

# Formulary (Drug List)



## PacificSource Community Solutions

**This list was updated on 03/17/2025**

**Please Read:** This document contains information about the drugs we cover on this plan.

For a complete, up-to-date list of covered drugs, visit our website: [www.CommunitySolutions.PacificSource.com](http://www.CommunitySolutions.PacificSource.com)

# 2025

Este manual está disponible en español a petición del interesado al (800) 431-4135 para Central Oregon, o (855) 204-2965 para Columbia Gorge. Si usted necesita servicios de intérprete, por favor llame al teléfono (800) 431-4135 si vive en Central Oregon o al teléfono (855) 204-2965 si vive en Columbia Gorge.

You can get this in another language, large print, or another way that's best for you. Call toll-free (800) 431-4135. TTY users call toll-free (800) 735-2900.

Prescription drugs are a very important part of your healthcare benefits. The following information will help you get the most out of your prescription drug benefit.

## Important Terms:

### What is a Formulary?

A formulary is a drug list that includes generic, brand name, and specialty drugs that are covered by us. This list of drugs begins on page 4. The drug list has information on drug tiers and important notes that will help you see how or if your drug is covered.

The formulary (drug list) is available online. To view the most current list visit our website:

[www.CommunitySolutions.PacificSource.com](http://www.CommunitySolutions.PacificSource.com)

### How do I use the Formulary?

There are two ways to find a drug in the formulary:

#### 1. Medical Condition

The drugs are listed into categories that match the type of medical conditions treated by each drug. For example, drugs for anxiety are listed under the category "Antianxiety Agents".

#### 2. Alphabetical Listing

If you are not sure what category to look under, find your drug in the index that follows the formulary. The index provides an alphabetical listing of all the drugs included in the formulary and the page where they can be found in the formulary.

### What is a Tier?

A tier shows how a drug is priced. Drugs on the formulary are grouped into tiers. Tier numbers go up as the price of the drug goes up.

- **Tier 1 (Generic)**

Generic drugs are approved by the Food and Drug Administration (FDA) as having the same active ingredient as brand name drugs. These drugs are generic and have the lowest prices and best value.

- **Tier 2 (Brand)**

These are brand name drugs and cost more than generic. These drugs are only made by one drug company. You are required to try the generic drug instead of the brand drug if a generic drug is available.

- **Tier 3 (Specialty)**

These drugs are specialty drugs. **Tier 3** drugs are very expensive. Special restrictions apply to these drugs.

### What is a Co-pay?

You **do not** have co-pays for your covered drugs. A co-pay is a set dollar amount that you would pay for each drug.

### What is an In-network Pharmacy?

An in-network pharmacy is a pharmacy that has agreed to work with our members. They accept our payment in full for covered drugs.

### Are there any restrictions on my coverage?

**Yes.** This next section includes any limitations or restrictions on your medication. This may include information on quantity limits, if the medication requires preapproval or step therapy, or if the medication has any other important restrictions (like an age restriction).

- We cover both brand name and generic drugs. If a generic drug is available, we will generally not cover a brand name drug.
- You must use an in-network pharmacy when filling your drugs.
- Birth control can be filled for up to a 12 month supply at a participating pharmacy.
- You may get up to a 90-day supply of most drugs at our in-network mail-order pharmacy and retail pharmacies.
- Some drugs may still be limited to a 31-day supply when filled at in-network retail pharmacies.

To get your drugs through **mail-order**, please contact our in-network **mail-order** pharmacy:

## Caremark Prescription Services

(866) 362-4009 Toll-free

711 TTY

[www.Caremark.com](http://www.Caremark.com)

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

**Partial Fill:** Some drugs have high cost and side effects that makes them harder to tolerate for long term use. These types of medications will be dispensed in a limited amount on the first fill only. This acts as a trial period to see if you are able to tolerate the drug. If the trial is a success, all other fills will be for the full amount.

**PA (Preapproval):** If "PA" appears in the notes column, the drug requires preapproval. This means you will need to get approval from us to pay for your drug. Your doctor will need to submit chart notes to us. We will review the chart notes to see if we can approve the drug. If you do not get approval before you fill your prescription, we may not cover the drug.

**PA (Preapproval) May Apply:** If "PA May Apply" appears in the notes column, the drug may require preapproval if you are taking a high amount of this type of drug. This means you will need to get approval from us to pay for your drug. Your doctor will need to submit chart notes to us. We will review the chart notes to see if we can approve the drug. If you do not get approval before you fill your prescription, we may not cover the drug.

**QL (Quantity Limits):** If "QL" appears in the notes column, the drug may be covered by us but only up to a certain quantity or limit. If you need quantities higher than the limit shown, have your doctor contact us for approval.

**ST (Step Therapy):** If "ST" appears in the notes column, you are required to try a lower-cost alternative drug ("Step 1 drugs") first before using the more expensive ("Step 2 drugs") drug. If it is medically necessary for you to use a Step 2 drug first, your doctor will need to submit a request for approval.

**LA (Limited Access):** If "LA" appears in the notes column, your drug has limited access. This means the drug is available only at certain pharmacies and is limited to a 31-day supply.

**Specialty Medications:** Specialty drugs are listed as **Tier 3** on the formulary. **Tier 3** drugs are limited to a 31-day supply. They **must** be filled at **CVS Caremark Specialty Pharmacy**.

## CVS Caremark Specialty Pharmacy

(800) 237-2767 Toll-free, 711 TTY

[www.CVSCaremarkSpecialtyrx.com](http://www.CVSCaremarkSpecialtyrx.com)

### How do I get approval for my drug?

Certain drugs will require additional approval (PA,ST, QL). This means that we will not pay for the drug without first receiving the important information we need from you or your doctor.

### If your drug requires "PA or QL" you can:

- Have your doctor submit medical chart notes to us for review.

### If your drug requires "ST" you can:

- Ask your doctor about prescribing a Step 1 drug instead.

You and your doctor can get more information about specific restrictions by visiting our website. We have posted our preapproval and step therapy policies on our website under "Utilization Management":

[www.CommunitySolutions.PacificSource.com/Tools/DrugSearch](http://www.CommunitySolutions.PacificSource.com/Tools/DrugSearch)

### Which drugs are not covered by us?

Sometimes we may have to add or remove drugs from the formulary or change coverage rules. We will work with your doctor to find a replacement drug if your drug is removed from the formulary.

These drugs are not covered:

- Drugs not included in the formulary (non-formulary drugs). (see "How do I ask for an exception?" on page 3).
- Drugs used to treat illnesses that are not covered by the Oregon Health Plan.
- Drugs that need preapproval but were not approved in advance by the plan.
- Drugs used for cosmetic (non-medical) reasons.
- Drugs that are paid for by Medicare (if you also have Medicare benefits).
- Drugs that need more research or testing.

Most drugs used to treat mental illnesses are paid for by the Oregon Health Authority (OHA). The pharmacy will bill OHA for these drugs.

Please see your Member Handbook for a full list of benefit limits and exclusions.

### **The Prioritized List of Health Services**

We contract with the Oregon Health Authority (OHA) and must follow their rules and guidelines. OHA covers a list of certain conditions and diseases. This list is called the Prioritized List of Health Services. For a drug to be covered, it must be used to treat a condition (illness) that is covered by the Oregon Health Plan.

To view the current Prioritized List, please visit:

[www.Oregon.gov/oha/herc/Pages/PrioritizedList.aspx](http://www.Oregon.gov/oha/herc/Pages/PrioritizedList.aspx)

### **What if my drug is not on the Drug List?**

If your drug is not included on the list of covered drugs for your plan, you can:

- Visit our website or contact Customer Service for a list of similar drugs that are covered by us.
- You can talk to your doctor about prescribing a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug.

### **How do I ask for an exception?**

You can ask us to cover a drug even if it is not on the formulary. Your doctor will need to submit chart notes for us to review.

### **The following will also be considered before we will cover a nonformulary drug:**

- The condition that the drug is treating must be a covered condition according to OHA's Prioritized List or considered medically necessary through Early & Periodic Screening, Diagnostic, and Treatment (EPSDT) for those under age 21.
- The reason why other drugs on the formulary (drug list) are not a good choice for you.

### **How does my doctor submit a request for a drug?**

Your provider will need to submit a request for you online via the InTouch portal located on our website:

[www.CommunitySolutions.PacificSource.com/Providers](http://www.CommunitySolutions.PacificSource.com/Providers).

**Providers:** For help submitting a request for an exception or preapproval, please contact our Pharmacy Services department:

- (541) 330-4999
- (888) 437-7728 Toll-free

### **Getting Refills at the Same Time:**

It is important to take your drug(s) exactly as prescribed. This can be hard if you take many drugs that refill at different times. This may require many trips to the pharmacy. Our drug synchronization program may be able to coordinate your drug refills so your drugs will be ready at the same time. (Certain limitations apply.)

We will work with your providers to review your options and develop you a synchronization plan.

To synchronize your drug refills, please ask your doctor or pharmacist to contact our Pharmacy Services department:

- (541) 330-4999
- (888) 437-7728 Toll-free

### **Contact Customer Service:**

For help or more information, please call Customer Service, Monday through Friday, 8:00 a.m. to 5:00 p.m.

- Central Oregon: (541) 382-5920 or toll-free (800) 431-4135
- Columbia Gorge: (855) 204-2965
- TTY: (800) 735-2900

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness)</b>		
<i>amphetamine-dextroamphetamine er capsule extended release 24 hour 10 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine er capsule extended release 24 hour 15 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine er capsule extended release 24 hour 20 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine er capsule extended release 24 hour 25 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine er capsule extended release 24 hour 30 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine er capsule extended release 24 hour 5 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	1	QL 90/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	1	QL 90/30 days
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	1	QL 60/30 days
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	1	QL 120/30 days
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	1	QL 90/30 days
<i>caffeine citrate solution 20 mg/ml oral</i>	1	
<i>caffeine citrate solution 60 mg/3ml oral</i>	1	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	1	QL 30/30 days

Medications with a Pre-approval (PA), Step Therapy (ST), or Quantity Limit (QL) in the NOTES field may have certain limits, see page 2 for details.

**Members:** call our Customer Service department for all questions about benefits. Central Oregon members call toll-free (800) 431-4135.

Columbia Gorge members call toll-free (855) 204-2965. TTY users call (800) 735-2900.

**Providers:** call our Pharmacy Services Helpdesk at (541) 330-4999 or (888) 437-7728 to request a Pre-approval or Coverage Exception.

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	1	QL 30/30 days
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	1	QL 120/30 days
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	1	QL 60/30 days
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	1	QL 90/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	1	QL 120/30 days
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	1	QL 120/30 days
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	1	QL 30/30 days
<i>dextroamphetamine sulfate solution 5 mg/5ml oral</i>	1	QL 1800/30 days
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	1	QL 180/30 days
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	1	QL 90/30 days
<i>lisdexamfetamine dimesylate capsule 10 mg oral</i>	1	QL 60/30 days
<i>lisdexamfetamine dimesylate capsule 20 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 30 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 40 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 50 mg oral</i>	1	QL 30/30 days

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>lisdexamfetamine dimesylate capsule 60 mg oral</i>	1	QL 30/30 days
<i>lisdexamfetamine dimesylate capsule 70 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	1	QL 60/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl er tablet extended release 10 mg oral</i>	1	QL 90/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>methylphenidate hcl er tablet extended release 20 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	1	QL 60/30 days
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	1	QL 30/30 days
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	1	QL 900/30 days
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	1	QL 1800/30 days
<i>methylphenidate hcl tablet 10 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet 20 mg oral</i>	1	QL 90/30 days
<i>methylphenidate hcl tablet 5 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	1	QL 180/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	1	QL 180/30 days
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	1	QL 180/30 days
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	2	PA, QL 30/30 days, Minimum Age: None Maximum Age: 20 Years
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	2	PA, QL 30/30 days, Minimum Age: None Maximum Age: 20 Years
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	2	PA, QL 30/30 days, Minimum Age: None Maximum Age: 20 Years
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	2	PA, QL 30/30 days, Minimum Age: None Maximum Age: 20 Years

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DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL 15/30 days, Minimum Age: None Maximum Age: 20 Years
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	2	PA, QL 3/28 days
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	2	PA, QL 3/28 days
ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Medications to manage the symptoms of Attention Deficit Hyperactivity Disorder and excessive sleepiness) - continued</b>		
ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC(Medications used for enzyme replacement)</b>		
ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR	3	LA, PA
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	2	PA, QL 45/14 days
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	2	PA, QL 30/14 days

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DRUG NAME	DRUG TIER	NOTES
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC(Medications used for enzyme replacement) - continued</b>		
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	2	PA, QL 60/14 days
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	2	PA, QL 15/14 days
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	2	PA, QL 30/14 days
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	2	PA, QL 60/14 days
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	2	PA, QL 45/14 days
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	2	PA, QL 30/30 days
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	2	PA, QL 15/14 days
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	2	PA, QL 30/14 days
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	2	PA, QL 90/14 days
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	2	PA, QL 60/14 days
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL	2	PA, QL 13/14 days

DRUG NAME	DRUG TIER	NOTES
<b>AMINOGLYCOSIDES (Medications to treat certain types of bacterial infection)</b>		
<i>amikacin sulfate solution 1 gm/4ml injection</i>	1	
<i>amikacin sulfate solution 500 mg/2ml injection</i>	1	
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	2	LA, PA, QL 236/28 days
<i>neomycin sulfate tablet 500 mg oral</i>	1	
<i>paromomycin sulfate capsule 250 mg oral</i>	1	PA, QL 168/21 days
TOBI PODHALER CAPSULE 28 MG INHALATION	3	PA
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	PA
<i>tobramycin sulfate solution 1.2 gm/30ml injection</i>	1	
<i>tobramycin sulfate solution 10 mg/ml injection</i>	1	
<i>tobramycin sulfate solution 2 gm/50ml injection</i>	1	
<i>tobramycin sulfate solution 80 mg/2ml injection</i>	1	
<i>tobramycin sulfate solution reconstituted 1.2 gm injection</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation)</b>		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	3	PA, QL 3.60/28 days
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	3	PA, QL 3.60/28 days
ADALIMUMAB-ADAZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days
ADALIMUMAB-ADAZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 2/28 days
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 2/28 days
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	3	PA, QL 4/28 days
<i>celecoxib capsule 100 mg oral</i>	1	
<i>celecoxib capsule 200 mg oral</i>	1	
<i>celecoxib capsule 400 mg oral</i>	1	
<i>celecoxib capsule 50 mg oral</i>	1	
<i>diclofenac potassium tablet 50 mg oral</i>	1	
<i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 25 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 50 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 75 mg oral</i>	1	
<i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i>	1	
<i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	3	PA, QL 8/28 days
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	3	PA, QL 8/28 days
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
<i>etodolac capsule 200 mg oral</i>	1	
<i>etodolac capsule 300 mg oral</i>	1	
<i>etodolac er tablet extended release 24 hour 400 mg oral</i>	1	
<i>etodolac er tablet extended release 24 hour 500 mg oral</i>	1	
<i>etodolac er tablet extended release 24 hour 600 mg oral</i>	1	
<i>etodolac tablet 400 mg oral</i>	1	
<i>etodolac tablet 500 mg oral</i>	1	
<i>flurbiprofen tablet 100 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
<i>flurbiprofen tablet 50 mg oral</i>	1	
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.80/28 days
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	3	PA, QL 1.60/28 days
<i>ibu tablet 600 mg oral</i>	1	
<i>ibu tablet 800 mg oral</i>	1	
<i>ibuprofen tablet 400 mg oral</i>	1	
<i>ibuprofen tablet 600 mg oral</i>	1	
<i>ibuprofen tablet 800 mg oral</i>	1	
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days
<i>indomethacin capsule 25 mg oral</i>	1	
<i>indomethacin capsule 50 mg oral</i>	1	

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<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
<i>indomethacin er capsule extended release 75 mg oral</i>	1	
<i>ketoprofen capsule 25 mg oral</i>	1	
<i>ketoprofen capsule 50 mg oral</i>	1	
<i>ketoprofen capsule 75 mg oral</i>	1	
<i>ketorolac tromethamine solution 15 mg/ml injection</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
<i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>	1	
<i>ketorolac tromethamine tablet 10 mg oral</i>	1	QL 20/30 days
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	2	LA, PA, QL 18.76/28 days
<i>leflunomide tablet 10 mg oral</i>	1	QL 30/30 days
<i>leflunomide tablet 20 mg oral</i>	1	
<i>mefenamic acid capsule 250 mg oral</i>	1	ST
<i>meloxicam tablet 15 mg oral</i>	1	
<i>meloxicam tablet 7.5 mg oral</i>	1	
<i>nabumetone tablet 500 mg oral</i>	1	
<i>nabumetone tablet 750 mg oral</i>	1	
<i>naproxen dr tablet delayed release 375 mg oral</i>	1	
<i>naproxen dr tablet delayed release 500 mg oral</i>	1	
<i>naproxen sodium tablet 275 mg oral</i>	1	
<i>naproxen sodium tablet 550 mg oral</i>	1	
<i>naproxen suspension 125 mg/5ml oral</i>	1	
<i>naproxen tablet 250 mg oral</i>	1	
<i>naproxen tablet 375 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
<i>naproxen tablet 500 mg oral</i>	1	
OLUMIANT TABLET 1 MG ORAL	3	PA, QL 30/30 days
OLUMIANT TABLET 2 MG ORAL	3	PA, QL 30/30 days
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	3	PA, QL 4/28 days
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	3	PA, QL 4/28 days
OTEZLA TABLET 20 MG ORAL	3	PA, QL 60/30 days
OTEZLA TABLET 30 MG ORAL	3	PA, QL 60/30 days
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	3	PA
<i>oxaprozin tablet 600 mg oral</i>	1	
<i>piroxicam capsule 10 mg oral</i>	1	
<i>piroxicam capsule 20 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - ANTI-INFLAMMATORY (Medications to treat pain and inflammation) - continued</b>		
<i>sulindac tablet 150 mg oral</i>	1	
<i>sulindac tablet 200 mg oral</i>	1	
<i>tolmetin sodium capsule 400 mg oral</i>	1	
XELJANZ SOLUTION 1 MG/ML ORAL	3	PA, QL 240/30 days
XELJANZ TABLET 10 MG ORAL	3	PA, QL 60/30 days
XELJANZ TABLET 5 MG ORAL	3	PA, QL 56/28 days
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	3	PA, QL 30/30 days
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	3	PA, QL 30/30 days
<b>ANALGESICS - NonNarcotic (Medications to treat pain that are not narcotics)</b>		
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	1	QL 30/30 days
<i>butalbital-apap-caffeine capsule 50-300-40 mg oral</i>	1	QL 30/30 days
<i>butalbital-apap-caffeine capsule 50-325-40 mg oral</i>	1	QL 30/30 days
<i>butalbital-apap-caffeine tablet 50-325-40 mg oral</i>	1	QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - NonNarcotic (Medications to treat pain that are not narcotics) - continued</b>		
<i>butalbital-asa-caffeine capsule 50-325-40 mg oral</i>	1	QL 30/30 days
<i>capacet capsule 50-325-40 mg oral</i>	1	QL 30/30 days
<i>choline-mag trisalicylate liquid 500 mg/5ml oral</i>	1	
<i>diflunisal tablet 500 mg oral</i>	1	
<i>margesic capsule 50-325-40 mg oral</i>	1	QL 30/30 days
<i>salsalate tablet 500 mg oral</i>	1	
<i>salsalate tablet 750 mg oral</i>	1	
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics)</b>		
<i>acetaminophen-codeine #2 tablet 300-15 mg oral</i>	1	PA, Prior Authorization may apply
<i>acetaminophen-codeine #3 tablet 300-30 mg oral</i>	1	PA, Prior Authorization may apply
<i>acetaminophen-codeine #4 tablet 300-60 mg oral</i>	1	PA, Prior Authorization may apply
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	1	PA, Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	1	PA, Prior Authorization may apply
<i>acetaminophen-codeine tablet 300-15 mg oral</i>	1	PA, Prior Authorization may apply
<i>acetaminophen-codeine tablet 300-30 mg oral</i>	1	PA, Prior Authorization may apply
<i>acetaminophen-codeine tablet 300-60 mg oral</i>	1	PA, Prior Authorization may apply
<i>alfentanil hcl solution 1000 mcg/2ml intravenous</i>	1	PA, Prior Authorization may apply
<i>alfentanil hcl solution 2500 mcg/5ml intravenous</i>	1	PA, Prior Authorization may apply
<i>aspirin-caff-dihydrocodeine capsule 356.4-30-16 mg oral</i>	1	PA, Prior Authorization may apply
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	2	QL 1.28/28 days
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	2	QL 1.92/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	2	QL 2.56/28 days
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	2	QL 0.64/28 days
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	2	QL 0.36/28 days
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	2	QL 0.18/28 days
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	2	QL 0.27/28 days
<i>buprenorphine hcl tablet sublingual 2 mg sublingual</i>	1	QL 480/30 days
<i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i>	1	QL 90/30 days
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i>	1	QL 480/30 days
<i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i>	1	QL 240/30 days
<i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i>	1	QL 120/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i>	1	QL 480/30 days
<i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i>	1	QL 120/30 days
<i>butorphanol tartrate solution 10 mg/ml nasal</i>	1	PA, Prior Authorization may apply
CODEINE SULFATE TABLET 15 MG ORAL	2	PA, Prior Authorization may apply
<i>codeine sulfate tablet 30 mg oral</i>	1	PA, Prior Authorization may apply
CODEINE SULFATE TABLET 60 MG ORAL	2	PA, Prior Authorization may apply
<i>endocet tablet 10-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>endocet tablet 2.5-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>endocet tablet 5-325 mg oral</i>	1	PA, Prior Authorization may apply

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<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>endocet tablet 7.5-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	1	PA, QL 30/30 days
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	1	PA, QL 30/30 days
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	1	PA, QL 150/30 days
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	1	PA, QL 60/30 days
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	1	PA, QL 60/30 days
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	1	PA, QL 30/30 days
<i>fentanyl patch 72 hour 100 mcg/hr transdermal</i>	1	PA, Prior Authorization may apply
<i>fentanyl patch 72 hour 12 mcg/hr transdermal</i>	1	PA, Prior Authorization may apply
<i>fentanyl patch 72 hour 25 mcg/hr transdermal</i>	1	PA, Prior Authorization may apply
<i>fentanyl patch 72 hour 50 mcg/hr transdermal</i>	1	PA, Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>fentanyl patch 72 hour 75 mcg/hr transdermal</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	1	PA, Prior Authorization may apply

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-ibuprofen tablet 10-200 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i>	1	ST, Prior Authorization may apply
<i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i>	1	ST, Prior Authorization may apply
<i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i>	1	ST, Prior Authorization may apply
<i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i>	1	ST, Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>hydromorphone hcl liquid 1 mg/ml oral</i>	1	PA, Prior Authorization may apply
<i>hydromorphone hcl tablet 2 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydromorphone hcl tablet 4 mg oral</i>	1	PA, Prior Authorization may apply
<i>hydromorphone hcl tablet 8 mg oral</i>	1	PA, Prior Authorization may apply
<i>meperidine hcl tablet 100 mg oral</i>	1	PA, Prior Authorization may apply
<i>meperidine hcl tablet 50 mg oral</i>	1	PA, Prior Authorization may apply
<i>methadone hcl concentrate 10 mg/ml oral</i>	1	PA, Prior Authorization may apply
<i>methadone hcl solution 10 mg/5ml oral</i>	1	PA, Prior Authorization may apply
<i>methadone hcl solution 5 mg/5ml oral</i>	1	PA, Prior Authorization may apply

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>methadone hcl tablet 10 mg oral</i>	1	PA, Prior Authorization may apply
<i>methadone hcl tablet 5 mg oral</i>	1	PA, Prior Authorization may apply
<i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i>	1	PA, Prior Authorization may apply
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate er tablet extended release 100 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate er tablet extended release 15 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate er tablet extended release 200 mg oral</i>	1	Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>morphine sulfate er tablet extended release 30 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate er tablet extended release 60 mg oral</i>	1	Prior Authorization may apply
<i>morphine sulfate solution 1 mg/ml intravenous</i>	1	PA, Prior Authorization may apply
<i>morphine sulfate solution 10 mg/5ml oral</i>	1	PA, Prior Authorization may apply
<i>morphine sulfate solution 15 mg/ml injection</i>	1	PA, Prior Authorization may apply
<i>morphine sulfate solution 20 mg/5ml oral</i>	1	PA, Prior Authorization may apply
MORPHINE SULFATE SOLUTION 5 MG/ML INJECTION	2	PA, Prior Authorization may apply
<i>morphine sulfate solution 8 mg/ml injection</i>	1	PA, Prior Authorization may apply
<i>morphine sulfate tablet 15 mg oral</i>	1	PA, Prior Authorization may apply

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<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>morphine sulfate tablet 30 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl capsule 5 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl concentrate 100 mg/5ml oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral</i>	1	ST, Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>oxycodone hcl solution 5 mg/5ml oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl tablet 10 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl tablet 15 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl tablet 20 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl tablet 30 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone hcl tablet 5 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	1	PA, Prior Authorization may apply

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone-aspirin tablet 4.8355-325 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxycodone-ibuprofen tablet 5-400 mg oral</i>	1	PA, Prior Authorization may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	2	ST, Prior Authorization may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	2	ST, Prior Authorization may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	2	ST, Prior Authorization may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	2	ST, Prior Authorization may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	2	ST, Prior Authorization may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL	2	ST, Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	1	ST, Prior Authorization may apply
<i>oxymorphone hcl tablet 10 mg oral</i>	1	PA, Prior Authorization may apply
<i>oxymorphone hcl tablet 5 mg oral</i>	1	PA, Prior Authorization may apply
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	2	QL 0.50/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	2	QL 1.50/28 days
<i>sufentanil citrate solution 100 mcg/2ml intravenous</i>	1	PA, Prior Authorization may apply
<i>sufentanil citrate solution 250 mcg/5ml intravenous</i>	1	PA, Prior Authorization may apply
<i>sufentanil citrate solution 50 mcg/ml intravenous</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 150 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i>	1	PA, Prior Authorization may apply

