1	PA; NDS
SANDOSTATIN LAR DEPOT INJ 20MG	1	PA; NDS
SANDOSTATIN LAR DEPOT INJ 30MG	1	PA; NDS
SIGNIFOR LAR INJ 20MG	1	QL(1 EA per 28 days); PA; NDS
SIGNIFOR LAR INJ 40MG	1	QL(1 EA per 28 days); PA; NDS
SIGNIFOR LAR INJ 60MG	1	QL(1 EA per 28 days); PA; NDS
SIGNIFOR INJ 0.3MG/ML	1	QL(60 ML per 30 days); PA; NDS
SIGNIFOR INJ 0.6MG/ML	1	QL(60 ML per 30 days); PA; NDS
SIGNIFOR INJ 0.9MG/ML	1	QL(60 ML per 30 days); PA; NDS
SOMATULINE DEPOT INJ 120MG/0.5ML	1	PA; NDS
SOMATULINE DEPOT INJ 60MG/0.2ML	1	PA; NDS
SOMATULINE DEPOT INJ 90MG/0.3ML	1	PA; NDS
SOMAVERT INJ 10MG	1	PA; NDS
SOMAVERT INJ 15MG	1	PA; NDS
SOMAVERT INJ 20MG	1	PA; NDS
SOMAVERT INJ 25MG	1	PA; NDS
SOMAVERT INJ 30MG	1	PA; NDS
SYNAREL SOLN 2MG/ML	1	NDS
TRELSTAR MIXJECT INJ 11.25MG	1	QL(1 EA per 84 days); PA
TRELSTAR MIXJECT INJ 22.5MG	1	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 3.75MG	1	QL(1 EA per 28 days); PA
ZOLADEX INJ 10.8MG	1	QL(1 EA per 84 days); PA
ZOLADEX INJ 3.6MG	1	QL(1 EA per 28 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	1	
<i>methimazole tabs 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INJ 500UNIT	1	PA; NDS

