

Sonder Health Plans, Inc.

Diabetes Wellness and Heart Healthy

(HMO C-SNP)

2024 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 24458, Version Number 10

This formulary was updated on 03/19/2024. For more recent information or other questions, please contact us, Sonder Health Plans Member Service at 1-833-684-7263 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.sonderhealthplans.com.

- **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.
- **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.

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 Sonder Health Plans. When it refers to "plan" or "our plan," it means Sonder Diabetes Wellness (HMO C-SNP) or Heart Healthy (HMO C-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 03/19/2024. 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, 2024, and from time to time during the year.

What is the Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP) Formulary?

A formulary is a list of covered drugs selected by Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP) 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 find information in the section below titled “How do I request an exception to the Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP)’s 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 the 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 Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 March 19, 2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. If we make certain non-routine changes to coverage for drugs, we will send members an errata sheet to update the formulary they received.

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 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 240 tablets per 30-day prescription for Tramadol HCl Tablet 50MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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 website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP)'s formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our 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 them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP)'s 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 lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- 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, we 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 and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a onetime temporary supply from a network long-term care pharmacy for up to 31 days unless you have a prescription for fewer days. If you experience a change in your level of care, such as a move from a hospital to home, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your plan's 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 <http://www.medicare.gov>.

Drug tier copay levels

This 2024 comprehensive formulary is a listing of brand-name and generic drugs. Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP)'s 2024 formulary covers most drugs identified by Medicare as Part D drugs.

Important Message About What You Pay for Insulin –

The Sonder Health Plans Diabetes Wellness (HMO C-SNP) limits the cost of insulin medications to no more than \$0 per prescription (for up to a 90-day supply) for eligible enrollees.

The Sonder Health Plans Heart Healthy (HMO C-SNP) limits the cost of insulin medications to no more than \$35 for a one-month supply of each insulin product covered by our plan.

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. For more information on this benefit, Contact Member Service.

Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP) cost-sharing tiers

Cost-Sharing Tier	Retail Pharmacy Cost-sharing In-Network, up to 30-day or 1 month supply	Retail Pharmacy Cost-sharing In-Network, 90-day or 3-month supply	Long-Term Care (LTC) Cost-Sharing In-Network, up to 31- day or 1 month supply	Mail Order Cost-Sharing 90-day or 3-month supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$15	\$45	\$15	\$0
Tier 3	\$47	\$141	\$47	\$141
Tier 4	\$100	\$300	\$100	\$300
Tier 5	33%	33%	33%	33%
Tier 6	\$0	\$0	\$0	\$0

Sonder Health Plans Diabetes Wellness (HMO C-SNP) and Heart Healthy (HMO C-SNP) Formulary

The formulary below 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 95.

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

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

Sonder Health Plans CSNP 2024 6-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	17
ANTIEMETICS	20
ANTIFUNGALS	20
ANTIGOUT AGENTS	22
ANTIMIGRAINE AGENTS	22
ANTIMYASTHENIC AGENTS	23
ANTIMYCOBACTERIALS	24
ANTINEOPLASTICS	24
ANTIPARASITICS	32
ANTIPARKINSON AGENTS	33
ANTIPSYCHOTICS	34
ANTISPASTICITY AGENTS	37
ANTIVIRALS	37
ANXIOLYTICS	42
BIPOLAR AGENTS	42
BLOOD GLUCOSE REGULATORS	43
BLOOD PRODUCTS AND MODIFIERS	47
CARDIOVASCULAR AGENTS	49
CENTRAL NERVOUS SYSTEM AGENTS	57
DENTAL AND ORAL AGENTS	59
DERMATOLOGICAL AGENTS	59
ELECTROLYTES/MINERALS/METALS/VITAMINS	63
EXCLUDED DRUG COVERAGE	66
GASTROINTESTINAL AGENTS	66
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	68
GENITOURINARY AGENTS	69
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	70
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	70

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	71
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	76
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	77
HORMONAL AGENTS, SUPPRESSANT (THYROID)	78
IMMUNOLOGICAL AGENTS	78
INFLAMMATORY BOWEL DISEASE AGENTS	85
METABOLIC BONE DISEASE AGENTS	85
OPHTHALMIC AGENTS	86
OTIC AGENTS	89
RESPIRATORY TRACT/ PULMONARY AGENTS	89
SKELETAL MUSCLE RELAXANTS	93
SLEEP DISORDER AGENTS	93

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

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.

E: Excluded Drug; Enhancement covered in the Gap; Quantity Limit (amount per days)- This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug will not be covered during the gap period.

MO: Mail Order Eligible- This prescription may also be available via mail.

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.

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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. 2024 Sonder CSNP 6-Tier, Formulary ID 24458, Version 10, effective 04/01/2024. Last updated 03/19/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
Opioid Analgesics, Long-Acting		
<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; MO; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	MO; 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	MO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	4	MO; QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	MO; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	MO; 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; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; MO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	MO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	MO; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	MO; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	MO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	MO; QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	MO; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	MO; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	MO; QL (1080 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	MO; 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	MO; QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MO; QL (240 EA per 30 days)

ANESTHETICS

Local Anesthetics

<i>lidocaine external patch 5 %</i>	4	PA; MO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	MO; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	4	MO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	MO; 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	MO
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>naltrexone hcl oral tablet 50 mg</i>	2	MO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	

Opioid Dependence

<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	MO
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	MO

Opioid Reversal Agents

KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. 2024 Sonder CSNP 6-Tier, Formulary ID 24458, Version 10, effective 04/01/2024. Last updated 03/19/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	MO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	MO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	MO
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	MO
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	MO
NICOTROL INHALATION INHALER 10 MG	4	MO
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	MO
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	BvD; MO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; MO
<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	MO
<i>gentamicin sulfate external cream 0.1 %</i>	2	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	2	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	MO
<i>neomycin sulfate oral tablet 500 mg</i>	2	MO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	BvD; MO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	BvD; MO
<i>aztreonam injection solution reconstituted 2 gm</i>	4	BvD; MO
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	1	MO
<i>clindamycin hcl oral capsule 300 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	MO
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	4	BvD; MO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BvD; MO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA; MO
<i>linezolid oral tablet 600 mg</i>	4	PA; MO
<i>methenamine hippurate oral tablet 1 gm</i>	2	MO
<i>metronidazole external cream 0.75 %</i>	2	MO
<i>metronidazole external gel 0.75 %, 1 %</i>	2	MO
<i>metronidazole external lotion 0.75 %</i>	2	MO
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	BvD; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>metronidazole vaginal gel 0.75 %</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	MO
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	MO
<i>Beta-Lactam, Cephalosporins</i>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	MO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	MO
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	4	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	MO
<i>cefadroxil oral tablet 1 gm</i>	2	MO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	MO
<i>cefdinir oral capsule 300 mg</i>	2	MO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	MO
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	MO
<i>cefixime oral capsule 400 mg</i>	4	MO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	MO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	BvD; MO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	MO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	MO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	MO
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	MO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	BvD; MO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	BvD; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BvD
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	MO
<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	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	BvD; MO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	MO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	MO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	MO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD; MO
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	BvD; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; MO
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD; MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	BvD; MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	BvD; MO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>pipercillin 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	MO
<i>Carbapenems</i>		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	MO
<i>Macrolides</i>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	BvD; MO
<i>azithromycin oral packet 1 gm</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	MO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	MO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	MO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	BvD; MO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	MO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	MO
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	MO
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	BvD; MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	MO
<i>levofloxacin oral solution 25 mg/ml</i>	4	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	BvD; MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	MO
<i>Sulfonamides</i>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	MO
<i>sulfadiazine oral tablet 500 mg</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
<i>Tetracyclines</i>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BvD; MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	MO
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; MO
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA; MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; MO
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	4	ST; MO; 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	MO
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	2	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	MO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	MO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	MO; 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	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	2	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	MO; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	MO; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	MO; 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	MO; 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	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	2	MO
<i>methsuximide oral capsule 300 mg</i>	4	MO
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	MO; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST; MO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST; MO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST; MO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST; MO
<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)
VIGPODER ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)
Sodium Channel Agents		

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Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 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	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO
<i>carbamazepine oral tablet 200 mg</i>	2	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	4	ST; MO
EPITOL ORAL TABLET 200 MG	2	MO
<i>lacosamide oral solution 10 mg/ml</i>	4	MO; QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	5	QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	MO; 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	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	MO; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	MO; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	MO; 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	MO; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	MO; QL (90 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
<i>Monoamine Oxidase Inhibitors</i>		
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; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	MO
<i>Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	MO; QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	MO; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	2	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	MO
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	MO; QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	2	MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	2	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	MO; 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	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	MO

ANTIEMETICS

Antiemetics, Other

<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	4	MO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	MO

Emetogenic Therapy Adjuncts

<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BvD; MO; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BvD; MO; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; MO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BvD; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BvD; MO
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	BvD; MO

ANTIFUNGALS

Antifungals

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Drug Name	Drug Tier	Requirements/Limits
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD; MO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BvD; MO
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BvD
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	4	MO
<i>ciclopirox olamine external cream 0.77 %</i>	2	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	2	MO
<i>clotrimazole external cream 1 %</i>	1	MO
<i>clotrimazole external solution 1 %</i>	2	MO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	MO
<i>econazole nitrate external cream 1 %</i>	2	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	BvD; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BvD; MO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	MO
<i>itraconazole oral capsule 100 mg</i>	4	PA; MO
<i>itraconazole oral solution 10 mg/ml</i>	4	PA; MO
JUBLIA EXTERNAL SOLUTION 10 %	4	MO
<i>ketoconazole external cream 2 %</i>	2	MO
<i>ketoconazole external shampoo 2 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole oral tablet 200 mg</i>	1	MO
NOXAFIL ORAL PACKET 300 MG	5	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	MO
<i>nystatin external cream 100000 unit/gm</i>	1	MO
<i>nystatin external ointment 100000 unit/gm</i>	1	MO
<i>nystatin external powder 100000 unit/gm</i>	2	MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	MO
<i>nystatin oral tablet 500000 unit</i>	2	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	MO
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	2	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	MO
<i>terconazole vaginal suppository 80 mg</i>	2	MO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA; MO
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	3	MO
<i>colchicine oral tablet 0.6 mg</i>	3	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	PA; MO
<i>probenecid oral tablet 500 mg</i>	2	MO
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	MO; QL (40 EA per 28 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
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)
<i>Antiestrogens/Modifiers</i>		
EMCYT ORAL CAPSULE 140 MG	3	MO
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>toremifene citrate oral tablet 60 mg</i>	5	PA
<i>Antimetabolites</i>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
INQOVI ORAL TABLET 35-100 MG	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	MO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
TABLOID ORAL TABLET 40 MG	4	PA; MO
<i>Antineoplastics, Other</i>		
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (60 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD; MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	4	MO