DRUG NAME	DRUG TIER	NOTES
<b>ANALGESICS - OPIOID (Medications to treat pain that are narcotics) - continued</b>		
<i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol hcl tablet 50 mg oral</i>	1	PA, Prior Authorization may apply
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>	1	PA, Prior Authorization may apply
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	2	QL 750/30 days
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	2	QL 390/30 days
ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	2	QL 60/30 days
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	2	QL 180/30 days
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	2	QL 90/30 days
ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	2	QL 60/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANDROGENS-ANABOLIC (Medications to increase testosterone levels)</b>		
<i>danazol capsule 100 mg oral</i>	1	
<i>danazol capsule 200 mg oral</i>	1	
<i>danazol capsule 50 mg oral</i>	1	
JATENZO CAPSULE 158 MG ORAL	2	PA, QL 60/30 days
JATENZO CAPSULE 198 MG ORAL	2	PA, QL 60/30 days
JATENZO CAPSULE 237 MG ORAL	2	PA, QL 60/30 days
<i>oxandrolone tablet 10 mg oral</i>	1	
<i>oxandrolone tablet 2.5 mg oral</i>	1	
TESTOPEL PELLETT 75 MG IMPLANT	2	PA
<i>testosterone cypionate solution 100 mg/ml intramuscular</i>	1	PA, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	1	PA, PA applies between age range, Minimum Age: None Maximum Age: 17 Years

DRUG NAME	DRUG TIER	NOTES
<b>ANDROGENS-ANABOLIC (Medications to increase testosterone levels) - continued</b>		
<i>testosterone enanthate solution 200 mg/ml intramuscular</i>	1	PA, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>testosterone gel 1.62 % transdermal</i>	1	PA, QL 300/30 days
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	1	PA, QL 300/30 days
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	1	PA, QL 300/30 days
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	1	PA, QL 300/30 days
TLANDO CAPSULE 112.5 MG ORAL	2	PA, QL 120/30 days
<b>ANORECTAL AND RELATED PRODUCTS(Medications to treat pain and inflammation in the anus or rectum)</b>		
<i>budesonide foam 2 mg rectal</i>	1	
CORTIFOAM FOAM 10 % RECTAL	2	
<i>hydrocortisone (perianal) cream 2.5 % external</i>	1	
<i>hydrocortisone enema 100 mg/60ml rectal</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTHELMINTICS (Medications to treat certain types of parasites)</b>		
<i>albendazole tablet 200 mg oral</i>	1	QL 4/60 days
BENZNIDAZOLE TABLET 100 MG ORAL	2	QL 120/365 days, Minimum Age: None Maximum Age: 12 Years
BENZNIDAZOLE TABLET 12.5 MG ORAL	2	QL 120/365 days, Minimum Age: None Maximum Age: 12 Years
EMVERM TABLET CHEWABLE 100 MG ORAL	2	PA, QL 6/28 days
<i>ivermectin tablet 3 mg oral</i>	1	
<i>praziquantel tablet 600 mg oral</i>	1	
<b>ANTIANGINAL AGENTS (Medications to treat chest pain )</b>		
<i>isosorbide dinitrate tablet 10 mg oral</i>	1	
<i>isosorbide dinitrate tablet 20 mg oral</i>	1	
<i>isosorbide dinitrate tablet 30 mg oral</i>	1	
<i>isosorbide dinitrate tablet 5 mg oral</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIANGINAL AGENTS (Medications to treat chest pain ) - continued</b>		
<i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>	1	
<i>isosorbide mononitrate tablet 10 mg oral</i>	1	
<i>isosorbide mononitrate tablet 20 mg oral</i>	1	
<i>minitran patch 24 hour 0.1 mg/hr transdermal</i>	1	
<i>minitran patch 24 hour 0.2 mg/hr transdermal</i>	1	
<i>minitran patch 24 hour 0.4 mg/hr transdermal</i>	1	
<i>minitran patch 24 hour 0.6 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIANGINAL AGENTS (Medications to treat chest pain ) - continued</b>		
<i>nitroglycerin solution 0.4 mg/spray translingual</i>	1	
<i>nitroglycerin tablet sublingual 0.3 mg sublingual</i>	1	
<i>nitroglycerin tablet sublingual 0.4 mg sublingual</i>	1	
<i>nitroglycerin tablet sublingual 0.6 mg sublingual</i>	1	
NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL	2	
<i>ranexa tablet extended release 12 hour 500 mg oral</i>	1	QL 60/30 days
<i>ranolazine er tablet extended release 12 hour 1000 mg oral</i>	1	QL 60/30 days
<i>ranolazine er tablet extended release 12 hour 500 mg oral</i>	1	QL 60/30 days
<b>ANTIANKXIETY AGENTS (Medications to treat anxiety disorders)</b>		
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	1	
<i>hydroxyzine hcl tablet 10 mg oral</i>	1	
<i>hydroxyzine hcl tablet 25 mg oral</i>	1	
<i>hydroxyzine hcl tablet 50 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIANKXIETY AGENTS (Medications to treat anxiety disorders) - continued</b>		
<i>hydroxyzine pamoate capsule 100 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 25 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 50 mg oral</i>	1	
<b>ANTIARRHYTHMICS (Medications to help control heart rate)</b>		
<i>amiodarone hcl tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>amiodarone hcl tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>amiodarone hcl tablet 400 mg oral</i>	1	Eligible for 90 day supply
<i>disopyramide phosphate capsule 100 mg oral</i>	1	Eligible for 90 day supply
<i>disopyramide phosphate capsule 150 mg oral</i>	1	Eligible for 90 day supply
DOFETILIDE CAPSULE 125 MCG ORAL	3	QL 60/30 days
DOFETILIDE CAPSULE 250 MCG ORAL	3	QL 60/30 days
DOFETILIDE CAPSULE 500 MCG ORAL	3	QL 60/30 days
<i>flecainide acetate tablet 100 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIARRHYTHMICS (Medications to help control heart rate) - continued</b>		
<i>flecainide acetate tablet 150 mg oral</i>	1	Eligible for 90 day supply
<i>flecainide acetate tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>mexiletine hcl capsule 150 mg oral</i>	1	Eligible for 90 day supply
<i>mexiletine hcl capsule 200 mg oral</i>	1	Eligible for 90 day supply
<i>mexiletine hcl capsule 250 mg oral</i>	1	Eligible for 90 day supply
MULTAQ TABLET 400 MG ORAL	2	Eligible for 90 day supply
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	2	Eligible for 90 day supply
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	2	Eligible for 90 day supply
<i>pacerone tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>pacerone tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>pacerone tablet 400 mg oral</i>	1	Eligible for 90 day supply
PROCAINAMIDE HCL POWDER	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIARRHYTHMICS (Medications to help control heart rate) - continued</b>		
<i>propafenone hcl er capsule extended release 12 hour 225 mg oral</i>	1	Eligible for 90 day supply
<i>propafenone hcl er capsule extended release 12 hour 325 mg oral</i>	1	Eligible for 90 day supply
<i>propafenone hcl er capsule extended release 12 hour 425 mg oral</i>	1	Eligible for 90 day supply
<i>propafenone hcl tablet 150 mg oral</i>	1	Eligible for 90 day supply
<i>propafenone hcl tablet 225 mg oral</i>	1	Eligible for 90 day supply
<i>propafenone hcl tablet 300 mg oral</i>	1	Eligible for 90 day supply
<i>quinidine sulfate tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>quinidine sulfate tablet 300 mg oral</i>	1	Eligible for 90 day supply
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD)</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	Generic Ventolin QL 36/30, Generic ProAir QL 17/30

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	1	Eligible for 90 day supply
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	Eligible for 90 day supply
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	1	Eligible for 90 day supply
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	1	Eligible for 90 day supply
<i>albuterol sulfate syrup 2 mg/5ml oral</i>	1	Eligible for 90 day supply
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL 60/30 days, Eligible for 90 day supply
<i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i>	1	QL 120/30 days, Eligible for 90 day supply
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	2	QL 1/30 days, Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (7 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX (7 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION	2	QL 1/30 days, Eligible for 90 day supply
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	2	QL 13/30 days, Eligible for 90 day supply
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	2	QL 13/30 days, Eligible for 90 day supply
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	2	QL 13/30 days, Eligible for 90 day supply
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION	2	QL 10.70/30 days, Eligible for 90 day supply
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	QL 60/30 days, Eligible for 90 day supply
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	QL 60/30 days, Eligible for 90 day supply
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION	2	QL 60/30 days, Eligible for 90 day supply
<i>breyana aerosol 160-4.5 mcg/act inhalation</i>	1	Eligible for 90 day supply
<i>breyana aerosol 80-4.5 mcg/act inhalation</i>	1	Eligible for 90 day supply
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	QL 10.70/30 days, Eligible for 90 day supply
<i>budesonide suspension 0.25 mg/2ml inhalation</i>	1	QL 180/30 days, Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
<i>budesonide suspension 0.5 mg/2ml inhalation</i>	1	QL 120/30 days, Eligible for 90 day supply
<i>budesonide suspension 1 mg/2ml inhalation</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	1	Eligible for 90 day supply
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	1	Eligible for 90 day supply
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	2	QL 8/30 days, Eligible for 90 day supply
<i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i>	1	Eligible for 90 day supply
DULERA AEROSOL 100-5 MCG/ACT INHALATION	2	Eligible for 90 day supply
DULERA AEROSOL 200-5 MCG/ACT INHALATION	2	Eligible for 90 day supply
DULERA AEROSOL 50-5 MCG/ACT INHALATION	2	Eligible for 90 day supply
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	3	PA
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	3	PA
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>	1	QL 240/30 days, Eligible for 90 day supply
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	1	QL 24/30 days, Eligible for 90 day supply
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	1	QL 24/30 days, Eligible for 90 day supply
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	1	QL 21.20/30 days, Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	1	QL 1/30 days, Eligible for 90 day supply
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	1	QL 1/30 days, Eligible for 90 day supply
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	1	QL 1/30 days, Eligible for 90 day supply
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	1	QL 120/30 days, Eligible for 90 day supply
<i>ipratropium bromide solution 0.02 % inhalation</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
<i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i>	1	QL 615/30 days, Eligible for 90 day supply
<i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i>	1	Eligible for 90 day supply
<i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i>	1	Eligible for 90 day supply
<i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i>	1	Eligible for 90 day supply
<i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i>	1	Eligible for 90 day supply
<i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>montelukast sodium packet 4 mg oral</i>	1	Eligible for 90 day supply
<i>montelukast sodium tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>montelukast sodium tablet chewable 4 mg oral</i>	1	Eligible for 90 day supply
<i>montelukast sodium tablet chewable 5 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	3	PA, QL 3/28 days
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	2	QL 2/30 days, Eligible for 90 day supply
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	2	QL 4/30 days, Eligible for 90 day supply
QVAR AEROSOL SOLUTION 40 MCG/ACT INHALATION	2	Eligible for 90 day supply
QVAR AEROSOL SOLUTION 80 MCG/ACT INHALATION	2	Eligible for 90 day supply
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION	2	QL 21.20/30 days, Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION	2	QL 21.20/30 days, Eligible for 90 day supply
<i>roflumilast tablet 250 mcg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>roflumilast tablet 500 mcg oral</i>	1	Eligible for 90 day supply
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	2	QL 30/30 days, Eligible for 90 day supply
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL 4/30 days, Eligible for 90 day supply
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days, Eligible for 90 day supply
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	Eligible for 90 day supply
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	Eligible for 90 day supply
<i>terbutaline sulfate tablet 2.5 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
<i>terbutaline sulfate tablet 5 mg oral</i>	1	Eligible for 90 day supply
TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS	3	PA, QL 1.91/28 days
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	3	PA, QL 1.91/28 days
<i>theophylline elixir 80 mg/15ml oral</i>	1	Eligible for 90 day supply
<i>theophylline er tablet extended release 12 hour 100 mg oral</i>	1	Eligible for 90 day supply
<i>theophylline er tablet extended release 12 hour 200 mg oral</i>	1	Eligible for 90 day supply
<i>theophylline er tablet extended release 12 hour 300 mg oral</i>	1	Eligible for 90 day supply
<i>theophylline er tablet extended release 12 hour 450 mg oral</i>	1	Eligible for 90 day supply
<i>theophylline er tablet extended release 24 hour 400 mg oral</i>	1	Eligible for 90 day supply
<i>theophylline er tablet extended release 24 hour 600 mg oral</i>	1	Eligible for 90 day supply
<i>theophylline solution 80 mg/15ml oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
<i>tiotropium bromide monohydrate capsule 18 mcg inhalation</i>	1	QL 30/30 days, Eligible for 90 day supply
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days, Eligible for 90 day supply
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days, Eligible for 90 day supply
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	2	QL 1/30 days, Eligible for 90 day supply
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	3	PA
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (Medications to improve breathing in asthma and COPD) - continued</b>		
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	3	PA
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	3	PA
<i>zafirlukast tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>zafirlukast tablet 20 mg oral</i>	1	Eligible for 90 day supply
<b>ANTICOAGULANTS (Medications that thin the blood)</b>		
<i>bd heparin posiflush solution 10 unit/ml intravenous</i>	1	
<i>bd heparin posiflush solution 100 unit/ml intravenous</i>	1	
<i>dabigatran etexilate mesylate capsule 110 mg oral</i>	1	QL 60/30 days
<i>dabigatran etexilate mesylate capsule 150 mg oral</i>	1	QL 60/30 days
<i>dabigatran etexilate mesylate capsule 75 mg oral</i>	1	QL 60/30 days
ELIQUIS DVT/PE STARTER PACK TABLET 5 MG ORAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTICOAGULANTS (Medications that thin the blood) - continued</b>		
ELIQUIS TABLET 2.5 MG ORAL	2	QL 60/30 days
ELIQUIS TABLET 5 MG ORAL	2	
<i>enoxaparin sodium solution 100 mg/ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 120 mg/0.8ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 150 mg/ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 30 mg/0.3ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 300 mg/3ml injection</i>	1	QL 180/180 days
<i>enoxaparin sodium solution 40 mg/0.4ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 60 mg/0.6ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 80 mg/0.8ml subcutaneous</i>	1	
<i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>	1	

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<b>ANTICOAGULANTS (Medications that thin the blood) - continued</b>		
<i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	1	
<i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i>	1	
FRAGMIN SOLUTION 10000 UNIT/ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION 12500 UNIT/0.5ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION 15000 UNIT/0.6ML SUBCUTANEOUS	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTICOAGULANTS (Medications that thin the blood) - continued</b>		
FRAGMIN SOLUTION 18000 UNT/0.72ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION 2500 UNIT/0.2ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION 5000 UNIT/0.2ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS	2	
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS	2	
<i>heparin lock flush solution 100 unit/ml intravenous</i>	1	
<i>heparin na (pork) lock flsh pf solution 10 unit/ml intravenous</i>	1	

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<b>ANTICOAGULANTS (Medications that thin the blood) - continued</b>		
<i>heparin na (pork) lock flsh pf solution 100 unit/ml intravenous</i>	1	
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	1	
<i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i>	1	
<i>heparin sodium flush kit 10-0.9 unit/ml-% intravenous</i>	1	
<i>heparin sodium flush kit 100-0.9 unit/ml-% intravenous</i>	1	
IPRIVASK SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	2	
<i>sash kit kit 100-0.9 unit/ml-% intravenous</i>	1	
<i>warfarin sodium tablet 1 mg oral</i>	1	
<i>warfarin sodium tablet 10 mg oral</i>	1	
<i>warfarin sodium tablet 2 mg oral</i>	1	
<i>warfarin sodium tablet 2.5 mg oral</i>	1	
<i>warfarin sodium tablet 3 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTICOAGULANTS (Medications that thin the blood) - continued</b>		
<i>warfarin sodium tablet 4 mg oral</i>	1	
<i>warfarin sodium tablet 5 mg oral</i>	1	
<i>warfarin sodium tablet 6 mg oral</i>	1	
<i>warfarin sodium tablet 7.5 mg oral</i>	1	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	2	QL 310/30 days
XARELTO TABLET 10 MG ORAL	2	QL 30/30 days
XARELTO TABLET 15 MG ORAL	2	
XARELTO TABLET 2.5 MG ORAL	2	
XARELTO TABLET 20 MG ORAL	2	QL 30/30 days
<b>ANTICONVULSANTS (Medications to help control seizures)</b>		
<i>carbamazepine er capsule extended release 12 hour 100 mg oral</i>	1	Eligible for 90 day supply
<i>carbamazepine er capsule extended release 12 hour 200 mg oral</i>	1	Eligible for 90 day supply
<i>carbamazepine er capsule extended release 12 hour 300 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>	1	Eligible for 90 day supply
<i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>	1	Eligible for 90 day supply
<i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>	1	Eligible for 90 day supply
<i>carbamazepine suspension 100 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>carbamazepine tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>carbamazepine tablet chewable 100 mg oral</i>	1	Eligible for 90 day supply
<i>clobazam suspension 2.5 mg/ml oral</i>	1	Eligible for 90 day supply
<i>clobazam tablet 10 mg oral</i>	1	QL 120/30 days, Eligible for 90 day supply
<i>clobazam tablet 20 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>clonazepam tablet 0.5 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>clonazepam tablet 1 mg oral</i>	1	QL 120/30 days, Eligible for 90 day supply
<i>clonazepam tablet 2 mg oral</i>	1	QL 300/30 days, Eligible for 90 day supply
<i>clonazepam tablet dispersible 0.125 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>clonazepam tablet dispersible 0.25 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>clonazepam tablet dispersible 0.5 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>clonazepam tablet dispersible 1 mg oral</i>	1	QL 120/30 days, Eligible for 90 day supply
<i>clonazepam tablet dispersible 2 mg oral</i>	1	QL 300/30 days, Eligible for 90 day supply
DIACOMIT CAPSULE 250 MG ORAL	2	LA, PA, QL 120/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
DIACOMIT CAPSULE 500 MG ORAL	2	LA, PA, QL 180/30 days
DIACOMIT PACKET 250 MG ORAL	2	LA, PA, QL 120/30 days
DIACOMIT PACKET 500 MG ORAL	2	LA, PA, QL 180/30 days
<i>diazepam gel 10 mg rectal</i>	1	QL 5/30 days
<i>diazepam gel 2.5 mg rectal</i>	1	QL 5/30 days
<i>diazepam gel 20 mg rectal</i>	1	QL 5/30 days
DILANTIN CAPSULE 30 MG ORAL	2	
EPIDIOLEX SOLUTION 100 MG/ML ORAL	3	PA-NSO
<i>ethosuximide capsule 250 mg oral</i>	1	Eligible for 90 day supply
<i>ethosuximide solution 250 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>felbamate suspension 600 mg/5ml oral</i>	1	
<i>felbamate tablet 400 mg oral</i>	1	
<i>felbamate tablet 600 mg oral</i>	1	
FINTEPLA SOLUTION 2.2 MG/ML ORAL	2	LA, PA, QL 360/30 days
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	2	QL 680/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
FYCOMPA TABLET 10 MG ORAL	2	QL 30/30 days
FYCOMPA TABLET 12 MG ORAL	2	QL 30/30 days
FYCOMPA TABLET 2 MG ORAL	2	QL 30/30 days
FYCOMPA TABLET 4 MG ORAL	2	QL 30/30 days
FYCOMPA TABLET 6 MG ORAL	2	QL 30/30 days
FYCOMPA TABLET 8 MG ORAL	2	QL 30/30 days
<i>gabapentin capsule 100 mg oral</i>	1	Eligible for 90 day supply
<i>gabapentin capsule 300 mg oral</i>	1	Eligible for 90 day supply
<i>gabapentin capsule 400 mg oral</i>	1	Eligible for 90 day supply
<i>gabapentin solution 250 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>gabapentin tablet 600 mg oral</i>	1	Eligible for 90 day supply
<i>gabapentin tablet 800 mg oral</i>	1	Eligible for 90 day supply
<i>lacosamide solution 10 mg/ml oral</i>	1	Eligible for 90 day supply
<i>lacosamide tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>lacosamide tablet 150 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>lacosamide tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>lacosamide tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>levetiracetam er tablet extended release 24 hour 500 mg oral</i>	1	Eligible for 90 day supply
<i>levetiracetam er tablet extended release 24 hour 750 mg oral</i>	1	Eligible for 90 day supply
<i>levetiracetam solution 100 mg/ml oral</i>	1	Eligible for 90 day supply
<i>levetiracetam solution 500 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>levetiracetam tablet 1000 mg oral</i>	1	Eligible for 90 day supply
<i>levetiracetam tablet 250 mg oral</i>	1	Eligible for 90 day supply
<i>levetiracetam tablet 500 mg oral</i>	1	Eligible for 90 day supply
<i>levetiracetam tablet 750 mg oral</i>	1	Eligible for 90 day supply
<i>methsuximide capsule 300 mg oral</i>	1	Eligible for 90 day supply
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	2	QL 2/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>oxcarbazepine suspension 300 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>oxcarbazepine tablet 150 mg oral</i>	1	Eligible for 90 day supply
<i>oxcarbazepine tablet 300 mg oral</i>	1	Eligible for 90 day supply
<i>oxcarbazepine tablet 600 mg oral</i>	1	Eligible for 90 day supply
<i>phenytoin infatabs tablet chewable 50 mg oral</i>	1	Eligible for 90 day supply
<i>phenytoin sodium extended capsule 100 mg oral</i>	1	Eligible for 90 day supply
<i>phenytoin sodium extended capsule 200 mg oral</i>	1	Eligible for 90 day supply
<i>phenytoin sodium extended capsule 300 mg oral</i>	1	Eligible for 90 day supply
<i>phenytoin suspension 125 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>phenytoin tablet chewable 50 mg oral</i>	1	Eligible for 90 day supply
<i>pregabalin capsule 100 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply
<i>pregabalin capsule 150 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply