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CINRYZE INJ 500UNIT	1	PA; NDS
HAEGARDA INJ 2000UNIT	1	PA; NDS
HAEGARDA INJ 3000UNIT	1	PA; NDS
<i>icatibant acetate inj 30mg/3ml</i>	1	PA; NDS
KALBITOR INJ 10MG/ML	1	PA; NDS
RUCONEST INJ 2100UNIT	1	PA; NDS
<i>sajazir inj 30mg/3ml</i>	1	PA; NDS
Immunoglobulins		
ATGAM INJ 50MG/ML	1	NDS
BIVIGAM INJ 5GM/50ML	1	PA; NDS
CUVITRU INJ 10GM/50ML	1	PA; NDS
CUVITRU INJ 1GM/5ML	1	PA; NDS
CUVITRU INJ 2GM/10ML	1	PA; NDS
CUVITRU INJ 4GM/20ML	1	PA; NDS
CUVITRU INJ 8GM/40ML	1	PA; NDS
FLEBOGAMMA DIF INJ 10GM/100ML	1	PA; NDS
FLEBOGAMMA DIF INJ 10GM/200ML	1	PA; NDS
FLEBOGAMMA DIF INJ 2.5GM/50ML	1	PA; NDS
FLEBOGAMMA DIF INJ 20GM/200ML	1	PA; NDS
FLEBOGAMMA DIF INJ 20GM/400ML	1	PA; NDS
FLEBOGAMMA DIF INJ 5GM/100ML	1	PA; NDS
FLEBOGAMMA DIF INJ 5GM/50ML	1	PA; NDS
GAMASTAN INJ 0	1	PA
GAMMAGARD LIQUID INJ 10GM/100ML	1	PA; NDS
GAMMAGARD LIQUID INJ 1GM/10ML	1	PA; NDS
GAMMAGARD LIQUID INJ 2.5GM/25ML	1	PA; NDS
GAMMAGARD LIQUID INJ 20GM/200ML	1	PA; NDS
GAMMAGARD LIQUID INJ 30GM/300ML	1	PA; NDS
GAMMAGARD LIQUID INJ 5GM/50ML	1	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	1	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	1	PA; NDS
GAMMAKED INJ 10GM/100ML	1	PA; NDS
GAMMAKED INJ 1GM/10ML	1	PA; NDS
GAMMAKED INJ 20GM/200ML	1	PA; NDS
GAMMAKED INJ 5GM/50ML	1	PA; NDS
GAMMAPLEX INJ 10GM/100ML	1	PA; NDS
GAMMAPLEX INJ 10GM/200ML	1	PA; NDS
GAMMAPLEX INJ 20GM/200ML	1	PA; NDS
GAMMAPLEX INJ 20GM/400ML	1	PA; NDS
GAMMAPLEX INJ 5GM/100ML	1	PA; NDS
GAMMAPLEX INJ 5GM/50ML	1	PA; NDS
GAMUNEX-C INJ 10GM/100ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 1GM/10ML	1	PA; NDS
GAMUNEX-C INJ 2.5GM/25ML	1	PA; NDS
GAMUNEX-C INJ 20GM/200ML	1	PA; NDS
GAMUNEX-C INJ 40GM/400ML	1	PA; NDS
GAMUNEX-C INJ 5GM/50ML	1	PA; NDS
HEPAGAM B INJ 312UNIT/ML	1	B/D; NDS
HIZENTRA INJ 10GM/50ML	1	PA; NDS
HIZENTRA INJ 10GM/50ML	1	PA; NDS
HIZENTRA INJ 1GM/5ML	1	PA; NDS
HIZENTRA INJ 2GM/10ML	1	PA; NDS
HIZENTRA INJ 4GM/20ML	1	PA; NDS
HYPERHEP B INJ 110UNIT/0.5ML	1	B/D; NDS
HYPERHEP B INJ 220UNIT/ML	1	B/D; NDS
HYPERRHO S/D MINI-DOSE INJ 250UNIT	1	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	1	PA; NDS
HYQVIA INJ 2.5GM/25ML; 200UNIT/1.25ML	1	PA; NDS
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	1	PA; NDS
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	1	PA; NDS
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	1	PA; NDS
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	1	
NABI-HB INJ 312UNIT/ML	1	B/D; NDS
OCTAGAM INJ 10GM/100ML	1	PA; NDS
OCTAGAM INJ 10GM/200ML	1	PA; NDS
OCTAGAM INJ 1GM/20ML	1	PA; NDS
OCTAGAM INJ 2.5GM/50ML	1	PA; NDS
OCTAGAM INJ 20GM/200ML	1	PA; NDS
OCTAGAM INJ 2GM/20ML	1	PA; NDS
OCTAGAM INJ 5GM/100ML	1	PA; NDS
OCTAGAM INJ 5GM/50ML	1	PA; NDS
PRIVIGEN INJ 10GM/100ML	1	PA; NDS
PRIVIGEN INJ 20GM/200ML	1	PA; NDS
PRIVIGEN INJ 40GM/400ML	1	PA; NDS
PRIVIGEN INJ 5GM/50ML	1	PA; NDS
RHOGAM ULTRA-FILTERED PLUS INJ 1500UNIT	1	
RHOPHYLAC INJ 1500UNIT/2ML	1	
SYNAGIS INJ 100MG/ML	1	NDS
SYNAGIS INJ 50MG/0.5ML	1	NDS
THYMOGLOBULIN INJ 25MG	1	NDS
VARIZIG INJ 125UNIT/1.2ML	1	PA; NDS
Immunological Agents, Other		
ACTEMRA ACTPEN INJ 162MG/0.9ML	1	PA; NDS
ACTEMRA INJ 162MG/0.9ML	1	QL(3.6 ML per 28 days); PA; NDS
ACTEMRA INJ 200MG/10ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 400MG/20ML	1	PA; NDS
ACTEMRA INJ 80MG/4ML	1	PA; NDS
ARCALYST INJ 220MG	1	PA; NDS
AURANOFIN CAPS 3MG	1	NDS
BENLYSTA INJ 200MG/ML	1	PA; NDS
BENLYSTA INJ 200MG/ML	1	PA; NDS
COSENTYX SENSOREADY PEN INJ 150MG/ML	1	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJ 300MG/2ML	1	QL(10 ML per 28 days); PA; NDS
COSENTYX INJ 150MG/ML	1	QL(10 ML per 28 days); PA; NDS
COSENTYX INJ 75MG/0.5ML	1	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJ 100MG/0.67ML	1	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	1	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	1	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	1	QL(8 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	1	QL(8 ML per 28 days); PA; NDS
ENJAYMO INJ 1100MG/22ML	1	PA; NDS
ENTYVIO PEN INJ 108MG/0.68ML	1	QL(1.36 ML per 28 days); PA; NDS
ENTYVIO INJ 300MG	1	PA; NDS
ILARIS INJ 150MG/ML	1	QL(2 ML per 28 days); PA; NDS
KINERET INJ 100MG/0.67ML	1	PA; NDS
LEMTRADA INJ 12MG/1.2ML	1	PA; NDS
ORENCIA CLICKJECT INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NDS
ORENCIA INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NDS
ORENCIA INJ 50MG/0.4ML	1	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJ 87.5MG/0.7ML	1	QL(2.8 ML per 28 days); PA; NDS
OTEZLA TBPK 0	1	QL(110 EA per 365 days); PA; NDS
OTEZLA TBPK 0	1	QL(110 EA per 365 days); PA; NDS
RIDAURA CAPS 3MG	1	NDS
RINVOQ LQ SOLN 1MG/ML	1	QL(360 ML per 30 days); PA; NDS
RINVOQ TB24 15MG	1	QL(30 EA per 30 days); PA; NDS
RINVOQ TB24 30MG	1	QL(30 EA per 30 days); PA; NDS
RINVOQ TB24 45MG	1	QL(30 EA per 30 days); PA; NDS
SIMULECT INJ 10MG	1	NDS
SIMULECT INJ 20MG	1	NDS
SKYRIZI PEN INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 180MG/1.2ML	1	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJ 360MG/2.4ML	1	QL(2.4 ML per 56 days); PA; NDS
SOLIRIS INJ 300MG/30ML	1	PA; NDS
SYLVANT INJ 100MG	1	PA; NDS
SYLVANT INJ 400MG	1	PA; NDS
TAVNEOS CAPS 10MG	1	QL(180 EA per 30 days); PA; NDS
WEZLANA INJ 130MG/26ML	1	QL(104 ML per 365 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
WEZLANA INJ 45MG/0.5ML	1	QL(3 ML per 84 days); PA; NDS
WEZLANA INJ 45MG/0.5ML	1	QL(3 ML per 84 days); PA; NDS
WEZLANA INJ 90MG/ML	1	QL(3 ML per 84 days); PA; NDS
XELJANZ XR TB24 11MG	1	QL(30 EA per 30 days); PA; NDS
XELJANZ XR TB24 22MG	1	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLN 1MG/ML	1	QL(300 ML per 30 days); PA; NDS
XELJANZ TABS 10MG	1	QL(60 EA per 30 days); PA; NDS
XELJANZ TABS 5MG	1	QL(60 EA per 30 days); PA; NDS
XOLAIR INJ 150MG/ML	1	PA; NDS
XOLAIR INJ 150MG/ML	1	PA; NDS
XOLAIR INJ 150MG	1	PA; NDS
XOLAIR INJ 300MG/2ML	1	PA; NDS
XOLAIR INJ 300MG/2ML	1	PA; NDS
XOLAIR INJ 75MG/0.5ML	1	PA; NDS
XOLAIR INJ 75MG/0.5ML	1	PA; NDS
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	1	PA; NDS
BESREMI INJ 500MCG/ML	1	PA; NDS
PEGASYS INJ 180MCG/ML	1	PA; NDS
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	1	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 20MG/0.2ML	1	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 40MG/0.4ML	1	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	1	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M INJ 10MG/0.2ML	1	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M INJ 20MG/0.4ML	1	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
ASTAGRAF XL CP24 0.5MG	1	B/D
ASTAGRAF XL CP24 1MG	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 5MG	1	B/D
<i>azathioprine inj 100mg</i>	1	B/D; NDS
<i>azathioprine tabs 100mg</i>	1	B/D
<i>azathioprine tabs 50mg</i>	1	B/D
<i>azathioprine tabs 75mg</i>	1	B/D
BENLYSTA INJ 120MG	1	PA; NDS
BENLYSTA INJ 400MG	1	PA; NDS
CIMZIA STARTER KIT INJ 200MG/ML	1	QL(6 EA per 365 days); PA; NDS
CIMZIA INJ 200MG/ML	1	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified caps 100mg</i>	1	B/D
<i>cyclosporine modified caps 25mg</i>	1	B/D
<i>cyclosporine modified caps 50mg</i>	1	B/D
<i>cyclosporine modified soln 100mg/ml</i>	1	B/D
<i>cyclosporine caps 100mg</i>	1	B/D
<i>cyclosporine caps 25mg</i>	1	B/D
<i>cyclosporine inj 50mg/ml</i>	1	NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJ 10MG/0.2ML	1	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJ 20MG/0.4ML	1	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
ENBREL MINI INJ 50MG/ML	1	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJ 50MG/ML	1	QL(8 ML per 28 days); PA; NDS
ENBREL INJ 25MG/0.5ML	1	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 25MG/0.5ML	1	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 50MG/ML	1	QL(8 ML per 28 days); PA; NDS
ENVARUS XR TB24 0.75MG	1	B/D
ENVARUS XR TB24 1MG	1	B/D
ENVARUS XR TB24 4MG	1	B/D; NDS
<i>everolimus tabs 0.25mg</i>	1	B/D; NDS
<i>everolimus tabs 0.5mg</i>	1	B/D; NDS
<i>everolimus tabs 0.75mg</i>	1	B/D; NDS
<i>everolimus tabs 1mg</i>	1	B/D; NDS
<i>gengraf caps 100mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf caps 25mg</i>	1	B/D
<i>gengraf soln 100mg/ml</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	1	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	1	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 0	1	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML	1	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 20MG/0.2ML	1	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NDS
INFLECTRA INJ 100MG	1	PA; NDS
<i>infliximab inj 100mg</i>	1	PA; NDS
JYLAMVO SOLN 2MG/ML	1	PA; NDS
<i>leflunomide tabs 10mg</i>	1	
<i>leflunomide tabs 20mg</i>	1	
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps 250mg</i>	1	B/D
<i>mycophenolate mofetil inj 500mg</i>	1	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	1	B/D; NDS
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D
MYCOPHENOLIC ACID DR TBEC 180MG	1	B/D
MYCOPHENOLIC ACID DR TBEC 360MG	1	B/D
NULOJIX INJ 250MG	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 250MG	1	PA; NDS
PEGASYS INJ 180MCG/0.5ML	1	PA; NDS
PROGRAF INJ 5MG/ML	1	
PROGRAF PACK 0.2MG	1	B/D
PROGRAF PACK 1MG	1	B/D
REMICADE INJ 100MG	1	PA; NDS
REZUROCK TABS 200MG	1	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLN 100MG/ML	1	B/D
SIMPONI ARIA INJ 50MG/4ML	1	PA; NDS
<i>sirolimus soln 1mg/ml</i>	1	B/D; NDS
SIROLIMUS TABS 0.5MG	1	B/D
SIROLIMUS TABS 1MG	1	B/D
<i>sirolimus tabs 2mg</i>	1	B/D
<i>tacrolimus caps 0.5mg</i>	1	B/D
<i>tacrolimus caps 1mg</i>	1	B/D
TACROLIMUS CAPS 5MG	1	B/D
TREXALL TABS 10MG	1	
TREXALL TABS 15MG	1	
TREXALL TABS 5MG	1	
TREXALL TABS 7.5MG	1	
XATMEP SOLN 2.5MG/ML	1	PA
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	1	QL(3 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT INJ 40MG/0.4ML	1	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	1	QL(2 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	1	QL(3 EA per 28 days); PA; NDS
YUFLYMA CD/UC/HS STARTER INJ 80MG/0.8ML	1	QL(3 EA per 28 days); PA; NDS
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJ 0	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJ 120MCG/0.5ML	1	QL(1 EA per 999 days)
BCG VACCINE INJ 50MG	1	
BEXSERO INJ 0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 5lfu/0.5ml</i>	1	
ENGRIX-B INJ 10MCG/0.5ML	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 20MCG/ML	1	B/D
ENGERIX-B INJ 20MCG/ML	1	B/D
GARDASIL 9 INJ 0.5ML	1	
GARDASIL 9 INJ 0.5ML	1	
HAVRIX INJ 1440ELU/ML	1	
HAVRIX INJ 720ELU/0.5ML	1	
HEPLISAV-B INJ 20MCG/0.5ML	1	B/D
HIBERIX INJ 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	1	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOL INACTIVATED IPV INJ 0	1	
IXCHIQ INJ 0	1	
IXIARO INJ 0	1	
JYNNEOS INJ 0.5ML	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
M-M-R II INJ 0; 0; 0	1	
MENACTRA INJ 0	1	
MENQUADFI INJ 0.5ML	1	
MENVEO INJ 0	1	
MRESVIA INJ 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA INJ 0; 0	1	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
PREHEVBRIO INJ 10MCG/ML	1	B/D
PRIORIX INJ 0; 0; 0	1	
PROQUAD INJ 0; 0; 0; 0	1	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
RABAVERT INJ 0	1	B/D
RECOMBIVAX HB INJ 10MCG/ML	1	B/D
RECOMBIVAX HB INJ 10MCG/ML	1	B/D
RECOMBIVAX HB INJ 40MCG/ML	1	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	1	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	1	B/D
ROTARIX SUSP 0	1	
ROTARIX SUSR 0	1	

