



CommuniCare Advantage

Chronic Condition Special Needs Plan

2023 Formulary

(List of Covered Drugs)

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

Formulary ID 23520, Version 17

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact CommuniCare Advantage Chronic Condition Special Needs Plan (CSNP) Member Services, at 833-685-5387 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.communicare-advantage.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 CommuniCare Advantage. When it refers to “plan” or “our plan,” it means CommuniCare Advantage Chronic Condition Special Needs Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the CommuniCare Advantage CSNP Formulary?

A formulary is a list of covered drugs selected by CommuniCare Advantage 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 (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CommuniCare Advantage CSNP Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30- day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CommuniCare Advantage CSNP Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by CommuniCare Advantage Chronic Condition Special Needs Plan, please contact us. Our contact information appears on the front and back cover pages. CommuniCare Advantage will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. The most current formulary will be listed at www.communicare-advantage.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. 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?

CommuniCare Advantage Chronic Condition Special Needs 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.

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:** CommuniCare Advantage Chronic Condition Special Needs Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, CommuniCare Advantage Chronic Condition Special Needs Plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CommuniCare Advantage Chronic Condition Special Needs 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 us 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 CommuniCare Advantage CSNP formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that CommuniCare Advantage Chronic Condition Special Needs Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 CommuniCare Advantage CSNP Formulary?

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

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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, CommuniCare Advantage Chronic Condition Special Needs Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 62-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care when changing from one treatment setting to another (such as long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home), and need a drug that is not on our formulary, we will cover a 30-day emergency temporary supply of medication in the retail setting and up to a 31-day supply in the long-term care setting.

For more information

For more detailed information about your CommuniCare Advantage Chronic Condition Special Needs Plan 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

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<http://www.medicare.gov>.

CommuniCare Advantage CSNP's 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 87.

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

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

CommuniCare CSNP 2023 5-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	4
ANESTHETICS	6
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	6
ANTIBACTERIALS.....	7
ANTICONVULSANTS.....	13
ANTIDEMENTIA AGENTS	16
ANTIDEPRESSANTS	16
ANTIEMETICS	19
ANTIFUNGALS	20
ANTIGOUT AGENTS	21
ANTIMIGRAINE AGENTS.....	21
ANTIMYASTHENIC AGENTS	22
ANTIMYCOBACTERIALS	23
ANTINEOPLASTICS	23
ANTIPARASITICS	30
ANTIPARKINSON AGENTS	31
ANTIPSYCHOTICS	32
ANTISPASTICITY AGENTS.....	35
ANTIVIRALS	35
ANXIOLYTICS.....	39
BIPOLAR AGENTS.....	40
BLOOD GLUCOSE REGULATORS	40
BLOOD PRODUCTS AND MODIFIERS.....	43
CARDIOVASCULAR AGENTS.....	44
CENTRAL NERVOUS SYSTEM AGENTS	52
DENTAL AND ORAL AGENTS.....	54
DERMATOLOGICAL AGENTS	54
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	58
GASTROINTESTINAL AGENTS	61
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	62
GENITOURINARY AGENTS	63
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL).....	64
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY).....	65
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	65
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	70

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	70
HORMONAL AGENTS, SUPPRESSANT (THYROID)	71
IMMUNOLOGICAL AGENTS	71
INFLAMMATORY BOWEL DISEASE AGENTS	77
METABOLIC BONE DISEASE AGENTS	77
OPHTHALMIC AGENTS	78
OTIC AGENTS.....	81
RESPIRATORY TRACT/ PULMONARY AGENTS	81
SKELETAL MUSCLE RELAXANTS	85
SLEEP DISORDER AGENTS	85

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

* **NMO:** Mail Order Ineligible- This prescription is not available via mail.

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

SSM: The Senior Savings Model program is offered for this medication. Model insulin will be available at a set copay for a 30-days' supply. This program is offered to members who do not currently receive low income subsidies (non-LIS).

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	* NMO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	* NMO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	* NMO; QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	2	* NMO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	* NMO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	* NMO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>Opioid Analgesics, Long-Acting</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2023 CommuniCare CSNP 5T, Formulary ID 23520, Version 17, effective 12/01/2023. Last updated 12/01/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	4	PA; * NMO; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	* NMO; QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	* NMO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	4	* NMO
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	* NMO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	* NMO; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	* NMO; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; * NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; * NMO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	* NMO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	* NMO; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	* NMO; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	* NMO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	* NMO; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	* NMO; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	* NMO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	* NMO; QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	* NMO; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	* NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	* NMO; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	* NMO; QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	* NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	* NMO; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	* NMO; QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2023 CommuniCare CSNP 5T, Formulary ID 23520, Version 17, effective 12/01/2023. Last updated 12/01/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl oral tablet 100 mg</i>	1	* NMO; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	* NMO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	* NMO; QL (240 EA per 30 days)
ANESTHETICS		
Local Anesthetics		
<i>lidocaine external patch 5 %</i>	4	PA; * NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	* NMO; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	4	* NMO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	* NMO; QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	* NMO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	* NMO
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	* NMO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	* NMO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	* NMO
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	* NMO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	* NMO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	* NMO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	* NMO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	* NMO
NARCAN NASAL LIQUID 4 MG/0.1ML	3	* NMO
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	* NMO
Smoking Cessation Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	* NMO
NICOTROL INHALATION INHALER 10 MG	4	* NMO
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	* NMO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	* NMO
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	BvD; * NMO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; * NMO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	* NMO
<i>gentamicin sulfate external cream 0.1 %</i>	2	* NMO
<i>gentamicin sulfate external ointment 0.1 %</i>	2	* NMO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	* NMO
<i>neomycin sulfate oral tablet 500 mg</i>	2	* NMO
<i>paromomycin sulfate oral capsule 250 mg</i>	4	* NMO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	BvD; * NMO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	* NMO
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	* NMO
<i>aztreonam injection solution reconstituted 2 gm</i>	4	BvD; * NMO
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	1	* NMO
<i>clindamycin hcl oral capsule 300 mg</i>	2	* NMO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	* NMO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	* NMO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	BvD; * NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	* NMO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BvD; * NMO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	* NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	* NMO
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA; * NMO
<i>linezolid oral tablet 600 mg</i>	4	PA; * NMO
<i>methenamine hippurate oral tablet 1 gm</i>	2	* NMO
<i>metronidazole external cream 0.75 %</i>	2	* NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	2	* NMO
<i>metronidazole external lotion 0.75 %</i>	2	* NMO
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	BvD; * NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	* NMO
<i>metronidazole vaginal gel 0.75 %</i>	3	* NMO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	* NMO
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	* NMO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BvD; * NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	* NMO
<i>trimethoprim oral tablet 100 mg</i>	1	* NMO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	* NMO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	* NMO
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	* NMO
XIFAXAN ORAL TABLET 200 MG	4	* NMO
XIFAXAN ORAL TABLET 550 MG	4	
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	* NMO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	* NMO
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	4	* NMO
<i>cefadroxil oral capsule 500 mg</i>	1	* NMO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	* NMO
<i>cefadroxil oral tablet 1 gm</i>	2	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	* NMO
<i>cefdinir oral capsule 300 mg</i>	2	* NMO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	* NMO
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	* NMO
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	* NMO
<i>cefixime oral capsule 400 mg</i>	4	* NMO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	* NMO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; * NMO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	BvD; * NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	* NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	* NMO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	* NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	* NMO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	* NMO
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	* NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	* NMO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	* NMO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	* NMO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	BvD; * NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	BvD; * NMO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	* NMO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	* NMO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	* NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BvD; * NMO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	* NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	BvD; * NMO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	BvD; * NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	* NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	* NMO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	4	* NMO
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	* NMO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	* NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	* NMO
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	BvD; * NMO
<i>azithromycin oral packet 1 gm</i>	2	* NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	* NMO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	* NMO
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	* NMO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	* NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	* NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	* NMO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; * NMO; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; * NMO; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	BvD; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	* NMO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	* NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	* NMO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	* NMO
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	* NMO
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	* NMO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	* NMO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	* NMO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	BvD; * NMO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	* NMO
<i>levofloxacin oral solution 25 mg/ml</i>	4	* NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	* NMO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	BvD; * NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	* NMO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	* NMO
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	* NMO
<i>sulfadiazine oral tablet 500 mg</i>	2	* NMO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	* NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	* NMO
Tetracyclines		
<i>DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</i>	4	BvD; * NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	* NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	* NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	* NMO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	* NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	* NMO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	* NMO
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	5	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG, 8 MG	4	ST; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	2	* NMO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	* NMO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	* NMO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	* NMO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	QL (300 EA per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	ST; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	* NMO; QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (1100 ML per 30 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	* NMO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	* NMO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST; * NMO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST; * NMO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST; * NMO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST; * NMO
<i>vigabatrin oral packet 500 mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET 500 MG	5	PA; QL (180 EA per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	4	ST
EPITOL ORAL TABLET 200 MG	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended oral capsule 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	QL (240 EA per 30 days)
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents, Other</i>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	* NMO; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; * NMO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 EA per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	* NMO; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	2	QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	* NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg</i>	1	
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 25 mg</i>	1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	* NMO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD
<i>prochlorperazine rectal suppository 25 mg</i>	4	* NMO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	* NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	* NMO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	* NMO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	* NMO
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BvD; * NMO; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BvD; * NMO; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; * NMO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	BvD; * NMO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BvD; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD; * NMO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BvD; * NMO
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	BvD; * NMO
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD; * NMO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BvD; * NMO
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BvD; * NMO
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	* NMO
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	* NMO
<i>ciclopirox olamine external cream 0.77 %</i>	2	* NMO
<i>ciclopirox olamine external suspension 0.77 %</i>	2	* NMO
<i>clotrimazole external cream 1 %</i>	1	* NMO
<i>clotrimazole external solution 1 %</i>	2	* NMO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	* NMO
<i>econazole nitrate external cream 1 %</i>	2	* NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD; * NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	BvD; * NMO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BvD; * NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	* NMO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	* NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	* NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	* NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	* NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	* NMO
<i>itraconazole oral capsule 100 mg</i>	4	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution 10 mg/ml</i>	4	PA; * NMO
JUBLIA EXTERNAL SOLUTION 10 %	4	* NMO
<i>ketoconazole external cream 2 %</i>	2	* NMO
<i>ketoconazole external shampoo 2 %</i>	1	* NMO
<i>ketoconazole oral tablet 200 mg</i>	1	* NMO
NOXAFIL ORAL PACKET 300 MG	5	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	* NMO
<i>nystatin external cream 100000 unit/gm</i>	1	* NMO
<i>nystatin external ointment 100000 unit/gm</i>	1	* NMO
<i>nystatin external powder 100000 unit/gm</i>	2	* NMO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	* NMO
<i>nystatin oral tablet 500000 unit</i>	2	* NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	* NMO
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	* NMO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	* NMO
<i>terconazole vaginal suppository 80 mg</i>	2	* NMO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; * NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; * NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA; * NMO
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	3	* NMO
<i>colchicine oral tablet 0.6 mg</i>	3	* NMO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	PA
<i>probenecid oral tablet 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	* NMO; QL (40 EA per 28 days)
Prophylactic		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	
<i>propranolol hcl oral tablet 80 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; * NMO; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	* NMO; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	* NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	* NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	* NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	* NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	* NMO; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	* NMO; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	* NMO; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	* NMO; QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	* NMO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	* NMO; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	* NMO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	* NMO