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<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>pregabalin capsule 200 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply
<i>pregabalin capsule 225 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>pregabalin capsule 25 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply
<i>pregabalin capsule 300 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>pregabalin capsule 50 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply
<i>pregabalin capsule 75 mg oral</i>	1	QL 90/30 days, Eligible for 90 day supply
<i>primidone tablet 125 mg oral</i>	1	Eligible for 90 day supply
<i>primidone tablet 250 mg oral</i>	1	Eligible for 90 day supply
<i>primidone tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>rufinamide suspension 40 mg/ml oral</i>	1	
<i>rufinamide tablet 200 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>rufinamide tablet 400 mg oral</i>	1	
<i>tiagabine hcl tablet 12 mg oral</i>	1	
<i>tiagabine hcl tablet 16 mg oral</i>	1	
<i>tiagabine hcl tablet 2 mg oral</i>	1	QL 90/30 days
<i>tiagabine hcl tablet 4 mg oral</i>	1	QL 420/30 days
<i>topiramate capsule sprinkle 15 mg oral</i>	1	Eligible for 90 day supply
<i>topiramate capsule sprinkle 25 mg oral</i>	1	Eligible for 90 day supply
<i>topiramate tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>topiramate tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>topiramate tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>topiramate tablet 50 mg oral</i>	1	Eligible for 90 day supply
VIGABATRIN PACKET 500 MG ORAL	3	PA-NSO
VIGABATRIN TABLET 500 MG ORAL	3	PA-NSO
VIGADRONE PACKET 500 MG ORAL	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL	2	PA-NSO, QL 56/28 days
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	2	PA-NSO, QL 56/28 days
XCOPRI TABLET 100 MG ORAL	2	PA-NSO, QL 30/30 days
XCOPRI TABLET 150 MG ORAL	2	PA-NSO, QL 30/30 days
XCOPRI TABLET 200 MG ORAL	2	PA-NSO, QL 30/30 days
XCOPRI TABLET 50 MG ORAL	2	PA-NSO, QL 30/30 days
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	2	PA-NSO, QL 28/28 days
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL	2	PA-NSO, QL 28/28 days
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	2	PA-NSO, QL 28/28 days
<i>zonisamide capsule 100 mg oral</i>	1	Eligible for 90 day supply
<i>zonisamide capsule 25 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTICONVULSANTS (Medications to to help control seizures) - continued</b>		
<i>zonisamide capsule 50 mg oral</i>	1	Eligible for 90 day supply
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes)</b>		
<i>acarbose tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>acarbose tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>acarbose tablet 50 mg oral</i>	1	Eligible for 90 day supply
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
ADMELOG SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
<i>alogliptin benzoate tablet 12.5 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>alogliptin benzoate tablet 25 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>alogliptin benzoate tablet 6.25 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
<i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days
BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS	2	PA, QL 4/28 days
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS	2	PA, QL 2.40/30 days
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS	2	PA, QL 1.20/30 days
<i>dapagliflozin propanediol tablet 10 mg oral</i>	1	PA, QL 30/30 days
<i>dapagliflozin propanediol tablet 5 mg oral</i>	1	PA, QL 30/30 days
<i>glimepiride tablet 1 mg oral</i>	1	Eligible for 90 day supply
<i>glimepiride tablet 2 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
<i>glimepiride tablet 4 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide xl tablet extended release 24 hour 10 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide xl tablet extended release 24 hour 5 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>	1	Eligible for 90 day supply
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION	2	QL 2/30 days
GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	QL 2/30 days
<i>glyburide micronized tablet 1.5 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide micronized tablet 3 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide micronized tablet 6 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide tablet 1.25 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide tablet 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide-metformin tablet 1.25-250 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide-metformin tablet 2.5-500 mg oral</i>	1	Eligible for 90 day supply
<i>glyburide-metformin tablet 5-500 mg oral</i>	1	Eligible for 90 day supply
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 2/30 days
GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMALOG SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN ASP PROT & ASP FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN ASPART FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
INSULIN ASPART PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN ASPART PROT & ASPART SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN ASPART SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
INSULIN ASPART SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN DEGLUDEC FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN DEGLUDEC FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN DEGLUDEC SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN LISPRO (1 UNIT DIAL) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN LISPRO JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
INSULIN LISPRO PROT & LISPRO SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INSULIN LISPRO SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
INSULIN LISPRO SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
INVOKAMET TABLET 150-1000 MG ORAL	2	PA
INVOKAMET TABLET 150-500 MG ORAL	2	PA
INVOKAMET TABLET 50-1000 MG ORAL	2	PA
INVOKAMET TABLET 50-500 MG ORAL	2	PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	2	PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	2	PA
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	2	PA
INVOKANA TABLET 100 MG ORAL	2	PA, QL 60/30 days
INVOKANA TABLET 300 MG ORAL	2	PA
JANUMET TABLET 50-1000 MG ORAL	2	QL 60/30 days
JANUMET TABLET 50-500 MG ORAL	2	QL 60/30 days
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL 30/30 days
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL 60/30 days
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	2	QL 60/30 days
JANUVIA TABLET 100 MG ORAL	2	QL 30/30 days
JANUVIA TABLET 25 MG ORAL	2	QL 30/30 days
JANUVIA TABLET 50 MG ORAL	2	QL 30/30 days
JARDIANCE TABLET 10 MG ORAL	2	PA, QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
JARDIANCE TABLET 25 MG ORAL	2	PA, QL 30/30 days
JENTADUETO TABLET 2.5-1000 MG ORAL	2	QL 60/30 days, ST
JENTADUETO TABLET 2.5-500 MG ORAL	2	QL 60/30 days, ST
JENTADUETO TABLET 2.5-850 MG ORAL	2	QL 60/30 days, ST
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	ST
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	ST
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA, QL 9/30 days
<i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i>	1	Eligible for 90 day supply
<i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
<i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>	1	Eligible for 90 day supply
<i>metformin hcl tablet 1000 mg oral</i>	1	Eligible for 90 day supply
<i>metformin hcl tablet 500 mg oral</i>	1	Eligible for 90 day supply
<i>metformin hcl tablet 850 mg oral</i>	1	Eligible for 90 day supply
<i>miglitol tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>miglitol tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>miglitol tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>nateglinide tablet 120 mg oral</i>	1	Eligible for 90 day supply
<i>nateglinide tablet 60 mg oral</i>	1	Eligible for 90 day supply
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
NOVOLOG SOLUTION 100 UNIT/ML INJECTION	2	Eligible for 90 day supply
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA, QL 1.50/28 days
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
<i>pioglitazone hcl tablet 15 mg oral</i>	1	Eligible for 90 day supply
<i>pioglitazone hcl tablet 30 mg oral</i>	1	Eligible for 90 day supply
<i>pioglitazone hcl tablet 45 mg oral</i>	1	Eligible for 90 day supply
<i>repaglinide tablet 0.5 mg oral</i>	1	Eligible for 90 day supply
<i>repaglinide tablet 1 mg oral</i>	1	Eligible for 90 day supply
<i>repaglinide tablet 2 mg oral</i>	1	Eligible for 90 day supply
REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	Eligible for 90 day supply
<i>saxagliptin hcl tablet 2.5 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>saxagliptin hcl tablet 5 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
SEGLUROMET TABLET 2.5-1000 MG ORAL	2	QL 60/30 days
SEGLUROMET TABLET 2.5-500 MG ORAL	2	QL 60/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
SEGLUROMET TABLET 7.5-1000 MG ORAL	2	QL 60/30 days
SEGLUROMET TABLET 7.5-500 MG ORAL	2	QL 60/30 days
STEGLATRO TABLET 15 MG ORAL	2	QL 30/30 days, Eligible for 90 day supply
STEGLATRO TABLET 5 MG ORAL	2	QL 60/30 days, Eligible for 90 day supply
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	2	PA
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	2	PA
TRADJENTA TABLET 5 MG ORAL	2	QL 30/30 days, ST
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL 30/30 days
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	2	QL 60/30 days
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	2	QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	2	QL 60/30 days
TRULICITY SOLUTION AUTO- INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION AUTO- INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION AUTO- INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION AUTO- INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION PEN- INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION PEN- INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION PEN- INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days
TRULICITY SOLUTION PEN- INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDIABETICS (Medications to help control blood sugar levels in patients with diabetes) - continued</b>		
ZEGALOGUE SOLUTION AUTO- INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	2	QL 1.20/30 days
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	2	QL 1.20/30 days
<b>Antidiarrheal/Probiotic Agents - Misc. (Medications to help control diarrhea)</b>		
<i>diphenoxylate-atropine tablet 2.5-0.025 mg oral</i>	1	
<i>loperamide hcl capsule 2 mg oral</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (Medications to treat drug overdose)</b>		
CETYLEV TABLET EFFERVESCENT 2.5 GM ORAL	2	
CETYLEV TABLET EFFERVESCENT 500 MG ORAL	2	
DEFERASIROX TABLET 180 MG ORAL	3	
DEFERASIROX TABLET 360 MG ORAL	3	
DEFERASIROX TABLET 90 MG ORAL	3	
DEFERASIROX TABLET SOLUBLE 125 MG ORAL	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (Medications to treat drug overdose) - continued</b>		
DEFERASIROX TABLET SOLUBLE 250 MG ORAL	3	PA
DEFERASIROX TABLET SOLUBLE 500 MG ORAL	3	PA
DEFERIPRONE TABLET 1000 MG ORAL	3	LA, PA
DEFERIPRONE TABLET 500 MG ORAL	3	LA, PA
KLOXXADO LIQUID 8 MG/0.1ML NASAL	2	QL 4/180 days
<i>naloxone hcl solution 0.4 mg/ml injection</i>	1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	1	QL 4/180 days
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	1	
<i>naltrexone hcl tablet 50 mg oral</i>	1	
OPVEE SOLUTION 2.7 MG/0.1ML NASAL	2	QL 4/180 days
REXTOVY LIQUID 4 MG/0.25ML NASAL	2	QL 4/180 days
VISTOGARD PACKET 10 GM ORAL	2	LA, PA, QL 20/5 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (Medications to treat drug overdose) - continued</b>		
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	2	QL 1/28 days
ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION	2	QL 2/180 days
<b>ANTIEMETICS (Medications to help control nausea and vomiting)</b>		
AKYNZEO CAPSULE 300-0.5 MG ORAL	2	QL 4/28 days, ST
<i>aprepitant capsule 125 mg oral</i>	1	QL 4/30 days, ST
<i>aprepitant capsule 40 mg oral</i>	1	QL 3/30 days, ST
<i>aprepitant capsule 80 &amp; 125 mg oral</i>	1	QL 4/28 days, ST
<i>aprepitant capsule 80 mg oral</i>	1	QL 4/30 days, ST
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL	2	PA, QL 60/30 days
<i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i>	1	PA
<i>dronabinol capsule 10 mg oral</i>	1	QL 60/30 days
<i>dronabinol capsule 2.5 mg oral</i>	1	QL 60/30 days
<i>dronabinol capsule 5 mg oral</i>	1	QL 60/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIEMETICS (Medications to help control nausea and vomiting) - continued</b>		
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	2	QL 12/28 days
<i>granisetron hcl tablet 1 mg oral</i>	1	ST
<i>ondansetron hcl solution 4 mg/5ml oral</i>	1	
<i>ondansetron hcl tablet 4 mg oral</i>	1	
<i>ondansetron hcl tablet 8 mg oral</i>	1	
<i>ondansetron tablet dispersible 4 mg oral</i>	1	
<i>ondansetron tablet dispersible 8 mg oral</i>	1	
<i>trimethobenzamide hcl capsule 300 mg oral</i>	1	
VARUBI TABLET 90 MG ORAL	2	QL 4/30 days, ST
<b>ANTIFUNGALS (Medications to treat certain types of fungal infections)</b>		
<i>amphotericin b solution reconstituted 50 mg intravenous</i>	1	
<i>bio-statin powder oral</i>	1	
BREXAFEMME TABLET 150 MG ORAL	2	PA, QL 4/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIFUNGALS (Medications to treat certain types of fungal infections) - continued</b>		
CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	2	
CANCIDAS SOLUTION RECONSTITUTED 70 MG INTRAVENOUS	2	
CRESEMBA CAPSULE 186 MG ORAL	2	PA
CRESEMBA CAPSULE 74.5 MG ORAL	2	PA, QL 170/30 days
<i>fluconazole suspension reconstituted 10 mg/ml oral</i>	1	
<i>fluconazole suspension reconstituted 40 mg/ml oral</i>	1	
<i>fluconazole tablet 100 mg oral</i>	1	
<i>fluconazole tablet 150 mg oral</i>	1	
<i>fluconazole tablet 200 mg oral</i>	1	
<i>fluconazole tablet 50 mg oral</i>	1	
<i>flucytosine capsule 250 mg oral</i>	1	PA
<i>flucytosine capsule 500 mg oral</i>	1	PA
<i>griseofulvin microsize suspension 125 mg/5ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIFUNGALS (Medications to treat certain types of fungal infections) - continued</b>		
<i>griseofulvin microsize tablet 500 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	1	
<i>itraconazole capsule 100 mg oral</i>	1	PA, QL 34/30 days
<i>ketoconazole tablet 200 mg oral</i>	1	
MYCAMINE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	2	
MYCAMINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	2	
<i>nystatin tablet 500000 unit oral</i>	1	
<i>posaconazole suspension 40 mg/ml oral</i>	1	PA
<i>posaconazole tablet delayed release 100 mg oral</i>	1	PA
<i>terbinafine hcl tablet 250 mg oral</i>	1	Minimum Age: None Maximum Age: 20 Years

DRUG NAME	DRUG TIER	NOTES
<b>ANTIFUNGALS (Medications to treat certain types of fungal infections) - continued</b>		
<i>voriconazole solution reconstituted 200 mg intravenous</i>	1	PA
<i>voriconazole suspension reconstituted 40 mg/ml oral</i>	1	PA
<i>voriconazole tablet 200 mg oral</i>	1	PA
<i>voriconazole tablet 50 mg oral</i>	1	PA
<b>ANTIHISTAMINES (Medications to treat allergies or allergic reactions)</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml oral</i>	1	
<i>cyproheptadine hcl tablet 4 mg oral</i>	1	
<i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i>	1	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	1	
<i>promethazine hcl suppository 12.5 mg rectal</i>	1	
<i>promethazine hcl suppository 25 mg rectal</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml oral</i>	1	
<i>promethazine hcl tablet 12.5 mg oral</i>	1	

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<b>ANTI-HISTAMINES (Medications to treat allergies or allergic reactions) - continued</b>		
<i>promethazine hcl tablet 25 mg oral</i>	1	
<i>promethazine hcl tablet 50 mg oral</i>	1	
<b>ANTIHYPERLIPIDEMICS (Medications to help manage high cholesterol and high triglycerides)</b>		
<i>atorvastatin calcium tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>atorvastatin calcium tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>atorvastatin calcium tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>atorvastatin calcium tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>cholestyramine light packet 4 gm oral</i>	1	Eligible for 90 day supply
<i>cholestyramine light powder 4 gm/dose oral</i>	1	Eligible for 90 day supply
<i>cholestyramine packet 4 gm oral</i>	1	Eligible for 90 day supply
<i>cholestyramine powder 4 gm/dose oral</i>	1	Eligible for 90 day supply
<i>colestipol hcl granules 5 gm oral</i>	1	Eligible for 90 day supply
<i>colestipol hcl packet 5 gm oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERLIPIDEMICS (Medications to help manage high cholesterol and high triglycerides) - continued</b>		
<i>colestipol hcl tablet 1 gm oral</i>	1	Eligible for 90 day supply
<i>ezetimibe tablet 10 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>ezetimibe-simvastatin tablet 10-80 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>fenofibrate micronized capsule 130 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate micronized capsule 134 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate micronized capsule 200 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate micronized capsule 43 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate micronized capsule 67 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTIHYPERTENSIVES (Medications to help manage high cholesterol and high triglycerides) - continued</b>		
<i>fenofibrate tablet 145 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate tablet 160 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate tablet 48 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibrate tablet 54 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibric acid capsule delayed release 135 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibric acid capsule delayed release 45 mg oral</i>	1	Eligible for 90 day supply
<i>fenofibric acid tablet 35 mg oral</i>	1	Eligible for 90 day supply
<i>fluvastatin sodium capsule 20 mg oral</i>	1	Eligible for 90 day supply
<i>fluvastatin sodium capsule 40 mg oral</i>	1	Eligible for 90 day supply
<i>gemfibrozil tablet 600 mg oral</i>	1	Eligible for 90 day supply
<i>icosapent ethyl capsule 0.5 gm oral</i>	1	PA-NSO, QL 120/30 days, Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to help manage high cholesterol and high triglycerides) - continued</b>		
<i>icosapent ethyl capsule 1 gm oral</i>	1	PA-NSO, QL 120/30 days, Eligible for 90 day supply
<i>lovastatin tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>lovastatin tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>lovastatin tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i>	1	
<i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i>	1	
<i>niacor tablet 500 mg oral</i>	1	Eligible for 90 day supply
<i>omega-3-acid ethyl esters capsule 1 gm oral</i>	1	Eligible for 90 day supply
<i>pitavastatin calcium tablet 1 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
<i>pitavastatin calcium tablet 2 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to help manage high cholesterol and high triglycerides) - continued</b>		
<i>pitavastatin calcium tablet 4 mg oral</i>	1	QL 30/30 days, Eligible for 90 day supply
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	2	PA-NSO, QL 2/28 days
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	2	PA-NSO, QL 2/28 days
<i>pravastatin sodium tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>pravastatin sodium tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>pravastatin sodium tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>pravastatin sodium tablet 80 mg oral</i>	1	Eligible for 90 day supply
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS	2	PA-NSO, QL 3.50/28 days
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS	2	PA-NSO, QL 2/28 days
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	PA-NSO, QL 2/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to help manage high cholesterol and high triglycerides) - continued</b>		
<i>rosuvastatin calcium tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>rosuvastatin calcium tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>rosuvastatin calcium tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>rosuvastatin calcium tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>simvastatin tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>simvastatin tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>simvastatin tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>simvastatin tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>simvastatin tablet 80 mg oral</i>	1	Eligible for 90 day supply
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure)</b>		
<i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besylate-valsartan tablet 10-160 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besylate-valsartan tablet 10-320 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besylate-valsartan tablet 5-160 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine besylate-valsartan tablet 5-320 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine-olmesartan tablet 10-20 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine-olmesartan tablet 10-40 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine-olmesartan tablet 5-20 mg oral</i>	1	Eligible for 90 day supply
<i>amlodipine-olmesartan tablet 5-40 mg oral</i>	1	Eligible for 90 day supply
<i>atenolol-chlorthalidone tablet 100-25 mg oral</i>	1	Eligible for 90 day supply
<i>atenolol-chlorthalidone tablet 50-25 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>benazepril hcl tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril hcl tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril hcl tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril hcl tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	Eligible for 90 day supply
<i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i>	1	Eligible for 90 day supply
<i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i>	1	Eligible for 90 day supply
<i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i>	1	Eligible for 90 day supply
<i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i>	1	Eligible for 90 day supply
<i>candesartan cilexetil tablet 16 mg oral</i>	1	Eligible for 90 day supply
<i>candesartan cilexetil tablet 32 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>candesartan cilexetil tablet 4 mg oral</i>	1	Eligible for 90 day supply
<i>candesartan cilexetil tablet 8 mg oral</i>	1	Eligible for 90 day supply
<i>candesartan cilexetil-hctz tablet 16-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>candesartan cilexetil-hctz tablet 32-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>candesartan cilexetil-hctz tablet 32-25 mg oral</i>	1	Eligible for 90 day supply
<i>captopril tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>captopril tablet 12.5 mg oral</i>	1	Eligible for 90 day supply
<i>captopril tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>captopril tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>clonidine hcl tablet 0.1 mg oral</i>	1	Eligible for 90 day supply
<i>clonidine hcl tablet 0.2 mg oral</i>	1	Eligible for 90 day supply
<i>clonidine hcl tablet 0.3 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>clonidine patch weekly 0.1 mg/24hr transdermal</i>	1	QL 4/28 days, Eligible for 90 day supply
<i>clonidine patch weekly 0.2 mg/24hr transdermal</i>	1	QL 4/28 days, Eligible for 90 day supply
<i>clonidine patch weekly 0.3 mg/24hr transdermal</i>	1	QL 4/28 days, Eligible for 90 day supply
<i>doxazosin mesylate tablet 1 mg oral</i>	1	Eligible for 90 day supply
<i>doxazosin mesylate tablet 2 mg oral</i>	1	Eligible for 90 day supply
<i>doxazosin mesylate tablet 4 mg oral</i>	1	Eligible for 90 day supply
<i>doxazosin mesylate tablet 8 mg oral</i>	1	Eligible for 90 day supply
<i>enalapril maleate solution 1 mg/ml oral</i>	1	Eligible for 90 day supply
<i>enalapril maleate tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>enalapril maleate tablet 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>enalapril maleate tablet 20 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>enalapril maleate tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	1	Eligible for 90 day supply
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>eplerenone tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>eplerenone tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>eprosartan mesylate tablet 600 mg oral</i>	1	Eligible for 90 day supply
<i>fosinopril sodium tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>fosinopril sodium tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>fosinopril sodium tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>guanfacine hcl tablet 1 mg oral</i>	1	Eligible for 90 day supply
<i>guanfacine hcl tablet 2 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>hydralazine hcl tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>hydralazine hcl tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>hydralazine hcl tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>hydralazine hcl tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>irbesartan tablet 150 mg oral</i>	1	Eligible for 90 day supply
<i>irbesartan tablet 300 mg oral</i>	1	Eligible for 90 day supply
<i>irbesartan tablet 75 mg oral</i>	1	Eligible for 90 day supply
<i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril tablet 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril tablet 30 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>lisinopril tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	Eligible for 90 day supply
<i>losartan potassium tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>losartan potassium tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>losartan potassium tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>losartan potassium-hctz tablet 100-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>losartan potassium-hctz tablet 100-25 mg oral</i>	1	Eligible for 90 day supply
<i>losartan potassium-hctz tablet 50-12.5 mg oral</i>	1	Eligible for 90 day supply
METHYLDOPA TABLET 250 MG ORAL	2	Eligible for 90 day supply
METHYLDOPA TABLET 500 MG ORAL	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>methyldopa-hydrochlorothiazide tablet 250-15 mg oral</i>	1	Eligible for 90 day supply
<i>methyldopa-hydrochlorothiazide tablet 250-25 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i>	1	Eligible for 90 day supply
<i>minoxidil tablet 10 mg oral</i>	1	
<i>minoxidil tablet 2.5 mg oral</i>	1	
<i>moexipril hcl tablet 15 mg oral</i>	1	Eligible for 90 day supply
<i>moexipril hcl tablet 7.5 mg oral</i>	1	Eligible for 90 day supply
<i>nadolol-bendroflumethiazide tablet 40-5 mg oral</i>	1	Eligible for 90 day supply
<i>nadolol-bendroflumethiazide tablet 80-5 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan medoxomil tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan medoxomil tablet 40 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>olmesartan medoxomil tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i>	1	ST, Eligible for 90 day supply
<i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i>	1	ST, Eligible for 90 day supply
<i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i>	1	Eligible for 90 day supply
<i>perindopril erbumine tablet 2 mg oral</i>	1	Eligible for 90 day supply
<i>perindopril erbumine tablet 4 mg oral</i>	1	Eligible for 90 day supply
<i>perindopril erbumine tablet 8 mg oral</i>	1	Eligible for 90 day supply
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	1	PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>prazosin hcl capsule 1 mg oral</i>	1	Eligible for 90 day supply
<i>prazosin hcl capsule 2 mg oral</i>	1	Eligible for 90 day supply
<i>prazosin hcl capsule 5 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril hcl tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril hcl tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril hcl tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril hcl tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	Eligible for 90 day supply
<i>ramipril capsule 1.25 mg oral</i>	1	Eligible for 90 day supply
<i>ramipril capsule 10 mg oral</i>	1	Eligible for 90 day supply
<i>ramipril capsule 2.5 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>ramipril capsule 5 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-amlodipine tablet 40-10 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-amlodipine tablet 40-5 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-amlodipine tablet 80-10 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-amlodipine tablet 80-5 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>telmisartan-hctz tablet 80-25 mg oral</i>	1	Eligible for 90 day supply
<i>terazosin hcl capsule 1 mg oral</i>	1	Eligible for 90 day supply
<i>terazosin hcl capsule 10 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>terazosin hcl capsule 2 mg oral</i>	1	Eligible for 90 day supply
<i>terazosin hcl capsule 5 mg oral</i>	1	Eligible for 90 day supply
<i>trandolapril tablet 1 mg oral</i>	1	Eligible for 90 day supply
<i>trandolapril tablet 2 mg oral</i>	1	Eligible for 90 day supply
<i>trandolapril tablet 4 mg oral</i>	1	Eligible for 90 day supply
TRYVIO TABLET 12.5 MG ORAL	2	PA, QL 30/30 days
<i>valsartan tablet 160 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan tablet 320 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i>	1	Eligible for 90 day supply

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<b>ANTIHYPERTENSIVES (Medications to lower blood pressure) - continued</b>		
<i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i>	1	Eligible for 90 day supply
<i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i>	1	Eligible for 90 day supply
<b>ANTI-INFECTIVE AGENTS - MISC. (Medications to treat certain types infection)</b>		
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	2	QL 180/30 days
<i>atovaquone suspension 750 mg/5ml oral</i>	1	
<i>aztreonam solution reconstituted 1 gm injection</i>	1	
<i>aztreonam solution reconstituted 2 gm injection</i>	1	
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION	3	PA
<i>clindamycin hcl capsule 150 mg oral</i>	1	
<i>clindamycin hcl capsule 300 mg oral</i>	1	
<i>clindamycin hcl capsule 75 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTI-INFECTIVE AGENTS - MISC. (Medications to treat certain types infection) - continued</b>		
<i>clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral</i>	1	
<i>dapsone tablet 100 mg oral</i>	1	
<i>dapsone tablet 25 mg oral</i>	1	
<i>daptomycin solution reconstituted 350 mg intravenous</i>	1	PA
<i>daptomycin solution reconstituted 500 mg intravenous</i>	1	PA
FIRST-VANCOMYCIN 25 SOLUTION 25 MG/ML ORAL	2	
FIRST-VANCOMYCIN 50 SOLUTION 50 MG/ML ORAL	2	
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	2	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	2	
<i>imipenem-cilastatin solution reconstituted 250 mg intravenous</i>	1	
<i>imipenem-cilastatin solution reconstituted 500 mg intravenous</i>	1	

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<b>ANTI-INFECTIVE AGENTS - MISC. (Medications to treat certain types infection) - continued</b>		
IMPAVIDO CAPSULE 50 MG ORAL	2	PA, QL 84/28 days
<i>linezolid suspension reconstituted 100 mg/5ml oral</i>	1	
<i>linezolid tablet 600 mg oral</i>	1	
<i>meropenem solution reconstituted 1 gm intravenous</i>	1	
<i>meropenem solution reconstituted 500 mg intravenous</i>	1	
<i>methenamine hippurate tablet 1 gm oral</i>	1	
<i>methenamine mandelate tablet 0.5 gm oral</i>	1	
<i>methenamine mandelate tablet 1 gm oral</i>	1	
<i>metronidazole tablet 250 mg oral</i>	1	
<i>metronidazole tablet 500 mg oral</i>	1	
<i>nitazoxanide tablet 500 mg oral</i>	1	QL 6/30 days
<i>nitrofurantoin macrocrystal capsule 100 mg oral</i>	1	
<i>nitrofurantoin macrocrystal capsule 50 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTI-INFECTIVE AGENTS - MISC. (Medications to treat certain types infection) - continued</b>		
<i>nitrofurantoin monohyd macro capsule 100 mg oral</i>	1	
<i>nitrofurantoin suspension 25 mg/5ml oral</i>	1	
<i>pentamidine isethionate solution reconstituted 300 mg inhalation</i>	1	
SIVEXTRO TABLET 200 MG ORAL	2	PA, QL 6/30 days
<i>sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>	1	
<i>sulfamethoxazole-trimethoprim tablet 400-80 mg oral</i>	1	
<i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i>	1	
<i>tinidazole tablet 250 mg oral</i>	1	
<i>tinidazole tablet 500 mg oral</i>	1	
<i>trimethoprim tablet 100 mg oral</i>	1	
<i>vancomycin hcl capsule 125 mg oral</i>	1	QL 77/30 days

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<b>ANTI-INFECTIVE AGENTS - MISC. (Medications to treat certain types infection) - continued</b>		
<i>vancomycin hcl capsule 250 mg oral</i>	1	QL 38/30 days
XIFAXAN TABLET 200 MG ORAL	2	PA
XIFAXAN TABLET 550 MG ORAL	2	PA
<b>ANTIMALARIALS (Medications to treat malaria)</b>		
<i>atovaquone-proguanil hcl tablet 250-100 mg oral</i>	1	
<i>atovaquone-proguanil hcl tablet 62.5-25 mg oral</i>	1	
<i>chloroquine phosphate tablet 250 mg oral</i>	1	
<i>chloroquine phosphate tablet 500 mg oral</i>	1	
COARTEM TABLET 20-120 MG ORAL	2	
<i>hydroxychloroquine sulfate tablet 200 mg oral</i>	1	
<i>mefloquine hcl tablet 250 mg oral</i>	1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	1	
<i>pyrimethamine tablet 25 mg oral</i>	1	PA
<i>quinine sulfate capsule 324 mg oral</i>	1	QL 42/90 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (Medications to treat certain neuromuscular conditions)</b>		
FIRDAPSE TABLET 10 MG ORAL	3	PA
<i>pyridostigmine bromide tablet 60 mg oral</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS (Medications to treat certain types of bacterial infection)</b>		
<i>ethambutol hcl tablet 100 mg oral</i>	1	
<i>ethambutol hcl tablet 400 mg oral</i>	1	
<i>isoniazid solution 100 mg/ml injection</i>	1	
<i>isoniazid syrup 50 mg/5ml oral</i>	1	
<i>isoniazid tablet 100 mg oral</i>	1	
<i>isoniazid tablet 300 mg oral</i>	1	
PRETOMANID TABLET 200 MG ORAL	2	PA, QL 30/30 days
<i>pyrazinamide tablet 500 mg oral</i>	1	
<i>rifabutin capsule 150 mg oral</i>	1	
<i>rifampin capsule 150 mg oral</i>	1	
<i>rifampin capsule 300 mg oral</i>	1	
<i>rifampin solution reconstituted 600 mg intravenous</i>	1	
SIRTURO TABLET 100 MG ORAL	2	PA