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Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLN 0	1	
SHINGRIX INJ 50MCG/0.5ML	1	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJ 2LFU; 5LFU	1	
TENIVAC INJ 2LFU; 5LFU	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJ 1.2MCG/0.25ML	1	
TICOVAC INJ 2.4MCG/0.5ML	1	
TRUMENBA INJ 0.5ML	1	
TWINRIX INJ 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
VAQTA INJ 25UNIT/0.5ML	1	
VAQTA INJ 25UNIT/0.5ML	1	
VAQTA INJ 50UNIT/ML	1	
VAQTA INJ 50UNIT/ML	1	
VARIVAX INJ 1350PFU/0.5ML	1	
VAXCHORA SUSR 0	1	
VIMKUNYA INJ 40MCG/0.8ML	1	
VIVOTIF CPDR 0	1	
YF-VAX INJ 0	1	
YF-VAX INJ 0	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium caps 750mg</i>	1	
DIPENTUM CAPS 250MG	1	NDS
<i>mesalamine dr tbec 1.2gm</i>	1	
<i>mesalamine dr tbec 800mg</i>	1	
<i>mesalamine er cp24 0.375gm</i>	1	
<i>mesalamine er cpcr 500mg</i>	1	
MESALAMINE ENEM 4GM	1	
MESALAMINE KIT 4GM	1	
<i>mesalamine supp 1000mg</i>	1	
<i>sfrowasa enem 4gm/60ml</i>	1	NDS
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er tb24 9mg</i>	1	NDS
<i>budesonide cpep 3mg</i>	1	
CORTIFOAM FOAM 10%	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE ENEM 100MG/60ML	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ALENDRONATE SODIUM SOLN 70MG/75ML	1	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL(4 EA per 28 days)
<i>calcitonin salmon inj 200unit/ml</i>	1	NDS
<i>calcitonin-salmon soln 200unit/act</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	1	
<i>calcitriol caps 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride tabs 30mg</i>	1	
<i>cinacalcet hydrochloride tabs 60mg</i>	1	
<i>cinacalcet hydrochloride tabs 90mg</i>	1	
DOXERCALCIFEROL CAPS 0.5MCG	1	
<i>doxercalciferol caps 1mcg</i>	1	
<i>doxercalciferol caps 2.5mcg</i>	1	
<i>doxercalciferol inj 4mcg/2ml</i>	1	
<i>ibandronate sodium inj 3mg/3ml</i>	1	
<i>ibandronate sodium tabs 150mg</i>	1	QL(1 EA per 28 days)
<i>pamidronate disodium inj 30mg/10ml</i>	1	
<i>pamidronate disodium inj 6mg/ml</i>	1	
<i>pamidronate disodium inj 90mg/10ml</i>	1	
<i>paricalcitol caps 1mcg</i>	1	
<i>paricalcitol caps 2mcg</i>	1	
<i>paricalcitol caps 4mcg</i>	1	
PARICALCITOL INJ 2MCG/ML	1	
PARICALCITOL INJ 5MCG/ML	1	
PROLIA INJ 60MG/ML	1	QL(2 ML per 365 days)
<i>risedronate sodium dr tbec 35mg</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tabs 30mg</i>	1	
<i>risedronate sodium tabs 35mg</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tabs 5mg</i>	1	
<i>teriparatide inj 560mcg/2.24ml</i>	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS INJ 3120MCG/1.56ML	1	PA; NDS
XGEVA INJ 120MG/1.7ML	1	PA; NDS
<i>zoledronic acid inj 4mg/5ml</i>	1	
ZOLEDRONIC ACID INJ 5MG/100ML	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads pads 70%</i>	1	
AMMONUL INJ 10%; 10%	1	NDS
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc</i>	1	QL(200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2" misc</i>	1	QL(200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc</i>	1	QL(200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm misc</i>	1	QL(200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm misc</i>	1	QL(200 EA per 30 days)
<i>curity gauze pads 2"x2" 12 ply pads</i>	1	
<i>deferoxamine mesylate inj 2gm</i>	1	B/D
<i>deferoxamine mesylate inj 500mg</i>	1	B/D; NDS
ELLA TABS 30MG	1	
INTRALIPID INJ 20GM/100ML	1	B/D
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>levocarnitine soln 1gm/10ml</i>	1	
<i>levocarnitine tabs 330mg</i>	1	
<i>methergine tabs 0.2mg</i>	1	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tabs 0.2mg</i>	1	QL(56 EA per 365 days); NDS
NUTRILIPID INJ 20GM/100ML	1	B/D
OXLUMO INJ 94.5MG/0.5ML	1	PA; NDS
PHYSIOLYTE SOLN 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	1	
<i>physiosol irrigation soln 30mg/100ml; 37mg/100ml; 222mg/100ml; 526mg/100ml; 502mg/100ml</i>	1	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
SKYCLARYS CAPS 50MG	1	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate inj 10%; 10%</i>	1	NDS
<i>sterile water for irrigation soln 0</i>	1	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
V-GO 20 KIT	1	
V-GO 30 KIT	1	
V-GO 40 KIT	1	
VISTOGARD PACK 10GM	1	NDS
ZOKINVY CAPS 50MG	1	QL(120 EA per 30 days); PA; NDS
ZOKINVY CAPS 75MG	1	QL(120 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLN 0.2%; 0.5%	1	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>cyclopentolate hcl soln 2%</i>	1	
<i>cyclopentolate hcl soln 2%</i>	1	
<i>cyclopentolate hydrochloride soln 0.5%</i>	1	
<i>cyclopentolate hydrochloride soln 1%</i>	1	
<i>cyclosporine emul 0.05%</i>	1	
CYSTARAN SOLN 0.44%	1	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	1	
EYLEA SOLN 2MG/0.05ML	1	PA; NDS
EYLEA SOSY 2MG/0.05ML	1	PA; NDS
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
PRED-G S.O.P. OINT 0.3%; 0.6%	1	
<i>proparacaine hcl soln 0.5%</i>	1	
SIMBRINZA SUSP 0.2%; 1%	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
TOBRADEX ST SUSP 0.05%; 0.3%	1	
TOBRADEX OINT 0.1%; 0.3%	1	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	