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Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	4	* NMO
<i>rifabutin oral capsule 150 mg</i>	4	* NMO
<i>Antituberculars</i>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	* NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	2	* NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	* NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	* NMO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; * NMO
TRECTOR ORAL TABLET 250 MG	4	* NMO
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BvD; * NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	BvD; * NMO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; * NMO
LEUKERAN ORAL TABLET 2 MG	4	* NMO
MATULANE ORAL CAPSULE 50 MG	5	PA; * NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; * NMO; QL (60 GM per 14 days)
<i>Antiandrogens</i>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; * NMO; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	* NMO
ERLEADA ORAL TABLET 240 MG	5	PA; * NMO; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; * NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	* NMO
<i>nilutamide oral tablet 150 mg</i>	5	* NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; * NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; * NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; * NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; * NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	5	PA; * NMO; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; * NMO; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; * NMO; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	3	* NMO
ORSERDU ORAL TABLET 345 MG	5	PA; * NMO; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; * NMO; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	1	* NMO
INQOVI ORAL TABLET 35-100 MG	5	PA; * NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	* NMO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; * NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	4	* NMO
TABLOID ORAL TABLET 40 MG	4	PA; * NMO
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	5	PA; * NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; * NMO; QL (60 EA per 30 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; * NMO
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; * NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; * NMO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	* NMO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 120 MG	5	PA; * NMO; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; * NMO; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; * NMO; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; * NMO; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	* NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; * NMO
ORGOVYX ORAL TABLET 120 MG	5	PA; * NMO; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA; * NMO
WELIREG ORAL TABLET 40 MG	5	PA; * NMO; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD; * NMO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; * NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; * NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; * NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; * NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; * NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; * NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; * NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; * NMO; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; * NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA; * NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; * NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; * NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; * NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; * NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; * NMO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; * NMO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; * NMO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; * NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; * NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; * NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; * NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; * NMO
CALQUENCE ORAL CAPSULE 100 MG	5	PA; * NMO; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; * NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; * NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; * NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; * NMO; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; * NMO; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; * NMO; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; * NMO; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; * NMO; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; * NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; * NMO
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; * NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; * NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; * NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; * NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; * NMO; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA; * NMO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; * NMO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; * NMO; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; * NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; * NMO; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; * NMO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; * NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; * NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; * NMO; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; * NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; * NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; * NMO; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; * NMO; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; * NMO; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; * NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; * NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; * NMO; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; * NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; * NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; * NMO; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; * NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; * NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; * NMO
KOSELUGO ORAL CAPSULE 10 MG	5	PA; * NMO; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; * NMO; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA; * NMO; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; * NMO; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; * NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; * NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; * NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; * NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; * NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; * NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; * NMO
LORBRENA ORAL TABLET 100 MG	5	PA; * NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; * NMO; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; * NMO; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; * NMO; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; * NMO; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; * NMO; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; * NMO; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; * NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; * NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; * NMO; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; * NMO
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; * NMO; QL (30 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; * NMO; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; * NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; * NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; * NMO
QINLOCK ORAL TABLET 50 MG	5	PA; * NMO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; * NMO; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; * NMO; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; * NMO; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; * NMO; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; * NMO; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT ORAL CAPSULE 25 MG	5	PA; * NMO; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; * NMO
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; * NMO; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; * NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; * NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; * NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; * NMO; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; * NMO; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; * NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA; * NMO; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; * NMO; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; * NMO; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; * NMO
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA; * NMO; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; * NMO; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA; * NMO; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; * NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; * NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; * NMO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; * NMO; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; * NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; * NMO; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; * NMO; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; * NMO
VENCLEXTA ORAL TABLET 100 MG	5	PA; * NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; * NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; * NMO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; * NMO; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; * NMO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; * NMO; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; * NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VONJO ORAL CAPSULE 100 MG	5	PA; * NMO
VOTRIENT ORAL TABLET 200 MG	5	PA; * NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; * NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; * NMO; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; * NMO; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; * NMO; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; * NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; * NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; * NMO; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA; * NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; * NMO; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	* NMO
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	* NMO
EMVERM ORAL TABLET CHEWABLE 100 MG	5	* NMO
<i>ivermectin oral tablet 3 mg</i>	2	PA; * NMO
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	* NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	* NMO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	* NMO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	* NMO
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	* NMO
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	* NMO; QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BvD; * NMO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	BvD; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	* NMO
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; * NMO
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
INBRIJA INHALATION CAPSULE 42 MG	5	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST

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Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
ANTIPSYCHOTICS		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	4	BvD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	* NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	* NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	* NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	* NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg</i>	2	
<i>perphenazine oral tablet 4 mg, 8 mg</i>	2	BvD
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2Nd Generation/Atypical		
ABILIFY ASIMTUFI INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	5	* NMO

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; * NMO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; * NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; * NMO; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	* NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	* NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	* NMO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	* NMO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	5	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	* NMO; QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	* NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	* NMO
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST; * NMO; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	* NMO; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST; * NMO

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Drug Name	Drug Tier	Requirements/Limits
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	* NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	* NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	* NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; * NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	* NMO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	* NMO
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
ZIRGAN OPTHALMIC GEL 0.15 %	4	* NMO
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; * NMO
MAVYRET ORAL TABLET 100-40 MG	5	PA; * NMO
<i>ribavirin oral capsule 200 mg</i>	4	* NMO
<i>ribavirin oral tablet 200 mg</i>	2	* NMO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; * NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; * NMO
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	* NMO
<i>acyclovir oral suspension 200 mg/5ml</i>	2	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	* NMO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BvD; * NMO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	* NMO
<i>trifluridine ophthalmic solution 1 %</i>	2	* NMO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	* NMO
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrtd)		

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	* NMO; QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	* NMO; QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (150 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	* NMO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	* NMO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hcl oral tablet 100 mg</i>	2	* NMO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	* NMO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	* NMO
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	* NMO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	* NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	* NMO
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	* NMO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	* NMO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	* NMO; QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	* NMO; QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	2	* NMO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	* NMO; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	* NMO; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	* NMO; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	* NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	* NMO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	* NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	* NMO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	* NMO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	* NMO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	* NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i>	1	* NMO; QL (120 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	* NMO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	* NMO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	* NMO; QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BIPOLAR AGENTS		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	SSM
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	* NMO
<i>diazoxide oral suspension 50 mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency injection kit 1 mg</i>	3	* NMO
KORLYM ORAL TABLET 300 MG	5	PA
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
FIASP INJECTION SOLUTION 100 UNIT/ML	3	SSM
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	SSM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	SSM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	SSM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	SSM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	* NMO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	* NMO; QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	* NMO; QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	* NMO; QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	* NMO; QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	* NMO; QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	* NMO; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	* NMO; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	* NMO; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	* NMO; QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	BvD; * NMO

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Drug Name	Drug Tier	Requirements/Limits
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	* NMO
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; * NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; * NMO; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; * NMO; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; * NMO; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	2	* NMO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; * NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; * NMO
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; * NMO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; * NMO; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	* NMO
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg</i>	1	
<i>prazosin hcl oral capsule 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	2	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	2	
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	1	
<i>timolol maleate oral tablet 20 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg</i>	1	
<i>isradipine oral capsule 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	2	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	2	QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	2	QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
<i>digoxin oral solution 0.05 mg/ml</i>	2	QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
LANOXIN ORAL TABLET 125 MCG	4	QL (30 EA per 30 days)
LANOXIN ORAL TABLET 250 MCG	4	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	5	* NMO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	* NMO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	BvD; * NMO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	2	QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	2	QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	
Vasodilators, Direct-Acting Arterial/ Venous		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	2	
RECTIV RECTAL OINTMENT 0.4 %	4	* NMO
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	4	QL (360 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	4	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; * NMO; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	QL (120 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	* NMO; QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	5	PA; * NMO
<i>fingolimod hcl oral capsule 0.5 mg</i>	5	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; * NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; * NMO
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	* NMO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	* NMO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	* NMO
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	* NMO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA; * NMO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	* NMO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	* NMO