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DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions)</b>		
ABIRATERONE ACETATE TABLET 250 MG ORAL	3	PA-NSO, Partial Fill
ABIRATERONE ACETATE TABLET 500 MG ORAL	3	PA-NSO, Partial Fill
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	3	PA
AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL	3	PA, QL 30/30 days
AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL	3	PA, QL 30/30 days
AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL	3	PA, QL 30/30 days
AKEEGA TABLET 100-500 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
AKEEGA TABLET 50-500 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
ALECENSA CAPSULE 150 MG ORAL	3	PA, QL 240/30 days
ALUNBRIG TABLET 180 MG ORAL	3	PA, Partial Fill
ALUNBRIG TABLET 30 MG ORAL	3	PA, Partial Fill
ALUNBRIG TABLET 90 MG ORAL	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
<i>anastrozole tablet 1 mg oral</i>	1	
AUGTYRO CAPSULE 40 MG ORAL	3	PA, QL 240/30 days, Partial Fill
AYVAKIT TABLET 100 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
AYVAKIT TABLET 200 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
AYVAKIT TABLET 25 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
AYVAKIT TABLET 300 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
AYVAKIT TABLET 50 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
BALVERSA TABLET 3 MG ORAL	3	PA, Partial Fill
BALVERSA TABLET 4 MG ORAL	3	PA, Partial Fill
BALVERSA TABLET 5 MG ORAL	3	PA, Partial Fill
BESREMI SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS	2	LA, PA, QL 2/28 days
BEXAROTENE CAPSULE 75 MG ORAL	3	PA, Partial Fill

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
<i>bicalutamide tablet 50 mg oral</i>	1	
BOSULIF CAPSULE 100 MG ORAL	3	PA, Partial Fill
BOSULIF CAPSULE 50 MG ORAL	3	PA, QL 30/30 days, Partial Fill
BOSULIF TABLET 100 MG ORAL	3	PA, QL 120/30 days, Partial Fill
BOSULIF TABLET 400 MG ORAL	3	PA, QL 30/30 days, Partial Fill
BOSULIF TABLET 500 MG ORAL	3	PA, QL 30/30 days, Partial Fill
BRAFTOVI CAPSULE 50 MG ORAL	3	PA, QL 120/30 days
BRAFTOVI CAPSULE 75 MG ORAL	3	PA
BRUKINSA CAPSULE 80 MG ORAL	2	LA, PA, QL 120/30 days, Partial Fill
CABOMETYX TABLET 20 MG ORAL	3	PA, QL 30/30 days, Partial Fill
CABOMETYX TABLET 40 MG ORAL	3	PA, QL 30/30 days, Partial Fill
CABOMETYX TABLET 60 MG ORAL	3	PA, QL 30/30 days, Partial Fill

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
CALQUENCE CAPSULE 100 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
CALQUENCE TABLET 100 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	3	PA
CAPECITABINE TABLET 150 MG ORAL	3	
CAPECITABINE TABLET 500 MG ORAL	3	
CAPRELSA TABLET 100 MG ORAL	2	LA, PA, QL 60/30 days
CAPRELSA TABLET 300 MG ORAL	2	LA, PA, QL 30/30 days
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL	2	LA, PA
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL	2	LA, PA
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	3	PA
COPIKTRA CAPSULE 15 MG ORAL	3	PA

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
COPIKTRA CAPSULE 25 MG ORAL	3	PA
COTELLIC TABLET 20 MG ORAL	3	PA
<i>cyclophosphamide capsule 25 mg oral</i>	1	
<i>cyclophosphamide capsule 50 mg oral</i>	1	
CYCLOPHOSPHAMIDE TABLET 25 MG ORAL	2	
CYCLOPHOSPHAMIDE TABLET 50 MG ORAL	2	
DANZITEN TABLET 71 MG ORAL	2	LA, PA, QL 112/28 days
DANZITEN TABLET 95 MG ORAL	2	LA, PA, QL 112/28 days
DASATINIB TABLET 100 MG ORAL	3	PA, QL 30/30 days, Partial Fill
DASATINIB TABLET 140 MG ORAL	3	PA, QL 30/30 days, Partial Fill
DASATINIB TABLET 20 MG ORAL	3	PA, QL 60/30 days, Partial Fill
DASATINIB TABLET 50 MG ORAL	3	PA, QL 60/30 days, Partial Fill
DASATINIB TABLET 70 MG ORAL	3	PA, QL 60/30 days, Partial Fill

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
DASATINIB TABLET 80 MG ORAL	3	PA, QL 30/30 days, Partial Fill
DAURISMO TABLET 100 MG ORAL	3	PA, Partial Fill
DAURISMO TABLET 25 MG ORAL	3	PA, Partial Fill
ELIGARD KIT 22.5 MG SUBCUTANEOUS	3	PA
ELIGARD KIT 30 MG SUBCUTANEOUS	3	PA
ELIGARD KIT 45 MG SUBCUTANEOUS	3	PA
ELIGARD KIT 7.5 MG SUBCUTANEOUS	3	PA
EMCYT CAPSULE 140 MG ORAL	2	
ERIVEDGE CAPSULE 150 MG ORAL	3	PA, QL 28/28 days, Partial Fill
ERLEADA TABLET 240 MG ORAL	3	PA
ERLEADA TABLET 60 MG ORAL	3	PA
ERLOTINIB HCL TABLET 100 MG ORAL	3	PA, QL 30/30 days, Partial Fill
ERLOTINIB HCL TABLET 150 MG ORAL	3	PA, QL 30/30 days, Partial Fill

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DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
ERLOTINIB HCL TABLET 25 MG ORAL	3	PA, QL 30/30 days, Partial Fill
EVEROLIMUS TABLET 10 MG ORAL	3	PA, QL 30/30 days, Partial Fill
EVEROLIMUS TABLET 2.5 MG ORAL	3	PA, QL 30/30 days, Partial Fill
EVEROLIMUS TABLET 5 MG ORAL	3	PA, QL 30/30 days, Partial Fill
EVEROLIMUS TABLET 7.5 MG ORAL	3	PA, QL 30/30 days, Partial Fill
<i>exemestane tablet 25 mg oral</i>	1	
<i>flutamide capsule 125 mg oral</i>	1	
FOTIVDA CAPSULE 0.89 MG ORAL	2	LA, PA, QL 21/28 days, Partial Fill
FOTIVDA CAPSULE 1.34 MG ORAL	2	LA, PA, QL 21/28 days, Partial Fill
FRUZAQLA CAPSULE 1 MG ORAL	2	LA, PA, QL 84/28 days
FRUZAQLA CAPSULE 5 MG ORAL	2	LA, PA, QL 21/28 days
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
GAVRETO CAPSULE 100 MG ORAL	2	LA, PA, QL 120/30 days
GEFITINIB TABLET 250 MG ORAL	3	PA, QL 30/30 days, Partial Fill
GILOTRIF TABLET 20 MG ORAL	2	LA, PA, QL 30/30 days
GILOTRIF TABLET 30 MG ORAL	2	LA, PA, QL 30/30 days
GILOTRIF TABLET 40 MG ORAL	2	LA, PA, QL 30/30 days
GLEOSTINE CAPSULE 10 MG ORAL	3	
GLEOSTINE CAPSULE 100 MG ORAL	3	
GLEOSTINE CAPSULE 40 MG ORAL	3	
HEXALEN CAPSULE 50 MG ORAL	2	
<i>hydroxyurea capsule 500 mg oral</i>	1	
IBRANCE CAPSULE 100 MG ORAL	3	PA, QL 21/28 days
IBRANCE CAPSULE 125 MG ORAL	3	PA, QL 21/28 days
IBRANCE CAPSULE 75 MG ORAL	3	PA, QL 21/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
IBRANCE TABLET 100 MG ORAL	3	PA, QL 21/28 days
IBRANCE TABLET 125 MG ORAL	3	PA, QL 21/28 days
IBRANCE TABLET 75 MG ORAL	3	PA, QL 21/28 days
ICLUSIG TABLET 10 MG ORAL	2	LA, PA, QL 30/30 days
ICLUSIG TABLET 15 MG ORAL	2	LA, PA, QL 30/30 days
ICLUSIG TABLET 30 MG ORAL	2	LA, PA, QL 30/30 days
ICLUSIG TABLET 45 MG ORAL	2	LA, PA, QL 30/30 days
IDHIFA TABLET 100 MG ORAL	3	PA, QL 30/30 days
IDHIFA TABLET 50 MG ORAL	3	PA, QL 30/30 days
IMATINIB MESYLATE TABLET 100 MG ORAL	3	PA-NSO, QL 90/30 days, Partial Fill
IMATINIB MESYLATE TABLET 400 MG ORAL	3	PA-NSO, QL 60/30 days, Partial Fill
IMBRUVICA CAPSULE 140 MG ORAL	2	LA, PA, QL 90/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
IMBRUVICA CAPSULE 70 MG ORAL	2	LA, PA, QL 30/30 days
IMBRUVICA SUSPENSION 70 MG/ML ORAL	2	LA, PA
IMBRUVICA TABLET 140 MG ORAL	2	LA, PA, QL 90/30 days
IMBRUVICA TABLET 280 MG ORAL	2	LA, PA, QL 30/30 days
IMBRUVICA TABLET 420 MG ORAL	2	LA, PA, QL 30/30 days
INLYTA TABLET 1 MG ORAL	3	PA, QL 120/30 days, Partial Fill
INLYTA TABLET 5 MG ORAL	3	PA, QL 60/30 days, Partial Fill
INQOVI TABLET 35-100 MG ORAL	3	PA, QL 5/28 days
INREBIC CAPSULE 100 MG ORAL	3	PA, QL 120/30 days, Partial Fill
ITOVEBI TABLET 3 MG ORAL	3	PA, QL 56/28 days
ITOVEBI TABLET 9 MG ORAL	3	PA, QL 28/28 days
IWILFIN TABLET 192 MG ORAL	2	LA, PA, QL 240/30 days
JAKAFI TABLET 10 MG ORAL	3	PA, QL 60/30 days, Partial Fill

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
JAKAFI TABLET 15 MG ORAL	3	PA, QL 60/30 days, Partial Fill
JAKAFI TABLET 20 MG ORAL	3	PA, QL 60/30 days, Partial Fill
JAKAFI TABLET 25 MG ORAL	3	PA, QL 60/30 days, Partial Fill
JAKAFI TABLET 5 MG ORAL	3	PA, QL 60/30 days, Partial Fill
JAYPIRCA TABLET 100 MG ORAL	3	PA, QL 60/30 days, Partial Fill
JAYPIRCA TABLET 50 MG ORAL	3	PA, QL 30/30 days, Partial Fill
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, QL 21/28 days
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, QL 42/28 days
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA, QL 63/28 days
KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	3	PA, QL 49/28 days
KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	3	PA, QL 70/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	3	PA, QL 91/28 days
KOSELUGO CAPSULE 10 MG ORAL	3	PA, QL 120/30 days
KOSELUGO CAPSULE 25 MG ORAL	3	PA, QL 120/30 days
KRAZATI TABLET 200 MG ORAL	2	LA, PA, QL 180/30 days, Partial Fill
LAZCLUZE TABLET 240 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
LAZCLUZE TABLET 80 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	3	PA, QL 30/30 days
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	3	PA, QL 90/30 days
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	3	PA, QL 60/30 days

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	3	PA, QL 90/30 days
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	3	PA, QL 60/30 days
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	3	PA, QL 90/30 days
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	3	PA, QL 30/30 days
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	3	PA, QL 60/30 days
<i>letrozole tablet 2.5 mg oral</i>	1	
<i>leucovorin calcium tablet 10 mg oral</i>	1	
<i>leucovorin calcium tablet 15 mg oral</i>	1	
<i>leucovorin calcium tablet 25 mg oral</i>	1	
<i>leucovorin calcium tablet 5 mg oral</i>	1	
LEUKERAN TABLET 2 MG ORAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
LEUPROLIDE ACETATE KIT 1 MG/0.2ML INJECTION	3	PA
LONSURF TABLET 15-6.14 MG ORAL	3	PA
LONSURF TABLET 20-8.19 MG ORAL	3	PA
LORBRENA TABLET 100 MG ORAL	3	PA, QL 30/30 days, Partial Fill
LORBRENA TABLET 25 MG ORAL	3	PA, QL 90/30 days, Partial Fill
LUMAKRAS TABLET 120 MG ORAL	3	PA, Partial Fill
LUMAKRAS TABLET 240 MG ORAL	3	PA, Partial Fill
LUMAKRAS TABLET 320 MG ORAL	3	PA, QL 90/30 days, Partial Fill
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	3	PA

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	3	PA
LYNPARZA TABLET 100 MG ORAL	3	PA, QL 5/1 days, Partial Fill
LYNPARZA TABLET 150 MG ORAL	3	PA, QL 4/1 days, Partial Fill
LYSODREN TABLET 500 MG ORAL	2	Partial Fill
LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	2	LA, PA, QL 84/28 days
LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	2	LA, PA, QL 112/28 days
LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	2	LA, PA, QL 140/28 days
MATULANE CAPSULE 50 MG ORAL	2	LA, PA
<i>megestrol acetate suspension 40 mg/ml oral</i>	1	
<i>megestrol acetate suspension 400 mg/10ml oral</i>	1	
<i>megestrol acetate tablet 20 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
<i>megestrol acetate tablet 40 mg oral</i>	1	
MEKINIST TABLET 0.5 MG ORAL	3	PA, QL 90/30 days
MEKINIST TABLET 2 MG ORAL	3	PA, QL 30/30 days
MEKTOVI TABLET 15 MG ORAL	3	PA, QL 180/30 days
<i>mercaptopurine tablet 50 mg oral</i>	1	
<i>methotrexate sodium (pf) solution 1 gm/40ml injection</i>	1	
<i>methotrexate sodium (pf) solution 100 mg/4ml injection</i>	1	
<i>methotrexate sodium (pf) solution 200 mg/8ml injection</i>	1	
<i>methotrexate sodium (pf) solution 250 mg/10ml injection</i>	1	
<i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>	1	
<i>methotrexate sodium solution 250 mg/10ml injection</i>	1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	1	

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
<i>methotrexate sodium solution reconstituted 1 gm injection</i>	1	
<i>methotrexate sodium tablet 2.5 mg oral</i>	1	
<i>methotrexate tablet 2.5 mg oral</i>	1	
NERLYNX TABLET 40 MG ORAL	3	PA, QL 180/30 days, Partial Fill
<i>nilutamide tablet 150 mg oral</i>	1	PA, QL 30/30 days
NINLARO CAPSULE 2.3 MG ORAL	2	PA, QL 3/28 days
NINLARO CAPSULE 3 MG ORAL	2	PA, QL 3/28 days
NINLARO CAPSULE 4 MG ORAL	2	PA, QL 3/28 days
NUBEQA TABLET 300 MG ORAL	3	PA, QL 120/30 days
ODOMZO CAPSULE 200 MG ORAL	3	PA, QL 30/30 days, Partial Fill
OGSIVEO TABLET 50 MG ORAL	2	LA, PA, QL 180/30 days, Partial Fill
OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL	3	PA, QL 96/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
OJEMDA TABLET 100 MG ORAL	3	PA, QL 24/28 days
OJJAARA TABLET 100 MG ORAL	2	LA, PA, QL 30/30 days
OJJAARA TABLET 150 MG ORAL	2	LA, PA, QL 30/30 days
OJJAARA TABLET 200 MG ORAL	2	LA, PA, QL 30/30 days
ONUREG TABLET 200 MG ORAL	3	PA, QL 14/28 days
ONUREG TABLET 300 MG ORAL	3	PA, QL 14/28 days
ORGOVYX TABLET 120 MG ORAL	2	LA, PA, QL 30/30 days
ORSERDU TABLET 345 MG ORAL	2	LA, PA, QL 30/30 days, Partial Fill
ORSERDU TABLET 86 MG ORAL	2	LA, PA, QL 90/30 days, Partial Fill
PAZOPANIB HCL TABLET 200 MG ORAL	3	PA, Partial Fill
PEMAZYRE TABLET 13.5 MG ORAL	3	PA, QL 28/28 days
PEMAZYRE TABLET 4.5 MG ORAL	3	PA, QL 28/28 days

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
PEMAZYRE TABLET 9 MG ORAL	3	PA, QL 28/28 days
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	3	PA
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	3	PA
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	3	PA
POMALYST CAPSULE 1 MG ORAL	3	PA, QL 30/30 days
POMALYST CAPSULE 2 MG ORAL	3	PA, QL 30/30 days
POMALYST CAPSULE 3 MG ORAL	3	PA, QL 30/30 days
POMALYST CAPSULE 4 MG ORAL	3	PA, QL 30/30 days
QINLOCK TABLET 50 MG ORAL	3	PA, QL 90/30 days
RETEVMO CAPSULE 40 MG ORAL	3	PA, QL 90/30 days, Partial Fill
RETEVMO CAPSULE 80 MG ORAL	3	PA, QL 120/30 days, Partial Fill

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
RETEVMO TABLET 120 MG ORAL	3	PA, QL 60/30 days, Partial Fill
RETEVMO TABLET 160 MG ORAL	3	PA, QL 60/30 days, Partial Fill
RETEVMO TABLET 40 MG ORAL	3	PA, QL 90/30 days, Partial Fill
RETEVMO TABLET 80 MG ORAL	3	PA, QL 120/30 days, Partial Fill
REVUFORJ TABLET 110 MG ORAL	2	LA, PA, QL 60/30 days
REVUFORJ TABLET 160 MG ORAL	2	LA, PA, QL 60/30 days
REZLIDHIA CAPSULE 150 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
ROZLYTREK CAPSULE 100 MG ORAL	3	PA, QL 30/30 days, Partial Fill
ROZLYTREK CAPSULE 200 MG ORAL	3	PA, QL 90/30 days, Partial Fill
ROZLYTREK PACKET 50 MG ORAL	3	PA, QL 60/30 days
RUBRACA TABLET 200 MG ORAL	3	PA, QL 120/30 days, Partial Fill
RUBRACA TABLET 250 MG ORAL	3	PA, QL 120/30 days, Partial Fill

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
RUBRACA TABLET 300 MG ORAL	3	PA, QL 120/30 days, Partial Fill
RYDAPT CAPSULE 25 MG ORAL	3	PA
SCEMBLIX TABLET 100 MG ORAL	2	LA, PA, QL 120/30 days
SCEMBLIX TABLET 20 MG ORAL	2	LA, PA, QL 60/30 days
SCEMBLIX TABLET 40 MG ORAL	2	LA, PA, QL 60/30 days
SOLTAMOX SOLUTION 10 MG/5ML ORAL	2	
SORAFENIB TOSYLATE TABLET 200 MG ORAL	3	PA, QL 120/30 days, Partial Fill
STIVARGA TABLET 40 MG ORAL	3	PA, QL 84/28 days
SUNITINIB MALATE CAPSULE 12.5 MG ORAL	3	PA, QL 28/28 days
SUNITINIB MALATE CAPSULE 25 MG ORAL	3	PA, QL 28/28 days
SUNITINIB MALATE CAPSULE 37.5 MG ORAL	3	PA, QL 28/28 days
SUNITINIB MALATE CAPSULE 50 MG ORAL	3	PA, QL 28/28 days
SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS	2	LA, PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
TABLOID TABLET 40 MG ORAL	2	Minimum Age: None Maximum Age: 20 Years
TABRECTA TABLET 150 MG ORAL	3	PA, QL 120/30 days
TABRECTA TABLET 200 MG ORAL	3	PA, QL 120/30 days
TAFINLAR CAPSULE 50 MG ORAL	3	PA, QL 120/30 days, Partial Fill
TAFINLAR CAPSULE 75 MG ORAL	3	PA, QL 120/30 days, Partial Fill
TAFINLAR TABLET SOLUBLE 10 MG ORAL	3	PA, QL 300/30 days
TAGRISSEO TABLET 40 MG ORAL	3	PA, QL 30/30 days, Partial Fill
TAGRISSEO TABLET 80 MG ORAL	3	PA, QL 30/30 days, Partial Fill
TALZENNA CAPSULE 0.1 MG ORAL	3	PA, QL 30/30 days, Partial Fill
TALZENNA CAPSULE 0.25 MG ORAL	3	PA, QL 30/30 days, Partial Fill
TALZENNA CAPSULE 0.35 MG ORAL	3	PA, QL 30/30 days, Partial Fill
TALZENNA CAPSULE 0.5 MG ORAL	3	PA, Partial Fill

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
TALZENNA CAPSULE 0.75 MG ORAL	3	PA, Partial Fill
TALZENNA CAPSULE 1 MG ORAL	3	PA, QL 30/30 days, Partial Fill
<i>tamoxifen citrate tablet 10 mg oral</i>	1	
<i>tamoxifen citrate tablet 20 mg oral</i>	1	
TASIGNA CAPSULE 150 MG ORAL	3	PA, QL 112/28 days, Partial Fill
TASIGNA CAPSULE 200 MG ORAL	3	PA, QL 112/28 days, Partial Fill
TASIGNA CAPSULE 50 MG ORAL	3	PA, QL 112/28 days, Partial Fill
TAZVERIK TABLET 200 MG ORAL	2	LA, PA, QL 240/30 days, Partial Fill
TECENTRIQ SOLUTION 1200 MG/20ML INTRAVENOUS	3	PA
TECENTRIQ SOLUTION 840 MG/14ML INTRAVENOUS	3	PA
TEMOZOLOMIDE CAPSULE 100 MG ORAL	3	
TEMOZOLOMIDE CAPSULE 140 MG ORAL	3	

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
TEMOZOLOMIDE CAPSULE 180 MG ORAL	3	
TEMOZOLOMIDE CAPSULE 20 MG ORAL	3	
TEMOZOLOMIDE CAPSULE 250 MG ORAL	3	
TEMOZOLOMIDE CAPSULE 5 MG ORAL	3	
TEPMETKO TABLET 225 MG ORAL	2	LA, PA, QL 60/30 days
TIBSOVO TABLET 250 MG ORAL	2	LA, PA, QL 60/30 days, Partial Fill
TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	2	
<i>toremifene citrate tablet 60 mg oral</i>	1	
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 11.25 MG INTRAMUSCULAR	3	PA
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR	3	PA
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR	3	PA

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
<i>tretinoin capsule 10 mg oral</i>	1	QL 810/365 days
TRUQAP TABLET 160 MG ORAL	2	LA, PA, QL 64/28 days
TRUQAP TABLET 200 MG ORAL	2	LA, PA, QL 64/28 days
TUKYSA TABLET 150 MG ORAL	3	PA, QL 120/30 days
TUKYSA TABLET 50 MG ORAL	3	PA, QL 120/30 days
TURALIO CAPSULE 125 MG ORAL	3	PA, QL 120/30 days
TURALIO CAPSULE 200 MG ORAL	3	PA, QL 120/30 days
TYKERB TABLET 250 MG ORAL	3	PA, QL 180/30 days
VANFLYTA TABLET 17.7 MG ORAL	2	LA, PA
VANFLYTA TABLET 26.5 MG ORAL	2	LA, PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	2	LA, PA, QL 42/365 days
VENCLEXTA TABLET 10 MG ORAL	2	LA, PA, QL 30/365 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
VENCLEXTA TABLET 100 MG ORAL	2	LA, PA, QL 180/30 days
VENCLEXTA TABLET 50 MG ORAL	2	LA, PA, QL 30/365 days
VERZENIO TABLET 100 MG ORAL	3	PA, QL 56/28 days
VERZENIO TABLET 150 MG ORAL	3	PA, QL 56/28 days
VERZENIO TABLET 200 MG ORAL	3	PA, QL 56/28 days
VERZENIO TABLET 50 MG ORAL	3	PA, QL 56/28 days
VITRAKVI CAPSULE 100 MG ORAL	3	PA, QL 60/30 days, Partial Fill
VITRAKVI CAPSULE 25 MG ORAL	3	PA, QL 90/30 days, Partial Fill
VITRAKVI SOLUTION 20 MG/ML ORAL	3	PA
VIZIMPRO TABLET 15 MG ORAL	3	PA, QL 30/30 days, Partial Fill
VIZIMPRO TABLET 30 MG ORAL	3	PA, QL 30/30 days, Partial Fill
VIZIMPRO TABLET 45 MG ORAL	3	PA, QL 30/30 days, Partial Fill
VONJO CAPSULE 100 MG ORAL	2	LA, PA, QL 120/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
VORANIGO TABLET 10 MG ORAL	2	LA, PA, QL 60/30 days
VORANIGO TABLET 40 MG ORAL	2	LA, PA, QL 30/30 days
WELIREG TABLET 40 MG ORAL	2	LA, PA, Partial Fill
XALKORI CAPSULE 200 MG ORAL	3	PA, QL 120/30 days, Partial Fill
XALKORI CAPSULE 250 MG ORAL	3	PA, QL 120/30 days, Partial Fill
XALKORI CAPSULE SPRINKLE 150 MG ORAL	3	PA, QL 180/30 days
XALKORI CAPSULE SPRINKLE 20 MG ORAL	3	PA, QL 240/30 days
XALKORI CAPSULE SPRINKLE 50 MG ORAL	3	PA, QL 180/30 days
XOSPATA TABLET 40 MG ORAL	3	PA, Partial Fill
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 20/28 days
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL	2	PA, QL 8/28 days
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 8/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	2	PA, QL 4/28 days
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 16/28 days
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	2	PA, QL 8/28 days
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 12/28 days
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL	2	PA, QL 4/28 days
XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 24/28 days
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 16/28 days
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	2	PA, QL 8/28 days
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	2	PA, QL 32/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (Medications to treat cancer and cancer related conditions) - continued</b>		
XTANDI CAPSULE 40 MG ORAL	3	PA, Partial Fill
XTANDI TABLET 40 MG ORAL	3	PA, Partial Fill
XTANDI TABLET 80 MG ORAL	3	PA, Partial Fill
YONSA TABLET 125 MG ORAL	3	PA, Partial Fill
ZEJULA TABLET 100 MG ORAL	3	PA, QL 30/30 days
ZEJULA TABLET 200 MG ORAL	3	PA, QL 30/30 days
ZEJULA TABLET 300 MG ORAL	3	PA, QL 30/30 days
ZELBORAF TABLET 240 MG ORAL	3	PA
ZOLINZA CAPSULE 100 MG ORAL	3	PA, Partial Fill
ZYDELIG TABLET 100 MG ORAL	3	PA
ZYDELIG TABLET 150 MG ORAL	3	PA
ZYKADIA CAPSULE 150 MG ORAL	3	PA, QL 90/30 days, Partial Fill
ZYKADIA TABLET 150 MG ORAL	3	PA, QL 84/28 days, Partial Fill
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS(Medications to treat parkinsons disease and related conditions)</b>		
<i>amantadine hcl capsule 100 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS(Medications to treat parkinsons disease and related conditions) - continued</b>		
<i>amantadine hcl solution 50 mg/5ml oral</i>	1	
<i>amantadine hcl syrup 50 mg/5ml oral</i>	1	
<i>amantadine hcl tablet 100 mg oral</i>	1	
<i>apomorphine hcl solution cartridge 30 mg/3ml subcutaneous</i>	1	PA
<i>benztropine mesylate tablet 0.5 mg oral</i>	1	
<i>benztropine mesylate tablet 1 mg oral</i>	1	
<i>benztropine mesylate tablet 2 mg oral</i>	1	
<i>bromocriptine mesylate capsule 5 mg oral</i>	1	
<i>bromocriptine mesylate tablet 2.5 mg oral</i>	1	
<i>carbidopa-levodopa er tablet extended release 25-100 mg oral</i>	1	
<i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS(Medications to treat parkinsons disease and related conditions) - continued</b>		
<i>carbidopa-levodopa tablet 10-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet 25-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet 25-250 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS(Medications to treat parkinsons disease and related conditions) - continued</b>		
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	1	
<i>entacapone tablet 200 mg oral</i>	1	
KYNMOBI FILM 10 MG SUBLINGUAL	3	PA, QL 150/30 days
KYNMOBI FILM 15 MG SUBLINGUAL	3	PA, QL 150/30 days
KYNMOBI FILM 20 MG SUBLINGUAL	3	PA, QL 150/30 days
KYNMOBI FILM 25 MG SUBLINGUAL	3	PA, QL 150/30 days
KYNMOBI FILM 30 MG SUBLINGUAL	3	PA, QL 150/30 days
KYNMOBI TITRATION KIT KIT 10&15&20&25&30 MG SUBLINGUAL	3	PA, QL 10/30 days
ONGENTYS CAPSULE 50 MG ORAL	2	PA, QL 30/30 days
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL	2	QL 60/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL	2	QL 30/30 days, ST