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<i>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
ZYLET SUSP 0.5%; 0.3%	1	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl soln 0.05%</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
<i>olopatadine hydrochloride soln 0.1%</i>	1	
<i>olopatadine hydrochloride soln 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin oint 500unit/gm</i>	1	
BESIVANCE SUSP 0.6%	1	
CILOXAN OINT 0.3%	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin soln 0.5%</i>	1	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>levofloxacin soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN SUSP 5%	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln 1%</i>	1	
XDEMVI SOLN 0.25%	1	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	1	
Ophthalmic Anti-inflammatories		
ALREX SUSP 0.2%	1	
<i>bromfenac sodium soln 0.07%</i>	1	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
<i>difluprednate emul 0.05%</i>	1	
FLAREX SUSP 0.1%	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
FML FORTE SUSP 0.25%	1	
FML OINT 0.1%	1	
ILEVRO SUSP 0.3%	1	QL(4 ML per 30 days)
<i>ketorolac tromethamine soln 0.4%</i>	1	
<i>ketorolac tromethamine soln 0.5%</i>	1	

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LOTEMAX OINT 0.5%	1	QL(14 GM per 365 days)
<i>loteprednol etabonate gel 0.5%</i>	1	QL(20 GM per 365 days)
<i>loteprednol etabonate susp 0.2%</i>	1	
<i>loteprednol etabonate susp 0.5%</i>	1	
PRED MILD SUSP 0.12%	1	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	
<i>carteolol hcl soln 1%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	1	
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ACETAZOLAMIDE ER CP12 500MG	1	
<i>acetazolamide tabs 125mg</i>	1	
ACETAZOLAMIDE TABS 250MG	1	
ALPHAGAN P SOLN 0.1%	1	
<i>apraclonidine soln 0.5%</i>	1	
<i>brimonidine tartrate soln 0.1%</i>	1	
<i>brimonidine tartrate soln 0.15%</i>	1	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>dorzolamide hydrochloride soln 2%</i>	1	
METHAZOLAMIDE TABS 25MG	1	
METHAZOLAMIDE TABS 50MG	1	
<i>pilocarpine hcl soln 1%</i>	1	
<i>pilocarpine hcl soln 2%</i>	1	
<i>pilocarpine hcl soln 4%</i>	1	
<i>pilocarpine hydrochloride soln 1%</i>	1	
<i>pilocarpine hydrochloride soln 2%</i>	1	
<i>pilocarpine hydrochloride soln 4%</i>	1	
RHOPRESSA SOLN 0.02%	1	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost soln 0.03%</i>	1	QL(5 ML per 30 days)
<i>latanoprost soln 0.005%</i>	1	
LUMIGAN SOLN 0.01%	1	QL(2.5 ML per 25 days)
<i>travoprost soln 0.004%</i>	1	QL(2.5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid soln 2%</i>	1	

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<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	1	
FLAC OIL 0.01%	1	
FLUOCINOLONE ACETONIDE EAR DROPS OIL 0.01%	1	
FLUOCINOLONE ACETONIDE OIL 0.01%	1	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	1	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA AEPB 100MCG/ACT	1	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEPB 200MCG/ACT	1	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT	1	QL(30 EA per 30 days)
BUDESONIDE SUSP 0.25MG/2ML	1	QL(120 ML per 30 days); B/D
BUDESONIDE SUSP 0.5MG/2ML	1	QL(120 ML per 30 days); B/D
BUDESONIDE SUSP 1MG/2ML	1	QL(120 ML per 30 days); B/D
<i>flunisolide soln 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	1	QL(34 GM per 30 days)
QVAR REDHALER AERB 40MCG/ACT	1	QL(21.2 GM per 30 days)
QVAR REDHALER AERB 80MCG/ACT	1	QL(21.2 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl soln 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL(60 ML per 30 days)
<i>cetirizine hydrochloride soln 5mg/5ml</i>	1	
CYPROHEPTADINE HCL SYRP 2MG/5ML	1	
CYPROHEPTADINE HYDROCHLORIDE TABS 4MG	1	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	1	
HYDROXYZINE HCL INJ 25MG/ML	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
HYDROXYZINE HYDROCHLORIDE INJ 50MG/ML	1	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg</i>	1	
<i>hydroxyzine hydrochloride tabs 25mg</i>	1	
HYDROXYZINE PAMOATE CAPS 25MG	1	
HYDROXYZINE PAMOATE CAPS 50MG	1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	

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OLOPATADINE HCL SOLN 0.6%	1	QL(30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg</i>	1	
<i>zafirlukast tabs 20mg</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	1	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	1	QL(30 EA per 30 days)
<i>ipratropium bromide soln 0.02%</i>	1	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide soln 0.03%</i>	1	
<i>ipratropium bromide soln 0.06%</i>	1	
SPIRIVA HANDIHALER CAPS 18MCG	1	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	1	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	1	
<i>tiotropium bromide caps 18mcg</i>	1	QL(30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate nebu 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
ALBUTEROL SULFATE TABS 2MG	1	
ALBUTEROL SULFATE TABS 4MG	1	
<i>epinephrine inj 0.15mg/0.15ml</i>	1	
EPINEPHRINE INJ 0.15MG/0.3ML	1	
EPINEPHRINE INJ 0.3MG/0.3ML	1	
<i>epinephrine inj 0.3mg/0.3ml</i>	1	
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	QL(120 ML per 30 days); B/D
LEVALBUTEROL HCL NEBU 0.31MG/3ML	1	QL(540 ML per 30 days); B/D
LEVALBUTEROL HCL NEBU 1.25MG/3ML	1	QL(270 ML per 30 days); B/D
LEVALBUTEROL HYDROCHLORIDE NEBU 0.63MG/3ML	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	1	QL(30 GM per 30 days)
LEVALBUTEROL NEBU 1.25MG/0.5ML	1	QL(90 EA per 30 days); B/D
SEREVENT DISKUS AEPB 50MCG/DOSE	1	QL(60 EA per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	