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

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (140 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; QL (900 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; MO
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	5	
<i>ivermectin oral tablet 3 mg</i>	2	PA; MO
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	MO
COARTEM ORAL TABLET 20-120 MG	4	MO
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	MO
LAMPIT ORAL TABLET 120 MG, 30 MG	4	MO
<i>mefloquine hcl oral tablet 250 mg</i>	2	MO
<i>nitazoxanide oral tablet 500 mg</i>	4	MO; QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BvD; MO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	BvD; MO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; MO
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100 mg</i>	2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	MO
<i>amantadine hcl oral tablet 100 mg</i>	2	MO
<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	MO
<i>entacapone oral tablet 200 mg</i>	2	MO
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa oral tablet 25 mg</i>	2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
INBRIJA INHALATION CAPSULE 42 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST; MO
<i>Monoamine Oxidase B (Mao-B) Inhibitors</i>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>selegiline hcl oral capsule 5 mg</i>	2	MO
<i>selegiline hcl oral tablet 5 mg</i>	2	MO
ANTIPSYCHOTICS		
<i>1St Generation/Typical</i>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	BvD; MO
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	BvD; MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	2	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	2	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	5	
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	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	MO; 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	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; MO; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
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	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	4	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 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	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone oral solution 1 mg/ml</i>	2	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; 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; MO; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	MO; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST; MO
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
<i>Antispasticity Agents</i>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	MO
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
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	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	3	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	4	MO
<i>Anti-Hepatitis B (Hbv) Agents</i>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>Anti-Hepatitis C (Hcv) Agents</i>		
MAVYRET ORAL PACKET 50-20 MG	5	PA
MAVYRET ORAL TABLET 100-40 MG	5	PA
<i>ribavirin oral capsule 200 mg</i>	4	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA
<i>Antiherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	2	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BvD; MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	MO
<i>trifluridine ophthalmic solution 1 %</i>	2	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	MO
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
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	MO; 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	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	MO; QL (360 EA per 30 days)
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
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	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	MO; 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	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	MO; 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	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral solution 10 mg/ml</i>	4	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	MO; 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	MO; 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	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	MO; QL (60 EA per 30 days)
<i>Anti-Hiv Agents, Other</i>		
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	MO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	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	MO; QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Protease Inhibitors (Pi)</i>		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	MO; QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	MO; 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	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	MO; 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)
<i>Anti-Influenza Agents</i>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	MO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	MO
<i>rimantadine hcl oral tablet 100 mg</i>	2	MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	MO
<i>Antivirals</i>		
LAGEVRIO ORAL CAPSULE 200 MG	1	MO
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	MO
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	2	MO

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	MO
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	3	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	6	MO
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; MO; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; MO; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	MO
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	PA; MO; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	4	PA; MO; QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	MO
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	MO
<i>diazoxide oral suspension 50 mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	MO
KORLYM ORAL TABLET 300 MG	5	PA
<i>Insulins</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	6	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	6	MO
<i>cvs gauze sterile pad 2"x2"</i>	6	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
FIASP INJECTION SOLUTION 100 UNIT/ML	3	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	3	MO
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	6	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	6	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MO
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	MO; QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	MO; QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	MO; QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	MO; QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	MO; QL (15 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	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; MO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<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	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	MO
<i>Blood Products And Modifiers, Other</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
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; MO; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; MO; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; MO; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	2	MO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
<i>Platelet Modifying Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	3	MO
CABLIVI INJECTION KIT 11 MG	5	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
Angiotensin Ii Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	MO
MULTAQ ORAL TABLET 400 MG	3	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	6	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	6	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	2	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	6	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	6	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>nebivolol hcl oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>nebivolol hcl oral tablet 2.5 mg</i>	6	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	6	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	6	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	4	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	2	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	MO; 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	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	2	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO
<i>diltiazem hcl oral tablet 120 mg, 90 mg</i>	2	MO
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO; 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	MO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	2	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	2	MO; 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	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	6	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>Cardiovascular Agents, Other</i>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	3	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	MO
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
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>	6	MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; MO
<i>digoxin oral solution 0.05 mg/ml</i>	2	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	MO; QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	MO
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>	6	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	MO
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	4	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	6	MO
<i>metyrosine oral capsule 250 mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	MO
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	MO
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>furosemide injection solution 10 mg/ml</i>	2	BvD; MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	6	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	6	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MO
KERENDIA ORAL TABLET 10 MG, 20 MG	3	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	6	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	2	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	2	MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	2	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	2	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	2	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	2	MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO; 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>	6	MO; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	6	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	6	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	6	MO; QL (60 EA per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	3	MO; QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	MO; QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral packet 4 gm</i>	2	MO
<i>cholestyramine oral packet 4 gm</i>	2	MO
<i>colestipol hcl oral packet 5 gm</i>	2	MO
<i>colestipol hcl oral tablet 1 gm</i>	2	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO; 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	MO
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	MO
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	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	MO
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	6	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	6	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	6	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	6	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	MO
RECTIV RECTAL OINTMENT 0.4 %	4	MO

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	MO; 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	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; 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	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; QL (90 EA per 30 days)

Central Nervous System, Other

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Drug Name	Drug Tier	Requirements/Limits
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; 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; MO
<i>riluzole oral tablet 50 mg</i>	4	PA; MO
<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)
<i>Fibromyalgia Agents</i>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	MO; QL (55 EA per 28 days)
<i>Multiple Sclerosis Agents</i>		
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; MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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
<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
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; MO

DENTAL AND ORAL AGENTS

Dental And Oral Agents

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	MO

DERMATOLOGICAL AGENTS

Acne And Rosacea Agents

ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA; MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	MO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	MO
<i>tazarotene external cream 0.1 %</i>	2	PA; MO
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; MO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; MO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
<i>Dermatitis And Pruitus Agents</i>		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	MO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	MO
<i>amcinonide external ointment 0.1 %</i>	4	MO
<i>ammonium lactate external cream 12 %</i>	1	MO
<i>ammonium lactate external lotion 12 %</i>	1	MO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	MO
<i>betamethasone valerate external cream 0.1 %</i>	2	MO
<i>betamethasone valerate external lotion 0.1 %</i>	2	MO
<i>betamethasone valerate external ointment 0.1 %</i>	2	MO
<i>clobetasol propionate e external cream 0.05 %</i>	4	MO
<i>clobetasol propionate external cream 0.05 %</i>	4	MO
<i>clobetasol propionate external gel 0.05 %</i>	4	MO
<i>clobetasol propionate external ointment 0.05 %</i>	4	MO
<i>clobetasol propionate external solution 0.05 %</i>	2	MO
<i>desonide external cream 0.05 %</i>	4	MO
<i>desonide external lotion 0.05 %</i>	4	MO
<i>desonide external ointment 0.05 %</i>	2	MO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	MO
<i>desoximetasone external gel 0.05 %</i>	4	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	1	MO
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005 %</i>	4	MO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	MO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	MO
<i>diclofenac sodium external gel 3 %</i>	4	PA; MO
<i>fluorouracil external cream 5 %</i>	3	MO
<i>fluorouracil external solution 2 % , 5 %</i>	2	MO
<i>global alcohol prep ease pad 70 %</i>	6	MO
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	MO
HYFTOR EXTERNAL GEL 0.2 %	5	PA
<i>imiquimod external cream 5 %</i>	2	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	MO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	MO
PANRETIN EXTERNAL GEL 0.1 %	5	PA
<i>podofilox external solution 0.5 %</i>	2	MO
REGRANEX EXTERNAL GEL 0.01 %	5	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	MO
<i>silver sulfadiazine external cream 1 %</i>	2	MO
SSD EXTERNAL CREAM 1 %	1	MO
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	4	MO
<i>permethrin external cream 5 %</i>	2	MO
<i>Topical Anti-Infectives</i>		
<i>ciclopirox external gel 0.77 %</i>	2	MO
<i>ciclopirox external shampoo 1 %</i>	2	MO
<i>ciclopirox external solution 8 %</i>	2	MO
<i>clindamycin phosphate external gel 1 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external lotion 1 %</i>	2	MO
<i>clindamycin phosphate external solution 1 %</i>	2	MO
<i>ery external pad 2 %</i>	3	MO
<i>erythromycin external gel 2 %</i>	2	MO
<i>erythromycin external solution 2 %</i>	2	MO
<i>mupirocin calcium external cream 2 %</i>	4	MO
<i>mupirocin external ointment 2 %</i>	1	MO

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/ Mineral Replacement

<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD; MO
<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; MO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	2	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	MO
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	3	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD; MO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<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; MO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	BvD; MO
<i>potassium chloride oral packet 20 meq</i>	2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	MO
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	MO
<i>Electrolyte/Mineral/Metal Modifiers</i>		
<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; MO
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; MO
<i>deferasirox oral tablet soluble 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	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SPS ORAL SUSPENSION 15 GM/60ML	3	MO
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl oral capsule 250 mg</i>	5	PA
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BvD; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BvD; MO
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BvD; MO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10- 0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	3	BvD; MO
DOJOLVI ORAL LIQUID 100 %	5	PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BvD; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	2	MO
<i>levocarnitine oral tablet 330 mg</i>	2	MO
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BvD; MO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BvD; MO
<i>prenatal oral tablet 27-1 mg</i>	2	MO
PROSOL INTRAVENOUS SOLUTION 20 %	4	BvD; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BvD; MO
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	4	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	4	MO; QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	MO; QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	MO
EXCLUDED DRUG COVERAGE		
Non-Part D Enhancement		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	E; MO; QL (6 EA per 30 days)
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	MO; 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	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	MO
<i>loperamide hcl oral capsule 2 mg</i>	1	MO
XERMELO ORAL TABLET 250 MG	5	QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>Gastrointestinal Agents, Other</i>		
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	MO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	MO
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5- 3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	4	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	MO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	MO
SUTAB ORAL TABLET 1479-225-188 MG	4	MO
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	MO
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	MO
<i>Protectants</i>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	MO
<i>sucrafate oral suspension 1 gm/10ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet 1 gm</i>	1	MO
<i>Proton Pump Inhibitors</i>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	MO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; MO
ENDARI ORAL PACKET 5 GM	4	PA; MO
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
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
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG	5	PA; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	5	PA; QL (56 EA per 28 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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, 60000-189600 UNIT	3	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	MO
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	MO; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	MO; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	2	MO; QL (60 EA per 30 days)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 EA per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 EA per 30 days)