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Drug Name	Drug Tier	Requirements/Limits
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	* NMO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	* NMO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	* NMO
<i>tazarotene external cream 0.1 %</i>	2	PA; * NMO
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA; * NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; * NMO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; * NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; * NMO
<i>Dermatitis And Pruitus Agents</i>		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	* NMO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	* NMO
<i>amcinonide external ointment 0.1 %</i>	4	* NMO
<i>ammonium lactate external cream 12 %</i>	1	* NMO
<i>ammonium lactate external lotion 12 %</i>	1	* NMO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	* NMO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	* NMO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	* NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	* NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	* NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	* NMO
<i>betamethasone valerate external cream 0.1 %</i>	2	* NMO
<i>betamethasone valerate external lotion 0.1 %</i>	2	* NMO
<i>betamethasone valerate external ointment 0.1 %</i>	2	* NMO
<i>clobetasol propionate e external cream 0.05 %</i>	4	* NMO
<i>clobetasol propionate external cream 0.05 %</i>	4	* NMO
<i>clobetasol propionate external gel 0.05 %</i>	4	* NMO
<i>clobetasol propionate external ointment 0.05 %</i>	4	* NMO
<i>clobetasol propionate external solution 0.05 %</i>	2	* NMO
<i>desonide external cream 0.05 %</i>	4	* NMO
<i>desonide external lotion 0.05 %</i>	4	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>desonide external ointment 0.05 %</i>	2	* NMO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	* NMO
<i>desoximetasone external gel 0.05 %</i>	4	* NMO
<i>desoximetasone external ointment 0.25 %</i>	4	* NMO
EUCRISA EXTERNAL OINTMENT 2 %	4	* NMO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	* NMO
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	* NMO
<i>fluocinolone acetonide external solution 0.01 %</i>	4	* NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	* NMO
<i>fluocinonide external gel 0.05 %</i>	4	* NMO
<i>fluocinonide external ointment 0.05 %</i>	2	* NMO
<i>fluocinonide external solution 0.05 %</i>	2	* NMO
<i>fluticasone propionate external cream 0.05 %</i>	1	* NMO
<i>fluticasone propionate external ointment 0.005 %</i>	1	* NMO
<i>halobetasol propionate external cream 0.05 %</i>	4	* NMO
<i>halobetasol propionate external ointment 0.05 %</i>	2	* NMO
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	* NMO
<i>hydrocortisone external cream 1 %</i>	1	* NMO
<i>hydrocortisone external lotion 2.5 %</i>	1	* NMO
<i>hydrocortisone external ointment 1 %</i>	2	* NMO
<i>hydrocortisone external ointment 2.5 %</i>	1	* NMO
<i>hydrocortisone valerate external cream 0.2 %</i>	2	* NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	* NMO
<i>mometasone furoate external cream 0.1 %</i>	2	* NMO
<i>mometasone furoate external ointment 0.1 %</i>	2	* NMO
<i>mometasone furoate external solution 0.1 %</i>	2	* NMO
<i>pimecrolimus external cream 1 %</i>	4	* NMO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	4	* NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	4	* NMO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	* NMO
<i>selenium sulfide external lotion 2.5 %</i>	1	* NMO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	* NMO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	* NMO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	* NMO
Dermatological Agents, Other		
<i>calcipotriene external solution 0.005 %</i>	4	* NMO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	* NMO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	* NMO
<i>diclofenac sodium external gel 3 %</i>	4	PA; * NMO
<i>fluorouracil external cream 5 %</i>	3	* NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	* NMO
<i>global alcohol prep ease pad 70 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	* NMO
<i>HYFTOR EXTERNAL GEL 0.2 %</i>	4	PA; * NMO
<i>imiquimod external cream 5 %</i>	2	* NMO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	* NMO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	* NMO
<i>PANRETIN EXTERNAL GEL 0.1 %</i>	5	PA; * NMO
<i>podofilox external solution 0.5 %</i>	2	* NMO
<i>REGANEX EXTERNAL GEL 0.01 %</i>	5	PA; * NMO
<i>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</i>	4	* NMO
<i>silver sulfadiazine external cream 1 %</i>	2	* NMO
<i>SSD EXTERNAL CREAM 1 %</i>	1	* NMO
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	4	* NMO
<i>permethrin external cream 5 %</i>	2	* NMO
Topical Anti-Infectives		
<i>ciclopirox external gel 0.77 %</i>	2	* NMO
<i>ciclopirox external shampoo 1 %</i>	2	* NMO
<i>ciclopirox external solution 8 %</i>	2	* NMO
<i>clindamycin phosphate external gel 1 %</i>	2	* NMO
<i>clindamycin phosphate external lotion 1 %</i>	2	* NMO
<i>clindamycin phosphate external solution 1 %</i>	2	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>ery external pad 2 %</i>	3	* NMO
<i>erythromycin external gel 2 %</i>	2	* NMO
<i>erythromycin external solution 2 %</i>	2	* NMO
<i>mupirocin calcium external cream 2 %</i>	4	* NMO
<i>mupirocin external ointment 2 %</i>	1	* NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/ Mineral Replacement</i>		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD; * NMO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	2	BvD; * NMO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; * NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	* NMO
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	3	BvD; * NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD; * NMO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	2	BvD; * NMO
<i>potassium chloride intravenous solution 40 meq/100ml</i>	2	* NMO
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	* NMO
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; * NMO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	* NMO
<i>sodium chloride irrigation solution 0.9 %</i>	1	* NMO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	5	PA
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	* NMO
SPS ORAL SUSPENSION 15 GM/60ML	3	* NMO
<i>tolvaptan oral tablet 15 mg</i>	5	PA; * NMO; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; * NMO; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250 mg</i>	5	PA; * NMO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BvD; * NMO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BvD; * NMO

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BvD; * NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BvD; * NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BvD; * NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BvD; * NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BvD; * NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BvD; * NMO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BvD; * NMO
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BvD; * NMO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %</i>	3	BvD; * NMO
<i>dextrose-nacl intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	3	* NMO
DOJOLVI ORAL LIQUID 100 %	5	PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BvD; * NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD; * NMO
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BvD; * NMO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BvD; * NMO
<i>prenatal oral tablet 27-1 mg</i>	2	
PROSOL INTRAVENOUS SOLUTION 20 %	4	BvD; * NMO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; * NMO
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BvD; * NMO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BvD; * NMO
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm</i>	5	QL (540 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral packet 2.4 gm</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	* NMO; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	* NMO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	* NMO
<i>loperamide hcl oral capsule 2 mg</i>	1	* NMO
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	* NMO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	* NMO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	* NMO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	* NMO
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML	4	* NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	* NMO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	* NMO
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	* NMO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	4	* NMO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	* NMO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	* NMO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	* NMO
SUTAB ORAL TABLET 1479-225-188 MG	4	* NMO
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ENDARI ORAL PACKET 5 GM	4	PA; * NMO
GALAFOLD ORAL CAPSULE 123 MG	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; * NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000- 126000 UNIT, 5000-24000 UNIT	3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	* NMO
ELMIRON ORAL CAPSULE 100 MG	4	* NMO
<i>penicillamine oral tablet 250 mg</i>	5	* NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	* NMO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	* NMO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	* NMO
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BvD; * NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	* NMO
<i>prednisolone oral solution 15 mg/5ml</i>	2	BvD; * NMO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD; * NMO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	BvD; * NMO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	BvD; * NMO
<i>prednisone oral solution 5 mg/5ml</i>	2	BvD; * NMO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD; * NMO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	* NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	* NMO
<i>danazol oral capsule 200 mg</i>	4	* NMO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	
<i>testosterone transdermal solution 30 mg/act</i>	3	
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tablet 10 mcg</i>	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
OSPHENA ORAL TABLET 60 MG	3	PA
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	* NMO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	* NMO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	* NMO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	* NMO
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	2	* NMO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	4	PA; * NMO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA; * NMO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; * NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; * NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; * NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; * NMO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; * NMO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	5	PA; * NMO
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; * NMO
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; * NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	PA; * NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA; * NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; * NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA
Immunoglobulins		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BvD; * NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BvD; * NMO
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TAVNEOS ORAL CAPSULE 10 MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; * NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; * NMO
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; * NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; * NMO
Immunosuppressants		
AZASAN ORAL TABLET 100 MG, 75 MG	3	BvD
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BvD
<i>azathioprine oral tablet 50 mg</i>	2	BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BvD
<i>everolimus oral tablet 0.25 mg</i>	4	BvD; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet 0.5 mg</i>	5	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BvD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; * NMO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD; * NMO
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BvD; * NMO
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD
REZUROCK ORAL TABLET 200 MG	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	BvD
<i>sirolimus oral tablet 2 mg</i>	5	BvD
<i>tacrolimus oral capsule 0.5 mg</i>	2	BvD
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	BvD

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Drug Name	Drug Tier	Requirements/Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvD; * NMO
Vaccines		
ABRYVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	* NMO
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	* NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	* NMO
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	* NMO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	4	* NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	* NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	* NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	* NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	* NMO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD; * NMO
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	3	BvD; * NMO
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BvD; * NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	* NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	* NMO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	* NMO
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BvD; * NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	* NMO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BvD; * NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	* NMO
IPOLE INJECTION INJECTABLE	3	* NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	* NMO
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	* NMO

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Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	* NMO
MENACTRA INTRAMUSCULAR SOLUTION	3	* NMO
MENQUADFI INTRAMUSCULAR SOLUTION	3	* NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	* NMO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	* NMO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	* NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	* NMO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	* NMO
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	3	BvD; * NMO
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	* NMO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	* NMO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	* NMO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	* NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD; * NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BvD; * NMO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BvD; * NMO
ROTARIX ORAL SUSPENSION	3	* NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	* NMO
ROTATEQ ORAL SOLUTION	3	* NMO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	* NMO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD; * NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD; * NMO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	* NMO

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	* NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	* NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	* NMO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	* NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	* NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	* NMO
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	* NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	* NMO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine oral capsule delayed release 400 mg</i>	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	4	* NMO
<i>mesalamine rectal enema 4 gm</i>	4	* NMO
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	* NMO
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	* NMO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	* NMO
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BvD; QL (4 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD
<i>calcitriol oral solution 1 mcg/ml</i>	4	BvD
<i>cinacalcet hcl oral tablet 30 mg</i>	4	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	BvD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	* NMO; QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	2	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	* NMO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; * NMO; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	* NMO
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	* NMO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	* NMO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	* NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	* NMO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	* NMO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	* NMO
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	* NMO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	* NMO
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	3	* NMO
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	4	* NMO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	* NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	* NMO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	* NMO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	* NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	* NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	* NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	* NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	* NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	* NMO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	* NMO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	* NMO
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	4	PA; * NMO
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	* NMO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	* NMO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	* NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	* NMO
DUREZOL OPTHALMIC EMULSION 0.05 %	3	* NMO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	* NMO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	* NMO
ILEVRO OPTHALMIC SUSPENSION 0.3 %	3	* NMO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	* NMO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	* NMO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	* NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	* NMO
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	* NMO
AZOPT OPTHALMIC SUSPENSION 1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
COMBIGAN OPTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	* NMO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	* NMO
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	3	* NMO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	* NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	* NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	* NMO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	* NMO
<i>ofloxacin otic solution 0.3 %</i>	4	* NMO
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	2	* NMO; QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	* NMO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	* NMO
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	* NMO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	* NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	* NMO
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BvD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	* NMO; QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	* NMO; QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	* NMO; QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BvD
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BvD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	* NMO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	* NMO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; * NMO
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA
Phosphodiesterase Inhibitors, Airways Disease		

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Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
<i>pirfenidone oral capsule 267 mg</i>	5	PA
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BvD; * NMO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)

SKELETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	2	* NMO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	* NMO
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	* NMO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	* NMO
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	* NMO

SLEEP DISORDER AGENTS

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	* NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	* NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	* NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	* NMO; QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	* NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	* NMO; QL (30 EA per 30 days)