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<i>terbutaline sulfate tabs 5mg</i>	1	
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	1	PA; NDS
KALYDECO PACK 13.4MG	1	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 25MG	1	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 5.8MG	1	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 50MG	1	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 75MG	1	QL(56 EA per 28 days); PA; NDS
KALYDECO TABS 150MG	1	QL(60 EA per 30 days); PA; NDS
ORKAMBI PACK 125MG; 100MG	1	QL(56 EA per 28 days); PA; NDS
ORKAMBI PACK 188MG; 150MG	1	QL(56 EA per 28 days); PA; NDS
ORKAMBI PACK 94MG; 75MG	1	QL(56 EA per 28 days); PA; NDS
ORKAMBI TABS 125MG; 100MG	1	QL(112 EA per 28 days); PA; NDS
ORKAMBI TABS 125MG; 200MG	1	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLN 2.5MG/2.5ML	1	PA; NDS
SYMDEKO TBPK 150MG; 100MG	1	QL(56 EA per 28 days); PA; NDS
SYMDEKO TBPK 75MG; 50MG	1	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER CAPS 28MG	1	QL(224 EA per 56 days); NDS
<i>tobramycin nebu 300mg/4ml</i>	1	B/D; NDS
<i>tobramycin nebu 300mg/5ml</i>	1	B/D; NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj 25mg/ml</i>	1	
<i>elixophyllin elix 80mg/15ml</i>	1	
<i>roflumilast tabs 250mcg</i>	1	PA
<i>roflumilast tabs 500mcg</i>	1	PA
<i>theophylline er tb12 100mg</i>	1	
<i>theophylline er tb12 200mg</i>	1	
<i>theophylline er tb12 300mg</i>	1	
<i>theophylline er tb12 450mg</i>	1	
<i>theophylline er tb24 400mg</i>	1	
<i>theophylline er tb24 600mg</i>	1	
<i>theophylline elix 80mg/15ml</i>	1	
<i>theophylline soln 80mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG	1	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 1.5MG	1	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 1MG	1	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 2.5MG	1	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 2MG	1	QL(90 EA per 30 days); PA; NDS
<i>alyq tabs 20mg</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan tabs 10mg</i>	1	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan tabs 5mg</i>	1	QL(30 EA per 30 days); PA; NDS
BOSENTAN TABS 125MG	1	QL(60 EA per 30 days); PA; NDS
BOSENTAN TABS 62.5MG	1	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium inj 0.5mg</i>	1	PA; NDS
<i>epoprostenol sodium inj 1.5mg</i>	1	PA; NDS
OPSUMIT TABS 10MG	1	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	1	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	1	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	1	QL(504 EA per 365 days); PA; NDS
ORENITRAM TBCR 0.125MG	1	PA
ORENITRAM TBCR 0.25MG	1	PA; NDS
ORENITRAM TBCR 1MG	1	PA; NDS
ORENITRAM TBCR 2.5MG	1	PA; NDS
ORENITRAM TBCR 5MG	1	PA; NDS
<i>sildenafil citrate tabs 20mg</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil inj 10mg/12.5ml</i>	1	PA; NDS
<i>tadalafil tabs 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ SUSP 20MG/5ML	1	QL(300 ML per 30 days); PA; NDS
TRACLEER TBSO 32MG	1	QL(112 EA per 28 days); PA; NDS
TREPROSTINIL INJ 100MG/20ML	1	PA; NDS
TREPROSTINIL INJ 200MG/20ML	1	PA; NDS
TREPROSTINIL INJ 20MG/20ML	1	PA; NDS
TREPROSTINIL INJ 50MG/20ML	1	PA; NDS
UPTRAVI TITRATION PACK TBPK 0	1	QL(400 EA per 365 days); PA; NDS
UPTRAVI TABS 1000MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1200MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1400MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1600MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 200MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 400MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 600MCG	1	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 800MCG	1	QL(60 EA per 30 days); PA; NDS
VENTAVIS SOLN 10MCG/ML	1	QL(270 ML per 30 days); PA; NDS
VENTAVIS SOLN 20MCG/ML	1	QL(270 ML per 30 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV CAPS 100MG	1	PA; NDS
OFEV CAPS 150MG	1	PA; NDS
<i>pirfenidone caps 267mg</i>	1	PA; NDS
<i>pirfenidone tabs 267mg</i>	1	PA; NDS
<i>pirfenidone tabs 534mg</i>	1	PA; NDS
<i>pirfenidone tabs 801mg</i>	1	PA; NDS
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln 10%</i>	1	B/D

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<i>acetylcysteine soln 20%</i>	1	B/D
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	1	QL(24 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	1	QL(24 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	1	QL(24 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	1	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	1	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	1	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	1	QL(60 EA per 30 days)
<i>breyndra aero 160mcg/act; 4.5mcg/act</i>	1	QL(10.3 GM per 30 days)
<i>breyndra aero 80mcg/act; 4.5mcg/act</i>	1	QL(10.3 GM per 30 days)
BRONCHITOL CAPS 40MG	1	QL(560 EA per 28 days); PA; NDS
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	1	QL(8 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT	1	QL(17.6 GM per 30 days)
DULERA AERO 5MCG/ACT; 200MCG/ACT	1	QL(17.6 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	1	QL(13 GM per 30 days)
FASENRA PEN INJ 30MG/ML	1	PA; NDS
FASENRA INJ 10MG/0.5ML	1	PA
FASENRA INJ 30MG/ML	1	PA; NDS
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJ 100MG	1	QL(3 EA per 28 days); PA; NDS
NUCALA INJ 40MG/0.4ML	1	QL(0.4 ML per 28 days); PA; NDS
<i>ribavirin soln 6gm</i>	1	NDS
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	1	QL(24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	1	QL(12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	1	QL(13.8 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	1	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	1	
<i>methocarbamol tabs 500mg</i>	1	
<i>methocarbamol tabs 750mg</i>	1	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>doxepin hydrochloride tabs 3mg</i>	1	QL(30 EA per 30 days)
<i>doxepin hydrochloride tabs 6mg</i>	1	QL(30 EA per 30 days)
<i>tasimelteon caps 20mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>temazepam caps 15mg</i>	1	QL(30 EA per 30 days)

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<i>temazepam caps 30mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon caps 10mg</i>	1	QL(60 EA per 30 days)
<i>zaleplon caps 5mg</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs 5mg</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tabs 200mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tabs 250mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tabs 50mg</i>	1	QL(60 EA per 30 days); PA
<i>modafinil tabs 100mg</i>	1	QL(30 EA per 30 days); PA
<i>modafinil tabs 200mg</i>	1	QL(30 EA per 30 days); PA
<i>sodium oxybate soln 500mg/ml</i>	1	QL(540 ML per 30 days); PA; NDS
XYREM SOLN 500MG/ML	1	QL(540 ML per 30 days); PA; NDS