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS(Medications to treat parkinsons disease and related conditions) - continued</b>		
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193 MG ORAL	2	QL 30/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258 MG ORAL	2	QL 30/30 days, ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i>	1	ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i>	1	ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i>	1	ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i>	1	ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i>	1	ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral</i>	1	ST
<i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i>	1	ST

DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS(Medications to treat parkinsons disease and related conditions) - continued</b>		
<i>pramipexole dihydrochloride tablet 0.125 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.5 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.75 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 1 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 1.5 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (Medications to treat parkinsons disease and related conditions) - continued</b>		
<i>ropinirole hcl tablet 0.25 mg oral</i>	1	
<i>ropinirole hcl tablet 0.5 mg oral</i>	1	
<i>ropinirole hcl tablet 1 mg oral</i>	1	
<i>ropinirole hcl tablet 2 mg oral</i>	1	
<i>ropinirole hcl tablet 3 mg oral</i>	1	
<i>ropinirole hcl tablet 4 mg oral</i>	1	
<i>ropinirole hcl tablet 5 mg oral</i>	1	
<i>selegiline hcl capsule 5 mg oral</i>	1	
<i>selegiline hcl tablet 5 mg oral</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml oral</i>	1	
<i>trihexyphenidyl hcl tablet 2 mg oral</i>	1	
<i>trihexyphenidyl hcl tablet 5 mg oral</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (Medications to treat mental health disorders)</b>		
<i>prochlorperazine maleate tablet 10 mg oral</i>	1	
<i>prochlorperazine maleate tablet 5 mg oral</i>	1	
<i>prochlorperazine suppository 25 mg rectal</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ANTISEPTICS &amp; DISINFECTANTS (Agents to clean and disinfect the skin)</b>		
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	2	
<i>formaldehyde solution 10 % external</i>	1	
<b>ANTIVIRALS (Medications to treat certain types of viral infection)</b>		
<i>abacavir sulfate solution 20 mg/ml oral</i>	1	
<i>abacavir sulfate tablet 300 mg oral</i>	1	
<i>abacavir sulfate-lamivudine tablet 600-300 mg oral</i>	1	
<i>abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral</i>	1	
<i>acyclovir capsule 200 mg oral</i>	1	
<i>acyclovir sodium solution 50 mg/ml intravenous</i>	1	
<i>acyclovir suspension 200 mg/5ml oral</i>	1	
<i>acyclovir tablet 400 mg oral</i>	1	
<i>acyclovir tablet 800 mg oral</i>	1	
<i>adefovir dipivoxil tablet 10 mg oral</i>	1	
APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR	2	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
APTIVUS SOLUTION 100 MG/ML ORAL	2	
<i>atazanavir sulfate capsule 150 mg oral</i>	1	
<i>atazanavir sulfate capsule 200 mg oral</i>	1	
<i>atazanavir sulfate capsule 300 mg oral</i>	1	
BARACLUDE SOLUTION 0.05 MG/ML ORAL	2	Partial Fill
BIKTARVY TABLET 30-120-15 MG ORAL	2	QL 30/30 days
BIKTARVY TABLET 50-200-25 MG ORAL	2	QL 30/30 days
CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR	2	
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR	2	
CIMDUO TABLET 300-300 MG ORAL	2	QL 30/30 days
COMPLERA TABLET 200-25-300 MG ORAL	2	
CRIXIVAN CAPSULE 200 MG ORAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
CRIXIVAN CAPSULE 400 MG ORAL	2	
<i>darunavir tablet 600 mg oral</i>	1	
<i>darunavir tablet 800 mg oral</i>	1	
DELSTRIGO TABLET 100-300-300 MG ORAL	2	QL 30/30 days
DESCOVY TABLET 120-15 MG ORAL	2	QL 30/30 days
DESCOVY TABLET 200-25 MG ORAL	2	QL 30/30 days
<i>didanosine capsule delayed release 125 mg oral</i>	1	
<i>didanosine capsule delayed release 200 mg oral</i>	1	
<i>didanosine capsule delayed release 250 mg oral</i>	1	
<i>didanosine capsule delayed release 400 mg oral</i>	1	
DOVATO TABLET 50-300 MG ORAL	2	QL 30/30 days
EDURANT TABLET 25 MG ORAL	2	
<i>efavirenz capsule 200 mg oral</i>	1	
<i>efavirenz capsule 50 mg oral</i>	1	
<i>efavirenz tablet 600 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
<i>efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral</i>	1	
<i>efavirenz-emtricitab-tenofovir tablet 600-200-300 mg oral</i>	1	
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	1	
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	1	
<i>emtricitabine capsule 200 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	1	
EMTRIVA SOLUTION 10 MG/ML ORAL	2	
<i>entecavir tablet 0.5 mg oral</i>	1	
<i>entecavir tablet 1 mg oral</i>	1	
EPCLUSA PACKET 150-37.5 MG ORAL	3	PA, QL 28/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
EPCLUSA PACKET 200-50 MG ORAL	3	PA, QL 28/28 days
EPCLUSA TABLET 200-50 MG ORAL	3	PA, QL 28/28 days
<i>epzicom tablet 600-300 mg oral</i>	1	
<i>etravirine tablet 100 mg oral</i>	1	
<i>etravirine tablet 200 mg oral</i>	1	
EVOTAZ TABLET 300-150 MG ORAL	2	
<i>famciclovir tablet 125 mg oral</i>	1	QL 30/30 days
<i>famciclovir tablet 250 mg oral</i>	1	QL 68/30 days
<i>famciclovir tablet 500 mg oral</i>	1	QL 42/14 days
<i>fosamprenavir calcium tablet 700 mg oral</i>	1	
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	3	
GENVOYA TABLET 150-150-200-10 MG ORAL	2	QL 30/30 days
INTELENCE TABLET 25 MG ORAL	2	
INVIRASE CAPSULE 200 MG ORAL	2	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
INVIRASE TABLET 500 MG ORAL	2	
ISENTRESS HD TABLET 600 MG ORAL	2	QL 60/30 days
ISENTRESS TABLET 400 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 100 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 25 MG ORAL	2	
JULUCA TABLET 50-25 MG ORAL	2	QL 30/30 days
LAGEVRIO CAPSULE 200 MG ORAL	2	
<i>lamivudine solution 10 mg/ml oral</i>	1	
<i>lamivudine tablet 100 mg oral</i>	1	
<i>lamivudine tablet 150 mg oral</i>	1	
<i>lamivudine tablet 300 mg oral</i>	1	
<i>lamivudine-zidovudine tablet 150-300 mg oral</i>	1	
LEXIVA SUSPENSION 50 MG/ML ORAL	2	
LIVTENCITY TABLET 200 MG ORAL	2	LA, PA, QL 120/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
<i>lopinavir-ritonavir solution 400-100 mg/5ml oral</i>	1	
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	1	
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	1	
<i>maraviroc tablet 150 mg oral</i>	1	
<i>maraviroc tablet 300 mg oral</i>	1	
MAVYRET PACKET 50-20 MG ORAL	3	PA, QL 140/28 days
MAVYRET TABLET 100-40 MG ORAL	3	QL 168/365 days, Prior Authorization may apply
<i>nevirapine er tablet extended release 24 hour 100 mg oral</i>	1	
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>	1	
<i>nevirapine suspension 50 mg/5ml oral</i>	1	
<i>nevirapine tablet 200 mg oral</i>	1	
NORVIR CAPSULE 100 MG ORAL	2	
NORVIR PACKET 100 MG ORAL	2	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
NORVIR SOLUTION 80 MG/ML ORAL	2	
ODEFSEY TABLET 200-25-25 MG ORAL	2	QL 30/30 days
<i>oseltamivir phosphate capsule 30 mg oral</i>	1	QL 20/60 days
<i>oseltamivir phosphate capsule 45 mg oral</i>	1	QL 10/60 days
<i>oseltamivir phosphate capsule 75 mg oral</i>	1	QL 10/60 days
<i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i>	1	QL 250/60 days
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	2	
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	2	
PEGASYS PROCLICK SOLUTION 135 MCG/0.5ML SUBCUTANEOUS	3	PA
PEGASYS PROCLICK SOLUTION 180 MCG/0.5ML SUBCUTANEOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 135 MCG/0.5ML SUBCUTANEOUS	3	PA
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 180 MCG/0.5ML SUBCUTANEOUS	3	PA
PEGASYS SOLUTION 180 MCG/0.5ML SUBCUTANEOUS	3	PA
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	3	PA
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	3	PA
PIFELTRO TABLET 100 MG ORAL	2	QL 30/30 days
PREVYMIS TABLET 240 MG ORAL	3	PA, QL 1/1 days
PREVYMIS TABLET 480 MG ORAL	3	PA, QL 1/1 days
PREZCOBIX TABLET 800-150 MG ORAL	2	
PREZISTA SUSPENSION 100 MG/ML ORAL	2	
PREZISTA TABLET 150 MG ORAL	2	
PREZISTA TABLET 75 MG ORAL	2	

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	2	QL 20/60 days
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION	2	QL 20/60 days
RESCRIPTOR TABLET 100 MG ORAL	2	
RESCRIPTOR TABLET 200 MG ORAL	2	
REYATAZ PACKET 50 MG ORAL	2	
RIBAVIRIN CAPSULE 200 MG ORAL	3	
RIBAVIRIN TABLET 200 MG ORAL	3	
<i>rimantadine hcl tablet 100 mg oral</i>	1	
<i>ritonavir tablet 100 mg oral</i>	1	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	2	QL 60/30 days
SELZENTRY SOLUTION 20 MG/ML ORAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
SOFOSBUVIR-VELPATASVIR TABLET 400-100 MG ORAL	3	QL 84/365 days, Prior Authorization may apply
<i>stavudine capsule 15 mg oral</i>	1	
<i>stavudine capsule 20 mg oral</i>	1	
<i>stavudine capsule 30 mg oral</i>	1	
<i>stavudine capsule 40 mg oral</i>	1	
STRIBILD TABLET 150-150-200-300 MG ORAL	2	
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	3	PA
SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL	3	PA, QL 4/365 days
SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL	3	PA, QL 5/365 days
SYM TUZA TABLET 800-150-200-10 MG ORAL	2	
TEMIXYS TABLET 300-300 MG ORAL	2	QL 30/30 days
<i>tenofovir disoproxil fumarate tablet 300 mg oral</i>	1	
TIVICAY PD TABLET SOLUBLE 5 MG ORAL	2	QL 120/30 days
TIVICAY TABLET 10 MG ORAL	2	QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
TIVICAY TABLET 25 MG ORAL	2	QL 30/30 days
TIVICAY TABLET 50 MG ORAL	2	
TRIUMEQ PD TABLET SOLUBLE 60-5-30 MG ORAL	2	QL 180/30 days
TRIUMEQ TABLET 600-50-300 MG ORAL	2	
TYBOST TABLET 150 MG ORAL	2	
<i>valacyclovir hcl tablet 1 gm oral</i>	1	QL 90/30 days
<i>valacyclovir hcl tablet 500 mg oral</i>	1	QL 60/30 days
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	1	QL 6948/365 days
<i>valganciclovir hcl tablet 450 mg oral</i>	1	QL 400/365 days
VEMLIDY TABLET 25 MG ORAL	3	PA, QL 30/30 days
VIRACEPT TABLET 250 MG ORAL	2	
VIRACEPT TABLET 625 MG ORAL	2	
VIREAD POWDER 40 MG/GM ORAL	2	
VIREAD TABLET 150 MG ORAL	2	
VIREAD TABLET 200 MG ORAL	2	
VIREAD TABLET 250 MG ORAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>ANTIVIRALS (Medications to treat certain types of viral infection) - continued</b>		
VOCABRIA TABLET 30 MG ORAL	2	LA, QL 30/30 days
VOSEVI TABLET 400-100-100 MG ORAL	3	PA, QL 28/28 days
<i>zidovudine capsule 100 mg oral</i>	1	
<i>zidovudine syrup 50 mg/5ml oral</i>	1	
<i>zidovudine tablet 300 mg oral</i>	1	
<b>BETA BLOCKERS (Medications to lower blood pressure or help to control heart rate)</b>		
<i>acebutolol hcl capsule 200 mg oral</i>	1	Eligible for 90 day supply
<i>acebutolol hcl capsule 400 mg oral</i>	1	Eligible for 90 day supply
<i>atenolol tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>atenolol tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>atenolol tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>betaxolol hcl tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>betaxolol hcl tablet 20 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>BETA BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>bisoprolol fumarate tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>bisoprolol fumarate tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>carvedilol tablet 12.5 mg oral</i>	1	Eligible for 90 day supply
<i>carvedilol tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>carvedilol tablet 3.125 mg oral</i>	1	Eligible for 90 day supply
<i>carvedilol tablet 6.25 mg oral</i>	1	Eligible for 90 day supply
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	2	Eligible for 90 day supply, Minimum Age: None Maximum Age: 1 Years
<i>labetalol hcl tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>labetalol hcl tablet 200 mg oral</i>	1	Eligible for 90 day supply
<i>labetalol hcl tablet 300 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>BETA BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol tartrate tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol tartrate tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>metoprolol tartrate tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>nadolol tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>nadolol tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>nadolol tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>nebivolol hcl tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>nebivolol hcl tablet 2.5 mg oral</i>	1	Eligible for 90 day supply

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<b>BETA BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>nebivolol hcl tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>nebivolol hcl tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>pindolol tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>pindolol tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl solution 20 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl solution 40 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl tablet 10 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>BETA BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>propranolol hcl tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl tablet 60 mg oral</i>	1	Eligible for 90 day supply
<i>propranolol hcl tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>sotalol hcl (af) tablet 120 mg oral</i>	1	Eligible for 90 day supply
<i>sotalol hcl tablet 120 mg oral</i>	1	Eligible for 90 day supply
<i>sotalol hcl tablet 160 mg oral</i>	1	Eligible for 90 day supply
<i>sotalol hcl tablet 240 mg oral</i>	1	Eligible for 90 day supply
<i>sotalol hcl tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>timolol maleate tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>timolol maleate tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>timolol maleate tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>toprol xl tablet extended release 24 hour 100 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>BETA BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>toprol xl tablet extended release 24 hour 25 mg oral</i>	1	Eligible for 90 day supply
<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate)</b>		
<i>amlodipine besylate tablet 10 mg oral</i>	1	
<i>amlodipine besylate tablet 2.5 mg oral</i>	1	
<i>amlodipine besylate tablet 5 mg oral</i>	1	
<i>cartia xt capsule extended release 24 hour 120 mg oral</i>	1	
<i>cartia xt capsule extended release 24 hour 180 mg oral</i>	1	
<i>cartia xt capsule extended release 24 hour 240 mg oral</i>	1	
<i>cartia xt capsule extended release 24 hour 300 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i>	1	

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<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i>	1	
<i>diltiazem hcl tablet 120 mg oral</i>	1	
<i>diltiazem hcl tablet 30 mg oral</i>	1	
<i>diltiazem hcl tablet 60 mg oral</i>	1	
<i>diltiazem hcl tablet 90 mg oral</i>	1	
<i>dilt-xr capsule extended release 24 hour 120 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>dilt-xr capsule extended release 24 hour 180 mg oral</i>	1	
<i>dilt-xr capsule extended release 24 hour 240 mg oral</i>	1	
<i>felodipine er tablet extended release 24 hour 10 mg oral</i>	1	
<i>felodipine er tablet extended release 24 hour 2.5 mg oral</i>	1	
<i>felodipine er tablet extended release 24 hour 5 mg oral</i>	1	
<i>isradipine capsule 2.5 mg oral</i>	1	
<i>isradipine capsule 5 mg oral</i>	1	
<i>matzim la tablet extended release 24 hour 180 mg oral</i>	1	
<i>matzim la tablet extended release 24 hour 240 mg oral</i>	1	
<i>matzim la tablet extended release 24 hour 300 mg oral</i>	1	
<i>matzim la tablet extended release 24 hour 360 mg oral</i>	1	
<i>matzim la tablet extended release 24 hour 420 mg oral</i>	1	
<i>nifedipine capsule 10 mg oral</i>	1	
<i>nifedipine capsule 20 mg oral</i>	1	

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<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i>	1	
<i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i>	1	
<i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i>	1	
<i>nifedipine er tablet extended release 24 hour 30 mg oral</i>	1	
<i>nifedipine er tablet extended release 24 hour 60 mg oral</i>	1	
<i>nifedipine er tablet extended release 24 hour 90 mg oral</i>	1	
<i>nimodipine capsule 30 mg oral</i>	1	
<i>taztia xt capsule extended release 24 hour 120 mg oral</i>	1	
<i>taztia xt capsule extended release 24 hour 180 mg oral</i>	1	
<i>taztia xt capsule extended release 24 hour 240 mg oral</i>	1	
<i>taztia xt capsule extended release 24 hour 300 mg oral</i>	1	
<i>taztia xt capsule extended release 24 hour 360 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	1	
<i>verapamil hcl er tablet extended release 120 mg oral</i>	1	
<i>verapamil hcl er tablet extended release 180 mg oral</i>	1	
<i>verapamil hcl er tablet extended release 240 mg oral</i>	1	

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<b>CALCIUM CHANNEL BLOCKERS (Medications to lower blood pressure or help to control heart rate) - continued</b>		
<i>verapamil hcl tablet 120 mg oral</i>	1	
<i>verapamil hcl tablet 40 mg oral</i>	1	
<i>verapamil hcl tablet 80 mg oral</i>	1	
<b>CARDIOTONICS (Medications to help control heart rate)</b>		
<i>digoxin solution 0.05 mg/ml oral</i>	1	Eligible for 90 day supply
<i>digoxin tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>digoxin tablet 250 mcg oral</i>	1	Eligible for 90 day supply
<b>CARDIOVASCULAR AGENTS - MISC. (Medications to treat other heart related conditions)</b>		
ADEMPAS TABLET 0.5 MG ORAL	3	PA
ADEMPAS TABLET 1 MG ORAL	3	PA
ADEMPAS TABLET 1.5 MG ORAL	3	PA
ADEMPAS TABLET 2 MG ORAL	3	PA
ADEMPAS TABLET 2.5 MG ORAL	3	PA
AMBRISENTAN TABLET 10 MG ORAL	3	PA-NSO, QL 30/30 days

DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS - MISC. (Medications to treat other heart related conditions) - continued</b>		
AMBRISENTAN TABLET 5 MG ORAL	3	PA-NSO, QL 30/30 days
ATTRUBY TABLET THERAPY PACK 356 MG ORAL	2	LA, PA, QL 112/28 days
BOSENTAN TABLET 125 MG ORAL	3	PA, QL 60/30 days
BOSENTAN TABLET 62.5 MG ORAL	3	PA, QL 60/30 days
CAMZYOS CAPSULE 10 MG ORAL	3	PA, QL 30/30 days
CAMZYOS CAPSULE 15 MG ORAL	3	PA, QL 30/30 days
CAMZYOS CAPSULE 2.5 MG ORAL	3	PA, QL 30/30 days
CAMZYOS CAPSULE 5 MG ORAL	3	PA, QL 30/30 days
CORLANOR SOLUTION 5 MG/5ML ORAL	2	PA, QL 450/30 days
ENTRESTO CAPSULE SPRINKLE 15-16 MG ORAL	2	QL 240/30 days
ENTRESTO CAPSULE SPRINKLE 6-6 MG ORAL	2	QL 240/30 days
ENTRESTO TABLET 24-26 MG ORAL	2	QL 60/30 days
ENTRESTO TABLET 49-51 MG ORAL	2	QL 60/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS - MISC. (Medications to treat other heart related conditions) - continued</b>		
ENTRESTO TABLET 97-103 MG ORAL	2	QL 60/30 days
<i>isosorb dinitrate-hydralazine tablet 20-37.5 mg oral</i>	1	
<i>ivabradine hcl tablet 5 mg oral</i>	1	QL 60/30 days
<i>ivabradine hcl tablet 7.5 mg oral</i>	1	QL 60/30 days
ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	3	PA, QL 168/28 days
ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	3	PA, QL 336/28 days
ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ORAL	3	PA, QL 252/28 days
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	3	PA, QL 500/30 days
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	3	PA, QL 500/30 days
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	3	PA, QL 500/30 days
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	3	PA, QL 500/30 days

DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS - MISC. (Medications to treat other heart related conditions) - continued</b>		
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	3	PA, QL 500/30 days
REMODULIN SOLUTION 100 MG/20ML INJECTION	3	PA
REMODULIN SOLUTION 20 MG/20ML INJECTION	3	PA
REMODULIN SOLUTION 200 MG/20ML INJECTION	3	PA
REMODULIN SOLUTION 50 MG/20ML INJECTION	3	PA
SILDENAFIL CITRATE TABLET 20 MG ORAL	3	PA
TADALAFIL (PAH) TABLET 20 MG ORAL	3	PA
<i>tadalafil tablet 20 mg oral</i>	1	PA
TRACLEER TABLET SOLUBLE 32 MG ORAL	3	PA, QL 120/30 days, Minimum Age: None Maximum Age: 12 Years
TREPROSTINIL SOLUTION 100 MG/20ML INJECTION	3	PA
TREPROSTINIL SOLUTION 20 MG/20ML INJECTION	3	PA
TREPROSTINIL SOLUTION 200 MG/20ML INJECTION	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS - MISC. (Medications to treat other heart related conditions) - continued</b>		
TREPROSTINIL SOLUTION 50 MG/20ML INJECTION	3	PA
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION	3	PA, QL 224/28 days
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	3	PA, QL 112/28 days
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	3	PA, QL 112/28 days
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	3	PA, QL 112/28 days
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	3	PA, QL 112/28 days
TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION	3	PA, QL 196/28 days
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	3	PA, QL 252/28 days
TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION	3	PA, QL 87/30 days
TYVASO SOLUTION 0.6 MG/ML INHALATION	3	PA, QL 87/30 days
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	3	PA, QL 87/30 days