Wakefulness Promoting Agents

<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; QL (30 EA per 30 days)
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You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. 2023 CommuniCare CSNP 5T, Formulary ID 23520, Version 17, effective 12/01/2023. Last updated 12/01/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 100 mg, 200 mg</i>	4	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; * NMO; QL (540 ML per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; * NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; * NMO; QL (540 ML per 30 days)

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Index of Drugs/Alphabetical Listing

A			amitriptyline hcl 19			atovaquone-proguanil hcl 30		
abacavir sulfate 37			amlodipine besy-benazepril hcl 48			atropine sulfate 78		
abacavir sulfate-lamivudine 37			amlodipine besylate 47			ATROVENT HFA 82		
ABELCET 20			amlodipine besylate-valsartan 48			AUBRA EQ 66		
ABILIFY ASIMTUFII 32			amlodipine-atorvastatin 48			AURYXIA 60		
ABILIFY MAINTENA 33			amlodipine-olmesartan 48			AUSTEDO 53		
abiraterone acetate 23			ammonium lactate 55			AUSTEDO XR 53		
ABRYSVO 75			AMNESTEEM 54			AUSTEDO XR PATIENT TITRATION 53		
acamprosate calcium 6			amoxapine 19			AUVELITY 16		
acarbose 40			amoxicillin 10			AVIANE 66		
ACCUTANE 54			amoxicillin-pot clavulanate 10			AVONEX PEN 54		
acebutolol hcl 46			amoxicillin-pot clavulanate er ... 10			AVONEX PREFILLED 54		
acetaminophen-codeine 5			amphetamine-			AYVAKIT 26		
acetazolamide 80			dextroamphetamine 52			AZASAN 73		
acetazolamide er 80			amphotericin b 20			AZASITE 79		
acetic acid 81			amphotericin b liposome 20			azathioprine 73		
acetylcysteine 84			ampicillin 10			azelastine hcl 79, 81		
acitretin 54			ampicillin sodium 10			azithromycin 11		
ACTHIB 75			ampicillin-sulbactam sodium 10			AZOPT 80		
ACTIMMUNE 73			anagrelide hcl 44			aztreonam 7		
acyclovir 35, 36			anastrozole 25			B		
acyclovir sodium 36			ANORO ELLIPTA 84			bacitracin 79		
ADACEL 75			apraclonidine hcl 80			bacitracin-polymyxin b 79		
adefovir dipivoxil 35			aprepitant 19			bacitra-neomycin-polymyxin-hc 78		
ADEMPAS 84			APRI 66			baclofen 35		
ADVAIR DISKUS 84			APTOM 15			balsalazide disodium 77		
ADVAIR HFA 84			APTIVUS 38			BALVERSA 26		
albendazole 30			ARANELLE 66			BALZIVA 66		
albuterol sulfate 83			ARCALYST 72			BAQSIMI ONE PACK 41		
albuterol sulfate hfa 82, 83			AREXVY 75			BARACLUDE 35		
alclometasone dipropionate 55			ARIKAYCE 7			bcg vaccine 75		
ALECENSA 25			aripiprazole 33			BELSOMRA 85		
alendronate sodium 77			armodafinil 85			benazepril hcl 45		
alfuzosin hcl er 64			ARNUITY ELLIPTA 81			benazepril-hydrochlorothiazide 48, 49		
aliskiren fumarate 48			asenapine maleate 33			BENLYSTA 73		
allopurinol 21			ASMANEX (120 METERED DOSES) 81			benznidazole 30		
alosetron hcl 61			ASMANEX (30 METERED DOSES) 82			benzoyl peroxide-erythromycin 54		
ALPHAGAN P 80			ASMANEX (60 METERED DOSES) 82			benztropine mesylate 31		
alprazolam 39			ASMANEX HFA 82			BESREMI 73		
ALPRAZOLAM INTENSOL 39			aspirin-dipyridamole er 44			betaine 62		
ALTAVERA 66			ASSURE ID INSULIN SAFETY SYR 42			betamethasone dipropionate ... 55		
ALUNBRIG 25			atazanavir sulfate 38			betamethasone dipropionate aug 55		
alyacen 1/35 66			atenolol 46			betamethasone valerate 55		
amantadine hcl 31			atenolol-chlorthalidone 48			BETASERON 54		
ambrisentan 84			atomoxetine hcl 53			betaxolol hcl 46, 80		
amcinonide 55			atorvastatin calcium 51			bethanechol chloride 64		
amikacin sulfate 7			atovaquone 30			bexarotene 30		
amiloride hcl 50								
amiloride-hydrochlorothiazide . 48								
amiodarone hcl 46								

BEXSERO.....	75	CAPLYTA.....	33	citalopram hydrobromide.....	17
bicalutamide.....	23	CAPRELSA.....	26	CLARAVIS.....	55
BICILLIN L-A.....	10	captopril.....	45	clarithromycin.....	11
BIKTARVY.....	36	carbamazepine.....	15	clarithromycin er.....	11
bisoprolol fumarate.....	46	carbamazepine er.....	15	CLENPIQ.....	61
bisoprolol-hydrochlorothiazide.....	49	carbidopa.....	31	clindamycin hcl.....	7
BLISOVI FE 1.5/30.....	66	carbidopa-levodopa.....	31	clindamycin palmitate hcl.....	7
BOOSTRIX.....	75	carbidopa-levodopa er.....	31	clindamycin phos-benzoyl perox.....	55
bosentan.....	84	carbidopa-levodopa-entacapone.....	31	clindamycin phosphate.....	7, 57
BOSULIF.....	26	CARDURA XL.....	64	clindamycin phosphate in d5w...	7
BRAFTOVI.....	26	carglumic acid.....	58	CLINIMIX E/DEXTROSE (2.75/5).....	59
BREO ELLIPTA.....	84	carteolol hcl.....	80	CLINIMIX E/DEXTROSE (4.25/10).....	59
BREZTRI AEROSPHERE.....	84	CARTIA XT.....	47	CLINIMIX E/DEXTROSE (4.25/5).....	60
briellyn.....	66	carvedilol.....	46	CLINIMIX E/DEXTROSE (5/15)...	60
BRILINTA.....	44	carvedilol phosphate er.....	46	CLINIMIX E/DEXTROSE (5/20)...	60
brimonidine tartrate.....	80	caspofungin acetate.....	20	CLINIMIX/DEXTROSE (4.25/10).....	60
brimonidine tartrate-timolol...	80	CAYSTON.....	83	CLINIMIX/DEXTROSE (4.25/5)...	60
BRIVIACT.....	13	cefaclor.....	8	CLINIMIX/DEXTROSE (5/15).....	60
bromfenac sodium (once-daily).....	79	cefaclor er.....	8	CLINIMIX/DEXTROSE (5/20).....	60
bromocriptine mesylate.....	31	cefadroxil.....	8	clobazam.....	14
BROMSITE.....	79	cefazolin sodium.....	9	clobetasol propionate.....	55
BRUKINSA.....	26	cefdinir.....	9	clobetasol propionate e.....	55
budesonide.....	77, 82	cefepime hcl.....	9	clomipramine hcl.....	19
budesonide er.....	77	cefixime.....	9	clonazepam.....	39
budesonide-formoterol fumarate.....	84	cefotetan disodium.....	9	clonidine.....	45
bumetanide.....	50	cefoxitin sodium.....	9	clonidine hcl.....	45
buprenorphine hcl.....	6	cefpodoxime proxetil.....	9	clopidogrel bisulfate.....	44
buprenorphine hcl-naloxone hcl..	6	cefprozil.....	9	clorazepate dipotassium.....	39
bupropion hcl.....	17	ceftazidime.....	9	clotrimazole.....	20
bupropion hcl er (smoking det)...	7	ceftriaxone sodium.....	9	clotrimazole-betamethasone....	57
bupropion hcl er (sr).....	16, 17	cefuroxime axetil.....	9	clozapine.....	35
bupropion hcl er (xl).....	17	cefuroxime sodium.....	9	COARTEM.....	30
buspirone hcl.....	39	celecoxib.....	4	codeine sulfate.....	5
butalbital-apap-caffeine.....	4	cephalexin.....	9	colchicine.....	21
butalbital-asa-caff-codeine.....	4	cetirizine hcl.....	81	colchicine-probenecid.....	21
butalbital-aspirin-caffeine.....	4	chlordiazepoxide hcl.....	39	colestipol hcl.....	51
BYLVAY.....	61	chlorhexidine gluconate.....	54	colistimethate sodium (cba).....	7
BYLVAY (PELLETS).....	61	chloroquine phosphate.....	30	COMBIGAN.....	80
C		chlorthalidone.....	32	COMBIVENT RESPIMAT.....	84
cabergoline.....	70	chlorthalidone.....	50	COMETRIQ (100 MG DAILY DOSE).....	26
CABLIVI.....	44	chlorzoxazone.....	85	COMETRIQ (140 MG DAILY DOSE).....	26
CABOMETYX.....	26	cholestyramine.....	51	COMETRIQ (60 MG DAILY DOSE).....	26
calcipotriene.....	57	cholestyramine light.....	51	COMFORT ASSIST INSULIN.....	
calcitonin (salmon).....	77	ciclopirox.....	57	SYRINGE.....	42
calcitriol.....	78	ciclopirox olamine.....	20	COMPLERA.....	36
calcium acetate.....	60	cilostazol.....	44	constulose.....	61
calcium acetate (phos binder)..	60	CIMDUO.....	37	COPAXONE.....	54
CALQUENCE.....	26	cinacalcet hcl.....	78	COPIKTRA.....	26
CAMILA.....	69	ciprofloxacin hcl.....	12, 81		
CAMZYOS.....	49	ciprofloxacin in d5w.....	12		
candesartan cilexetil.....	45	ciprofloxacin-dexamethasone...	81		
candesartan cilexetil-hctz.....	49	ciprofloxacin-fluocinolone pf....	81		