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<i>acarbose</i>	60	<i>ala-cort</i>	86
<i>accutane</i>	85	<i>albendazole</i>	47
<i>acebutolol hydrochloride</i>	70	<i>albuterol sulfate</i>	127
<i>acetaminophen/codeine</i>	10	<i>albuterol sulfate hfa</i>	127
<i>acetaminophen/codeine phosphate</i>	10	<i>alclometasone dipropionate</i>	86
<i>acetazolamide</i>	125	<i>alcohol prep pads</i>	122
ACETAZOLAMIDE ER	125	ALDURAZYME	96
<i>acetazolamide sodium</i>	74	ALECENSA	40
<i>acetic acid</i>	125	ALENDRONATE SODIUM	121
<i>acetic acid 0.25%</i>	98	<i>alfuzosin hcl er</i>	98
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<i>amoxapine</i>	29	<i>atenolol/chlorthalidone</i>	75
<i>amoxicillin</i>	17	ATGAM	112
<i>amoxicillin/clavulanate potassium</i>	17	<i>atomoxetine</i>	82
<i>amoxicillin/clavulanate potassium er</i>	17	<i>atomoxetine hydrochloride</i>	82
<i>amphetamine/dextroamphetamine</i>	81	<i>atorvastatin calcium</i>	79
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<i>amphotericin b liposome</i>	31	<i>atovaquone/proguanil hcl</i>	48
<i>ampicillin</i>	17	<i>atovaquone/proguanil hydrochloride</i>	48
<i>ampicillin sodium</i>	17	<i>atropine sulfate</i>	123
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<i>aripiprazole</i>	51	<i>azelastine hcl</i>	124
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ARISTADA	51	<i>azelastine hydrochloride</i>	126
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<i>betamethasone sodium</i>	98	BROMOCRIPTINE MESYLATE	49
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<i>bethanechol chloride</i>	98	<i>bumetanide</i>	78
<i>bexarotene</i>	47	<i>buprenorphine hcl</i>	12
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<i>calcipotriene/betamethasone dipropionate</i>	88	<i>ceftriaxone/dextrose</i>	16
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<i>calcitonin-salmon</i>	121	<i>cefuroxime sodium</i>	16
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<i>calcium acetate</i>	92	<i>cephalexin</i>	16
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<i>carglumic acid</i>	89	<i>cholestyramine light</i>	79
<i>carmustine</i>	35	CHORIONIC GONADOTROPIN	100
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<i>carvedilol</i>	71	<i>ciclopirox olamine</i>	88
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<i>cefadroxil</i>	15	CILOXAN	124
<i>cefazolin</i>	15	CIMDUO	56
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<i>cefazolin sodium/dextrose</i>	15	<i>cimetidine hcl</i>	95
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CINVANTI	31	<i>colesevelam hydrochloride</i>	79
CIPRO	19	<i>colestipol hydrochloride</i>	79
<i>ciprofloxacin</i>	126	<i>colistimethate sodium</i>	14
<i>ciprofloxacin hcl</i>	19	COMBIVENT RESPIMAT	130
<i>ciprofloxacin hydrochloride</i>	19	COMETRIQ	41
<i>ciprofloxacin hydrochloride</i>	124	COMPLERA	56
<i>ciprofloxacin i.v.-in d5w</i>	19	COMPRO	30
<i>ciprofloxacin/dexamethasone</i>	126	<i>constulose</i>	93
<i>cisplatin</i>	35	COPIKTRA	41
<i>citalopram hydrobromide</i>	28	CORTIFOAM	120
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<i>clarithromycin</i>	19	COSENTYX	114
<i>clarithromycin er</i>	19	COSENTYX SENSOREADY PEN	114
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<i>clindacin</i>	89	COTELLIC	41
<i>clindacin etz pledgets</i>	14	CREON	96
<i>clindacin-p</i>	14	CRESEMBA	32
<i>clindamycin hcl</i>	14	<i>cromolyn sodium</i>	96
<i>clindamycin hydrochloride</i>	14	<i>cromolyn sodium</i>	124
<i>clindamycin palmitate hydrochloride</i>	14	<i>cromolyn sodium</i>	128
<i>clindamycin phosphate</i>	14	<i>crotan</i>	88
<i>clindamycin phosphate</i>	89	<i>cryselle-28</i>	102
<i>clindamycin phosphate/dextrose</i>	14	CTEXLI	94
<i>clobazam</i>	23	<i>curity gauze pads 2"x2" 12 ply</i>	122
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CLOBETASOL PROPIONATE E	87	<i>cyclobenzaprine hydrochloride</i>	130
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<i>clonazepam odt</i>	23	CYCLOSET	60
<i>clonidine</i>	67	<i>cyclosporine</i>	116
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<i>clotrimazole/betamethasone dipropionate</i>	88	CYLTEZO STARTER PACKAGE FOR	116
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<i>cytarabine aqueous</i>	36	HYDROCHLORIDE ER	
<i>dacarbazine</i>	35	<i>dexrazoxane</i>	47
<i>dactinomycin</i>	38	<i>dexrazoxane hydrochloride</i>	47
DALFAMPRIDINE ER	84	<i>dextroamphetamine sulfate</i>	82
DALVANCE	14	<i>dextroamphetamine sulfate er</i>	82
DANAZOL	101	<i>dextrose</i>	89
<i>dantrolene sodium</i>	54	DEXTROSE 5% /ELECTROLYTE #48	89
DANYELZA	46	VIAFLEX	
DANZITEN	41	<i>dextrose 10%</i>	89
DAPSONE	34	<i>dextrose 10%/sodium chloride 0.2%</i>	89
DAPTACEL	118	<i>dextrose 10%/sodium chloride 0.45%</i>	89
<i>daptomycin</i>	14	<i>dextrose 2.5%/sodium chloride 0.45%</i>	89
<i>darunavir</i>	58	<i>dextrose 25%</i>	89
DARZALEX	46	<i>dextrose 30%</i>	62
<i>dasatinib</i>	41	<i>dextrose 5%</i>	89
<i>dasetta 1/35</i>	102	<i>dextrose 5%/lactated ringers</i>	89
<i>dasetta 7/7/7</i>	102	<i>dextrose 5%/sodium chloride 0.2%</i>	89
<i>daunorubicin hydrochloride</i>	38	<i>dextrose 5%/sodium chloride 0.3%</i>	89
DAURISMO	41	<i>dextrose 5%/sodium chloride 0.33%</i>	89
<i>daysee</i>	102	<i>dextrose 5%/sodium chloride 0.45%</i>	89
<i>deblitane</i>	107	<i>dextrose 5%/sodium chloride 0.9%</i>	89
<i>decitabine</i>	38	<i>dextrose 50%</i>	89
DEFERASIROX	92	<i>dextrose 70%</i>	89
<i>deferiprone</i>	92	<i>dextrose/sodium chloride</i>	89
<i>deferoxamine mesylate</i>	122	DIACOMIT	23
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<i>delyla</i>	102	<i>diazepam intensol</i>	59
DEMECLOCYCLINE HCL	20	DIAZEPAM RECTAL GEL	23
DEPO-ESTRADIOL	102	<i>diazoxide</i>	62
DEPO-MEDROL	99	<i>diclofenac potassium</i>	8
DEPO-SUBQ PROVERA	104	<i>diclofenac sodium</i>	8
DESCOVY	56	<i>diclofenac sodium</i>	88
<i>desipramine hydrochloride</i>	29	<i>diclofenac sodium</i>	124
<i>desmopressin acetate</i>	100	<i>diclofenac sodium dr</i>	8
<i>desogestrel/ethinyl estradiol</i>	102	<i>diclofenac sodium er</i>	8
<i>desonide</i>	87	<i>dicloxacillin sodium</i>	18
DESOXIMETASONE	87	<i>dicyclomine hcl</i>	94
<i>desvenlafaxine er</i>	28	<i>dicyclomine hydrochloride</i>	94
<i>dexamethasone</i>	99	DIFICID	19
<i>dexamethasone intensol</i>	99	<i>diflunisal</i>	8
<i>dexamethasone sodium phosphate</i>	99	<i>difluprednate</i>	124
<i>dexamethasone sodium phosphate</i>	124	<i>digitek</i>	69
<i>dexamethasone sodium phosphate +rfid</i>	99	<i>digox</i>	69
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<i>diltiazem hcl cd</i>	72	<i>dronabinol</i>	31
<i>diltiazem hcl er</i>	72	<i>droperidol</i>	30
<i>diltiazem hydrochloride</i>	73	<i>drospirenone/ethinyl estradiol</i>	102
<i>diltiazem hydrochloride er</i>	73	DROXIA	37
<i>dilt-xr</i>	72	<i>droxidopa</i>	67
<i>dimethyl fumarate</i>	84	DULERA	130
<i>dimethyl fumarate starterpack</i>	84	<i>duloxetine hydrochloride dr</i>	28
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<i>diphenhydramine hydrochloride</i>	126	<i>duramorph</i>	10
<i>diphenoxylate hydrochloride/atropine</i>	93	<i>dutasteride</i>	98
<i>sulfate</i>		<i>ec-naproxen</i>	8
DIPHENOXYLATE/ATROPINE	93	EDARBI	67
<i>diphtheria/tetanus toxoids adsorbed</i>	118	EDARBYCLOR	76
<i>pediatric</i>		EDURANT	56
<i>disulfiram</i>	12	<i>efavirenz</i>	56
<i>divalproex sodium dr</i>	23	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	56
<i>divalproex sodium er</i>	23	<i>fumarate</i>	
<i>dobutamine hcl</i>	75	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	56
<i>dobutamine hcl/d5w</i>	75	<i>fumarate</i>	
<i>dobutamine hydrochloride/dextrose 5%</i>	75	ELAPRASE	96
<i>docetaxel</i>	38	ELIGARD	110
DOFETILIDE	69	<i>elinest</i>	102
<i>dolishale</i>	102	ELIQUIS	63
<i>donepezil hcl</i>	26	ELIQUIS STARTER PACK	63
<i>donepezil hydrochloride</i>	26	ELITEK	47
<i>dopamine hydrochloride</i>	76	<i>elixophyllin</i>	128
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<i>dorzolamide hydrochloride/timolol maleate</i>	123	EMCYT	36
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<i>dotti</i>	102	EMSAM	27
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<i>doxazosin mesylate</i>	98	<i>emtricitabine/rilpivirine/tenofovir disoproxil</i>	56
DOXEPIN HCL	30	<i>fumarate</i>	
DOXEPIN HYDROCHLORIDE	30	<i>emtricitabine/tenofovir disoproxil</i>	57
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<i>doxorubicin hydrochloride</i>	38	<i>enalapril maleate/hydrochlorothiazide</i>	76
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<i>enilloring</i>	102	<i>esmolol hydrochloride/sodium chloride</i>	71
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<i>enoxaparin sodium</i>	64	<i>esomeprazole sodium</i>	95
<i>enpresse-28</i>	102	<i>estarylla</i>	102
<i>enskyce</i>	102	<i>estradiol</i>	103
<i>entacapone</i>	48	<i>estradiol valerate</i>	102
<i>entecavir</i>	55	ESTRADIOL/NORETHINDRONE	103
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EPIDIOLEX	21	<i>etodolac</i>	8
<i>epinastine hcl</i>	124	<i>etodolac er</i>	8
<i>epinephrine</i>	76	<i>etonogestrel/ethinyl estradiol</i>	103
<i>epinephrine</i>	127	ETOPOPHOS	40
<i>epitol</i>	25	<i>etoposide</i>	40
EPIVIR HBV	55	<i>etravirine</i>	56
<i>eplerenone</i>	80	EULEXIN	36
EPOGEN	66	<i>everolimus</i>	42
<i>epoprostenol sodium</i>	129	<i>everolimus</i>	116
EPRONTIA	21	EVOTAZ	58
ERAXIS	32	EVRYSDI	96
ERBITUX	46	EXEMESTANE	40
<i>ergoloid mesylates</i>	26	EXENATIDE	60
ERGOMAR	33	EXKIVITY	42
<i>ergotamine tartrate/cafeine</i>	33	EXTAVIA	84
<i>eribulin mesylate</i>	38	EYLEA	123
ERIVEDGE	41	<i>ezetimibe</i>	79
ERLEADA	36	<i>ezetimibe/simvastatin</i>	79
<i>erlotinib hydrochloride</i>	41	FABRAZYME	96
<i>errin</i>	107	<i>falmina</i>	103
<i>ertapenem sodium</i>	18	<i>famciclovir</i>	58
<i>ery</i>	89	<i>famotidine</i>	95
<i>erythrocin stearate</i>	19	<i>famotidine premixed</i>	95
<i>erythromycin</i>	89	FANAPT	52
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<i>erythromycin ethylsuccinate</i>	19	FASLODEX	36
<i>erythromycin lactobionate</i>	19	<i>fayosim</i>	103
<i>erythromycin/benzoyl peroxide</i>	86	<i>febuxostat</i>	33
<i>escitalopram oxalate</i>	28	<i>feirza 1.5/30</i>	103
<i>eslicarbazepine acetate</i>	25	<i>feirza 1/20</i>	103
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<i>fenofibric acid dr</i>	79	FML FORTE	124
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FENTANYL CITRATE	10	<i>fondaparinux sodium</i>	64
<i>fentanyl citrate oral transmucosal</i>	10	<i>formoterol fumarate</i>	127
FERRIPROX	92	<i>fosamprenavir calcium</i>	58
FETZIMA	28	<i>fosinopril sodium</i>	68
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FINACEA	86	<i>fosphephenytoin sodium</i>	25
<i>finasteride</i>	98	FOTIVDA	42
<i> fingolimod hydrochloride</i>	84	FRAGMIN	64
FINTEPLA	21	FRUZAQLA	42
<i>finzala</i>	103	<i>fulvestrant</i>	36
FIRMAGON	110	<i>furosemide</i>	78
FLAC	126	FUZEON	57
FLAREX	124	FYAVOLV	103
<i>flavoxate hcl</i>	97	FYCOMPA	21
FLEBOGAMMA DIF	112	<i>gabapentin</i>	23
<i>flecainide acetate</i>	69	<i>gablofen</i>	55
<i>floxuridine</i>	37	GALANTAMINE HYDROBROMIDE	26
<i>fluconazole</i>	32	<i>galantamine hydrobromide er</i>	26
<i>fluconazole in sodium chloride</i>	32	<i>gallifrey</i>	107
<i>flucytosine</i>	32	GAMASTAN	112
<i>fludarabine phosphate</i>	42	GAMMAGARD LIQUID	112
<i>fludrocortisone acetate</i>	99	GAMMAGARD S/D IGA LESS THAN	112
<i>flunisolide</i>	126	1MCG/ML	
FLUOCINOLONE ACETONIDE	87	GAMMAKED	112
FLUOCINOLONE ACETONIDE	126	GAMMAPLEX	112
FLUOCINOLONE ACETONIDE EAR	126	GAMUNEX-C	112
DROPS		<i>ganciclovir</i>	55
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<i>fluocinonide</i>	87	<i>gatifloxacin</i>	124
<i>fluocinonide emulsified base</i>	87	GATTEX	94
<i>fluorometholone</i>	124	<i>gavilyte-c</i>	94
<i>fluorouracil</i>	37	<i>gavilyte-g</i>	94
FLUOROURACIL	88	<i>gavilyte-n/ flavor pack</i>	94
<i>fluoxetine hydrochloride</i>	28	GAVRETO	42
FLUPHENAZINE DECANOATE	50	GAZYVA	47
<i>fluphenazine hcl</i>	50	<i>gefitinib</i>	42
<i>fluphenazine hydrochloride</i>	50	<i>gemcitabine hcl</i>	37
<i>flurbiprofen</i>	8	<i>gemcitabine hydrochloride</i>	37
<i>flurbiprofen sodium</i>	124	<i>gemfibrozil</i>	79
<i>flutamide</i>	36	<i>generlac</i>	93
<i>fluticasone propionate</i>	87	<i>gengraf</i>	116
<i>fluticasone propionate</i>	126	GENOTROPIN	100
<i>fluvastatin</i>	79	GENOTROPIN MINISQUICK	100