Genitourinary Agents, Other

<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
ELMIRON ORAL CAPSULE 100 MG	4	MO
<i>penicillamine oral tablet 250 mg</i>	5	

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
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; MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	MO
<i>prednisolone oral solution 15 mg/5ml</i>	2	BvD; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD; MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	BvD; MO
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	2	BvD; MO
<i>prednisone oral solution 5 mg/5ml</i>	2	BvD; MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD; MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

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Drug Name	Drug Tier	Requirements/Limits
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	MO
<i>danazol oral capsule 200 mg</i>	4	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	MO
<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	MO
<i>testosterone transdermal solution 30 mg/act</i>	3	MO
<i>Estrogens</i>		
DUAVEE ORAL TABLET 0.45-20 MG	3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<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	MO
<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	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	MO
<i>estradiol vaginal tablet 10 mcg</i>	4	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	MO
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	MO
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	MO
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; MO
INTROVALE ORAL TABLET 0.15-0.03 MG	2	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	2	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	2	MO
OSPHENA ORAL TABLET 60 MG	3	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	2	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TURQOZ ORAL TABLET 0.3-30 MG-MCG	2	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	MO
VESTURA ORAL TABLET 3-0.02 MG	2	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
<i>Progestins</i>		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	2	MO
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYLEQ ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	MO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	2	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
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	MO

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Drug Name	Drug Tier	Requirements/Limits
<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	MO
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	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
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	MO
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	MO

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline oral tablet 0.5 mg</i>	2	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; MO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; MO
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	4	PA; MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<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; MO
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
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA; MO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA
<i>Immunoglobulins</i>		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>Immunological Agents, Other</i>		
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	MO
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
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
TAVNEOS ORAL CAPSULE 10 MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
<i>Immunostimulants</i>		
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
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA
<i>Immunosuppressants</i>		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	2	BvD; MO
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; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD; MO
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

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Drug Name	Drug Tier	Requirements/Limits
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BvD; MO
<i>everolimus oral tablet 0.25 mg, 0.75 mg, 1 mg</i>	5	BvD; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BvD; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	2	BvD; MO
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	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; MO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD; MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD; MO
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, 2 mg</i>	4	BvD; MO
<i>tacrolimus oral capsule 0.5 mg</i>	2	BvD; MO
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvD; MO
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	MO
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	MO
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	MO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	4	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD; MO
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	MO
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BvD; MO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	MO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	MO
IPOL INJECTION INJECTABLE	3	MO
IXIARO INTRAMUSCULAR SUSPENSION	3	MO
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	MO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	MO
MENACTRA INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI INTRAMUSCULAR SOLUTION	3	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	MO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	MO
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	MO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	MO
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	MO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BvD; MO
ROTARIX ORAL SUSPENSION	3	MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	MO
ROTATEQ ORAL SOLUTION	3	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD; MO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	MO
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	MO
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	MO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	MO
<i>mesalamine oral capsule delayed release 400 mg</i>	4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	4	MO
<i>mesalamine rectal enema 4 gm</i>	4	MO
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	MO
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BvD; MO; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	4	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	BvD; MO; 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	MO; 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; MO

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Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	MO; QL (1 ML per 180 days)
<i>rалoxifene hcl oral tablet 60 mg</i>	2	MO
<i>risedronate sodium oral tablet 150 mg</i>	2	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	MO; 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; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	MO
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	MO; 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	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	MO
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	MO
<i>Ophthalmic Anti-Infectives</i>		
AZASITE OPHTHALMIC SOLUTION 1 %	4	MO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	MO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	4	PA; MO
<i>Ophthalmic Anti-Inflammatories</i>		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	MO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	MO
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	MO
AZOPT OPHTHALMIC SUSPENSION 1 %	3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1- 0.2 %	4	MO
<i>Ophthalmic Prostaglandin And Prostanamide Analogs</i>		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	MO
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	MO
OTIC AGENTS		
<i>Otic Agents</i>		
<i>acetic acid otic solution 2 %</i>	1	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	MO
<i>ciprofloxacin-dexamethasone otic suspension 0.3- 0.1 %</i>	3	MO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3- 0.025 %</i>	4	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic suspension 3.5- 10000-1</i>	2	MO
<i>ofloxacin otic solution 0.3 %</i>	4	MO
RESPIRATORY TRACT/ PULMONARY AGENTS		
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.1 %</i>	2	MO; QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	MO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	MO
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	MO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	MO
<i>Anti-Inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BvD; MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO; QL (50 ML per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	3	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	MO; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	MO; QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	MO; QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	MO; QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	2	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	MO; QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	MO; QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	3	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	MO; QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	MO; 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; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MO; QL (36 GM per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	MO
<i>Pulmonary Antihypertensives</i>		
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; MO; QL (90 EA per 30 days)
<i>Pulmonary Fibrosis Agents</i>		
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
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BvD; MO
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	MO; 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	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	MO; QL (10.7 GM per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. 2024 Sonder CSNP 6-Tier, Formulary ID 24458, Version 10, effective 04/01/2024. Last updated 03/19/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	MO; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	MO; QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BvD; MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	MO; 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	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD; MO
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	MO; QL (60 EA per 30 days)
SKELLETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	2	MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	MO
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	MO
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	MO
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam oral capsule 22.5 mg</i>	4	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	MO; QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	4	PA; MO; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)

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Index of Drugs/Alphabetical Listing

A		
<i>abacavir sulfate</i>	39	
<i>abacavir sulfate-lamivudine</i> .	39	
ABELCET	21	
ABILIFY ASIMTUFII.....	35	
ABILIFY MAINTENA.....	35	
<i>abiraterone acetate</i>	24	
ABRYSSVO	82	
<i>acamprosate calcium</i>	6	
<i>acarbose</i>	43	
ACCUTANE	59	
<i>acebutolol hcl</i>	50	
<i>acetaminophen-codeine</i>	5	
<i>acetazolamide</i>	88	
<i>acetazolamide er</i>	88	
<i>acetic acid</i>	89	
<i>acetylcysteine</i>	92	
<i>acitretin</i>	59	
ACTHIB	82	
ACTIMMUNE.....	80	
<i>acyclovir</i>	38	
<i>acyclovir sodium</i>	38	
ADACEL.....	82	
<i>adefovir dipivoxil</i>	37	
ADEMPAS	92	
ADVAIR HFA.....	92	
AKEEGA.....	24	
<i>albendazole</i>	32	
<i>albuterol sulfate</i>	91	
<i>albuterol sulfate hfa</i>	91	
<i>alclometasone dipropionate</i> .	60	
ALECENSA	27	
<i>alendronate sodium</i>	85	
<i>alfuzosin hcl er</i>	69	
<i>aliskiren fumarate</i>	52	
<i>allopurinol</i>	22	
<i>alosetron hcl</i>	66	
<i>alprazolam</i>	42	
ALPRAZOLAM INTENSOL	42	
ALTAVERA.....	72	
ALUNBRIG.....	27	
<i>alyacen 1/35</i>	72	
<i>amantadine hcl</i>	33	
<i>ambrisentan</i>	92	
<i>amcinonide</i>	60	
<i>amikacin sulfate</i>	7	
<i>amiloride hcl</i>	55	
<i>amiloride-hydrochlorothiazide</i>	53	
<i>amiodarone hcl</i>	50	
<i>amitriptyline hcl</i>	19	
<i>amlodipine besy-benazepril hcl</i>	53	
<i>amlodipine besylate</i>	51	
<i>amlodipine besylate-valsartan</i>	53	
<i>amlodipine-atorvastatin</i>	53	
<i>amlodipine-olmesartan</i>	53	
<i>ammonium lactate</i>	60	
AMNESTEEM.....	59	
<i>amoxapine</i>	19	
<i>amoxicillin</i>	10	
<i>amoxicillin-pot clavulanate</i> ..	10	
<i>amoxicillin-pot clavulanate er</i>	10	
<i>amphetamine-</i> <i>dextroamphetamine</i>	57	
<i>amphotericin b</i>	21	
<i>amphotericin b liposome</i>	21	
<i>ampicillin</i>	10	
<i>ampicillin sodium</i>	10	
<i>ampicillin-sulbactam sodium</i>	10	
<i>anagrelide hcl</i>	48	
<i>anastrozole</i>	26	
ANORO ELLIPTA.....	92	
<i>apraclonidine hcl</i>	88	
<i>aprepitant</i>	20	
APRI	72	
APTIOM	16	
APTIVUS.....	40	
ARANELLE.....	72	
ARCALYST.....	79	
AREXVY	82	
ARIKAYCE	7	
<i>aripiprazole</i>	35	
<i>armodafinil</i>	94	
ARNUITY ELLIPTA	89	
<i>asenapine maleate</i>	35	
ASMANEX (120 METERED DOSES).....	90	
ASMANEX (30 METERED DOSES).....	90	
ASMANEX (60 METERED DOSES).....	90	
ASMANEX HFA	90	
<i>aspirin-dipyridamole er</i>	49	
ASSURE ID INSULIN SAFETY SYR.....	45	
<i>atazanavir sulfate</i>	40	
<i>atenolol</i>	50	
<i>atenolol-chlorthalidone</i>	53	
<i>atomoxetine hcl</i>	57	
<i>atorvastatin calcium</i>	55	
<i>atovaquone</i>	32	
<i>atovaquone-proguanil hcl</i> ...	32	
<i>atropine sulfate</i>	86	
ATROVENT HFA	90	
AUBRA EQ.....	72	
AUGTYRO.....	27	
AURYXIA.....	66	
AUSTEDO.....	58	
AUSTEDO XR	58	
AUSTEDO XR PATIENT TITRATION	58	
AUVELITY	17	
AVIANE.....	72	
AVONEX PEN	58	
AVONEX PREFILLED	58	
AYVAKIT	27	
AZASITE	87	
<i>azathioprine</i>	80	
<i>azelastine hcl</i>	87, 89	
<i>azithromycin</i>	11, 12	
AZOPT	88	
<i>aztreonam</i>	7	
B		
<i>bacitracin</i>	87	
<i>bacitracin-polymyxin b</i>	87	
<i>bacitra-neomycin-polymyxin-</i> <i>hc</i>	86	
<i>baclofen</i>	37	
<i>balsalazide disodium</i>	85	
BALVERSA	27	
BALZIVA.....	72	
BAQSIMI ONE PACK	45	
BARACLUDGE	38	
<i>bcg vaccine</i>	82	
BELSOMRA.....	93	
<i>benazepril hcl</i>	49	
<i>benazepril-hydrochlorothiazide</i>	53	
BENLYSTA	80	
<i>benznidazole</i>	32	