CORLANOR	49	DIACOMIT	13	efavirenz-emtricitab-tenofo df .	37
COSENTYX.....	72	diazepam.....	14, 39	efavirenz-lamivudine-tenofovir	37
COSENTYX (300 MG DOSE).....	72	DIAZEPAM INTENSOL.....	39	ELIGARD	70
COSENTYX SENSOREADY (300		diazoxide	41	ELIQUIS	43
MG)	72	diclofenac potassium	4	ELIQUIS DVT/PE STARTER PACK	43
COSENTYX UNOREADY	72	diclofenac sodium	4, 57, 80	ELMIRON.....	64
COTELLIC.....	26	diclofenac sodium er	4	ELURYNG.....	67
CREON	63	dicloxacillin sodium	10	EMCYT.....	24
cromolyn sodium	63, 79, 84	dicyclomine hcl.....	61	EMGALITY	22
CRYSELLE-28	66	DIFICID	11	EMSAM	17
cvs gauze sterile	42	diflunisal.....	4	emtricitabine	37
cyclobenzaprine hcl	85	digoxin.....	49	emtricitabine-tenofovir df	37
cyclophosphamide.....	23	dihydroergotamine mesylate ...	21	EMTRIVA.....	37
cyclosporine.....	73, 78	DILANTIN.....	15	EMVERM.....	30
cyclosporine modified.....	73	diltiazem hcl	48	enalapril maleate.....	45
cyproheptadine hcl	81	diltiazem hcl er.....	47, 48	enalapril-hydrochlorothiazide ..	49
CYRED EQ	67	diltiazem hcl er beads	47	ENBREL.....	73
CYSTADROPS	78	diltiazem hcl er coated beads ...	47	ENBREL MINI.....	73
CYSTAGON.....	63	dilt-xr	48	ENBREL SURECLICK	73
CYSTARAN	78	dimethyl fumarate	54	ENDARI.....	63
D		dimethyl fumarate starter pack	54	ENERGIX-B	75
dalfampridine er	54	diphenoxylate-atropine.....	61	enoxaparin sodium	43
danazol	65	diphtheria-tetanus toxoids dt ...	75	ENPRESSE-28	67
dapsone	23	disopyramide phosphate	46	ENSKYCE.....	67
DAPTACEL.....	75	disulfiram	6	ENSPRYNG	73
daptomycin.....	7, 8	divalproex sodium	40	entacapone	31
darifenacin hydrobromide er ...	63	divalproex sodium er.....	40	entecavir	35
darunavir	38	dofetilide	46	ENTRESTO	49
DAURISMO	26	DOJOLVI	60	enulose.....	61
DAYBUE	53	donepezil hcl	16	ENVARSUS XR	73
DEBLITANE.....	69	dorzolamide hcl.....	80	EPIDIOLEX	13
deferasirox.....	59	dorzolamide hcl-timolol mal	80	epinephrine	83
deferasirox granules.....	59	dorzolamide hcl-timolol mal pf.	80	EPITOL.....	15
deferiprone.....	59	DOVATO	36	eplerenone	50
DELSTRIGO	37	doxazosin mesylate.....	45	EPRONTIA	22
DESCOVY	37	doxepin hcl	19	ERAXIS.....	20
desipramine hcl	19	DOXY 100	12	ergotamine-caffeine	22
desmopressin ace spray refrig..	65	doxycycline hyclate	12	ERIVEDGE.....	26
desmopressin acetate	65	doxycycline monohydrate ...	12, 13	ERLEADA	23
desogestrel-ethinyl estradiol	67	dronabinol.....	19	erlotinib hcl.....	26
desonide	55, 56	drosipirenone-ethinyl estradiol ..	67	ERRIN	69
desoximetasone	56	DROXIA.....	24	ertapenem sodium.....	11
desvenlafaxine er	17	droxidopa	45	ery	58
desvenlafaxine succinate er	17	DUAVEE.....	66	ERYTHROCIN LACTOBIONATE ...	11
dexamethasone	64	duloxetine hcl.....	17	erythromycin.....	12, 58, 79
dexamethasone sodium		DUPIXENT.....	72	erythromycin base	12
phosphate	79	DUREZOL.....	80	erythromycin ethylsuccinate.....	12
dexlansoprazole	62	dutasteride.....	64	escitalopram oxalate	18
dexmethylphenidate hcl	53	dutasteride-tamsulosin hcl	64	esomeprazole magnesium.....	62
dextroamphetamine sulfate	52, 53	E		ESTARYLLA	67
dextroamphetamine sulfate er.	52	econazole nitrate	20	estradiol.....	66
dextrose	60	EDURANT	36	ethambutol hcl.....	23
dextrose-nacl	60	efavirenz.....	36	ethosuximide	14

<i>ethynodiol diac-eth estradiol</i> ...	67	<i>fluocinonide emulsified base</i>	56	<i>griseofulvin microsize</i>	20
<i>etodolac</i>	4	<i>fluorometholone</i>	80	<i>griseofulvin ultramicrosize</i>	20
<i>etonogestrel-ethinyl estradiol</i> ..	67	<i>fluorouracil</i>	57	<i>guanfacine hcl</i>	45
<i>etravirine</i>	36	<i>fluoxetine hcl</i>	18	<i>guanfacine hcl er</i>	53
EUCRISA.....	56	<i>fluphenazine decanoate</i>	32	H	
EUTHYROX	70	<i>fluphenazine hcl</i>	32	<i>halobetasol propionate</i>	56
<i>everolimus</i>	26, 73, 74	<i>flurbiprofen</i>	4	HALOETTE	67
EVOTAZ.....	38	<i>flurbiprofen sodium</i>	80	<i>haloperidol</i>	32
EVRYSDI	53	<i>fluticasone propionate</i>	56, 82	<i>haloperidol decanoate</i>	32
EXEL COMFORT POINT PEN		<i>fluticasone-salmeterol</i>	85	<i>haloperidol lactate</i>	32
NEEDLE.....	42	<i>fluvastatin sodium</i>	51	HAVRIX.....	75
<i>exemestane</i>	25	<i>fluvastatin sodium er</i>	51	<i>heparin sodium (porcine)</i>	43
EXKIVITY	26	<i>fluvoxamine maleate</i>	18	HEPLISAV-B.....	75
<i>ezetimibe</i>	51	<i>fondaparinux sodium</i>	43	HIBERIX	75
<i>ezetimibe-simvastatin</i>	51	<i>fosamprenavir calcium</i>	38	HUMIRA	74
F		<i>fosinopril sodium</i>	45	HUMIRA PEDIATRIC CROHNS	
FALMINA.....	67	<i>fosinopril sodium-hctz</i>	49	START	74
<i>famciclovir</i>	36	FOTIVDA.....	26	HUMIRA PEN.....	74
<i>famotidine</i>	62	<i>furosemide</i>	50	HUMIRA PEN-CD/UC/HS STARTER	
FANAPT.....	33	FUZEON.....	37	.....	74
FANAPT TITRATION PACK.....	33	FYCOMPA.....	13	HUMIRA PEN-PEDIATRIC UC	
<i>febuxostat</i>	21	G		START	74
<i>felbamate</i>	13	<i>gabapentin</i>	14, 15	HUMIRA PEN-PS/UV/ADOL HS	
<i>felodipine er</i>	47	GALAFOLD.....	63	START	74
<i>fenofibrate</i>	51	<i>galantamine hydrobromide</i>	16	HUMIRA PEN-PSOR/UEVIT	
<i>fenofibrate micronized</i>	50	<i>galantamine hydrobromide er</i> ..	16	STARTER	74
<i>fenofibric acid</i>	51	GARDASIL 9	75	<i>hydralazine hcl</i>	52
<i>fentanyl</i>	5	<i>gatifloxacin</i>	79	<i>hydrochlorothiazide</i>	50
<i>fentanyl citrate</i>	5	GATTEX.....	61	<i>hydrocodone-acetaminophen</i>	5
FERRIPROX.....	59	GAVILYTE-C	61	<i>hydrocodone-ibuprofen</i>	5
FERRIPROX TWICE-A-DAY.....	59	GAVILYTE-G	61	<i>hydrocortisone</i>	56, 64, 77
<i>fesoterodine fumarate er</i>	63	GAVRETO.....	26	<i>hydrocortisone (perianal)</i>	56
FETZIMA	18	<i>gefitinib</i>	26	<i>hydrocortisone ace-pramoxine</i> .	57
FETZIMA TITRATION	18	<i>gemfibrozil</i>	51	<i>hydrocortisone valerate</i>	56
FIASP.....	42	<i>generlac</i>	61	<i>hydromorphone hcl</i>	5
FIASP FLEXTOUCH	42	GENGRAF	74	<i>hydroxychloroquine sulfate</i>	30
FIASP PENFILL.....	42	<i>gentamicin in saline</i>	7	<i>hydroxyurea</i>	24
FILSPARI.....	49	<i>gentamicin sulfate</i>	7, 79	<i>hydroxyzine hcl</i>	39
<i>finasteride</i>	64	GENVOYA	36	<i>hydroxyzine pamoate</i>	39
<i>finlomod hcl</i>	54	GILOTRIF.....	26	HYFTOR	57
FINTEPLA	13	GLEOSTINE	23	I	
FIRAZYR	71	<i>glimepiride</i>	40	<i>ibandronate sodium</i>	78
FIRVANQ.....	8	<i>glipizide</i>	40	IBRANCE.....	26, 27
<i>flecainide acetate</i>	46	<i>glipizide er</i>	40	IBU	4
FLOVENT DISKUS	82	<i>glipizide-metformin hcl</i>	40	<i>ibuprofen</i>	4
FLOVENT HFA	82	<i>global alcohol prep ease</i>	57	<i>icatibant acetate</i>	72
<i>fluconazole</i>	20	GLUCAGEN HYPOKIT	41	ICLEVIA.....	67
<i>fluconazole in sodium chloride</i> .	20	<i>glucagon emergency</i>	42	ICLUSIG	27
<i>flucytosine</i>	20	<i>glyburide</i>	40	IDHIFA.....	24
<i>fludrocortisone acetate</i>	64	<i>glyburide micronized</i>	40	ILEVRO	80
<i>flunisolide</i>	82	<i>glyburide-metformin</i>	40	<i>imatinib mesylate</i>	27
<i>fluocinolone acetonide</i>	56, 81	<i>glycopyrrolate</i>	61	IMBRUVICA.....	27
<i>fluocinonide</i>	56	<i>granisetron hcl</i>	19	<i>imipenem-cilastatin</i>	11