DRUG NAME	DRUG TIER	NOTES
<b>CARDIOVASCULAR AGENTS - MISC. (Medications to treat other heart related conditions) - continued</b>		
VENTAVIS SOLUTION 10 MCG/ML INHALATION	3	PA
VENTAVIS SOLUTION 20 MCG/ML INHALATION	3	PA
VERQUVO TABLET 10 MG ORAL	2	QL 30/30 days
VERQUVO TABLET 2.5 MG ORAL	2	QL 30/30 days
VERQUVO TABLET 5 MG ORAL	2	QL 30/30 days
VYNDAMAX CAPSULE 61 MG ORAL	3	PA, QL 30/30 days
VYNDAQEL CAPSULE 20 MG ORAL	3	PA, QL 4/1 days
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	3	PA
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	3	PA
WINREVAIR KIT 45 MG SUBCUTANEOUS	3	PA
WINREVAIR KIT 60 MG SUBCUTANEOUS	3	PA
<b>CEPHALOSPORINS (Medications to treat certain types of bacterial infection)</b>		
<i>cefaclor capsule 250 mg oral</i>	1	
<i>cefaclor capsule 500 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>CEPHALOSPORINS (Medications to treat certain types of bacterial infection) - continued</b>		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL	2	
<i>cefaclor suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefadroxil capsule 500 mg oral</i>	1	
<i>cefadroxil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefadroxil suspension reconstituted 500 mg/5ml oral</i>	1	
<i>cefadroxil tablet 1 gm oral</i>	1	
<i>cefdinir capsule 300 mg oral</i>	1	
<i>cefdinir suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefdinir suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefixime capsule 400 mg oral</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil tablet 100 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CEPHALOSPORINS (Medications to treat certain types of bacterial infection) - continued</b>		
<i>cefpodoxime proxetil tablet 200 mg oral</i>	1	
<i>cefprozil suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefprozil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefprozil tablet 250 mg oral</i>	1	
<i>cefprozil tablet 500 mg oral</i>	1	
<i>ceftriaxone sodium solution reconstituted 1 gm injection</i>	1	
<i>ceftriaxone sodium solution reconstituted 250 mg injection</i>	1	
<i>ceftriaxone sodium solution reconstituted 500 mg injection</i>	1	
<i>cefuroxime axetil tablet 250 mg oral</i>	1	
<i>cefuroxime axetil tablet 500 mg oral</i>	1	
<i>cephalexin capsule 250 mg oral</i>	1	
<i>cephalexin capsule 500 mg oral</i>	1	
<i>cephalexin suspension reconstituted 125 mg/5ml oral</i>	1	

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<b>CEPHALOSPORINS (Medications to treat certain types of bacterial infection) - continued</b>		
<i>cephalexin suspension reconstituted 250 mg/5ml oral</i>	1	
SPECTRACEF TABLET 400 MG ORAL	2	
SUPRAX TABLET CHEWABLE 100 MG ORAL	2	
SUPRAX TABLET CHEWABLE 200 MG ORAL	2	
<b>CHEMICALS (Miscellaneous liquid therapeutic agents)</b>		
CHLORHEXIDINE GLUCONATE SOLUTION	2	
NONOXYNOL-9 LIQUID	2	
POLYSORBATE 40 SOLUTION	2	
<b>CONTRACEPTIVES (Medications that can prevent pregnancy)</b>		
<i>altavera tablet 0.15-30 mg-mcg oral</i>	1	
ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL	2	
<i>apri tablet 0.15-30 mg-mcg oral</i>	1	
<i>aranelle tablet 0.5/1/0.5-35 mg-mcg oral</i>	1	
<i>ashlyna tablet 0.15-0.03 &amp; 0.01 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>aviane tablet 0.1-20 mg-mcg oral</i>	1	
<i>balziva tablet 0.4-35 mg-mcg oral</i>	1	
<i>briellyn tablet 0.4-35 mg-mcg oral</i>	1	
<i>camila tablet 0.35 mg oral</i>	1	
<i>camrese lo tablet 0.1-0.02 &amp; 0.01 mg oral</i>	1	
<i>cryselle-28 tablet 0.3-30 mg-mcg oral</i>	1	
<i>cyclafem 1/35 tablet 1-35 mg-mcg oral</i>	1	
<i>cyclafem 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</i>	1	
<i>cyred tablet 0.15-30 mg-mcg oral</i>	1	
<i>deblitane tablet 0.35 mg oral</i>	1	
<i>delyla tablet 0.1-20 mg-mcg oral</i>	1	
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	2	
<i>desogestrel-ethinyl estradiol tablet 0.15-30 mg-mcg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i>	1	
<i>drospirenone-ethinyl estradiol tablet 3-0.03 mg oral</i>	1	
ELLA TABLET 30 MG ORAL	2	
<i>eluryng ring 0.12-0.015 mg/24hr vaginal</i>	1	
<i>emoquette tablet 0.15-30 mg-mcg oral</i>	1	
<i>emzahh tablet 0.35 mg oral</i>	1	
<i>enpresse-28 tablet 50-30/75-40/ 125-30 mcg oral</i>	1	
<i>enskyce tablet 0.15-30 mg-mcg oral</i>	1	
<i>errin tablet 0.35 mg oral</i>	1	
<i>estarylla tablet 0.25-35 mg-mcg oral</i>	1	
<i>ethynodiol diac-eth estradiol tablet 1-35 mg-mcg oral</i>	1	
<i>ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral</i>	1	
<i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>falmina tablet 0.1-20 mg-mcg oral</i>	1	
FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL	2	
<i>gianvi tablet 3-0.02 mg oral</i>	1	
<i>gildess fe 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>hailey 24 fe tablet 1-20 mg-mcg(24) oral</i>	1	
<i>heather tablet 0.35 mg oral</i>	1	
<i>introvale tablet 0.15-0.03 mg oral</i>	1	
<i>isibloom tablet 0.15-30 mg-mcg oral</i>	1	
<i>jasmiel tablet 3-0.02 mg oral</i>	1	
<i>jencycla tablet 0.35 mg oral</i>	1	
<i>jolessa tablet 0.15-0.03 mg oral</i>	1	
<i>jolivette tablet 0.35 mg oral</i>	1	
<i>juleber tablet 0.15-30 mg-mcg oral</i>	1	
<i>junel 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>junel 1/20 tablet 1-20 mg-mcg oral</i>	1	

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<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>junel fe 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>junel fe 1/20 tablet 1-20 mg-mcg oral</i>	1	
<i>kurvelo tablet 0.15-30 mg-mcg oral</i>	1	
KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE	2	
<i>larin 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>larin fe 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>leena tablet 0.5/1/0.5-35 mg-mcg oral</i>	1	
<i>levonest tablet 50-30/75-40/125-30 mcg oral</i>	1	
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 &amp; 0.01 mg oral</i>	1	
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 &amp; 0.01 mg oral</i>	1	
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	1	
<i>levonorgest-eth estradiol-iron tablet 0.1-20 mg-mcg(21) oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>	1	
<i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>	1	
<i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>	1	
<i>levora 0.15/30 (28) tablet 0.15-30 mg-mcg oral</i>	1	
LILETTA (52 MG) INTRAUTERINE DEVICE 18.6 MCG/DAY INTRAUTERINE	2	LA
<i>lillow tablet 0.15-30 mg-mcg oral</i>	1	
LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL	2	
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	2	
<i>lutera tablet 0.1-20 mg-mcg oral</i>	1	
<i>lyza tablet 0.35 mg oral</i>	1	
<i>marlissa tablet 0.15-30 mg-mcg oral</i>	1	
<i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i>	1	
<i>microgestin 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>microgestin 1/20 tablet 1-20 mg-mcg oral</i>	1	
<i>microgestin fe 1.5/30 tablet 1.5-30 mg-mcg oral</i>	1	
<i>microgestin fe 1/20 tablet 1-20 mg-mcg oral</i>	1	
<i>mili tablet 0.25-35 mg-mcg oral</i>	1	
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE	3	
<i>mono-lynyah tablet 0.25-35 mg-mcg oral</i>	1	
<i>mononessa tablet 0.25-35 mg-mcg oral</i>	1	
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	2	
<i>necon 0.5/35 (28) tablet 0.5-35 mg-mcg oral</i>	1	
<i>necon 1/35 (28) tablet 1-35 mg-mcg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
NECON 10/11 (28) TABLET 35 MCG ORAL	2	
<i>necon 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</i>	1	
NEXPLANON IMPLANT 68 MG SUBCUTANEOUS	3	
NEXTSTELLIS TABLET 3-14.2 MG ORAL	2	
<i>nikki tablet 3-0.02 mg oral</i>	1	
<i>norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral</i>	1	
<i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg(24) oral</i>	1	
<i>norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral</i>	1	
<i>norethindrone tablet 0.35 mg oral</i>	1	
<i>norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral</i>	1	
<i>norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral</i>	1	
<i>norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral</i>	1	
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
<i>nortrel 0.5/35 (28) tablet 0.5-35 mg-mcg oral</i>	1	
<i>nortrel 1/35 (21) tablet 1-35 mg-mcg oral</i>	1	
<i>nortrel 1/35 (28) tablet 1-35 mg-mcg oral</i>	1	
NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	2	
<i>ocella tablet 3-0.03 mg oral</i>	1	
OGESTREL TABLET 0.5-50 MG-MCG ORAL	2	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE	2	
<i>pimtrea tablet 0.15-0.02/0.01 mg (21/5) oral</i>	1	
<i>pirmella 1/35 tablet 1-35 mg-mcg oral</i>	1	
<i>portia-28 tablet 0.15-30 mg-mcg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>previfem tablet 0.25-35 mg-mcg oral</i>	1	
QUARTETTE TABLET 42-21-21-7 DAYS ORAL	2	
<i>quasense tablet 0.15-0.03 mg oral</i>	1	
<i>reclipsen tablet 0.15-30 mg-mcg oral</i>	1	
SAFYRAL TABLET 3-0.03-0.451 MG ORAL	2	
SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE	3	
SLYND TABLET 4 MG ORAL	2	
<i>solia tablet 0.15-30 mg-mcg oral</i>	1	
<i>sprintec 28 tablet 0.25-35 mg-mcg oral</i>	1	
<i>sronyx tablet 0.1-20 mg-mcg oral</i>	1	
<i>syeda tablet 3-0.03 mg oral</i>	1	
<i>tri-estarylla tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
<i>tri-legest fe tablet 1-20/1-30/1-35 mg-mcg oral</i>	1	

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<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>tri-lo-estarylla tablet 0.18/0.215/0.25 mg-25 mcg oral</i>	1	
<i>tri-mili tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
<i>trinessa (28) tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
<i>tri-previfem tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
<i>tri-sprintec tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
<i>trivora (28) tablet 50-30/75-40/ 125-30 mcg oral</i>	1	
<i>tri-vylibra tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	1	
TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL	2	
<i>tyblume tablet 0.1-20 mg-mcg oral</i>	1	
TYBLUME TABLET CHEWABLE 0.1-20 MG-MCG ORAL	2	
<i>velivet tablet 0.1/0.125/0.15 - 0.025 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CONTRACEPTIVES (Medications that can prevent pregnancy) - continued</b>		
<i>vestura tablet 3-0.02 mg oral</i>	1	
<i>vyfemla tablet 0.4-35 mg-mcg oral</i>	1	
<i>vylibra tablet 0.25-35 mg-mcg oral</i>	1	
<i>xulane patch weekly 150-35 mcg/24hr transdermal</i>	1	
<i>zarah tablet 3-0.03 mg oral</i>	1	
<i>zenchent tablet 0.4-35 mg-mcg oral</i>	1	
<b>CORTICOSTEROIDS (Medications to decrease inflammation)</b>		
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL	3	PA, QL 90/30 days
ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL	3	PA, QL 90/30 days
ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL	3	PA, QL 180/30 days
ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	PA, QL 90/30 days
<i>budesonide capsule delayed release particles 3 mg oral</i>	1	
<i>cortisone acetate tablet 25 mg oral</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>CORTICOSTEROIDS (Medications to decrease inflammation) - continued</b>		
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	2	
<i>dexamethasone solution 0.5 mg/5ml oral</i>	1	
<i>dexamethasone tablet 0.5 mg oral</i>	1	
<i>dexamethasone tablet 0.75 mg oral</i>	1	
<i>dexamethasone tablet 1 mg oral</i>	1	
<i>dexamethasone tablet 1.5 mg oral</i>	1	
<i>dexamethasone tablet 2 mg oral</i>	1	
<i>dexamethasone tablet 4 mg oral</i>	1	
<i>dexamethasone tablet 6 mg oral</i>	1	
<i>fludrocortisone acetate tablet 0.1 mg oral</i>	1	
<i>hydrocortisone tablet 10 mg oral</i>	1	
<i>hydrocortisone tablet 20 mg oral</i>	1	
<i>hydrocortisone tablet 5 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CORTICOSTEROIDS (Medications to decrease inflammation) - continued</b>		
<i>methylprednisolone tablet 16 mg oral</i>	1	
<i>methylprednisolone tablet 32 mg oral</i>	1	
<i>methylprednisolone tablet 4 mg oral</i>	1	
<i>methylprednisolone tablet 8 mg oral</i>	1	
<i>methylprednisolone tablet therapy pack 4 mg oral</i>	1	
ORAPRED ODT TABLET DISPERSIBLE 10 MG ORAL	2	
ORAPRED ODT TABLET DISPERSIBLE 15 MG ORAL	2	
ORAPRED ODT TABLET DISPERSIBLE 30 MG ORAL	2	
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>CORTICOSTEROIDS (Medications to decrease inflammation) - continued</b>		
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i>	1	
<i>prednisolone solution 15 mg/5ml oral</i>	1	
<i>prednisolone syrup 15 mg/5ml oral</i>	1	
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	2	
PREDNISONE SOLUTION 5 MG/5ML ORAL	2	
<i>prednisone tablet 1 mg oral</i>	1	
<i>prednisone tablet 10 mg oral</i>	1	
<i>prednisone tablet 2.5 mg oral</i>	1	
<i>prednisone tablet 20 mg oral</i>	1	
<i>prednisone tablet 5 mg oral</i>	1	
<i>prednisone tablet 50 mg oral</i>	1	
<i>prednisone tablet therapy pack 10 mg (21) oral</i>	1	
<i>prednisone tablet therapy pack 5 mg (21) oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>CORTICOSTEROIDS (Medications to decrease inflammation) - continued</b>		
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	2	
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	2	PA, QL 120/30 days
<b>COUGH/COLD/ALLERGY (Medications to treat cough, cold or allergy symptoms)</b>		
<i>acetylcysteine solution 10 % inhalation</i>	1	
<i>acetylcysteine solution 20 % inhalation</i>	1	
<i>sodium chloride nebulization solution 0.9 % inhalation</i>	1	
<i>sodium chloride nebulization solution 10 % inhalation</i>	1	
<i>sodium chloride nebulization solution 3 % inhalation</i>	1	
<i>sodium chloride nebulization solution 7 % inhalation</i>	1	
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin)</b>		
<i>acitretin capsule 10 mg oral</i>	1	
<i>acitretin capsule 17.5 mg oral</i>	1	
<i>acitretin capsule 25 mg oral</i>	1	
<i>adapalene gel 0.3 % external</i>	1	PA

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DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i>	1	PA
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
<i>alclometasone dipropionate cream 0.05 % external</i>	1	
<i>alclometasone dipropionate ointment 0.05 % external</i>	1	
<i>amnesteem capsule 10 mg oral</i>	1	PA
<i>amnesteem capsule 20 mg oral</i>	1	PA
<i>amnesteem capsule 40 mg oral</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3 % external</i>	1	PA
<i>betamethasone dipropionate aug cream 0.05 % external</i>	1	
<i>betamethasone dipropionate aug gel 0.05 % external</i>	1	
<i>betamethasone dipropionate aug lotion 0.05 % external</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>betamethasone dipropionate aug ointment 0.05 % external</i>	1	
<i>betamethasone dipropionate cream 0.05 % external</i>	1	QL 90/30 days
<i>betamethasone dipropionate lotion 0.05 % external</i>	1	
<i>betamethasone dipropionate ointment 0.05 % external</i>	1	QL 90/30 days
<i>betamethasone valerate cream 0.1 % external</i>	1	
<i>betamethasone valerate lotion 0.1 % external</i>	1	
<i>betamethasone valerate ointment 0.1 % external</i>	1	
BEXAROTENE GEL 1 % EXTERNAL	3	PA, QL 60/30 days
<i>calcipotriene cream 0.005 % external</i>	1	PA
<i>claravis capsule 10 mg oral</i>	1	PA
<i>claravis capsule 20 mg oral</i>	1	PA
<i>claravis capsule 30 mg oral</i>	1	PA
<i>claravis capsule 40 mg oral</i>	1	PA

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DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>clindamycin phosphate gel 1 % external</i>	1	PA, PA applies above age range, Minimum Age: None Maximum Age: 20 Years
<i>clindamycin phosphate lotion 1 % external</i>	1	PA, PA applies above age range, Minimum Age: None Maximum Age: 20 Years
<i>clindamycin phosphate solution 1 % external</i>	1	QL 240/30 days
<i>clindamycin phosphate swab 1 % external</i>	1	PA, PA applies above age range, Minimum Age: None Maximum Age: 20 Years
<i>clobetasol propionate cream 0.05 % external</i>	1	
<i>clobetasol propionate gel 0.05 % external</i>	1	
<i>clobetasol propionate ointment 0.05 % external</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>clobetasol propionate shampoo 0.05 % external</i>	1	Minimum Age: None Maximum Age: 20 Years
<i>clobetasol propionate solution 0.05 % external</i>	1	
<i>clotrimazole-betamethasone cream 1-0.05 % external</i>	1	
<i>clotrimazole-betamethasone lotion 1-0.05 % external</i>	1	
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	3	PA
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA

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<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>dapsone gel 5 % external</i>	1	PA
<i>dapsone gel 7.5 % external</i>	1	PA
<i>desonide cream 0.05 % external</i>	1	
<i>desonide lotion 0.05 % external</i>	1	
<i>desonide ointment 0.05 % external</i>	1	
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	3	PA, QL 1.34/28 days
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	3	PA, QL 2.28/28 days

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA, QL 4/28 days
<i>erythromycin gel 2 % external</i>	1	
<i>erythromycin solution 2 % external</i>	1	PA, PA applies above age range, Minimum Age: None Maximum Age: 20 Years
ETHYL CHLORIDE AEROSOL EXTERNAL	2	
FILSUEVZ GEL 10 % EXTERNAL	2	LA, PA, QL 655.20/28 days
<i>fluocinonide cream 0.05 % external</i>	1	
<i>fluocinonide ointment 0.05 % external</i>	1	
<i>fluocinonide solution 0.05 % external</i>	1	
<i>fluticasone propionate cream 0.05 % external</i>	1	
<i>fluticasone propionate lotion 0.05 % external</i>	1	
<i>fluticasone propionate ointment 0.005 % external</i>	1	

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<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>gentamicin sulfate cream 0.1 % external</i>	1	
<i>gentamicin sulfate ointment 0.1 % external</i>	1	
<i>halobetasol propionate cream 0.05 % external</i>	1	
<i>halobetasol propionate ointment 0.05 % external</i>	1	
<i>hydrocortisone butyr lipo base cream 0.1 % external</i>	1	
<i>hydrocortisone butyrate cream 0.1 % external</i>	1	
<i>hydrocortisone butyrate ointment 0.1 % external</i>	1	
<i>hydrocortisone butyrate solution 0.1 % external</i>	1	
<i>hydrocortisone cream 2.5 % external</i>	1	
<i>hydrocortisone lotion 2.5 % external</i>	1	
<i>hydrocortisone ointment 2.5 % external</i>	1	
<i>hydrocortisone valerate cream 0.2 % external</i>	1	
<i>hydrocortisone valerate ointment 0.2 % external</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>HYFTOR GEL 0.2 % EXTERNAL</i>	2	PA, QL 10/30 days
<i>ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS</i>	3	PA
<i>imiquimod cream 5 % external</i>	1	
<i>isotretinoin capsule 10 mg oral</i>	1	PA
<i>isotretinoin capsule 20 mg oral</i>	1	PA
<i>isotretinoin capsule 30 mg oral</i>	1	PA
<i>isotretinoin capsule 40 mg oral</i>	1	PA
<i>ketoconazole cream 2 % external</i>	1	
<i>ketoconazole foam 2 % external</i>	1	
<i>ketoconazole shampoo 2 % external</i>	1	Eligible for 90 day supply
<i>lidocaine hcl solution 4 % external</i>	1	
<i>lidocaine ointment 5 % external</i>	1	QL 50/30 days
<i>lidocaine patch 5 % external</i>	1	PA, QL 90/30 days
<i>lidocaine-prilocaine cream 2.5-2.5 % external</i>	1	
<i>lindane shampoo 1 % external</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>malathion lotion 0.5 % external</i>	1	QL 118/28 days
<i>metronidazole gel 0.75 % external</i>	1	Minimum Age: None Maximum Age: 20 Years
<i>mometasone furoate cream 0.1 % external</i>	1	
<i>mometasone furoate ointment 0.1 % external</i>	1	
<i>mometasone furoate solution 0.1 % external</i>	1	
<i>mupirocin ointment 2 % external</i>	1	
<i>myorisan capsule 20 mg oral</i>	1	PA
<i>naftifine hcl cream 1 % external</i>	1	
<i>naftifine hcl cream 2 % external</i>	1	
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	3	PA, QL 2/28 days
<i>nystatin cream 100000 unit/gm external</i>	1	
<i>nystatin ointment 100000 unit/gm external</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	1	
OPZELURA CREAM 1.5 % EXTERNAL	2	PA, QL 480/56 days
<i>permethrin cream 5 % external</i>	1	
<i>pimecrolimus cream 1 % external</i>	1	PA
<i>podofilox solution 0.5 % external</i>	1	
<i>scalacort lotion 2 % external</i>	1	
<i>silver sulfadiazine cream 1 % external</i>	1	
SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS	3	PA, QL 1/84 days
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, QL 1/84 days
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA, QL 1/84 days

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DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>spinosad suspension 0.9 % external</i>	1	
<i>ssd (silver sulfadiazine) cream 1 % external</i>	1	
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	3	PA
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	3	PA
<i>sulfacetamide sodium (acne) lotion 10 % external</i>	1	
<i>tacrolimus ointment 0.03 % external</i>	1	PA, PA applies above age range, Minimum Age: None Maximum Age: 20 Years
<i>tacrolimus ointment 0.1 % external</i>	1	PA, PA applies above age range, Minimum Age: None Maximum Age: 20 Years
<i>tretinoin cream 0.025 % external</i>	1	PA
<i>tretinoin cream 0.05 % external</i>	1	PA

DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
<i>tretinoin cream 0.1 % external</i>	1	PA
<i>tretinoin gel 0.01 % external</i>	1	PA
<i>tretinoin gel 0.025 % external</i>	1	PA
<i>tretinoin gel 0.05 % external</i>	1	PA
<i>triamcinolone acetonide cream 0.025 % external</i>	1	
<i>triamcinolone acetonide cream 0.1 % external</i>	1	
<i>triamcinolone acetonide cream 0.5 % external</i>	1	
<i>triamcinolone acetonide lotion 0.025 % external</i>	1	
<i>triamcinolone acetonide lotion 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.025 % external</i>	1	
<i>triamcinolone acetonide ointment 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.5 % external</i>	1	
VALCHLOR GEL 0.016 % EXTERNAL	2	LA, PA
VTAMA CREAM 1 % EXTERNAL	2	PA, QL 60/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>DERMATOLOGICALS (Medications to decrease inflammation on the skin) - continued</b>		
YCANTH SOLUTION 0.7 % EXTERNAL	2	PA, QL 2/21 days
<i>zenatane capsule 10 mg oral</i>	1	PA
<i>zenatane capsule 20 mg oral</i>	1	PA
<i>zenatane capsule 30 mg oral</i>	1	PA
<i>zenatane capsule 40 mg oral</i>	1	PA
ZORYVE CREAM 0.15 % EXTERNAL	2	PA, QL 60/30 days
ZORYVE CREAM 0.3 % EXTERNAL	2	PA, QL 60/30 days
<b>DIAGNOSTIC PRODUCTS (Agents to help confirm certain diagnoses)</b>		
FREESTYLE INSULINX TEST STRIP IN VITRO	2	QL 120/30 days
FREESTYLE LITE TEST STRIP IN VITRO	2	QL 120/30 days
FREESTYLE PRECISION NEO TEST STRIP IN VITRO	2	QL 120/30 days
FREESTYLE TEST STRIP IN VITRO	2	QL 120/30 days
THYROGEN SOLUTION RECONSTITUTED 0.9 MG INTRAMUSCULAR	3	

DRUG NAME	DRUG TIER	NOTES
<b>DIAGNOSTIC PRODUCTS (Agents to help confirm certain diagnoses) - continued</b>		
THYROGEN SOLUTION RECONSTITUTED 1.1 MG INTRAMUSCULAR	3	
<b>DIGESTIVE AIDS (Medications to aid in the digestion of food)</b>		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000- 38000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 24000- 76000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 3000- 9500 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 36000- 114000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 6000- 19000 UNIT ORAL	2	
SUCRAID SOLUTION 8500 UNIT/ML ORAL	2	LA, PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000- 32000 UNIT ORAL	2	