<i>benzoyl peroxide-erythromycin</i>	<i>buspirone hcl</i>	<i>ceftriaxone sodium</i>
.....59	42	9, 10
<i>benztropine mesylate</i>	<i>butalbital-apap-caffeine</i>	<i>cefuroxime axetil</i>
33	4	10
BESREMI	<i>butalbital-asa-caff-codeine</i>	<i>cefuroxime sodium</i>
80	4	10
<i>betaine</i>	<i>butalbital-aspirin-caffeine</i>	<i>celecoxib</i>
68	4	4
<i>betamethasone dipropionate</i>	BYLVAY	<i>cephalexin</i>
60	67	10
<i>betamethasone dipropionate</i>	BYLVAY (PELLETS)	<i>cetirizine hcl</i>
<i>aug</i>	C	89
60	<i>cabergoline</i>	<i>chlordiazepoxide hcl</i>
<i>betamethasone valerate</i>	77	42
60	CABLIVI	<i>chlorhexidine gluconate</i>
BETASERON	49	59
58	CABOMETYX	<i>chloroquine phosphate</i>
<i>betaxolol hcl</i>	27	32
50, 88	<i>calcipotriene</i>	<i>chlorpromazine hcl</i>
<i>bethanechol chloride</i>	62	34
70	<i>calcitonin (salmon)</i>	<i>chlorthalidone</i>
<i>bexarotene</i>	85	55
32	<i>calcitriol</i>	<i>chlorzoxazone</i>
BEXSERO	85	93
82	<i>calcium acetate</i>	<i>cholestyramine</i>
<i>bicalutamide</i>	66	56
24	<i>calcium acetate (phos binder)</i>	<i>cholestyramine light</i>
BICILLIN L-A	66	56
11	CALQUENCE	<i>ciclopirox</i>
BIKTARVY	27	62
38	CAMILA	<i>ciclopirox olamine</i>
<i>bisoprolol fumarate</i>	76	21
50	CAMZYOS	<i>cilostazol</i>
<i>bisoprolol-hydrochlorothiazide</i>	53	49
.....53	<i>candesartan cilexetil</i>	CIMDUO
BLISOVI FE 1.5/30	49	39
72	<i>candesartan cilexetil-hctz</i>	<i>cinacalcet hcl</i>
BOOSTRIX	53	85
82	CAPLYTA	<i>ciprofloxacin hcl</i>
<i>bosentan</i>	35	12, 89
92	CAPRELSA	<i>ciprofloxacin in d5w</i>
BOSULIF	27	12
27	<i>captopril</i>	<i>ciprofloxacin-dexamethasone</i>
BRAFTOVI	50	.....89
27	<i>carbamazepine</i>	<i>ciprofloxacin-fluocinolone pf</i> 89
BREO ELLIPTA	16	89
92	<i>carbamazepine er</i>	<i>citalopram hydrobromide</i>
BREZTRI AEROSPHERE ...92	16	18
<i>brillyn</i>	<i>carbidopa</i>	CLARAVIS
72	33	59
BRILINTA	<i>carbidopa-levodopa</i>	<i>clarithromycin</i>
49	33	12
<i>brimonidine tartrate</i>	<i>carbidopa-levodopa er</i>	<i>clarithromycin er</i>
88	33	12
<i>brimonidine tartrate-timolol</i> .88	<i>carbidopa-levodopa-</i>	CLENPIQ
BRIVIACT	<i>entacapone</i>	67
13	33	<i>clindamycin hcl</i>
<i>bromfenac sodium (once-daily)</i>	CARDURA XL	7
.....87	69	<i>clindamycin palmitate hcl</i>
<i>bromocriptine mesylate</i>	<i>carglumic acid</i>	8
33	63	<i>clindamycin phos-benzoyl</i>
BROMSITE	<i>carteolol hcl</i>	<i>perox</i>
87	88	59
BRONCHITOL	CARTIA XT	<i>clindamycin phosphate</i>
91	52	8, 62,
BRUKINSA	<i>carvedilol</i>	63
27	51	<i>clindamycin phosphate in d5w</i> 8
<i>budesonide</i>	<i>carvedilol phosphate er</i>	CLINIMIX E/DEXTROSE
85, 90	51	(2.75/5).....
<i>budesonide er</i>	<i>casprofungin acetate</i>	65
85	21	CLINIMIX E/DEXTROSE
<i>budesonide-formoterol</i>	CAYSTON	(4.25/10).....
<i>fumarate</i>	91	65
93	<i>cefaclor</i>	CLINIMIX E/DEXTROSE
<i>bumetanide</i>	9	(4.25/5).....
54	<i>cefaclor er</i>	65
<i>buprenorphine hcl</i>	9	CLINIMIX E/DEXTROSE
6	<i>cefadroxil</i>	(4.25/5).....
<i>buprenorphine hcl-naloxone</i>	9	65
<i>hcl</i>	<i>cefazolin sodium</i>	CLINIMIX E/DEXTROSE
6	9	(5/15).....
<i>bupropion hcl</i>	<i>cefdinir</i>	65
17	9	CLINIMIX E/DEXTROSE
<i>bupropion hcl er (smoking det)</i>	<i>cefepime hcl</i>	(5/20).....
.....7	9	65
<i>bupropion hcl er (sr)</i>	<i>cefixime</i>	CLINIMIX/DEXTROSE
17	9	(4.25/10).....
<i>bupropion hcl er (xl)</i>	<i>cefotetan disodium</i>	65
17	9	CLINIMIX/DEXTROSE
	<i>cefoxitin sodium</i>	(4.25/5).....
	9	65
	<i>cefpodoxime proxetil</i>	
	9	
	<i>cefprozil</i>	
	9	
	<i>ceftazidime</i>	
	9	

CLINIMIX/DEXTROSE		
(5/15).....	65	
CLINIMIX/DEXTROSE		
(5/20).....	65	
<i>clobazam</i>	15	
<i>clobetasol propionate</i>	60	
<i>clobetasol propionate e</i>	60	
<i>clomipramine hcl</i>	19	
<i>clonazepam</i>	42	
<i>clonidine</i>	49	
<i>clonidine hcl</i>	49	
<i>clopidogrel bisulfate</i>	49	
<i>clorazepate dipotassium</i>	42	
<i>clotrimazole</i>	21	
<i>clotrimazole-betamethasone</i>	62	
<i>clozapine</i>	37	
COARTEM.....	32	
<i>codeine sulfate</i>	5	
<i>colchicine</i>	22	
<i>colchicine-probenecid</i>	22	
<i>colestipol hcl</i>	56	
<i>colistimethate sodium (cba)</i>	8	
COMBIGAN.....	88	
COMBIVENT RESPIMAT.....	93	
COMETRIQ (100 MG DAILY DOSE).....	27	
COMETRIQ (140 MG DAILY DOSE).....	27	
COMETRIQ (60 MG DAILY DOSE).....	27	
COMFORT ASSIST INSULIN SYRINGE.....	45	
COMPLERA.....	39	
<i>constulose</i>	66	
COPAXONE.....	58	
COPIKTRA.....	27	
CORLANOR.....	53	
COSENTYX.....	79	
COSENTYX (300 MG DOSE).....	79	
COSENTYX SENSOREADY (300 MG).....	79	
COSENTYX UNOREADY.....	79	
COTELLIC.....	27	
CREON.....	68	
<i>cromolyn sodium</i>	68, 87, 93	
CRYSELLE-28.....	72	
<i>cvs gauze sterile</i>	45	
<i>cyclobenzaprine hcl</i>	93	
<i>cyclophosphamide</i>	24	
<i>cyclosporine</i>	80, 86	
<i>cyclosporine modified</i>	80	
<i>cyproheptadine hcl</i>	89	
CYRED EQ.....	72	
CYSTADROPS.....	86	
CYSTAGON.....	68	
CYSTARAN.....	86	
D		
<i>dalfampridine er</i>	58	
<i>danazol</i>	71	
<i>dapsone</i>	24	
DAPTACEL.....	82	
<i>daptomycin</i>	8	
<i>darifenacin hydrobromide er</i>	69	
<i>darunavir</i>	40, 41	
DAURISMO.....	27	
DAYBUE.....	58	
DEBLITANE.....	76	
<i>deferasirox</i>	64	
<i>deferasirox granules</i>	64	
<i>deferiprone</i>	64	
DELSTRIGO.....	39	
DEPO-SUBQ PROVERA.....	104	
.....	76	
DESCOVY.....	39	
<i>desipramine hcl</i>	19	
<i>desmopressin ace spray refrig</i>	71	
<i>desmopressin acetate</i>	71	
<i>desogestrel-ethinyl estradiol</i>	72	
<i>desonide</i>	60	
<i>desoximetasone</i>	60, 61	
<i>desvenlafaxine er</i>	18	
<i>desvenlafaxine succinate er</i>	18	
<i>dexamethasone</i>	70	
<i>dexamethasone sodium phosphate</i>	87	
<i>dexlansoprazole</i>	68	
<i>dexmethylphenidate hcl</i>	57	
<i>dextroamphetamine sulfate</i>	57	
<i>dextroamphetamine sulfate er</i>	57	
<i>dextrose</i>	65	
<i>dextrose-nacl</i>	65	
DIACOMIT.....	13	
<i>diazepam</i>	15, 42	
DIAZEPAM INTENSOL.....	42	
<i>diazoxide</i>	45	
<i>diclofenac potassium</i>	4	
<i>diclofenac sodium</i>	4, 62, 87	
<i>diclofenac sodium er</i>	4	
<i>dicloxacillin sodium</i>	11	
<i>dicyclomine hcl</i>	66, 67	
DIFICID.....	12	
<i>diflunisal</i>	4	
<i>digoxin</i>	53	
<i>dihydroergotamine mesylate</i>	22	
DILANTIN.....	16	
<i>diltiazem hcl</i>	52	
<i>diltiazem hcl er</i>	52	
<i>diltiazem hcl er beads</i>	52	
<i>diltiazem hcl er coated beads</i>	52	
<i>dilt-xr</i>	52	
<i>dimethyl fumarate</i>	59	
<i>dimethyl fumarate starter pack</i>	59	
<i>diphenoxylate-atropine</i>	66	
<i>diphtheria-tetanus toxoids dt</i>	82	
<i>disopyramide phosphate</i>	50	
<i>disulfiram</i>	6	
<i>divalproex sodium</i>	43	
<i>divalproex sodium er</i>	43	
<i>dofetilide</i>	50	
DOJOLVI.....	65	
<i>donepezil hcl</i>	17	
<i>dorzolamide hcl</i>	88	
<i>dorzolamide hcl-timolol mal</i>	88	
<i>dorzolamide hcl-timolol mal pf</i>	88	
DOVATO.....	38	
<i>doxazosin mesylate</i>	49	
<i>doxepin hcl</i>	20	
DOXY 100.....	13	
<i>doxycycline hyclate</i>	13	
<i>doxycycline monohydrate</i>	13	
<i>dronabinol</i>	20	
<i>drospirenone-ethinyl estradiol</i>	72	
DROXIA.....	25	
<i>droxidopa</i>	49	
DUAVEE.....	71	
<i>duloxetine hcl</i>	18	
DUPIXENT.....	79	
DUREZOL.....	87	
<i>dutasteride</i>	69	
<i>dutasteride-tamsulosin hcl</i>	70	
E		
<i>econazole nitrate</i>	21	
EDURANT.....	39	
<i>efavirenz</i>	39	
<i>efavirenz-emtricitab-tenofo df</i>	39	