<i>imipramine hcl</i>	19	JASMIEL.....	67	<i>lamotrigine starter kit-orange</i> ..	13
<i>imiquimod</i>	57	JAYPIRCA	27	LAMPIT.....	30
IMOVAX RABIES.....	75	JUBLIA	21	LANOXIN	49
IMVEXXY MAINTENANCE PACK	66	JULEBER.....	67	<i>lansoprazole</i>	62
IMVEXXY STARTER PACK	66	JULUCA.....	37	LANTUS	42
INBRIJA	31	JUNEL 1.5/30.....	67	LANTUS SOLOSTAR	42
INCASSIA.....	69	JUNEL 1/20.....	67	<i>lapatinib ditosylate</i>	27
INCRELEX	65	JUNEL FE 1.5/30.....	67	LARIN 1.5/30.....	67
<i>indapamide</i>	50	JUNEL FE 1/20	67	LARIN 1/20.....	67
<i>indomethacin</i>	4	JUXTAPID.....	51	LARIN FE 1.5/30	67
<i>indomethacin er</i>	4	JYNNEOS.....	75	LARIN FE 1/20	67
INFANRIX	75	K		<i>latanoprost</i>	81
INLYTA	27	KALYDECO	83	LEENA.....	68
INQOVI	24	KARIVA	67	<i>leflunomide</i>	72
INREBIC.....	27	KATERZIA.....	47	<i>lenalidomide</i>	24
INTELENCE	36	<i>kcl in dextrose-nacl</i>	58	LENVIMA (10 MG DAILY DOSE). 27	
INTRALIPID	60	<i>kcl-lactated ringers-d5w</i>	58	LENVIMA (12 MG DAILY DOSE). 27	
INTRAROSA.....	67	KELNOR 1/35.....	67	LENVIMA (14 MG DAILY DOSE). 27	
INTROVALE	67	KELNOR 1/50.....	67	LENVIMA (18 MG DAILY DOSE). 27	
INVEGA HAFYERA	33	KERENDIA.....	50	LENVIMA (20 MG DAILY DOSE). 27	
INVEGA SUSTENNA.....	33	KESIMPTA.....	54	LENVIMA (24 MG DAILY DOSE). 28	
INVEGA TRINZA	33	<i>ketoconazole</i>	21	LENVIMA (4 MG DAILY DOSE)... 28	
INVOKAMET.....	40	<i>ketorolac tromethamine</i>	4, 80	LENVIMA (8 MG DAILY DOSE)... 28	
INVOKAMET XR	40	KINRIX	76	LESSINA.....	68
INVOKANA	40	KISQALI (200 MG DOSE).....	27	<i>letrozole</i>	25
IPOL	75	KISQALI (400 MG DOSE).....	27	<i>leucovorin calcium</i>	24
<i>ipratropium bromide</i>	82	KISQALI (600 MG DOSE).....	27	LEUKERAN.....	23
<i>ipratropium-albuterol</i>	85	KISQALI FEMARA (200 MG DOSE)		LEUKINE	44
<i>irbesartan</i>	45	.....	24	<i>leuprolide acetate</i>	71
<i>irbesartan-hydrochlorothiazide</i>	49	KISQALI FEMARA (400 MG DOSE)		<i>leuprolide acetate (3 month)</i>	71
ISENTRESS.....	36	.....	24	LEVEMIR.....	42
ISENTRESS HD.....	36	KISQALI FEMARA (600 MG DOSE)		LEVEMIR FLEXPEN.....	42
ISIBLOOM	67	.....	24	<i>levetiracetam</i>	13, 14
ISOLYTE-P IN D5W	60	KLOR-CON	58	<i>levetiracetam er</i>	13
ISOLYTE-S PH 7.4	58	KLOR-CON 10	58	<i>levobunolol hcl</i>	80
<i>isoniazid</i>	23	KLOR-CON M10.....	58	<i>levocarnitine</i>	60
<i>isosorb dinitrate-hydralazine</i> ...	49	KLOR-CON M15.....	58	<i>levocetirizine dihydrochloride</i> ... 81	
<i>isosorbide dinitrate</i>	52	KLOR-CON M20.....	58	<i>levofloxacin</i>	12
<i>isosorbide mononitrate</i>	52	KLOXXADO	6	<i>levofloxacin in d5w</i>	12
<i>isosorbide mononitrate er</i>	52	KORLYM	42	LEVONEST	68
<i>isotretinoin</i>	55	KOSELUGO	27	<i>levonorgest-eth estrad 91-day</i> . 68	
<i>isradipine</i>	47	KRAZATI.....	27	<i>levonorgestrel-ethinyl estrad</i> 68	
ISTURISA	64, 65	KURVELO	67	<i>levonorg-eth estrad triphasic</i> ... 68	
<i>itraconazole</i>	20, 21	L		LEVORA 0.15/30 (28)	68
<i>ivermectin</i>	30	<i>labetalol hcl</i>	46	<i>levothyroxine sodium</i>	70
IXIARO	75	<i>lacosamide</i>	15	LEVOXYL.....	70
J		<i>lactulose</i>	61	LEXIVA.....	38
JAKAFI.....	27	<i>lamivudine</i>	35, 37	LIALDA.....	77
JANTOVEN	44	<i>lamivudine-zidovudine</i>	37	<i>lidocaine</i>	6
JANUMET.....	40	<i>lamotrigine</i>	13	<i>lidocaine hcl</i>	6
JANUMET XR.....	40	<i>lamotrigine er</i>	13	<i>lidocaine viscous hcl</i>	6
JANUVIA	40	<i>lamotrigine starter kit-blue</i>	13	<i>lidocaine-prilocaine</i>	6
JARDIANCE.....	41	<i>lamotrigine starter kit-green</i>	13	<i>linezolid</i>	8

LINZESS	61	MARPLAN	17	<i>minoxidil</i>	52
<i>liothyronine sodium</i>	70	MATULANE	23	<i>mirtazapine</i>	17
<i>lisinopril</i>	45	MATZIM LA	48	<i>misoprostol</i>	62
<i>lisinopril-hydrochlorothiazide</i> ..	49	MAVYRET	35	M-M-R II	76
<i>lithium</i>	40	MAYZENT	54	<i>modafinil</i>	86
<i>lithium carbonate</i>	40	MAYZENT STARTER PACK	54	<i>moexipril hcl</i>	45
<i>lithium carbonate er</i>	40	<i>meclizine hcl</i>	19	<i>molindone hcl</i>	32
LIVALO	51	<i>medroxyprogesterone acetate</i> ..	70	<i>mometasone furoate</i>	56, 82
LIVMARLI	61	<i>mefloquine hcl</i>	30	<i>montelukast sodium</i>	82
LIVTENCITY	35	<i>megestrol acetate</i>	70	<i>morphine sulfate</i>	5
LOKELMA	59	MEKINIST	28	<i>morphine sulfate (concentrate)</i> ..	5
LONSURF	24	MEKTOVI	28	<i>morphine sulfate er</i>	5
<i>loperamide hcl</i>	61	<i>meloxicam</i>	4	MOVANTIK	61
<i>lopinavir-ritonavir</i>	38	<i>memantine hcl</i>	16	<i>moxifloxacin hcl</i>	12, 79
<i>lorazepam</i>	39	<i>memantine hcl er</i>	16	<i>moxifloxacin hcl in nacl</i>	12
LORAZEPAM INTENSOL	39	MENACTRA	76	MULTAQ	46
LORBRENA	28	MENEST	66	<i>multiple electro type 1 ph 5.5</i> ..	58
LORYNA	68	MENQUADFI	76	<i>mupirocin</i>	58
<i>losartan potassium</i>	45	MENVEO	76	<i>mupirocin calcium</i>	58
<i>losartan potassium-hctz</i>	49	<i>mercaptopurine</i>	24	<i>mycophenolate mofetil</i>	74
<i>loteprednol etabonate</i>	80	<i>meropenem</i>	11	<i>mycophenolate sodium</i>	74
<i>lovastatin</i>	51	<i>mesalamine</i>	77	MYRBETRIQ	63
LOW-OGESTREL	68	<i>mesalamine er</i>	77	N	
<i>loxapine succinate</i>	32	MESNEX	25	<i>na sulfate-k sulfate-mg sulf</i>	62
<i>lubiprostone</i>	61	<i>metformin hcl</i>	41	<i>nabumetone</i>	4
LUMAKRAS	25	<i>metformin hcl er</i>	41	<i>nadolol</i>	46
LUMIGAN	81	<i>methadone hcl</i>	5	<i>nafcilin sodium</i>	10
LUPKYNIS	74	<i>methazolamide</i>	81	<i>naloxone hcl</i>	6
LUPRON DEPOT (1-MONTH)	71	<i>methenamine hippurate</i>	8	<i>naltrexone hcl</i>	6
LUPRON DEPOT (3-MONTH)	71	<i>methimazole</i>	71	NAMZARIC	16
LUPRON DEPOT (4-MONTH)	71	<i>methocarbamol</i>	85	<i>naproxen</i>	4
LUPRON DEPOT (6-MONTH)	71	<i>methotrexate sodium</i>	74	<i>naproxen sodium</i>	4
LUPRON DEPOT-PED (1-MONTH)		<i>methotrexate sodium (pf)</i>	74	<i>naratriptan hcl</i>	22
.....	71	<i>methsuximide</i>	14	NARCAN	6
LUPRON DEPOT-PED (3-MONTH)		<i>methylphenidate hcl</i>	53	NATACYN	79
.....	71	<i>methylprednisolone</i>	65	<i>nateglinide</i>	41
LUPRON DEPOT-PED (6-MONTH)		<i>metoclopramide hcl</i>	61	NATPARA	78
.....	71	<i>metolazone</i>	50	NAYZILAM	15
<i>lurasidone hcl</i>	33	<i>metoprolol succinate er</i>	46	<i>nebivolol hcl</i>	46
LUTERA	68	<i>metoprolol tartrate</i>	46	NECON 0.5/35 (28)	68
LYBALVI	33	<i>metoprolol-hydrochlorothiazide</i> ..	49	<i>nefazodone hcl</i>	18
LYLEQ	69	<i>metronidazole</i>	8	<i>neomycin sulfate</i>	7
LYNPARZA	25	<i>metyrosine</i>	49	<i>neomycin-bacitracin zn-polymyx</i>	
LYSODREN	23	<i>mexiletine hcl</i>	46	.....	79
LYTGOBI (12 MG DAILY DOSE) ..	28	MICROGESTIN 1.5/30	68	<i>neomycin-polymyxin-dexameth</i> ..	78
LYTGOBI (16 MG DAILY DOSE) ..	28	MICROGESTIN 1/20	68	<i>neomycin-polymyxin-gramicidin</i>	
LYTGOBI (20 MG DAILY DOSE) ..	28	MICROGESTIN FE 1.5/30	68	.....	79
LYZA	69	MICROGESTIN FE 1/20	68	<i>neomycin-polymyxin-hc</i>	79, 81
M		<i>midodrine hcl</i>	45	NERLYNX	28
<i>magnesium sulfate</i>	58	<i>miglitol</i>	41	NEUPRO	31
<i>malathion</i>	57	<i>miglustat</i>	63	<i>nevirapine</i>	36
<i>maraviroc</i>	37	MILI	68	<i>nevirapine er</i>	36
<i>marlissa</i>	68	<i>minocycline hcl</i>	13	<i>niacin er (antihyperlipidemic)</i> ..	51