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<i>gentamicin sulfate</i>	13	<i>heparin sodium/sodium chloride</i>	64
<i>gentamicin sulfate</i>	124	<i>heparin sodium/sodium chloride 0.9%</i>	64
<i>gentamicin sulfate pediatric</i>	13	<i>heparin sodium/sodium chloride 0.9%</i>	64
<i>gentamicin sulfate/0.9% sodium chloride</i>	13	<i>premix</i>	
GENVOYA	55	HEPLISAV-B	119
GILENYA	84	HERCEPTIN	47
GILOTRIF	42	HIBERIX	119
GLASSIA	96	HIZENTRA	113
<i>glatiramer acetate</i>	84	HUMATIN	13
<i>glatopa</i>	84	HUMATROPE	100
GLEOSTINE	35	HUMIRA	117
<i>glimepiride</i>	60	HUMIRA PEDIATRIC CROHNS	117
<i>glipizide</i>	60	DISEASE STARTER PACK	
<i>glipizide er</i>	60	HUMIRA PEN	117
<i>glipizide xl</i>	60	HUMIRA PEN-CD/UC/HS STARTER	117
<i>glipizide/metformin hydrochloride</i>	60	HUMIRA PEN-PEDIATRIC UC	117
GLUCAGEN HYPOKIT	62	STARTER PACK	
GLUCAGON EMERGENCY KIT	62	HUMIRA PEN-PS/UV STARTER	117
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LOW BLOOD SUGAR		<i>hydralazine hydrochloride</i>	81
<i>glucose (dextrose) 50%</i>	89	<i>hydrochlorothiazide</i>	78
<i>glucose (dextrose) 70%</i>	89	<i>hydrocodone bitartrate/acetaminophen</i>	10
<i>glyburide/metformin hydrochloride</i>	60	<i>hydrocodone/acetaminophen</i>	10
GLYCOPYRROLATE	94	<i>hydrocodone/ibuprofen</i>	10
<i>glydo</i>	11	<i>hydrocortisone</i>	87
GOMEKLI	42	<i>hydrocortisone</i>	99
<i>granisetron hcl</i>	31	<i>hydrocortisone</i>	120
<i>granisetron hydrochloride</i>	31	<i>hydrocortisone butyrate</i>	87
GRANIX	66	<i>hydrocortisone sodium succinate</i>	99
<i>griseofulvin microsize</i>	32	<i>hydrocortisone valerate</i>	87
GRISEOFULVIN ULTRAMICROSIZE	32	<i>hydrocortisone/acetic acid</i>	126
GUANFACINE HYDROCHLORIDE	67	<i>hydromorphone hcl</i>	10
GUANFACINE HYDROCHLORIDE ER	83	<i>hydromorphone hydrochloride</i>	11
HAEGARDA	112	<i>hydroxychloroquine sulfate</i>	48
<i>hailey 1.5/30</i>	103	<i>hydroxyprogesterone caproate</i>	107
<i>hailey 24 fe</i>	103	<i>hydroxyurea</i>	37
HALAVEN	38	HYDROXYZINE HCL	126
<i>haloette</i>	103	HYDROXYZINE HYDROCHLORIDE	126
<i>haloperidol</i>	50	HYDROXYZINE PAMOATE	126
<i>haloperidol decanoate</i>	50	HYPERHEP B	113
<i>haloperidol lactate</i>	50	HYPERRHO S/D MINI-DOSE	113
HAVRIX	119	HYQVIA	113
<i>heather</i>	107	<i>ibandronate sodium</i>	121
HEPAGAM B	113	IBRANCE	38
<i>heparin sodium</i>	64	IBRANCE	42
<i>heparin sodium/d5w</i>	64	<i>ibu</i>	8
<i>heparin sodium/dextrose</i>	64	<i>ibuprofen</i>	8