<i>efavirenz-lamivudine-tenofovir</i>	<i>escitalopram oxalate</i>	FIRMAGON (240 MG DOSE)
.....39	<i>esomeprazole magnesium</i> ....	.....77
ELIGARD.....	ESTARYLLA	FIRVANQ
77	72	8
ELIQUIS	<i>estradiol</i>	<i>flecainide acetate</i>
47	71	50
ELIQUIS DVT/PE STARTER	<i>ethambutol hcl</i>	<i>fluconazole</i>
PACK	24	21
47	<i>ethosuximide</i>	<i>fluconazole in sodium chloride</i>
ELMIRON.....	15	.....21
70	<i>ethynodiol diac-eth estradiol</i>	<i>flucytosine</i>
ELURYNG.....	73	21
72	<i>etodolac</i>	<i>fludrocortisone acetate</i>
EMCYT.....	4	70
25	<i>etonogestrel-ethinyl estradiol</i>	<i>flunisolide</i>
EMGALITY .....	.....	90
23	73	<i>fluocinolone acetonide</i> ...
EMSAM	<i>etravirine</i>	61, 89
18	39	<i>fluocinonide</i>
<i>emtricitabine</i>	EUCRISA	61
39	61	<i>fluocinonide emulsified base</i>
<i>emtricitabine-tenofovir df</i>	EUTHYROX.....	61
39	76	<i>fluorometholone</i>
EMTRIVA.....	<i>everolimus</i>	87
39	28, 81	<i>fluorouracil</i>
EMVERM.....	EVOTAZ.....	62
32	41	<i>fluoxetine hcl</i>
<i>enalapril maleate</i>	EVRYSDI	18, 19
50	58	<i>fluphenazine decanoate</i>
<i>enalapril-hydrochlorothiazide</i>	EXEL COMFORT POINT	<i>fluphenazine hcl</i>
.....	PEN NEEDLE.....	34
53	45	<i>flurbiprofen</i>
ENBREL	<i>exemestane</i>	4
80	26	<i>flurbiprofen sodium</i>
ENBREL MINI.....	EXKIVITY.....	87
80	28	<i>fluticasone propionate</i>
ENBREL SURECLICK	<i>ezetimibe</i>	61, 90
80	56	<i>fluticasone propionate hfa</i>
ENDARI.....	<i>ezetimibe-simvastatin</i>	90
68	56	<i>fluticasone-salmeterol</i>
ENGERIX-B.....	F	93
82, 83	FALMINA	<i>fluvastatin sodium</i>
ENILLORING	73	55
72	<i>famciclovir</i>	<i>fluvastatin sodium er</i>
<i>enoxaparin sodium</i>	38	55
47	<i>famotidine</i>	<i>fluvoxamine maleate</i>
ENPRESSE-28	67	19
72	FANAPT	<i>fondaparinux sodium</i>
ENSKYCE.....	35	47, 48
72	FANAPT TITRATION PACK	<i>fosamprenavir calcium</i>
ENSPRYNG .....	.....	41
80	35	<i>fosinopril sodium</i>
<i>entacapone</i>	<i>febuxostat</i>	50
33	22	<i>fosinopril sodium-hctz</i>
<i>entecavir</i>	22	53
38	<i>felbamate</i>	FOTIVDA.....
ENTRESTO.....	13	28
53	<i>felodipine er</i>	FRUZAQLA
<i>enulose</i>	51	28
66	<i>fenofibrate</i>	<i>furosemide</i>
ENVARSUS XR.....	55	54
81	<i>fenofibrate micronized</i>	40
EPIDIOLEX	55	FUZEON
13	<i>fenofibric acid</i>	40
<i>epinephrine</i>	55	FYCOMPA.....
91	<i>fentanyl</i>	13, 14
EPITOL.....	5	G
16	<i>fentanyl citrate</i>	<i>gabapentin</i>
<i>eplerenone</i>	5	15
55	FERRIPROX.....	GALAFOLD.....
EPRONTIA	64	68
23	FERRIPROX TWICE-A-DAY	<i>galantamine hydrobromide</i> ..
ERAXIS .....	.....	17
21	64	<i>galantamine hydrobromide er</i>
<i>ergotamine-caffeine</i>	<i>fesoterodine fumarate er</i>.....	.....17
22	69	GARDASIL 9
ERIVEDGE	FETZIMA	83
28	18	<i>gatifloxacin</i>
ERLEADA	FETZIMA TITRATION.....	87
24	18	GATTEX.....
<i>erlotinib hcl</i>	FIASP	67
28	45	GAVILYTE-C
ERRIN.....	FIASP FLEXTOUCH.....	67
76	45	GAVILYTE-G
<i>ertapenem sodium</i>	FIASP PENFILL	67
11	45	GAVRETO
<i>ery</i>	FILSPARI	28
63	53	<i>gefitinib</i>
ERYTHROCIN	<i>finasteride</i>	28
LACTOBIONATE.....	70	<i>gemfibrozil</i>
12	<i>finolimid hcl</i>	55
<i>erythromycin</i>	59	<i>generlac</i>
12, 63, 87	FINTEPLA.....	66
<i>erythromycin base</i>	13	GENGRAF
12	FIRMAGON	81
<i>erythromycin ethylsuccinate</i> .	77	
12		

<i>gentamicin in saline</i>	7	<i>hydrocortisone ace-pramoxine</i>	62	INVOKANA.....	43
<i>gentamicin sulfate</i>	7, 87	<i>hydrocortisone valerate</i>	61	IPOLE.....	83
GENVOYA	38	<i>hydromorphone hcl</i>	5	<i>ipratropium bromide</i>	90
GILOTRIF.....	28	<i>hydroxychloroquine sulfate</i> ..	32	<i>ipratropium-albuterol</i>	93
GLEOSTINE	24	<i>hydroxyurea</i>	25	<i>irbesartan</i>	49
<i>glimepiride</i>	43	<i>hydroxyzine hcl</i>	42	<i>irbesartan-hydrochlorothiazide</i>	53
<i>glipizide</i>	43	<i>hydroxyzine pamoate</i>	42	ISENTRESS	38
<i>glipizide er</i>	43	HYFTOR.....	62	ISENTRESS HD.....	38
<i>glipizide-metformin hcl</i>	43	I		ISIBLOOM.....	73
<i>global alcohol prep ease</i>	62	<i>ibandronate sodium</i>	85	ISOLYTE-P IN D5W.....	65
GLUCAGEN HYPOKIT	45	IBRANCE	28	ISOLYTE-S PH 7.4	63
<i>glyburide</i>	43	IBU	4	<i>isoniazid</i>	24
<i>glyburide micronized</i>	43	<i>ibuprofen</i>	4	<i>isosorb dinitrate-hydralazine</i>	53
<i>glyburide-metformin</i>	43	<i>icatibant acetate</i>	78	<i>isosorbide dinitrate</i>	56
<i>glycopyrrolate</i>	67	ICLEVIA.....	73	<i>isosorbide mononitrate</i>	56
<i>granisetron hcl</i>	20	ICLUSIG.....	28	<i>isosorbide mononitrate er</i>	56
<i>griseofulvin microsize</i>	21	<i>icosapent ethyl</i>	56	<i>isotretinoin</i>	59
<i>griseofulvin ultramicrosize</i> ..	21	IDHIFA	25	<i>isradipine</i>	51
<i>guanfacine hcl</i>	49	ILEVRO.....	87	ISTURISA	70
<i>guanfacine hcl er</i>	57	<i>imatinib mesylate</i>	28	<i>itraconazole</i>	21
H		IMBRUVICA	28	<i>ivermectin</i>	32
<i>halobetasol propionate</i>	61	<i>imipenem-cilastatin</i>	11	IWILFIN.....	28
HALOETTE	73	<i>imipramine hcl</i>	20	IXIARO	83
<i>haloperidol</i>	34	<i>imiquimod</i>	62	J	
<i>haloperidol decanoate</i>	34	IMOVAX RABIES	83	JAKAFI	28
<i>haloperidol lactate</i>	34	IMVEXXY MAINTENANCE PACK.....	71	JANTOVEN	48
HAVRIX	83	IMVEXXY STARTER PACK	72	JANUMET.....	43
<i>heparin sodium (porcine)</i>	48	INBRIJA	33	JANUMET XR	43
HEPLISAV-B	83	INCASSIA	76	JANUVIA.....	44
HIBERIX.....	83	INCRELEX.....	71	JARDIANCE	44
HUMIRA (2 PEN)	81	<i>indapamide</i>	55	JASMIEL.....	73
HUMIRA (2 SYRINGE).....	81	<i>indomethacin</i>	4	JAYPIRCA	28, 29
HUMIRA-CD/UC/HS STARTER	81	<i>indomethacin er</i>	4	JUBLIA	21
HUMIRA-PED<40KG CROHNS STARTER.....	81	INFANRIX.....	83	JULEBER	73
HUMIRA-PED>=40KG CROHNS START	81	INLYTA.....	28	JULUCA.....	39
HUMIRA-PED>=40KG UC STARTER	81	INQOVI	25	JUNEL 1.5/30.....	73
HUMIRA-PS/UV/ADOL HS STARTER	81	INREBIC.....	28	JUNEL 1/20.....	73
HUMIRA-PSORIASIS/UEVIT STARTER	81	<i>insulin glargine</i>	45	JUNEL FE 1.5/30.....	73
<i>hydralazine hcl</i>	56	<i>insulin glargine solostar</i>	45	JUNEL FE 1/20	73
<i>hydrochlorothiazide</i>	55	INTELENCE.....	39	JUXTAPID	56
<i>hydrocodone-acetaminophen</i> ..	5	INTRALIPID	65	JYNNEOS	83
<i>hydrocodone-ibuprofen</i>	5	INTRAROSA.....	73	K	
<i>hydrocortisone</i>	61, 70, 85	INTROVALE.....	73	KALYDECO	91
<i>hydrocortisone (perianal)</i>	61	INVEGA HAFYERA.....	35	KARIVA.....	73
		INVEGA SUSTENNA.....	35	KATERZIA	51
		INVEGA TRINZA.....	35	<i>kcl in dextrose-nacl</i>	63
		INVOKAMET.....	43	<i>kcl-lactated ringers-d5w</i>	63
		INVOKAMET XR	43	KELNOR 1/35	73
				KELNOR 1/50	73
				KERENDIA.....	55