<i>nicardipine hcl</i>	47	NYSTOP	21	<i>peg-3350/electrolytes</i>	62
NICOTROL.....	7	O		PEGASYS.....	73
<i>nifedipine</i>	47	OCELLA.....	68	PEMAZYRE	28
<i>nifedipine er</i>	47	<i>octreotide acetate</i>	71	<i>penicillamine</i>	64
<i>nifedipine er osmotic release</i> ...	47	ODEFSEY.....	37	<i>penicillin g pot in dextrose</i>	11
NIKKI	68	ODOMZO.....	28	<i>penicillin g potassium</i>	11
<i>nilutamide</i>	23	OFEV.....	84	<i>penicillin g sodium</i>	11
NINLARO.....	25	<i>ofloxacin</i>	12, 79, 81	<i>penicillin v potassium</i>	11
<i>nitazoxanide</i>	30	OJJAARA	28	PENTACEL	76
<i>nitisinone</i>	63	<i>olanzapine</i>	33	<i>pentamidine isethionate</i>	30
NITRO-BID	52	<i>olanzapine-fluoxetine hcl</i>	17	<i>pentoxifylline er</i>	49
<i>nitrofurantoin macrocrystal</i>	8	<i>olmesartan medoxomil</i>	45	<i>perindopril erbumine</i>	45
<i>nitrofurantoin monohyd macro</i> ...	8	<i>olmesartan medoxomil-hctz</i>	49	PERIOGARD.....	54
<i>nitroglycerin</i>	52	<i>olmesartan-amlodipine-hctz</i>	49	<i>permethrin</i>	57
<i>nizatidine</i>	62	<i>olopatadine hcl</i>	79	<i>perphenazine</i>	32
NOCDURNA	65	<i>omega-3-acid ethyl esters</i>	51	<i>phenelzine sulfate</i>	17
NORA-BE.....	70	<i>omeprazole</i>	62	<i>phenobarbital</i>	14
<i>norethin ace-eth estrad-fe</i>	68	OMNITROPE	65	<i>phenytoin</i>	15
<i>norethindrone</i>	70	<i>ondansetron</i>	20	<i>phenytoin sodium extended</i> 15, 16	
<i>norethindrone acetate</i>	70	<i>ondansetron hcl</i>	19, 20	PIFELTRO.....	36
<i>norethindrone acet-ethinyl est.</i> 68		ONUREG	24	<i>pilocarpine hcl</i>	54, 81
<i>norethindrone-eth estradiol</i>	68	OPSUMIT.....	84	<i>pimecrolimus</i>	56
<i>norgestimate-eth estradiol</i>	68	ORGOVYX	25	<i>pimozide</i>	32
<i>norgestim-eth estrad triphasic</i> . 68		ORKAMBI.....	83	PIMTREA	69
NORTREL 0.5/35 (28).....	68	<i>orphenadrine citrate er</i>	85	<i>pindolol</i>	46
NORTREL 1/35 (21).....	68	ORSERDU.....	24	<i>pioglitazone hcl</i>	41
NORTREL 1/35 (28).....	68	<i>oseltamivir phosphate</i>	38	<i>pioglitazone hcl-glimepiride</i>	41
NORTREL 7/7/7.....	68	OSPHENA	69	<i>pioglitazone hcl-metformin hcl</i> . 41	
<i>nortriptyline hcl</i>	19	<i>oxacillin sodium</i>	10	<i>piperacillin sod-tazobactam so</i> . 11	
NORVIR.....	38	<i>oxacillin sodium in dextrose</i>	10	PIQRAY (200 MG DAILY DOSE).. 28	
NOVOLIN 70/30.....	42	<i>oxaprozin</i>	4	PIQRAY (250 MG DAILY DOSE).. 28	
NOVOLIN 70/30 FLEXPEN.....	42	<i>oxazepam</i>	39	PIQRAY (300 MG DAILY DOSE).. 28	
NOVOLIN N.....	42	<i>oxcarbazepine</i>	15	<i>pirfenidone</i>	84
NOVOLIN N FLEXPEN.....	42	<i>oxybutynin chloride</i>	64	<i>piroxicam</i>	4
NOVOLIN R	42	<i>oxybutynin chloride er</i>	64	PLASMA-LYTE A	58
NOVOLIN R FLEXPEN	42	<i>oxycodone hcl</i>	5	<i>podofilox</i>	57
NOVOLOG.....	42	<i>oxycodone hcl er</i>	5	<i>polymyxin b-trimethoprim</i>	79
NOVOLOG FLEXPEN.....	42	<i>oxycodone-acetaminophen</i>	5	POMALYST	24
NOVOLOG MIX 70/30.....	42	OZEMPIC (0.25 OR 0.5 MG/DOSE)		PORTIA-28.....	69
NOVOLOG MIX 70/30 FLEXPEN 42		.....	41	<i>posaconazole</i>	21
NOVOLOG PENFILL	43	OZEMPIC (1 MG/DOSE).....	41	<i>potassium chloride</i>	59
NOXAFIL.....	21	OZEMPIC (2 MG/DOSE).....	41	<i>potassium chloride crys er</i>	58
NUBEQA	23	P		<i>potassium chloride er</i>	58
NUCALA	85	<i>paliperidone er</i>	34	<i>potassium chloride in nacl</i>	58
NUDEXTA.....	53	PANRETIN.....	57	<i>potassium citrate er</i>	59
NUPLAZID	33	<i>pantoprazole sodium</i>	62	<i>potassium cl in dextrose 5%</i>	59
NUTRILIPID	60	PANZYGA.....	72	<i>pramipexole dihydrochloride</i>	31
NYAMYC	21	<i>paricalcitol</i>	78	<i>prasugrel hcl</i>	44
NYLIA 1/35.....	68	<i>paromomycin sulfate</i>	7	<i>pravastatin sodium</i>	51
NYLIA 7/7/7	68	<i>paroxetine hcl</i>	18	<i>prazosin hcl</i>	45
NYMYO	68	PEDIARIX	76	<i>prednisolone</i>	65
<i>nystatin</i>	21	PEDVAX HIB.....	76	<i>prednisolone acetate</i>	80
<i>nystatin-triamcinolone</i>	57	<i>peg 3350-kcl-na bicarb-nacl</i>	62		

<i>prednisolone sodium phosphate</i>	65, 80	<i>raloxifene hcl</i>	78	SAVELLA TITRATION PACK	54
<i>prednisone</i>	65	<i>ramipril</i>	46	SCSEMBLIX.....	29
PREDNISON INTENSOL	65	<i>ranolazine er</i>	49	<i>scopolamine</i>	19
<i>preferred plus insulin syringe</i> ...	43	<i>rasagiline mesylate</i>	32	SECUADO	34
<i>pregabalin</i>	53	RAVICTI	63	<i>selegiline hcl</i>	32
<i>prehevbrio</i>	76	RECLIPSEN.....	69	<i>selenium sulfide</i>	56
PREMARIN	66	RECOMBIVAX HB.....	76	SELZENTRY	37, 38
PREMASOL.....	60	RECTIV.....	52	SEREVENT DISKUS.....	83
PREMPHASE	69	REGRANEX.....	57	<i>sertraline hcl</i>	18
PREMPRO	69	RELENZA DISKHALER	38	SETLAKIN.....	69
<i>prenatal</i>	60	RELI-ON INSULIN SYRINGE	43	<i>sevelamer carbonate</i>	60, 61
PREVYMIS	35	<i>repaglinide</i>	41	SHAROBEL.....	70
PREZCOBIX.....	38	REPATHA	52	SHINGRIX	76
PREZISTA.....	38	REPATHA PUSHTRONEX SYSTEM	52	SIGNIFOR	71
PRIFTIN	23	REPATHA SURECLICK.....	52	<i>sildenafil citrate</i>	84
<i>primaquine phosphate</i>	31	RETACRIT.....	44	<i>silodosin</i>	64
<i>primidone</i>	14	RETEVMO	28	<i>silver sulfadiazine</i>	57
PRIORIX.....	76	REXULTI.....	34	SIMBRINZA.....	81
PRIVIGEN	72	REYATAZ.....	38	<i>simvastatin</i>	51
<i>probenecid</i>	21	REZLIDHIA	28	<i>sirolimus</i>	74
<i>prochlorperazine</i>	19	REZUROCK.....	74	SIRTURO.....	23
<i>prochlorperazine maleate</i>	19	RHOPRESSA.....	81	SKYRIZI	72
PROCTO-MED HC.....	56	<i>ribavirin</i>	35	SKYRIZI PEN.....	72
PROCTOSOL HC	56	<i>rifabutin</i>	23	<i>sodium chloride</i>	59
PROCTOZONE-HC	56	<i>rifampin</i>	23	<i>sodium fluoride</i>	59
<i>progesterone</i>	70	<i>riluzole</i>	53	<i>sodium oxybate</i>	86
PROGRAF	74	<i>rimantadine hcl</i>	39	<i>sodium polystyrene sulfonate</i> ... 59	
PROLASTIN-C	63	RINVOQ.....	72	<i>sofosbuvir-velpatasvir</i>	35
PROLIA.....	78	<i>risedronate sodium</i>	78	<i>solifenacin succinate</i>	64
PROMACTA.....	44	RISPERDAL CONSTA	34	SOLQUA	43
<i>promethazine hcl</i>	19	<i>risperidone</i>	34	SOLTAMOX	24
<i>propafenone hcl</i>	46	<i>ritonavir</i>	38	SOMAVERT.....	71
<i>propranolol hcl</i>	22, 47	<i>rivastigmine</i>	16	<i>sorafenib tosylate</i>	29
<i>propranolol hcl er</i>	22, 47	<i>rivastigmine tartrate</i>	16	<i>sotalol hcl</i>	46
<i>propylthiouracil</i>	71	<i>rizatriptan benzoate</i>	22	<i>sotalol hcl (af)</i>	46
PROQUAD.....	76	ROCKLATAN.....	81	SPIRIVA RESPIMAT.....	82
PROSOL.....	60	<i>roflumilast</i>	84	<i>spironolactone</i>	50
<i>protriptyline hcl</i>	19	<i>ropinirole hcl</i>	31	<i>spironolactone-hctz</i>	50
PULMOZYME	83	<i>rosuvastatin calcium</i>	51	SPRINTEC 28	69
PURIXAN.....	24	ROTARIX.....	76	SPRITAM	14
<i>pyrazinamide</i>	23	ROTATEQ.....	76	SPRYCEL	29
<i>pyridostigmine bromide</i>	22	ROZLYTREK.....	28	SPS	59
Q		RUBRACA.....	28	SRONYX.....	69
QINLOCK.....	28	<i>rufinamide</i>	16	SSD.....	57
QUADRACEL	76	RUKOBIA	37	STELARA.....	72
<i>quetiapine fumarate</i>	34	RYBELSUS	41	STIVARGA.....	29
<i>quetiapine fumarate er</i>	34	RYDAPT	29	STRIBILD.....	36
<i>quinapril hcl</i>	46	RYTARY.....	31	SUBOXONE.....	6
<i>quinidine sulfate</i>	46	S		<i>sucralfate</i>	62
<i>quinine sulfate</i>	31	SANTYL	57	<i>sulfacetamide sodium</i>	79
R		<i>sapropterin dihydrochloride</i>	63	<i>sulfacetamide sodium (acne)</i>	12
RABAVERT	76	SAVELLA	53	<i>sulfacetamide-prednisolone</i>	79
				<i>sulfadiazine</i>	12