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DRUG NAME	DRUG TIER	NOTES
<b>DIGESTIVE AIDS (Medications to aid in the digestion of food) - continued</b>		
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL	2	
<b>DIURETICS (Medications to control the volume of certain bodily fluids)</b>		
<i>acetazolamide er capsule extended release 12 hour 500 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>DIURETICS (Medications to control the volume of certain bodily fluids) - continued</b>		
<i>acetazolamide tablet 125 mg oral</i>	1	Eligible for 90 day supply
<i>acetazolamide tablet 250 mg oral</i>	1	Eligible for 90 day supply
<i>amiloride hcl tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>amiloride-hydrochlorothiazide tablet 5-50 mg oral</i>	1	Eligible for 90 day supply
<i>bumetanide tablet 0.5 mg oral</i>	1	Eligible for 90 day supply
<i>bumetanide tablet 1 mg oral</i>	1	Eligible for 90 day supply
<i>bumetanide tablet 2 mg oral</i>	1	Eligible for 90 day supply
<i>chlorothiazide tablet 250 mg oral</i>	1	Eligible for 90 day supply
<i>chlorothiazide tablet 500 mg oral</i>	1	Eligible for 90 day supply
<i>chlorthalidone tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>chlorthalidone tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>furosemide solution 10 mg/ml oral</i>	1	Eligible for 90 day supply
<i>furosemide solution 8 mg/ml oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>DIURETICS (Medications to control the volume of certain bodily fluids) - continued</b>		
<i>furosemide tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>furosemide tablet 40 mg oral</i>	1	Eligible for 90 day supply
<i>furosemide tablet 80 mg oral</i>	1	Eligible for 90 day supply
<i>hydrochlorothiazide capsule 12.5 mg oral</i>	1	Eligible for 90 day supply
<i>hydrochlorothiazide tablet 12.5 mg oral</i>	1	Eligible for 90 day supply
<i>hydrochlorothiazide tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>hydrochlorothiazide tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>indapamide tablet 1.25 mg oral</i>	1	Eligible for 90 day supply
<i>indapamide tablet 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>methyclothiazide tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>metolazone tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>metolazone tablet 2.5 mg oral</i>	1	Eligible for 90 day supply
<i>metolazone tablet 5 mg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>DIURETICS (Medications to control the volume of certain bodily fluids) - continued</b>		
<i>spironolactone tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>spironolactone tablet 25 mg oral</i>	1	Eligible for 90 day supply
<i>spironolactone tablet 50 mg oral</i>	1	Eligible for 90 day supply
<i>spironolactone-hctz tablet 25-25 mg oral</i>	1	Eligible for 90 day supply
<i>toremide tablet 10 mg oral</i>	1	Eligible for 90 day supply
<i>toremide tablet 100 mg oral</i>	1	Eligible for 90 day supply
<i>toremide tablet 20 mg oral</i>	1	Eligible for 90 day supply
<i>toremide tablet 5 mg oral</i>	1	Eligible for 90 day supply
<i>triamterene-hctz capsule 37.5-25 mg oral</i>	1	Eligible for 90 day supply
<i>triamterene-hctz tablet 37.5-25 mg oral</i>	1	Eligible for 90 day supply
<i>triamterene-hctz tablet 75-50 mg oral</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions)</b>		
<i>alendronate sodium tablet 10 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
<i>alendronate sodium tablet 35 mg oral</i>	1	
<i>alendronate sodium tablet 5 mg oral</i>	1	
<i>alendronate sodium tablet 70 mg oral</i>	1	
BETAINE POWDER ORAL	3	PA
<i>cabergoline tablet 0.5 mg oral</i>	1	QL 18/30 days
<i>calcitonin (salmon) solution 200 unit/act nasal</i>	1	
<i>calcitriol capsule 0.25 mcg oral</i>	1	
<i>calcitriol capsule 0.5 mcg oral</i>	1	
<i>calcitriol solution 1 mcg/ml oral</i>	1	
CARGLUMIC ACID TABLET SOLUBLE 200 MG ORAL	3	PA
CINACALCET HCL TABLET 30 MG ORAL	3	QL 60/30 days
CINACALCET HCL TABLET 60 MG ORAL	3	QL 60/30 days
CINACALCET HCL TABLET 90 MG ORAL	3	QL 60/30 days
CRENESSITY CAPSULE 100 MG ORAL	2	LA, PA, QL 60/30 days
CRENESSITY CAPSULE 50 MG ORAL	2	LA, PA, QL 60/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
CRENESSITY SOLUTION 50 MG/ML ORAL	2	LA, PA, QL 120/30 days
CRYSVITA SOLUTION 10 MG/ML SUBCUTANEOUS	3	PA
CRYSVITA SOLUTION 20 MG/ML SUBCUTANEOUS	3	PA
CRYSVITA SOLUTION 30 MG/ML SUBCUTANEOUS	3	PA
DESMOPRESSIN ACETATE SOLUTION 1.5 MG/ML NASAL	3	
<i>desmopressin acetate spray solution 0.01 % nasal</i>	1	
<i>desmopressin acetate tablet 0.1 mg oral</i>	1	
<i>desmopressin acetate tablet 0.2 mg oral</i>	1	
<i>doxercalciferol capsule 0.5 mcg oral</i>	1	
<i>doxercalciferol capsule 1 mcg oral</i>	1	
<i>doxercalciferol capsule 2.5 mcg oral</i>	1	
<i>etidronate disodium tablet 200 mg oral</i>	1	
<i>etidronate disodium tablet 400 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	3	PA
FORTEO SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS	3	PA
GALAFOLD CAPSULE 123 MG ORAL	2	LA, PA, QL 14/28 days
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	3	PA
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	3	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	3	PA
HUMATROPE CARTRIDGE 12 MG INJECTION	3	PA
HUMATROPE CARTRIDGE 24 MG INJECTION	3	PA
HUMATROPE CARTRIDGE 6 MG INJECTION	3	PA
HUMATROPE SOLUTION RECONSTITUTED 12 MG INJECTION	3	PA
HUMATROPE SOLUTION RECONSTITUTED 24 MG INJECTION	3	PA
HUMATROPE SOLUTION RECONSTITUTED 5 MG INJECTION	3	PA

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
HUMATROPE SOLUTION RECONSTITUTED 6 MG INJECTION	3	PA
<i>ibandronate sodium tablet 150 mg oral</i>	1	
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	3	PA
ISTURISA TABLET 1 MG ORAL	2	PA, QL 180/30 days
ISTURISA TABLET 10 MG ORAL	2	PA, QL 180/30 days
ISTURISA TABLET 5 MG ORAL	2	PA, QL 180/30 days
JAVYGTOR PACKET 100 MG ORAL	3	PA
JAVYGTOR PACKET 500 MG ORAL	3	PA
JAVYGTOR TABLET 100 MG ORAL	3	PA
JYNARQUE TABLET THERAPY PACK 15 MG ORAL	2	LA, PA, QL 56/28 days
JYNARQUE TABLET THERAPY PACK 30 & 15 MG ORAL	2	LA, PA, QL 56/28 days
JYNARQUE TABLET THERAPY PACK 45 & 15 MG ORAL	2	LA, PA, QL 56/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
JYNARQUE TABLET THERAPY PACK 60 & 30 MG ORAL	2	LA, PA, QL 56/28 days
JYNARQUE TABLET THERAPY PACK 90 & 30 MG ORAL	2	LA, PA, QL 56/28 days
KERENDIA TABLET 10 MG ORAL	2	PA, QL 30/30 days
KERENDIA TABLET 20 MG ORAL	2	PA, QL 30/30 days
<i>levocarnitine solution 1 gm/10ml oral</i>	1	
<i>levocarnitine tablet 330 mg oral</i>	1	
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	3	PA
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	3	PA
<i>mifepristone tablet 200 mg oral</i>	1	
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	3	PA
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS	3	PA
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS	3	PA
NITISINONE CAPSULE 10 MG ORAL	3	PA
NITISINONE CAPSULE 2 MG ORAL	3	PA
NITISINONE CAPSULE 20 MG ORAL	3	PA
NITISINONE CAPSULE 5 MG ORAL	3	PA
NORDITROPIN FLEXPRO SOLUTION 10 MG/1.5ML SUBCUTANEOUS	3	PA
NORDITROPIN FLEXPRO SOLUTION 15 MG/1.5ML SUBCUTANEOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
NORDITROPIN FLEXPRO SOLUTION 30 MG/3ML SUBCUTANEOUS	3	PA
NORDITROPIN FLEXPRO SOLUTION 5 MG/1.5ML SUBCUTANEOUS	3	PA
NUTROPIN AQ NUSPIN 10 SOLUTION 10 MG/2ML SUBCUTANEOUS	3	PA
NUTROPIN AQ NUSPIN 20 SOLUTION 20 MG/2ML SUBCUTANEOUS	3	PA
NUTROPIN AQ NUSPIN 5 SOLUTION 5 MG/2ML SUBCUTANEOUS	3	PA
OCTREOTIDE ACETATE SOLUTION 100 MCG/ML INJECTION	3	PA
OCTREOTIDE ACETATE SOLUTION 1000 MCG/ML INJECTION	3	PA
OCTREOTIDE ACETATE SOLUTION 200 MCG/ML INJECTION	3	PA
OCTREOTIDE ACETATE SOLUTION 50 MCG/ML INJECTION	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
OCTREOTIDE ACETATE SOLUTION 500 MCG/ML INJECTION	3	PA
OCTREOTIDE ACETATE SOLUTION PREFILLED SYRINGE 100 MCG/ML SUBCUTANEOUS	3	PA
OCTREOTIDE ACETATE SOLUTION PREFILLED SYRINGE 50 MCG/ML SUBCUTANEOUS	3	PA
OCTREOTIDE ACETATE SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS	3	PA
OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS	3	PA
OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS	3	PA
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	3	PA
OPFOLDA CAPSULE 65 MG ORAL	3	PA, QL 8/28 days
ORFADIN SUSPENSION 4 MG/ML ORAL	2	LA, PA
ORLISSA TABLET 150 MG ORAL	2	PA, QL 28/28 days
ORLISSA TABLET 200 MG ORAL	2	PA, QL 56/28 days

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	3	PA
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	3	PA
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	PA
<i>paricalcitol capsule 1 mcg oral</i>	1	
<i>paricalcitol capsule 2 mcg oral</i>	1	
<i>paricalcitol capsule 4 mcg oral</i>	1	
PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS	3	PA
<i>raloxifene hcl tablet 60 mg oral</i>	1	
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	2	PA, QL 60/60 days
RECORLEV TABLET 150 MG ORAL	2	LA, PA, QL 240/30 days
SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION	3	PA
SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION	3	PA

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR	3	PA
SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR	3	PA
SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR	3	PA
SAPROPTERIN DIHYDROCHLORIDE PACKET 100 MG ORAL	3	PA
SAPROPTERIN DIHYDROCHLORIDE PACKET 500 MG ORAL	3	PA
SAPROPTERIN DIHYDROCHLORIDE TABLET 100 MG ORAL	3	PA
SAPROPTERIN DIHYDROCHLORIDE TABLET SOLUBLE 100 MG ORAL	3	PA
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	3	PA
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	3	PA
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS	2	LA, PA
SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS	2	LA, PA
SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS	2	LA, PA
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS	3	PA
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS	3	PA
SODIUM PHENYLBUTYRATE POWDER 3 GM/TSP ORAL	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
SODIUM PHENYLBUTYRATE TABLET 500 MG ORAL	3	PA
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	3	PA
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	3	PA
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	3	PA
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	3	PA
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	3	PA
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	3	PA
STIMATE SOLUTION 1.5 MG/ML NASAL	3	
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	2	LA, PA
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	2	LA, PA
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	2	LA, PA

DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	2	LA, PA
SYNAREL SOLUTION 2 MG/ML NASAL	2	
TERIPARATIDE SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS	3	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS	3	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS	3	PA
TOLVAPTAN TABLET 15 MG ORAL	3	PA
TOLVAPTAN TABLET 30 MG ORAL	3	PA
TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	2	LA, PA, QL 0.80/28 days
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	3	PA
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	3	PA, QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (Miscellaneous medications to treat hormone related conditions) - continued</b>		
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	3	PA, QL 30/30 days
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	3	PA, QL 30/30 days
XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS	3	PA
XURIDEN PACKET 2 GM ORAL	2	LA, PA, QL 120/30 days
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	2	LA, PA, QL 2/28 days
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	2	LA, PA, QL 2/28 days
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	2	LA, PA, QL 2/28 days
ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	3	PA
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>ESTROGENS (Medications to supplement estrogen hormones)</b>		
<i>amabelz tablet 0.5-0.1 mg oral</i>	1	
<i>amabelz tablet 1-0.5 mg oral</i>	1	
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	2	PA, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	PA, QL 8/28 days, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	PA, QL 8/28 days, PA applies between age range, Minimum Age: None Maximum Age: 17 Years

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DRUG NAME	DRUG TIER	NOTES
<b>ESTROGENS (Medications to supplement estrogen hormones) - continued</b>		
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	PA, QL 8/28 days, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	PA, QL 8/28 days, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	PA, QL 8/28 days, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>estradiol patch weekly 0.025 mg/24hr transdermal</i>	1	QL 5/30 days
<i>estradiol patch weekly 0.0375 mg/24hr transdermal</i>	1	QL 5/30 days

DRUG NAME	DRUG TIER	NOTES
<b>ESTROGENS (Medications to supplement estrogen hormones) - continued</b>		
<i>estradiol patch weekly 0.05 mg/24hr transdermal</i>	1	QL 5/30 days
<i>estradiol patch weekly 0.06 mg/24hr transdermal</i>	1	QL 5/30 days
<i>estradiol patch weekly 0.075 mg/24hr transdermal</i>	1	QL 5/30 days
<i>estradiol patch weekly 0.1 mg/24hr transdermal</i>	1	QL 5/30 days
<i>estradiol tablet 0.5 mg oral</i>	1	PA, PA applies between age range, Minimum Age: None Maximum Age: 17 Years
<i>estradiol tablet 1 mg oral</i>	1	
<i>estradiol tablet 2 mg oral</i>	1	
<i>estradiol valerate oil 10 mg/ml intramuscular</i>	1	
<i>estradiol valerate oil 20 mg/ml intramuscular</i>	1	
<i>estradiol valerate oil 40 mg/ml intramuscular</i>	1	
<i>estradiol-norethindrone acet tablet 0.5-0.1 mg oral</i>	1	
<i>estradiol-norethindrone acet tablet 1-0.5 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>ESTROGENS (Medications to supplement estrogen hormones) - continued</b>		
<i>lopreeza tablet 0.5-0.1 mg oral</i>	1	
<i>lopreeza tablet 1-0.5 mg oral</i>	1	
MENEST TABLET 0.3 MG ORAL	2	ST
MENEST TABLET 0.625 MG ORAL	2	ST
MENEST TABLET 1.25 MG ORAL	2	ST
MENEST TABLET 2.5 MG ORAL	2	ST
<i>mimvey lo tablet 0.5-0.1 mg oral</i>	1	
<i>mimvey tablet 1-0.5 mg oral</i>	1	
<i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i>	1	
<i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i>	1	
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	2	PA, QL 56/28 days
PREMPHASE TABLET 0.625-5 MG ORAL	2	ST
PREMPRO TABLET 0.3-1.5 MG ORAL	2	ST
PREMPRO TABLET 0.45-1.5 MG ORAL	2	ST

DRUG NAME	DRUG TIER	NOTES
<b>ESTROGENS (Medications to supplement estrogen hormones) - continued</b>		
PREMPRO TABLET 0.625-2.5 MG ORAL	2	ST
PREMPRO TABLET 0.625-5 MG ORAL	2	ST
<b>FLUOROQUINOLONES (Medications to treat certain types of bacterial infection)</b>		
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	2	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	2	
<i>ciprofloxacin hcl tablet 100 mg oral</i>	1	
<i>ciprofloxacin hcl tablet 250 mg oral</i>	1	
<i>ciprofloxacin hcl tablet 500 mg oral</i>	1	
<i>ciprofloxacin hcl tablet 750 mg oral</i>	1	
<i>ciprofloxacin in d5w solution 200 mg/100ml intravenous</i>	1	
<i>ciprofloxacin in d5w solution 400 mg/200ml intravenous</i>	1	
<i>ciprofloxacin solution 200 mg/20ml intravenous</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>FLUOROQUINOLONES (Medications to treat certain types of bacterial infection) - continued</b>		
<i>ciprofloxacin solution 400 mg/40ml intravenous</i>	1	
<i>ciprofloxacin suspension reconstituted 250 mg/5ml (5%) oral</i>	1	
<i>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</i>	1	
<i>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 1000 mg oral</i>	1	
<i>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 500 mg oral</i>	1	
<i>levofloxacin in d5w solution 250 mg/50ml intravenous</i>	1	
<i>levofloxacin in d5w solution 500 mg/100ml intravenous</i>	1	
<i>levofloxacin in d5w solution 750 mg/150ml intravenous</i>	1	
<i>levofloxacin solution 25 mg/ml intravenous</i>	1	
<i>levofloxacin solution 25 mg/ml oral</i>	1	
<i>levofloxacin tablet 250 mg oral</i>	1	
<i>levofloxacin tablet 500 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>FLUOROQUINOLONES (Medications to treat certain types of bacterial infection) - continued</b>		
<i>levofloxacin tablet 750 mg oral</i>	1	
<i>moxifloxacin hcl tablet 400 mg oral</i>	1	
<i>ofloxacin tablet 400 mg oral</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. (Miscellaneous medications to support the digestive process)</b>		
<i>balsalazide disodium capsule 750 mg oral</i>	1	QL 270/30 days
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	2	LA, PA
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	2	LA, PA
BYLVAY CAPSULE 1200 MCG ORAL	2	LA, PA
BYLVAY CAPSULE 400 MCG ORAL	2	LA, PA
<i>calcium acetate (phos binder) capsule 667 mg oral</i>	1	
CHOLBAM CAPSULE 250 MG ORAL	3	LA, PA, QL 120/30 days
CHOLBAM CAPSULE 50 MG ORAL	3	LA, PA, QL 150/30 days
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>GASTROINTESTINAL AGENTS - MISC. (Miscellaneous medications to support the digestive process) - continued</b>		
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	3	PA, QL 1/28 days
CIMZIA PREFILLED SYRINGE KIT 2 X 200 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
CIMZIA PREFILLED SYRINGE KIT 2 X 200 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
CIMZIA STARTER KIT PREFILLED SYRINGE KIT 6 X 200 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days
CIMZIA-STARTER PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days
ENTYVIO PEN SOLUTION AUTO-INJECTOR 108 MG/0.68ML SUBCUTANEOUS	3	PA, QL 1.36/28 days
ENTYVIO SOLUTION PEN-INJECTOR 108 MG/0.68ML SUBCUTANEOUS	3	PA, QL 1.36/28 days
<i>enulose solution 10 gm/15ml oral</i>	1	
GATTEX KIT 5 MG SUBCUTANEOUS	3	PA
<i>generlac solution 10 gm/15ml oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>GASTROINTESTINAL AGENTS - MISC. (Miscellaneous medications to support the digestive process) - continued</b>		
IQIRVO TABLET 80 MG ORAL	3	PA, QL 30/30 days
<i>lactulose encephalopathy solution 10 gm/15ml oral</i>	1	
LIVDELZI CAPSULE 10 MG ORAL	2	LA, PA, QL 30/30 days
LIVMARLI SOLUTION 19 MG/ML ORAL	2	LA, PA, QL 60/30 days
LIVMARLI SOLUTION 9.5 MG/ML ORAL	2	LA, PA, QL 90/30 days
<i>mesalamine enema 4 gm rectal</i>	1	
<i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i>	1	QL 120/30 days
<i>mesalamine suppository 1000 mg rectal</i>	1	QL 30/30 days
<i>mesalamine tablet delayed release 1.2 gm oral</i>	1	QL 120/30 days
<i>mesalamine-cleanser kit 4 gm rectal</i>	1	
<i>metoclopramide hcl solution 10 mg/10ml oral</i>	1	
<i>metoclopramide hcl solution 5 mg/5ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>GASTROINTESTINAL AGENTS - MISC. (Miscellaneous medications to support the digestive process) - continued</b>		
<i>metoclopramide hcl tablet 10 mg oral</i>	1	
<i>metoclopramide hcl tablet 5 mg oral</i>	1	
OCALIVA TABLET 10 MG ORAL	2	PA, QL 30/30 days
OCALIVA TABLET 5 MG ORAL	2	PA, QL 30/30 days
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days
OMVOH SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 2/28 days
PHOSLYRA SOLUTION 667 MG/5ML ORAL	2	
REZDIFFRA TABLET 100 MG ORAL	3	PA, QL 30/30 days
REZDIFFRA TABLET 60 MG ORAL	3	PA, QL 30/30 days
REZDIFFRA TABLET 80 MG ORAL	3	PA, QL 30/30 days
<i>sevelamer carbonate packet 0.8 gm oral</i>	1	
<i>sevelamer carbonate packet 2.4 gm oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>GASTROINTESTINAL AGENTS - MISC. (Miscellaneous medications to support the digestive process) - continued</b>		
<i>sevelamer carbonate tablet 800 mg oral</i>	1	
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	3	PA, QL 1.20/56 days
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	3	PA, QL 2.40/56 days
<i>sulfasalazine tablet 500 mg oral</i>	1	
<i>sulfasalazine tablet delayed release 500 mg oral</i>	1	
<i>ursodiol capsule 300 mg oral</i>	1	
<i>ursodiol tablet 250 mg oral</i>	1	
<i>ursodiol tablet 500 mg oral</i>	1	
VELSIPITY TABLET 2 MG ORAL	3	PA, QL 30/30 days
VOWST CAPSULE ORAL	2	LA, PA, QL 12/365 days
<b>GENITOURINARY AGENTS - MISCELLANEOUS (Miscellaneous medications to treat chemical imbalances or prostate related disorders)</b>		
<i>acetic acid solution 0.25 % irrigation</i>	1	
<i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>GENITOURINARY AGENTS - MISCELLANEOUS (Miscellaneous medications to treat chemical imbalances or prostate related disorders) - continued</b>		
CYSTAGON CAPSULE 150 MG ORAL	3	
CYSTAGON CAPSULE 50 MG ORAL	3	
CYTRA K CRYSTALS PACKET 3300-1002 MG ORAL	2	
<i>dutasteride capsule 0.5 mg oral</i>	1	
ELMIRON CAPSULE 100 MG ORAL	2	
FILSPARI TABLET 200 MG ORAL	3	PA, QL 30/30 days
FILSPARI TABLET 400 MG ORAL	3	PA, QL 30/30 days
<i>finasteride tablet 5 mg oral</i>	1	
<i>neomycin-polymyxin b gu solution 40-200000 irrigation</i>	1	
<i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i>	1	Eligible for 90 day supply
<i>potassium citrate er tablet extended release 15 meq (1620 mg) oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>GENITOURINARY AGENTS - MISCELLANEOUS (Miscellaneous medications to treat chemical imbalances or prostate related disorders) - continued</b>		
<i>potassium citrate er tablet extended release 5 meq (540 mg) oral</i>	1	Eligible for 90 day supply
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	1	Eligible for 90 day supply
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	2	LA, PA
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	2	LA, PA
PROCYSBI PACKET 300 MG ORAL	2	LA, PA
PROCYSBI PACKET 75 MG ORAL	2	LA, PA
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	3	PA, QL 0.80/28 days
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
<i>silodosin capsule 4 mg oral</i>	1	Eligible for 90 day supply
<i>silodosin capsule 8 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>GENITOURINARY AGENTS - MISCELLANEOUS (Miscellaneous medications to treat chemical imbalances or prostate related disorders) - continued</b>		
<i>sodium chloride solution 0.9 % irrigation</i>	1	
SORBITOL SOLUTION 3.3 % IRRIGATION	2	
<i>tamsulosin hcl capsule 0.4 mg oral</i>	1	Eligible for 90 day supply
<b>GOUT AGENTS (Medications to treat gout)</b>		
<i>allopurinol tablet 100 mg oral</i>	1	
<i>allopurinol tablet 300 mg oral</i>	1	
<i>colchicine tablet 0.6 mg oral</i>	1	
<i>colchicine-probenecid tablet 0.5-500 mg oral</i>	1	
<i>febuxostat tablet 40 mg oral</i>	1	QL 90/30 days
<i>febuxostat tablet 80 mg oral</i>	1	QL 30/30 days
<i>probenecid tablet 500 mg oral</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions)</b>		
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	3	PA
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
<i>anagrelide hcl capsule 0.5 mg oral</i>	1	
<i>anagrelide hcl capsule 1 mg oral</i>	1	
<i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i>	1	
BERINERT KIT 500 UNIT INTRAVENOUS	3	PA
BRILINTA TABLET 60 MG ORAL	2	QL 60/30 days
BRILINTA TABLET 90 MG ORAL	2	
CABLIVI KIT 11 MG INJECTION	2	LA, PA
<i>cilostazol tablet 100 mg oral</i>	1	
<i>cilostazol tablet 50 mg oral</i>	1	
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
<i>clopidogrel bisulfate tablet 300 mg oral</i>	1	
<i>clopidogrel bisulfate tablet 75 mg oral</i>	1	
<i>dipyridamole tablet 25 mg oral</i>	1	
<i>dipyridamole tablet 50 mg oral</i>	1	
<i>dipyridamole tablet 75 mg oral</i>	1	
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	3	PA
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
FABHALTA CAPSULE 200 MG ORAL	2	LA, PA, QL 60/30 days

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	3	PA
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	3	PA
HELIXATE FS KIT 1000 UNIT INTRAVENOUS	3	PA
HELIXATE FS KIT 2000 UNIT INTRAVENOUS	3	PA
HELIXATE FS KIT 250 UNIT INTRAVENOUS	3	PA
HELIXATE FS KIT 3000 UNIT INTRAVENOUS	3	PA
HELIXATE FS KIT 500 UNIT INTRAVENOUS	3	PA
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	3	PA
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	3	PA
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	3	PA
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	3	PA
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	3	PA
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	3	PA
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS	3	PA
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS	3	PA
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS	3	PA
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
ICATIBANT ACETATE SOLUTION 30 MG/3ML SUBCUTANEOUS	3	PA
ICATIBANT ACETATE SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	3	PA
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	3	PA
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	3	PA
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
KOATE-DVI SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA
KOGENATE FS BIO-SET KIT 1000 UNIT INTRAVENOUS	3	PA
KOGENATE FS BIO-SET KIT 2000 UNIT INTRAVENOUS	3	PA
KOGENATE FS BIO-SET KIT 3000 UNIT INTRAVENOUS	3	PA
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	3	PA
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	3	PA
KOGENATE FS KIT 250 UNIT INTRAVENOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	3	PA
KOGENATE FS KIT 500 UNIT INTRAVENOUS	3	PA
MONOCLATE-P KIT 1000 UNIT INTRAVENOUS	3	PA
MONOCLATE-P KIT 1500 UNIT INTRAVENOUS	3	PA
MONONINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	3	PA
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	3	PA
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	3	PA
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS	3	PA
OBIZUR SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA

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<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
ORLADEYO CAPSULE 110 MG ORAL	2	LA, PA, QL 30/30 days
ORLADEYO CAPSULE 150 MG ORAL	2	LA, PA, QL 30/30 days
<i>pentoxifylline er tablet extended release 400 mg oral</i>	1	
<i>prasugrel hcl tablet 10 mg oral</i>	1	
<i>prasugrel hcl tablet 5 mg oral</i>	1	
PYRUKYND TABLET 20 MG ORAL	2	LA, PA, QL 56/28 days
PYRUKYND TABLET 5 MG ORAL	2	LA, PA, QL 56/28 days
PYRUKYND TABLET 50 MG ORAL	2	LA, PA, QL 56/28 days
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	2	LA, PA, QL 28/28 days
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	2	LA, PA, QL 28/28 days
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	2	LA, PA, QL 28/28 days
RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS	3	PA
RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS	3	PA
RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS	3	PA
RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS	3	PA
RIXUBIS SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA
RIXUBIS SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	3	PA
RIXUBIS SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA
RIXUBIS SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	3	PA
RIXUBIS SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	3	PA
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	3	PA
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	3	PA
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	3	PA
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA
TAVALISSE TABLET 100 MG ORAL	3	PA, QL 60/30 days
TAVALISSE TABLET 150 MG ORAL	3	PA, QL 60/30 days
TAVNEOS CAPSULE 10 MG ORAL	3	PA, QL 180/30 days
VEOPOZ SOLUTION 400 MG/2ML INJECTION	2	LA, PA
VOYDEYA TABLET 100 MG ORAL	3	PA, QL 180/30 days