KESIMPTA.....	59	LENVIMA (10 MG DAILY DOSE).....	29	<i>lisinopril-hydrochlorothiazide</i>	54
<i>ketoconazole</i>	21, 22	LENVIMA (12 MG DAILY DOSE).....	29	<i>lithium</i>	43
<i>ketorolac tromethamine</i>	4, 87	LENVIMA (14 MG DAILY DOSE).....	29	<i>lithium carbonate</i>	43
KINERET	81	LENVIMA (18 MG DAILY DOSE).....	29	<i>lithium carbonate er</i>	43
KINRIX.....	83	LENVIMA (20 MG DAILY DOSE).....	29	LIVMARLI.....	67
KISQALI (200 MG DOSE)..	29	LENVIMA (24 MG DAILY DOSE).....	29	LIVTENCITY.....	37
KISQALI (400 MG DOSE)..	29	LENVIMA (4 MG DAILY DOSE).....	29	LOKELMA.....	64
KISQALI (600 MG DOSE)..	29	LENVIMA (8 MG DAILY DOSE).....	29	LONSURF.....	26
KISQALI FEMARA (200 MG DOSE)	25	LESSINA	73	<i>loperamide hcl</i>	66
KISQALI FEMARA (400 MG DOSE)	26	<i>letrozole</i>	27	<i>lopinavir-ritonavir</i>	41
KISQALI FEMARA (600 MG DOSE)	26	<i>leucovorin calcium</i>	26	<i>lorazepam</i>	42
KLOR-CON.....	63	LEUKERAN	24	LORAZEPAM INTENSOL	42
KLOR-CON 10.....	63	LEUKINE	48	LORBRENA.....	29
KLOR-CON M10	63	<i>leuprolide acetate</i>	77	LORYNA	74
KLOR-CON M15	63	<i>leuprolide acetate (3 month)</i>	77	<i>losartan potassium</i>	49
KLOR-CON M20	63	LEVEMIR.....	45	<i>losartan potassium-hctz</i>	54
KLOXXADO.....	6	LEVEMIR FLEXPEN.....	45	<i>loteprednol etabonate</i>	88
KORLYM.....	45	<i>levetiracetam</i>	14	<i>lovastatin</i>	55
KOSELUGO.....	29	<i>levetiracetam er</i>	14	LOW-OGESTREL.....	74
KRAZATI.....	29	<i>levobunolol hcl</i>	88	<i>loxapine succinate</i>	34
KURVELO	73	<i>levocarnitine</i>	65	<i>lubiprostone</i>	66
L		<i>levocetirizine dihydrochloride</i>	89	LUMAKRAS	26
<i>labetalol hcl</i>	51	<i>levofloxacin</i>	12	LUMIGAN	89
<i>lacosamide</i>	16	<i>levofloxacin in d5w</i>	12	LUPKYNIS	81
<i>lactulose</i>	66	LEVONEST	73	LUPRON DEPOT (1-MONTH)	77
LAGEVRIO.....	41	<i>levonorgest-eth estrad 91-day</i>	73	LUPRON DEPOT (3-MONTH)	77
<i>lamivudine</i>	38, 40	<i>levonorgestrel-ethinyl estrad</i>	73	LUPRON DEPOT (4-MONTH)	77
<i>lamivudine-zidovudine</i>	40	<i>levonorg-eth estrad triphasic</i>	74	LUPRON DEPOT (6-MONTH)	77
<i>lamotrigine</i>	14	LEVORA 0.15/30 (28)	74	LUPRON DEPOT-PED (1-MONTH)	77
<i>lamotrigine er</i>	14	<i>levothyroxine sodium</i>	77	LUPRON DEPOT-PED (3-MONTH)	78
<i>lamotrigine starter kit-blue</i> ...	14	LEVOXYL.....	77	LUPRON DEPOT-PED (6-MONTH)	78
<i>lamotrigine starter kit-green</i>	14	LEXIVA.....	41	<i>lurasidone hcl</i>	35
<i>lamotrigine starter kit-orange</i>	14	LIALDA.....	85	LUTERA	74
LAMPIT	32	<i>lidocaine</i>	6	LYBALVI.....	36
LANOXIN.....	53	<i>lidocaine hcl</i>	6	LYLEQ.....	76
<i>lansoprazole</i>	68	<i>lidocaine viscous hcl</i>	6	LYNPARZA	26
LANTUS	45	<i>lidocaine-prilocaine</i>	6	LYSODREN.....	24
LANTUS SOLOSTAR	45	<i>linezolid</i>	8	LYTGOBI (12 MG DAILY DOSE)	29
<i>lapatinib ditosylate</i>	29	LINZESS.....	66	LYTGOBI (16 MG DAILY DOSE)	29
LARIN 1.5/30.....	73	<i>liothyronine sodium</i>	77	LYTGOBI (20 MG DAILY DOSE)	29
LARIN 1/20.....	73	<i>lisinopril</i>	50		
LARIN FE 1.5/30.....	73				
LARIN FE 1/20	73				
<i>latanoprost</i>	89				
LEENA.....	73				
<i>leflunomide</i>	79				
<i>lenalidomide</i>	25				

LYZA	76	<i>metyrosine</i>	54	<i>nebivolol hcl</i>	51
M		<i>mexiletine hcl</i>	50	NECON 0.5/35 (28)	74
<i>magnesium sulfate</i>	63	MICROGESTIN 1.5/30	74	<i>nefazodone hcl</i>	19
<i>malathion</i>	62	MICROGESTIN 1/20	74	<i>neomycin sulfate</i>	7
<i>maraviroc</i>	40	MICROGESTIN FE 1.5/30..	74	<i>neomycin-bacitracin zn-</i>	
<i>marlissa</i>	74	MICROGESTIN FE 1/20 ...	74	<i>polymyx</i>	87
MARPLAN	18	<i>midodrine hcl</i>	49	<i>neomycin-polymyxin-dexameth</i>	
MATULANE	24	<i>miglitol</i>	44	.....	86
MATZIM LA	52	<i>miglustat</i>	68	<i>neomycin-polymyxin-</i>	
MAVYRET	38	MILI	74	<i>gramicidin</i>	86
MAYZENT	59	<i>minocycline hcl</i>	13	<i>neomycin-polymyxin-hc</i> ..	86, 89
MAYZENT STARTER PACK		<i>minoxidil</i>	56	NERLYNX	30
.....	59	<i>mirtazapine</i>	17, 18	NEUPRO	33
<i>meclizine hcl</i>	20	<i>misoprostol</i>	67	<i>nevirapine</i>	39
<i>medroxyprogesterone acetate</i>		M-M-R II	83	<i>nevirapine er</i>	39
.....	76	<i>modafinil</i>	94	<i>niacin er (antihyperlipidemic)</i>	
<i>mefloquine hcl</i>	32	<i>moexipril hcl</i>	50	.....	56
<i>megestrol acetate</i>	76	<i>molindone hcl</i>	34	<i>nicardipine hcl</i>	51
MEKINIST	30	<i>mometasone furoate</i>	61, 90	NICOTROL	7
MEKTOVI	30	<i>montelukast sodium</i>	90	<i>nifedipine</i>	51
<i>meloxicam</i>	4	<i>morphine sulfate</i>	5	<i>nifedipine er</i>	51
<i>memantine hcl</i>	16	<i>morphine sulfate (concentrate)</i>		<i>nifedipine er osmotic release</i>	51
<i>memantine hcl er</i>	16	.....	5	NIKKI	74
MENACTRA	83	<i>morphine sulfate er</i>	5	<i>nilutamide</i>	24
MENEST	72	MOUNJARO	44	NINLARO	26
MENQUADFI	83	MOVANTIK	66	<i>nitazoxanide</i>	32
MENVEO	83	<i>moxifloxacin hcl</i>	12, 87	<i>nitisinone</i>	68
<i>mercaptopurine</i>	25	<i>moxifloxacin hcl in nacl</i>	12	NITRO-BID	56
<i>meropenem</i>	11	MULTAQ	50	<i>nitrofurantoin macrocrystal</i> ..	8
<i>mesalamine</i>	85	<i>multiple electro type 1 ph 5.5</i>		<i>nitrofurantoin monohyd macro</i>	
<i>mesalamine er</i>	85	.....	63	.....	8
MESNEX	26	<i>mupirocin</i>	63	<i>nitroglycerin</i>	57
<i>metformin hcl</i>	44	<i>mupirocin calcium</i>	63	<i>nizatidine</i>	67
<i>metformin hcl er</i>	44	<i>mycophenolate mofetil</i> ...	81, 82	NORA-BE	76
<i>methadone hcl</i>	5	<i>mycophenolate sodium</i>	82	<i>norethin ace-eth estrad-fe</i>	74
<i>methazolamide</i>	88	MYRBETRIQ	69	<i>norethindrone</i>	76
<i>methenamine hippurate</i>	8	N		<i>norethindrone acetate</i>	76
<i>methimazole</i>	78	<i>na sulfate-k sulfate-mg sulf</i> ..	67	<i>norethindrone acet-ethinyl est</i>	
<i>methocarbamol</i>	93	<i>nabumetone</i>	4	.....	74
<i>methotrexate sodium</i>	81	<i>nadolol</i>	51	<i>norethindrone-eth estradiol</i> ..	74
<i>methotrexate sodium (pf)</i>	81	<i>nafcillin sodium</i>	11	<i>norgestimate-eth estradiol</i>	74
<i>methsuximide</i>	15	<i>naloxone hcl</i>	6, 7	<i>norgestim-eth estrad triphasic</i>	
<i>methylphenidate hcl</i>	57	<i>naltrexone hcl</i>	6	.....	74
<i>methylprednisolone</i>	70	NAMZARIC	16	NORTREL 0.5/35 (28)	74
<i>metoclopramide hcl</i>	67	<i>naproxen</i>	4	NORTREL 1/35 (21)	74
<i>metolazone</i>	55	<i>naproxen sodium</i>	4	NORTREL 1/35 (28)	74
<i>metoprolol succinate er</i>	51	<i>naratriptan hcl</i>	23	NORTREL 7/7/7	74
<i>metoprolol tartrate</i>	51	NATACYN	87	<i>nortriptyline hcl</i>	20
<i>metoprolol-</i>		<i>nateglinide</i>	44	NORVIR	41
<i>hydrochlorothiazide</i>	54	NATPARA	85	NOVOLIN 70/30	46
<i>metronidazole</i>	8	NAYZILAM	15		