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<i>iclevia</i>	104	<i>introvale</i>	104
ICLUSIG	42	INVEGA HAFYERA	52
<i>icosapent ethyl</i>	79	INVEGA SUSTENNA	52
<i>idarubicin hcl</i>	38	INVEGA TRINZA	52
<i>idarubicin hydrochloride</i>	38	INVOKAMET	61
IDHIFA	42	INVOKAMET XR	61
<i>ifosfamide</i>	35	INVOKANA	80
ILARIS	114	IPOL INACTIVATED IPV	119
ILEVRO	124	<i>ipratropium bromide</i>	127
<i>imatinib mesylate</i>	42	<i>ipratropium bromide/albuterol sulfate</i>	130
IMBRUVICA	42	<i>irbesartan</i>	67
IMFINZI	47	<i>irbesartan/hydrochlorothiazide</i>	76
<i>imipenem/cilastatin</i>	18	<i>irinotecan</i>	40
<i>imipramine hcl</i>	30	<i>irinotecan hydrochloride</i>	40
<i>imipramine hydrochloride</i>	30	ISENTRESS	56
IMIPRAMINE PAMOATE	30	ISENTRESS HD	56
<i>imiquimod</i>	88	<i>isibloom</i>	104
<i>imiquimod pump</i>	88	ISOLYTE-P/DEXTROSE 5%	89
IMKELDI	42	<i>isolyte-s</i>	89
IMOVAX RABIES (H.D.C.V.)	119	ISOLYTE-S PH 7.4	89
IMPAVIDO	14	ISONIAZID	34
<i>incassia</i>	107	<i>isosorbide dinitrate</i>	80
INCRELEX	100	<i>isosorbide mononitrate</i>	80
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**Samaritan
Health Plans**

**InterCommunity
Health Network CCO**

Multi-language Interpreter Services

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 866-207-3182 (TTY 800-735-2900). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 866-207-3182 (TTY 800-735-2900)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 866-207-3182 (TTY 800-735-2900)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 866-207-3182 (TTY 800-735-2900). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 866-207-3182 (TTY 800-735-2900). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 866-207-3182 (TTY 800-735-2900) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 866-207-3182 (TTY 800-735-2900). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 866-207-3182 (TTY 800-735-2900)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 866-207-3182 (TTY 800-735-2900). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 866-207-3182 (TTY 800-735-2900). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे डॉक्टर या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुर्भाषित सेवाएँ उपलब्ध हैं। एक दुर्भाषित व्यक्ति को कॉल करने के लिए, बस हमें 866-207-3182 (TTY 800-735-2900) पर फोन करें। कोई भी जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 866-207-3182 (TTY 800-735-2900). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 866-207-3182 (TTY 800-735-2900). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 866-207-3182 (TTY 800-735-2900). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 866-207-3182 (TTY 800-735-2900). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、 866-207-3182 (TTY 800-735-2900)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサー ビスで

Customer Service has free language interpreter services available for non-English speakers. This information is available in large print.

This Formulary was updated on 07/01/2025. For more recent information or other questions, please contact Samaritan Advantage Health Plans (HMO) Customer Service at **541-768-7866** or toll free at **866-207-3182** (TTY users should call **800-735-2900**).

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

You can also visit **samhealthpl**