<i>sulfamethoxazole-trimethoprim</i>	<i>teriparatide (recombinant)</i>	<i>triamcinolone acetonide</i>
..... 12	 78	54, 56, 57
<i>sulfasalazine</i> 77	<i>testosterone</i> 66	<i>triamterene-hctz</i> 50
<i>sulindac</i> 4	<i>testosterone cypionate</i> 65	<i>trientine hcl</i> 59
<i>sumatriptan</i> 22	<i>testosterone enanthate</i> 65	TRI-ESTARYLLA..... 69
<i>sumatriptan succinate</i> 22	<i>tetrabenazine</i> 53	<i>trifluoperazine hcl</i> 32
<i>sumatriptan succinate refill</i> 22	<i>tetracycline hcl</i> 13	<i>trifluridine</i> 36
<i>sunitinib malate</i> 29	THALOMID..... 24	<i>trihexyphenidyl hcl</i> 31
SUNLENCA..... 38	<i>theophylline er</i> 84	TRIKAFTA..... 83
SUNOSI..... 86	<i>thioridazine hcl</i> 32	<i>trimethoprim</i> 8
SUPREP BOWEL PREP KIT..... 62	<i>thiothixene</i> 32	TRI-MILI..... 69
SUTAB..... 62	TIADYL ER..... 48	<i>trimipramine maleate</i> 19
SYEDA..... 69	<i>tiagabine hcl</i> 15	TRINTELLIX..... 18
SYMDEKO..... 83	TIBSOVO..... 29	TRI-NYMYO..... 69
SYMLINPEN 120..... 41	TICOVAC..... 76	TRI-SPRINTEC..... 69
SYMLINPEN 60..... 41	<i>tigecycline</i> 8	TRIUMEQ..... 38
SYMPAZAN..... 15	<i>timolol maleate</i> 47, 80	TRIUMEQ PD..... 38
SYMTUZA..... 36	<i>timolol maleate (once-daily)</i> 80	TRIVORA (28)..... 69
SYNAREL..... 71	<i>tinidazole</i> 8	TRI-VYLIBRA..... 69
SYNJARDY..... 41	<i>tiotropium bromide monohydrate</i>	TRIZIVIR..... 37
SYNRIBO..... 25	 82	TROPHAMINE..... 60
SYNTHROID..... 70	TIVICAY..... 36	<i>trospium chloride</i> 64
T	TIVICAY PD..... 36	<i>trospium chloride er</i> 64
TABLOID..... 24	<i>tizanidine hcl</i> 35	TRULICITY..... 41
TABRECTA..... 29	TOBI PODHALER..... 83	TRUMENBA..... 77
<i>tacrolimus</i> 56, 74	<i>tobramycin</i> 79, 83	TUKYSA..... 29
TAFINLAR..... 29	<i>tobramycin sulfate</i> 7	TURALIO..... 29
TAGRISSO..... 29	<i>tobramycin-dexamethasone</i> 79	TWINRIX..... 77
TAKHZYRO..... 72	<i>tolterodine tartrate</i> 64	TYBOST..... 38
TALZENNA..... 29	<i>tolterodine tartrate er</i> 64	TYMLOS..... 78
<i>tamoxifen citrate</i> 24	<i>tolvaptan</i> 59	TYPHIM VI..... 77
<i>tamsulosin hcl</i> 64	<i>topiramate</i> 22	U
TARINA FE 1/20 EQ..... 69	<i>topiramate er</i> 22	UBRELVY..... 22
TASIGNA..... 29	<i>toremifene citrate</i> 24	UNITHROID..... 70
TAVNEOS..... 73	<i>torsemide</i> 50	<i>ursodiol</i> 62
<i>tazarotene</i> 55	TOUJEO MAX SOLOSTAR..... 43	V
TAZORAC..... 55	TOUJEO SOLOSTAR..... 43	<i>valacyclovir hcl</i> 36
TAZTIA XT..... 48	TPN ELECTROLYTES..... 60	VALCHLOR..... 23
TAZVERIK..... 29	<i>tramadol hcl</i> 6	<i>valganciclovir hcl</i> 35
TDVAX..... 76	<i>tramadol-acetaminophen</i> 6	<i>valproic acid</i> 14
TEFLARO..... 9	<i>trandolapril</i> 46	<i>valsartan</i> 45
TEGSEDI..... 63	<i>trandolapril-verapamil hcl er</i> 50	<i>valsartan-hydrochlorothiazide</i> 50
<i>telmisartan</i> 45	<i>tranexamic acid</i> 44	VALTOCO 10 MG DOSE..... 15
<i>telmisartan-amlodipine</i> 50	<i>tranylcypromine sulfate</i> 17	VALTOCO 15 MG DOSE..... 15
<i>telmisartan-hctz</i> 50	TRAVASOL..... 60	VALTOCO 20 MG DOSE..... 15
<i>temazepam</i> 85	<i>travoprost (bak free)</i> 81	VALTOCO 5 MG DOSE..... 15
TENIVAC..... 76	<i>trazodone hcl</i> 18	<i>vancomycin hcl</i> 8
<i>tenofovir disoproxil fumarate</i> 37	TRECATOR..... 23	VANFLYTA..... 29
TEPMETKO..... 29	TRELEGY ELLIPTA..... 85	VAQTA..... 77
<i>terazosin hcl</i> 45	TRELSTAR MIXJECT..... 71	<i>varenicline tartrate</i> 7
<i>terbinafine hcl</i> 21	TRESIBA..... 43	<i>varenicline tartrate (starter)</i> 7
<i>terbutaline sulfate</i> 83	TRESIBA FLEXTOUCH..... 43	VARIVAX..... 77
<i>terconazole</i> 21	<i>tretinoin</i> 30, 55	VARUBI (180 MG DOSE)..... 20
	TREXALL..... 75	VASCEPA..... 52

VELIVET.....	69	VYLIBRA.....	69	XURIDEN	63
VELPHORO.....	61	VYNDAMAX	63	XYREM	86
VEMLIDY	35	W		XYWAV.....	86
VENCLEXTA.....	29	<i>warfarin sodium</i>	44	Y	
VENCLEXTA STARTING PACK	29	WELIREG.....	25	YF-VAX	77
<i>venlafaxine besylate er</i>	18	X		YONSA.....	24
<i>venlafaxine hcl</i>	18	XALKORI	30	Z	
<i>venlafaxine hcl er</i>	18	XARELTO.....	44	<i>zafirlukast</i>	82
VENTOLIN HFA.....	83	XARELTO STARTER PACK.....	44	<i>zaleplon</i>	85
<i>verapamil hcl</i>	48	XATMEP.....	25	ZARXIO	44
<i>verapamil hcl er</i>	48	XCOPRI	14	ZEJULA	30
VERQUVO	50	XCOPRI (250 MG DAILY DOSE) ..	14	ZELBORAF	30
VERSACLOZ.....	35	XCOPRI (350 MG DAILY DOSE) ..	14	ZEMDRI	7
VERZENIO	29	XDEMVI	79	ZENPEP.....	63
VESTURA.....	69	XGEVA	78	<i>zidovudine</i>	37
VICTOZA.....	41	XIFAXAN	8	ZIEXTENZO	44
VIENVA	69	XOFLUZA (40 MG DOSE)	39	ZIMHI	6
<i>vigabatrin</i>	15	XOFLUZA (80 MG DOSE)	39	<i>ziprasidone hcl</i>	34
VIGADRONE.....	15	XOLAIR	73	<i>ziprasidone mesylate</i>	34
VIIBRYD STARTER PACK.....	18	XOSPATA	30	ZIRGAN.....	35
VIJOICE	63	XPOVIO (100 MG ONCE WEEKLY)		ZOKINVY.....	63
<i>vilazodone hcl</i>	19	.....	25	ZOLINZA	25
VIRACEPT.....	38	XPOVIO (40 MG ONCE WEEKLY)25		<i>zolmitriptan</i>	22
VIREAD.....	37	XPOVIO (40 MG TWICE WEEKLY)		<i>zolpidem tartrate</i>	85
VITRAKVI.....	29	.....	25	ZONISADE	14
VIVITROL.....	6	XPOVIO (60 MG ONCE WEEKLY)25		<i>zonisamide</i>	14
VIZIMPRO	29	XPOVIO (60 MG TWICE WEEKLY)		ZOVIA 1/35 (28)	69
VONJO	30	.....	25	ZTALMY.....	14
<i>voriconazole</i>	21	XPOVIO (80 MG ONCE WEEKLY)25		ZYDELIG.....	30
VOSEVI.....	35	XPOVIO (80 MG TWICE WEEKLY)		ZYKADIA	30
VOTRIENT	30	.....	25	ZYPITAMAG.....	51
VRAYLAR.....	34	XTANDI.....	23	ZYPREXA RELPREVV	34
VYFEMLA	69	XULTOPHY	41		

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact CommuniCare Advantage Chronic Condition Special Needs Plan (CSNP) Member Services, at 833-685-5387 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.communicare-advantage.com.