NOVOLIN 70/30 FLEXPEN	<i>olanzapine-fluoxetine hcl</i>	18	<i>penicillin g potassium</i>	11
.....46	<i>olmesartan medoxomil</i>	49	<i>penicillin g sodium</i>	11
NOVOLIN 70/30 FLEXPEN	<i>olmesartan medoxomil-hctz</i>	54	<i>penicillin v potassium</i>	11
RELION	<i>olmesartan-amlodipine-hctz</i>	54	PENTACEL	83
NOVOLIN 70/30 RELION	<i>omega-3-acid ethyl esters</i>	56	<i>pentamidine isethionate</i>	32
NOVOLIN N	<i>omeprazole</i>	68	<i>pentoxifylline er</i>	54
NOVOLIN N FLEXPEN	OMNITROPE	71	<i>perindopril erbumine</i>	50
NOVOLIN N FLEXPEN	<i>ondansetron</i>	20	PERIOGARD	59
RELION	<i>ondansetron hcl</i>	20	<i>permethrin</i>	62
NOVOLIN N RELION	ONUREG	25	<i>perphenazine</i>	34
NOVOLIN R	OPSUMIT	92	<i>phenelzine sulfate</i>	18
NOVOLIN R FLEXPEN	ORGOVYX	26	<i>phenobarbital</i>	14
NOVOLIN R FLEXPEN	ORKAMBI	91	<i>phenytoin</i>	16
RELION	<i>orphenadrine citrate er</i>	93	<i>phenytoin sodium extended</i>	16
NOVOLIN R RELION	ORSERDU	25	PIFELTRO	39
NOVOLOG	<i>oseltamivir phosphate</i>	41	<i>pilocarpine hcl</i>	59, 88
NOVOLOG 70/30 FLEXPEN	OSPHENA	75	<i>pimecrolimus</i>	61
RELION	OTEZLA	79	<i>pimozide</i>	34
NOVOLOG FLEXPEN	<i>oxacillin sodium</i>	11	PIMTREA	75
NOVOLOG FLEXPEN	<i>oxacillin sodium in dextrose</i>	11	<i>pindolol</i>	51
RELION	<i>oxaprozin</i>	4	<i>pioglitazone hcl</i>	44
NOVOLOG MIX 70/30	<i>oxazepam</i>	42	<i>pioglitazone hcl-metformin hcl</i>	44
NOVOLOG MIX 70/30	<i>oxcarbazepine</i>	16	.....	44
FLEXPEN	<i>oxybutynin chloride</i>	69	<i>piperacillin sod-tazobactam so</i>	11
NOVOLOG MIX 70/30	<i>oxybutynin chloride er</i>	69	.....	11
RELION	<i>oxycodone hcl</i>	5, 6	PIQRAY (200 MG DAILY	30
NOVOLOG PENFILL	<i>oxycodone hcl er</i>	5	DOSE)	30
NOVOLOG RELION	<i>oxycodone-acetaminophen</i>	6	PIQRAY (250 MG DAILY	30
NOXAFIL	OZEMPIC (0.25 OR 0.5	44	DOSE)	30
NUBEQA	MG/DOSE)	44	PIQRAY (300 MG DAILY	30
NUCALA	OZEMPIC (1 MG/DOSE) ...	44	DOSE)	30
NUDEXTA	OZEMPIC (2 MG/DOSE) ...	44	<i>pirfenidone</i>	92
NUPLAZID	P		<i>piroxicam</i>	5
NUTRILIPID	<i>paliperidone er</i>	36	<i>pitavastatin calcium</i>	55
NYAMYC	PANRETIN	62	PLASMA-LYTE A	63
NYLIA 1/35	<i>pantoprazole sodium</i>	68	<i>podofilox</i>	62
NYLIA 7/7/7	PANZYGA	78	<i>polymyxin b-trimethoprim</i>	86
NYMYO	<i>paricalcitol</i>	85	POMALYST	25
<i>nystatin</i>	<i>paroxetine hcl</i>	19	PORTIA-28	75
<i>nystatin-triamcinolone</i>	PAXLOVID (150/100)	41	<i>posaconazole</i>	22
NYSTOP	PAXLOVID (300/100)	41	<i>potassium chloride</i>	64
O	<i>pazopanib hcl</i>	30	<i>potassium chloride crys er</i>	63
OCELLA	PEDIARIX	83	<i>potassium chloride er</i>	64
<i>octreotide acetate</i>	PEDVAX HIB	83	<i>potassium chloride in nacl</i>	64
ODEFSEY	<i>peg 3350-kcl-na bicarb-nacl</i>	67	<i>potassium citrate er</i>	64
ODOMZO	<i>peg-3350/electrolytes</i>	67	<i>potassium cl in dextrose 5%</i>	64
OFEV	PEGASYS	80	<i>pramipexole dihydrochloride</i>	33
<i>ofloxacin</i>	PEMAZYRE	30	<i>prasugrel hcl</i>	49
OGSIVEO	PENBRAYA	83	<i>pravastatin sodium</i>	55
OJJAARA	<i>penicillamine</i>	70	<i>prazosin hcl</i>	49
<i>olanzapine</i>	<i>penicillin g pot in dextrose</i>	11	<i>prednisolone</i>	70

<i>prednisolone acetate</i>	88	<i>quinidine sulfate</i>	50	RYBELSUS	44
<i>prednisolone sodium phosphate</i>	70, 88	<i>quinine sulfate</i>	33	RYDAPT	30
<i>prednisone</i>	70	R		RYTARY	34
PREDNISONO INTENSOL	70	RABAVERT	84	S	
<i>preferred plus insulin syringe</i>	47	<i>raloxifene hcl</i>	86	SANTYL	62
<i>pregabalin</i>	58	<i>ramipril</i>	50	<i>sapropterin dihydrochloride</i>	68
PREHEVBRIO	83	<i>ranolazine er</i>	54	SAVELLA	58
PREMARIN	72	<i>rasagiline mesylate</i>	34	SAVELLA TITRATION PACK	58
PREMASOL	65	RAVICTI	68	SCSEMBLIX	30
PREMPHASE	75	RECLIPSEN	75	<i>scopolamine</i>	20
PREMPRO	75	RECOMBIVAX HB	84	SECUADO	37
<i>prenatal</i>	65	RECTIV	57	<i>selegiline hcl</i>	34
PREVYMIS	37	REGANEX	62	<i>selenium sulfide</i>	61
PREZCOBIX	41	RELENZA DISKHALER	41	SELZENTRY	40
PREZISTA	41	RELI-ON INSULIN SYRINGE	47	SEREVENT DISKUS	91
PRIFTIN	24	<i>repaglinide</i>	44	<i>sertraline hcl</i>	19
<i>primaquine phosphate</i>	32	REPATHA	56	SETLAKIN	75
<i>primidone</i>	14	REPATHA PUSHTRONEX SYSTEM	56	<i>sevelamer carbonate</i>	66
PRIORIX	84	REPATHA SURECLICK	56	SHAROBEL	76
PRIVIGEN	78	RETACRIT	48	SHINGRIX	84
<i>probenecid</i>	22	RETEVMO	30	SIGNIFOR	78
<i>prochlorperazine</i>	20	REXULTI	36	<i>sildenafil citrate</i>	66, 92
<i>prochlorperazine maleate</i>	20	REYATAZ	41	<i>silodosin</i>	70
PROCTO-MED HC	61	REZLIDHIA	30	<i>silver sulfadiazine</i>	62
PROCTOSOL HC	61	REZUROCK	82	SIMBRINZA	89
PROCTOZONE-HC	61	RHOPRESSA	88	<i>simvastatin</i>	56
<i>progesterone</i>	76	<i>ribavirin</i>	38	<i>sirolimus</i>	82
PROGRAF	82	<i>rifabutin</i>	24	SIRTURO	24
PROLASTIN-C	68	<i>rifampin</i>	24	SKYRIZI	79
PROLIA	86	<i>riluzole</i>	58	SKYRIZI PEN	79
PROMACTA	48	<i>rimantadine hcl</i>	41	<i>sodium chloride</i>	64
<i>promethazine hcl</i>	20	RINVOQ	79	<i>sodium fluoride</i>	64
<i>propafenone hcl</i>	50	<i>risedronate sodium</i>	86	<i>sodium oxybate</i>	94
<i>propranolol hcl</i>	23, 51	RISPERDAL CONSTA	36	<i>sodium polystyrene sulfonate</i>	64
<i>propranolol hcl er</i>	23, 51	<i>risperidone</i>	36, 37	<i>sofosbuvir-velpatasvir</i>	38
<i>propylthiouracil</i>	78	<i>ritonavir</i>	41	SOHONOS	68
PROQUAD	84	<i>rivastigmine</i>	17	<i>solifenacin succinate</i>	69
PROSOL	65	<i>rivastigmine tartrate</i>	17	SOLQUA	47
<i>protriptyline hcl</i>	20	<i>rizatriptan benzoate</i>	23	SOLTAMOX	25
PULMOZYME	91	ROCKLATAN	89	SOMAVERT	78
PURIXAN	25	<i>roflumilast</i>	92	<i>sorafenib tosylate</i>	30
<i>pyrazinamide</i>	24	<i>ropinirole hcl</i>	33	<i>sotalol hcl</i>	50
<i>pyridostigmine bromide</i>	23	<i>rosuvastatin calcium</i>	56	<i>sotalol hcl (af)</i>	50
Q		ROTARIX	84	SPIRIVA RESPIMAT	90
QINLOCK	30	ROTATEQ	84	<i>spironolactone</i>	55
QUADRACEL	84	ROZLYTREK	30	<i>spironolactone-hctz</i>	54
<i>quetiapine fumarate</i>	36	RUBRACA	30	SPRINTEC 28	75
<i>quetiapine fumarate er</i>	36	<i>rufinamide</i>	16	SPRITAM	14
<i>quinapril hcl</i>	50	RUKOBIA	40	SPRYCEL	30
				SPS	64

SRONYX.....	75	<i>telmisartan</i>	49	<i>tramadol-acetaminophen</i>	6
SSD	62	<i>telmisartan-amlodipine</i>	54	<i>trandolapril</i>	50
STELARA	79	<i>telmisartan-hctz</i>	54	<i>trandolapril-verapamil hcl er</i>	
STIVARGA.....	30	<i>temazepam</i>	93, 94	.....	54
STRIBILD	38	TENIVAC	84	<i>tranexamic acid</i>	48
SUBOXONE	6	<i>tenofovir disoproxil fumarate</i>		<i>tranylcypramine sulfate</i>	18
<i>sucralfate</i>	67, 68	.....	40	TRAVASOL	66
<i>sulfacetamide sodium</i>	87	TEPMETKO	31	<i>travoprost (bak free)</i>	89
<i>sulfacetamide sodium (acne)</i> 13		<i>terazosin hcl</i>	49	<i>trazodone hcl</i>	19
<i>sulfacetamide-prednisolone</i> ..86		<i>terbinafine hcl</i>	22	TRECTOR	24
<i>sulfadiazine</i>	13	<i>terbutaline sulfate</i>	91	TRELEGY ELLIPTA	93
<i>sulfamethoxazole-trimethoprim</i>		<i>terconazole</i>	22	TRELSTAR MIXJECT.....	78
.....	13	<i>teriparatide (recombinant)</i> ..	86	TRESIBA	47
<i>sulfasalazine</i>	85	<i>testosterone</i>	71	TRESIBA FLEXTOUCH.....	47
<i>sulindac</i>	5	<i>testosterone cypionate</i>	71	<i>tretinoin</i>	32, 60
<i>sumatriptan</i>	23	<i>testosterone enanthate</i>	71	TREXALL.....	82
<i>sumatriptan succinate</i>	23	<i>tetrabenazine</i>	58	<i>triamcinolone acetonide</i> 59, 61,	
<i>sumatriptan succinate refill</i> ..23		<i>tetracycline hcl</i>	13	62	
<i>sunitinib malate</i>	30	THALOMID	25	<i>triamterene-hctz</i>	54
SUNLENCA	40	<i>theophylline er</i>	92	<i>trientine hcl</i>	65
SUTAB.....	67	<i>thioridazine hcl</i>	34	TRI-ESTARYLLA.....	75
SYEDA.....	75	<i>thiothixene</i>	34	<i>trifluoperazine hcl</i>	35
SYMDEKO	91	TIADYLT ER	52	<i>trifluridine</i>	38
SYMLINPEN 120.....	44	<i>tiagabine hcl</i>	15	<i>trihexyphenidyl hcl</i>	33
SYMLINPEN 60.....	44	TIBSOVO	31	TRIKAFTA	92
SYMPAZAN	15	TICOVAC.....	84	<i>trimethoprim</i>	8
SYMTUZA.....	38	<i>tigecycline</i>	8	TRI-MILI.....	75
SYNAREL.....	78	<i>timolol maleate</i>	51, 88	<i>trimipramine maleate</i>	20
SYNJARDY	44	<i>timolol maleate (once-daily)</i> 88		TRINTELLIX	19
SYNJARDY XR	44	<i>tinidazole</i>	8	TRI-NYMYO	75
SYNTHROID	77	<i>tiotropium bromide</i>		TRI-SPRINTEC.....	75
T		<i>monohydrate</i>	90	TRIUMEQ.....	40
TABLOID.....	25	TIVICAY	38, 39	TRIUMEQ PD	40
TABRECTA	31	TIVICAY PD	39	TRIVORA (28).....	75
<i>tacrolimus</i>	61, 82	<i>tizanidine hcl</i>	37	TRI-VYLIBRA	75
TAFINLAR	31	TOBI PODHALER	91	TRIZIVIR	40
TAGRISSE.....	31	<i>tobramycin</i>	87, 92	TROPHAMINE	66
TAKHZYRO	78	<i>tobramycin sulfate</i>	7	<i>tropium chloride</i>	69
TALZENNA.....	31	<i>tobramycin-dexamethasone</i> .87		<i>tropium chloride er</i>	69
<i>tamoxifen citrate</i>	25	<i>tolterodine tartrate</i>	69	TRULICITY	44
<i>tamsulosin hcl</i>	70	<i>tolterodine tartrate er</i>	69	TRUMENBA.....	84
TARINA FE 1/20 EQ.....	75	<i>tolvaptan</i>	64	TRUQAP.....	31
TASIGNA.....	31	<i>topiramate</i>	23	TUKYSA.....	31
TAVNEOS	79	<i>topiramate er</i>	23	TURALIO.....	31
<i>tazarotene</i>	59	<i>toremifene citrate</i>	25	TURQOZ.....	75
TAZORAC	60	<i>torseptide</i>	54	TWINRIX.....	84
TAZTIA XT	52	TOUJEO MAX SOLOSTAR		TYBOST.....	40
TAZVERIK	31	.....	47	TYMLOS.....	86
TDVAX.....	84	TOUJEO SOLOSTAR.....	47	TYPHIM VI.....	84
TEFLARO	10	TPN ELECTROLYTES	65	U	
TEGSEDI	68	<i>tramadol hcl</i>	6	UBRELVY	23

UNITHROID	77	VIJOICE	69	XPOVIO (60 MG ONCE	
<i>ursodiol</i>	67	<i>vilazodone hcl</i>	19	WEEKLY).....	26
V		VIRACEPT	41	XPOVIO (60 MG TWICE	
<i>valacyclovir hcl</i>	38	VIREAD	40	WEEKLY).....	26
VALCHLOR	24	VITRAKVI	31	XPOVIO (80 MG ONCE	
<i>valganciclovir hcl</i>	37	VIVITROL.....	6	WEEKLY).....	26
<i>valproic acid</i>	14	VIZIMPRO	31	XPOVIO (80 MG TWICE	
<i>valsartan</i>	49	VONJO	31	WEEKLY).....	26
<i>valsartan-hydrochlorothiazide</i>		<i>voriconazole</i>	22	XTANDI.....	25
.....	54	VOSEVI.....	38	XULTOPHY.....	45
VALTOCO 10 MG DOSE ...	15	VRAYLAR	37	XURIDEN	69
VALTOCO 15 MG DOSE ...	15	VYFEMLA	76	Y	
VALTOCO 20 MG DOSE ...	15	VYLIBRA.....	76	YF-VAX.....	85
VALTOCO 5 MG DOSE	15	VYNDAMAX	69	YONSA	25
<i>vancomycin hcl</i>	8	VYZULTA.....	89	Z	
VANFLYTA.....	31	W		<i>zafirlukast</i>	90
VAQTA.....	84	<i>warfarin sodium</i>	48	<i>zaleplon</i>	94
<i>varenicline tartrate</i>	7	WELIREG.....	26	ZARXIO.....	48
<i>varenicline tartrate (starter)</i> ...	7	X		ZEJULA	32
VARIVAX.....	85	XALKORI.....	31	ZELBORAF.....	32
VARUBI (180 MG DOSE) ..	20	XARELTO	48	ZEMDRI.....	7
VASCEPA.....	56	XARELTO STARTER PACK		ZENPEP	69
VELIVET	75	.....	48	<i>zidovudine</i>	40
VELPHORO	66	XATMEP	26	ZIEXTENZO	48
VEMLIDY.....	38	XCOPRI.....	15	ZILBRYSQ.....	80
VENCLEXTA	31	XCOPRI (250 MG DAILY		ZIMHI	7
VENCLEXTA STARTING		DOSE).....	14	<i>ziprasidone hcl</i>	37
PACK	31	XCOPRI (350 MG DAILY		<i>ziprasidone mesylate</i>	37
<i>venlafaxine besylate er</i>	19	DOSE).....	14	ZIRGAN.....	37
<i>venlafaxine hcl</i>	19	XDEMZY	87	ZOKINVY.....	69
<i>venlafaxine hcl er</i>	19	XERMELO	66	ZOLINZA.....	26
VENTOLIN HFA	91	XGEVA	86	<i>zolmitriptan</i>	23
<i>verapamil hcl</i>	52	XIFAXAN.....	9	<i>zolpidem tartrate</i>	94
<i>verapamil hcl er</i>	52	XOFLUZA (40 MG DOSE) 41		ZONISADE	15
VERQUVO.....	54	XOFLUZA (80 MG DOSE) 41		<i>zonisamide</i>	15
VERSACLOZ.....	37	XOLAIR	79, 80	ZOVIA 1/35 (28)	76
VERZENIO	31	XOSPATA	32	ZTALMY	15
VESTURA.....	75	XPOVIO (100 MG ONCE		ZURZUVAE.....	18
VICTOZA.....	45	WEEKLY).....	26	ZYDELIG.....	32
VIENVA.....	75	XPOVIO (40 MG ONCE		ZYKADIA.....	32
<i>vigabatrin</i>	15	WEEKLY).....	26	ZYPREXA RELPREVV	37
VIGADRONE.....	15	XPOVIO (40 MG TWICE			
VIGPODER.....	15	WEEKLY).....	26		

This formulary was updated on 03/19/2024. For more recent information or other questions, please contact us, Sonder Health Plans Member Service at 1-833-684-7263 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.sonderhealthplans.com.

Multi-Language Insert

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