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	3	PA, QL 180/30 days
XYNTHA KIT 1000 UNIT INTRAVENOUS	3	PA
XYNTHA KIT 2000 UNIT INTRAVENOUS	3	PA
XYNTHA KIT 250 UNIT INTRAVENOUS	3	PA
XYNTHA KIT 500 UNIT INTRAVENOUS	3	PA
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS	3	PA
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS	3	PA
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS	3	PA
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	3	PA
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	3	PA
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	2	LA, PA, QL 11.65/28 days
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	2	LA, PA, QL 16.07/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOLOGICAL AGENTS - MISC. (Medications to treat hemophilia and other blood related conditions) - continued</b>		
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	2	LA, PA, QL 22.68/28 days
ZONTIVITY TABLET 2.08 MG ORAL	2	PA, QL 30/30 days
<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions)</b>		
ALVAIZ TABLET 18 MG ORAL	3	PA, QL 30/30 days
ALVAIZ TABLET 36 MG ORAL	3	PA, QL 60/30 days
ALVAIZ TABLET 54 MG ORAL	3	PA, QL 60/30 days
ALVAIZ TABLET 9 MG ORAL	3	PA, QL 30/30 days
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	3	

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
ARANESP (ALBUMIN FREE) SOLUTION 300 MCG/ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION	3	

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DRUG NAME	DRUG TIER	NOTES
<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION	3	
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION	3	
CERDELGA CAPSULE 84 MG ORAL	3	PA
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	1	
DOPTELET TABLET 20 MG ORAL	3	PA, QL 15/35 days
DROXIA CAPSULE 200 MG ORAL	2	
DROXIA CAPSULE 300 MG ORAL	2	
DROXIA CAPSULE 400 MG ORAL	2	
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	3	
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	3	

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	3	
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	3	
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	3	
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA
<i>hydroxocobalamin solution 1000 mcg/ml intramuscular</i>	1	
JESDUVROQ TABLET 1 MG ORAL	2	LA, PA, QL 720/30 days
JESDUVROQ TABLET 2 MG ORAL	2	LA, PA, QL 360/30 days
JESDUVROQ TABLET 4 MG ORAL	2	LA, PA, QL 180/30 days
JESDUVROQ TABLET 6 MG ORAL	2	LA, PA, QL 120/30 days
JESDUVROQ TABLET 8 MG ORAL	2	LA, PA, QL 90/30 days
L-GLUTAMINE PACKET 5 GM ORAL	3	QL 6/1 days, ST
MIGLUSTAT CAPSULE 100 MG ORAL	3	PA

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<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
MULPLETA TABLET 3 MG ORAL	3	PA, QL 7/30 days
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA
NEUPOGEN SOLUTION 300 MCG/ML INJECTION	3	PA
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION	3	PA
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	3	PA
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	3	PA
NIVESTYM SOLUTION 300 MCG/ML INJECTION	3	PA
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	3	PA
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	3	PA
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	3	PA

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	3	PA
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	3	PA
NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA
OXBRYTA TABLET 500 MG ORAL	3	PA, QL 90/30 days
PLERIXAFOR SOLUTION 24 MG/1.2ML SUBCUTANEOUS	3	
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	3	
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	3	
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	3	
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	3	
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	3	
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	3	

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<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
PROMACTA PACKET 12.5 MG ORAL	3	PA
PROMACTA PACKET 25 MG ORAL	3	PA, QL 30/30 days
PROMACTA TABLET 12.5 MG ORAL	3	PA
PROMACTA TABLET 25 MG ORAL	3	PA, QL 30/30 days
PROMACTA TABLET 50 MG ORAL	3	PA, QL 30/30 days
PROMACTA TABLET 75 MG ORAL	3	PA, QL 30/30 days
REBLOZYL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	3	PA
REBLOZYL SOLUTION RECONSTITUTED 75 MG SUBCUTANEOUS	3	PA
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	3	
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	3	
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	3	
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	3	

DRUG NAME	DRUG TIER	NOTES
<b>HEMATOPOIETIC AGENTS (Medications to enhance the growth of blood cells and treat other blood related conditions) - continued</b>		
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	3	
UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS	3	PA
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA
VAFSEO TABLET 150 MG ORAL	2	LA, PA, QL 120/30 days
VAFSEO TABLET 300 MG ORAL	2	LA, PA, QL 60/30 days
XOLREMDI CAPSULE 100 MG ORAL	2	LA, PA, QL 120/30 days
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	3	PA
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	3	PA
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA
<b>HEMOSTATICS (Medications to control bleeding)</b>		
<i>aminocaproic acid solution 0.25 gm/ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>HEMOSTATICS (Medications to control bleeding) - continued</b>		
<i>aminocaproic acid tablet 1000 mg oral</i>	1	
<i>aminocaproic acid tablet 500 mg oral</i>	1	
<i>tranexamic acid tablet 650 mg oral</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (Medications to cause sleepiness)</b>		
<i>eszopiclone tablet 1 mg oral</i>	1	QL 30/30 days
<i>eszopiclone tablet 2 mg oral</i>	1	QL 30/30 days
<i>eszopiclone tablet 3 mg oral</i>	1	QL 30/30 days
<i>midazolam hcl solution 10 mg/10ml injection</i>	1	
<i>midazolam hcl solution 10 mg/2ml injection</i>	1	
<i>midazolam hcl solution 2 mg/2ml injection</i>	1	
<i>midazolam hcl solution 25 mg/5ml injection</i>	1	
<i>midazolam hcl solution 5 mg/5ml injection</i>	1	
<i>midazolam hcl solution 5 mg/ml injection</i>	1	
<i>midazolam hcl solution 50 mg/10ml injection</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (Medications to cause sleepiness) - continued</b>		
<i>phenobarbital elixir 20 mg/5ml oral</i>	1	
<i>phenobarbital tablet 100 mg oral</i>	1	
<i>phenobarbital tablet 15 mg oral</i>	1	
<i>phenobarbital tablet 16.2 mg oral</i>	1	
<i>phenobarbital tablet 30 mg oral</i>	1	
<i>phenobarbital tablet 32.4 mg oral</i>	1	
<i>phenobarbital tablet 60 mg oral</i>	1	
<i>phenobarbital tablet 64.8 mg oral</i>	1	
<i>phenobarbital tablet 97.2 mg oral</i>	1	
<i>ramelteon tablet 8 mg oral</i>	1	QL 30/30 days
<i>zaleplon capsule 10 mg oral</i>	1	QL 30/30 days
<i>zaleplon capsule 5 mg oral</i>	1	QL 30/30 days
<i>zolpidem tartrate er tablet extended release 12.5 mg oral</i>	1	QL 30/30 days
<i>zolpidem tartrate er tablet extended release 6.25 mg oral</i>	1	QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (Medications to cause sleepiness) - continued</b>		
<i>zolpidem tartrate tablet 10 mg oral</i>	1	QL 30/30 days
<i>zolpidem tartrate tablet 5 mg oral</i>	1	QL 30/30 days
<b>LAXATIVES (Medications to treat constipation)</b>		
<i>gavilyte-c solution reconstituted 240 gm oral</i>	1	
<i>gavilyte-g solution reconstituted 236 gm oral</i>	1	
<i>gavilyte-n with flavor pack solution reconstituted 420 gm oral</i>	1	
<i>lactulose solution 10 gm/15ml oral</i>	1	
<i>na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral</i>	1	
<i>peg 3350/electrolytes solution reconstituted 240 gm oral</i>	1	
<i>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</i>	1	
<i>peg-3350/electrolytes solution reconstituted 236 gm oral</i>	1	
<i>trilyte solution reconstituted 420 gm oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>LOCAL ANESTHETICS-Parenteral (Medications that can suppress pain)</b>		
<i>lidocaine hcl (pf) solution 1 % injection</i>	1	
<b>MACROLIDES (Medications to treat certain types of bacterial infection)</b>		
<i>azithromycin packet 1 gm oral</i>	1	
<i>azithromycin solution reconstituted 500 mg intravenous</i>	1	
<i>azithromycin suspension reconstituted 100 mg/5ml oral</i>	1	
<i>azithromycin suspension reconstituted 200 mg/5ml oral</i>	1	
<i>azithromycin tablet 250 mg oral</i>	1	
<i>azithromycin tablet 500 mg oral</i>	1	
<i>azithromycin tablet 600 mg oral</i>	1	
<i>clarithromycin er tablet extended release 24 hour 500 mg oral</i>	1	
<i>clarithromycin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>clarithromycin suspension reconstituted 250 mg/5ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>MACROLIDES (Medications to treat certain types of bacterial infection) - continued</b>		
<i>clarithromycin tablet 500 mg oral</i>	1	
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	2	PA, QL 136/60 days
DIFICID TABLET 200 MG ORAL	2	PA, QL 20/60 days
<i>ery-tab tablet delayed release 250 mg oral</i>	1	
<i>ery-tab tablet delayed release 333 mg oral</i>	1	
<i>ery-tab tablet delayed release 500 mg oral</i>	1	
<i>erythrocin stearate tablet 250 mg oral</i>	1	
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	1	
<i>erythromycin base tablet 250 mg oral</i>	1	
<i>erythromycin base tablet 500 mg oral</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i>	1	Minimum Age: None Maximum Age: 6 Years

DRUG NAME	DRUG TIER	NOTES
<b>MACROLIDES (Medications to treat certain types of bacterial infection) - continued</b>		
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	1	
<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar)</b>		
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	

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DRUG NAME	DRUG TIER	NOTES
<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar) - continued</b>		
AEROCHAMBER Z-STAT PLUS/SMALL	2	
<i>bd safetyglide insulin syringe 31g x 15/64" 0.3 ml</i>	1	Eligible for 90 day supply
BD SYRINGE LUER-LOK 3 ML	2	Eligible for 90 day supply
BD SYRINGE SLIP TIP 3 ML	2	Eligible for 90 day supply
CAYA DIAPHRAGM VAGINAL	2	
CURITY WOUND CLOSURE 1/8"X3"	2	
DEXCOM G6 RECEIVER DEVICE	2	PA
DEXCOM G6 SENSOR	2	PA, QL 3/30 days
DEXCOM G6 TRANSMITTER	2	PA, QL 1/84 days
DEXCOM G7 RECEIVER DEVICE	2	PA
DEXCOM G7 SENSOR	2	PA, QL 3/30 days
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FEMCAP DEVICE 22 MM VAGINAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar) - continued</b>		
FEMCAP DEVICE 26 MM VAGINAL	2	
FEMCAP DEVICE 30 MM VAGINAL	2	
FREESTYLE CONTROL SOLUTION LIQUID IN VITRO	2	
FREESTYLE FLASH SYSTEM KIT	2	
FREESTYLE FREEDOM LITE KIT W/DEVICE	2	
FREESTYLE LANCETS	2	Eligible for 90 day supply
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL 2/28 days
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA, QL 2/28 days
FREESTYLE LIBRE 2 READER DEVICE	2	PA
FREESTYLE LIBRE 2 SENSOR	2	PA, QL 2/28 days
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL 2/28 days
FREESTYLE LIBRE 3 READER DEVICE	2	PA

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<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar) - continued</b>		
FREESTYLE LIBRE 3 SENSOR	2	PA, QL 2/28 days
FREESTYLE LIBRE READER DEVICE	2	PA
FREESTYLE LITE DEVICE	2	
FREESTYLE LITE KIT W/DEVICE	2	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	2	
FREESTYLE SYSTEM KIT	2	
INSPIREASE	2	
MICROCHAMBER	2	
MICROSPACER	2	
MONOJECT BLUNTIP CANNULA 21G X 1"	2	Eligible for 90 day supply
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	Eligible for 90 day supply
MONOJECT HYPODERMIC NEEDLE 21G X 1"	2	Eligible for 90 day supply
MONOJECT MAGELLAN SAFETY NDL 18G X 1"	2	Eligible for 90 day supply
MONOJECT MAGELLAN SAFETY NDL 21G X 1"	2	Eligible for 90 day supply
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar) - continued</b>		
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML	2	Eligible for 90 day supply
MONOJECT SYRINGE 21G X 1" 3 ML	2	Eligible for 90 day supply
MONOJECT SYRINGE 22G X 1-1/2" 3 ML	2	Eligible for 90 day supply
NOVOPEN ECHO DEVICE	2	QL 1/90 days
OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL 1/30 days
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL 10/30 days
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	QL 1/30 days
OMNIPOD 5 G7 PODS (GEN 5)	2	QL 10/30 days
OMNIPOD CLASSIC PODS (GEN 3)	2	QL 10/30 days
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4)	2	QL 10/30 days
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	

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DRUG NAME	DRUG TIER	NOTES
<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar) - continued</b>		
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
POCKET CHAMBER DEVICE	2	
POCKET SPACER DEVICE	2	
PROCHAMBER VHC DEVICE	2	
RITEFLO DEVICE	2	
TRUZONE PEAK FLOW METER DEVICE	2	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	Eligible for 90 day supply
V-GO 20 KIT 20 UNIT/24HR	2	
V-GO 30 KIT 30 UNIT/24HR	2	
V-GO 40 KIT 40 UNIT/24HR	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL	2	
WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL	2	
WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL	2	
WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>MEDICAL DEVICES AND SUPPLIES (Devices to support the administration of insulin and testing of blood sugar) - continued</b>		
WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL	2	
WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL	2	
WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL	2	
WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL	2	
<b>MIGRAINE PRODUCTS (Medications to treat migraine headaches)</b>		
AIMOVIG (140 MG DOSE) SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	2	PA, QL 2/28 days
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	PA, QL 1/28 days
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	2	PA, QL 1/28 days
<i>almotriptan malate tablet 12.5 mg oral</i>	1	QL 18/30 days
<i>almotriptan malate tablet 6.25 mg oral</i>	1	QL 18/30 days
<i>dihydroergotamine mesylate solution 1 mg/ml injection</i>	1	PA, QL 12/30 days
<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	1	PA, QL 8/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>MIGRAINE PRODUCTS (Medications to treat migraine headaches) - continued</b>		
<i>eletriptan hydrobromide tablet 20 mg oral</i>	1	QL 18/30 days
<i>eletriptan hydrobromide tablet 40 mg oral</i>	1	QL 18/30 days
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	2	PA, QL 3/30 days
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	2	PA, QL 1/28 days
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	2	PA, QL 1/28 days
<i>frovatriptan succinate tablet 2.5 mg oral</i>	1	QL 18/30 days
<i>naratriptan hcl tablet 1 mg oral</i>	1	QL 18/30 days
<i>naratriptan hcl tablet 2.5 mg oral</i>	1	QL 18/30 days
NURTEC TABLET DISPERSIBLE 75 MG ORAL	2	PA
REYVOW TABLET 100 MG ORAL	2	QL 8/30 days, ST
REYVOW TABLET 50 MG ORAL	2	QL 8/30 days, ST
<i>rizatriptan benzoate tablet 10 mg oral</i>	1	QL 18/30 days

DRUG NAME	DRUG TIER	NOTES
<b>MIGRAINE PRODUCTS (Medications to treat migraine headaches) - continued</b>		
<i>rizatriptan benzoate tablet 5 mg oral</i>	1	QL 18/30 days
<i>rizatriptan benzoate tablet dispersible 10 mg oral</i>	1	QL 18/30 days
<i>rizatriptan benzoate tablet dispersible 5 mg oral</i>	1	QL 18/30 days
<i>sumatriptan solution 20 mg/act nasal</i>	1	QL 12/30 days
<i>sumatriptan solution 5 mg/act nasal</i>	1	QL 12/30 days
<i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i>	1	QL 6/30 days
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>	1	QL 6/30 days
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>	1	QL 6/30 days
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous</i>	1	QL 6/30 days
<i>sumatriptan succinate tablet 100 mg oral</i>	1	QL 18/30 days
<i>sumatriptan succinate tablet 25 mg oral</i>	1	QL 18/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>MIGRAINE PRODUCTS (Medications to treat migraine headaches) - continued</b>		
<i>sumatriptan succinate tablet 50 mg oral</i>	1	QL 18/30 days
UBRELVY TABLET 100 MG ORAL	2	QL 16/30 days, ST
UBRELVY TABLET 50 MG ORAL	2	QL 16/30 days, ST
<i>zolmitriptan tablet 2.5 mg oral</i>	1	QL 12/30 days
<i>zolmitriptan tablet 5 mg oral</i>	1	QL 12/30 days
<i>zolmitriptan tablet dispersible 2.5 mg oral</i>	1	QL 12/30 days
<i>zolmitriptan tablet dispersible 5 mg oral</i>	1	QL 12/30 days
<b>MINERALS &amp; ELECTROLYTES (Agents to supplemental chemical imbalances)</b>		
<i>bd posiflush solution 0.9 % intravenous</i>	1	
<i>chromic chloride solution 40 mcg/10ml intravenous</i>	1	
FLUORABON SOLUTION 0.55 (0.25 F) MG/0.6ML ORAL	2	Eligible for 90 day supply
FLUOR-A-DAY TABLET CHEWABLE 0.25 (F)-236.79 MG ORAL	2	
FLUOR-A-DAY TABLET CHEWABLE 1 (F)-236.79 MG ORAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>MINERALS &amp; ELECTROLYTES (Agents to supplemental chemical imbalances) - continued</b>		
FLUORITAB SOLUTION 0.275 (0.125 F) MG/DROP ORAL	2	Eligible for 90 day supply
FLUORITAB TABLET CHEWABLE 1.1 (0.5 F) MG ORAL	2	Eligible for 90 day supply
FLURA-DROPS SOLUTION 0.55 (0.25 F) MG/DROP ORAL	2	Eligible for 90 day supply
<i>klor-con 10 tablet extended release 10 meq oral</i>	1	Eligible for 90 day supply
<i>klor-con m10 tablet extended release 10 meq oral</i>	1	Eligible for 90 day supply
KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL	2	Eligible for 90 day supply
<i>klor-con tablet extended release 8 meq oral</i>	1	Eligible for 90 day supply
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	2	Eligible for 90 day supply
<i>k-tab tablet extended release 20 meq oral</i>	1	Eligible for 90 day supply
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	2	
LOZI-FLUR LOZENGE 2.2 (1 F) MG MOUTH/THROAT	2	Eligible for 90 day supply
NAFRINSE TABLET CHEWABLE 2.2 (1 F) MG ORAL	2	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>MINERALS &amp; ELECTROLYTES (Agents to supplemental chemical imbalances) - continued</b>		
<i>normal saline flush solution 0.9 % intravenous</i>	1	
<i>potassium bicarbonate tablet effervescent 25 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride crys er tablet extended release 10 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride crys er tablet extended release 20 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride er capsule extended release 10 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride er capsule extended release 8 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride er tablet extended release 10 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride er tablet extended release 20 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride er tablet extended release 8 meq oral</i>	1	Eligible for 90 day supply
<i>potassium chloride solution 20 meq/15ml (10%) oral</i>	1	Eligible for 90 day supply
<i>potassium phosphates solution 45 mmole/15ml intravenous</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>MINERALS &amp; ELECTROLYTES (Agents to supplemental chemical imbalances) - continued</b>		
<i>potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous</i>	1	
<i>sodium chloride (pf) solution 0.9 % injection</i>	1	
<i>sodium chloride solution 0.45 % intravenous</i>	1	
<i>sodium chloride solution 0.9 % injection</i>	1	
<i>sodium chloride solution 0.9 % intravenous</i>	1	
<i>sodium chloride solution 2.5 meq/ml injection</i>	1	
<i>sodium chloride solution 3 % intravenous</i>	1	
<i>sodium chloride solution 5 % intravenous</i>	1	
<i>sodium fluoride solution 1.1 (0.5 f) mg/ml oral</i>	1	Eligible for 90 day supply
<i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i>	1	Eligible for 90 day supply
<i>sodium fluoride tablet 2.2 (1 f) mg oral</i>	1	Eligible for 90 day supply
<i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>MINERALS &amp; ELECTROLYTES (Agents to supplemental chemical imbalances) - continued</b>		
<i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>	1	Eligible for 90 day supply
<i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>	1	Eligible for 90 day supply
<i>sodium phosphates solution 45 mmole/15ml intravenous</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (Medications to suppress the immune system and other miscellaneous medications)</b>		
<i>azathioprine tablet 50 mg oral</i>	1	
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	3	PA, QL 4/28 days
CUVRIOR TABLET 300 MG ORAL	2	LA, PA
<i>cyclosporine capsule 100 mg oral</i>	1	
<i>cyclosporine capsule 25 mg oral</i>	1	
<i>cyclosporine modified capsule 100 mg oral</i>	1	
<i>cyclosporine modified capsule 25 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>MISCELLANEOUS THERAPEUTIC CLASSES (Medications to suppress the immune system and other miscellaneous medications) - continued</b>		
<i>cyclosporine modified capsule 50 mg oral</i>	1	
<i>cyclosporine modified solution 100 mg/ml oral</i>	1	
DELFLX-LC/1.5% DEXTROSE SOLUTION 346 MOSM/L INTRAPERITONEAL	2	
DELFLX-SM/1.5% DEXTROSE SOLUTION 347 MOSM/L INTRAPERITONEAL	2	
DELFLX-SM/2.5% DEXTROSE SOLUTION 398 MOSM/L INTRAPERITONEAL	2	
DIANEAL PD-2/2.5% DEXTROSE SOLUTION 396 MOSM/L INTRAPERITONEAL	2	
DIANEAL PD-2/4.25% DEXTROSE SOLUTION 485 MOSM/L INTRAPERITONEAL	2	
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
<i>everolimus tablet 0.25 mg oral</i>	1	QL 60/30 days
<i>everolimus tablet 0.5 mg oral</i>	1	QL 60/30 days
<i>everolimus tablet 0.75 mg oral</i>	1	QL 60/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>MISCELLANEOUS THERAPEUTIC CLASSES (Medications to suppress the immune system and other miscellaneous medications) - continued</b>		
<i>everolimus tablet 1 mg oral</i>	1	QL 60/30 days
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	3	PA
GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS	3	PA
JOENJA TABLET 70 MG ORAL	2	LA, PA, QL 60/30 days
<i>lactated ringers solution irrigation</i>	1	
LENALIDOMIDE CAPSULE 10 MG ORAL	3	PA
LENALIDOMIDE CAPSULE 15 MG ORAL	3	PA
LENALIDOMIDE CAPSULE 2.5 MG ORAL	3	PA
LENALIDOMIDE CAPSULE 20 MG ORAL	3	PA
LENALIDOMIDE CAPSULE 25 MG ORAL	3	PA
LENALIDOMIDE CAPSULE 5 MG ORAL	3	PA
LUPKYNIS CAPSULE 7.9 MG ORAL	2	LA, PA, QL 180/30 days
<i>mycophenolate mofetil capsule 250 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>MISCELLANEOUS THERAPEUTIC CLASSES (Medications to suppress the immune system and other miscellaneous medications) - continued</b>		
<i>mycophenolate mofetil tablet 500 mg oral</i>	1	
<i>mycophenolate sodium tablet delayed release 180 mg oral</i>	1	
<i>mycophenolate sodium tablet delayed release 360 mg oral</i>	1	
PENICILLAMINE CAPSULE 250 MG ORAL	3	PA
PENICILLAMINE TABLET 250 MG ORAL	3	PA
REZUROCK TABLET 200 MG ORAL	2	PA, QL 30/30 days
<i>ringers irrigation solution irrigation</i>	1	
SANDIMMUNE SOLUTION 100 MG/ML ORAL	2	
<i>sirolimus solution 1 mg/ml oral</i>	1	
<i>sirolimus tablet 0.5 mg oral</i>	1	
<i>sirolimus tablet 1 mg oral</i>	1	
<i>sirolimus tablet 2 mg oral</i>	1	
<i>sodium polystyrene sulfonate powder oral</i>	1	
<i>sodium polystyrene sulfonate suspension 15 gm/60ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>MISCELLANEOUS THERAPEUTIC CLASSES (Medications to suppress the immune system and other miscellaneous medications) - continued</b>		
<i>sodium polystyrene sulfonate suspension 30 gm/120ml rectal</i>	1	
<i>sodium polystyrene sulfonate suspension 50 gm/200ml rectal</i>	1	
<i>sterile water for irrigation solution irrigation</i>	1	
<i>tacrolimus capsule 0.5 mg oral</i>	1	
<i>tacrolimus capsule 1 mg oral</i>	1	
<i>tacrolimus capsule 5 mg oral</i>	1	
THALOMID CAPSULE 100 MG ORAL	3	PA
THALOMID CAPSULE 150 MG ORAL	3	PA
THALOMID CAPSULE 200 MG ORAL	3	PA
THALOMID CAPSULE 50 MG ORAL	3	PA
TRIENTINE HCL CAPSULE 250 MG ORAL	3	PA
ULTRABAG/DIANEAL/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	2	

DRUG NAME	DRUG TIER	NOTES
<b>MISCELLANEOUS THERAPEUTIC CLASSES (Medications to suppress the immune system and other miscellaneous medications) - continued</b>		
VIJOICE PACKET 50 MG ORAL	3	PA, QL 28/28 days
VIJOICE TABLET THERAPY PACK 125 MG ORAL	3	PA, QL 30/30 days
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	3	PA, QL 56/28 days
VIJOICE TABLET THERAPY PACK 50 MG ORAL	3	PA, QL 30/30 days
ZOKINVY CAPSULE 50 MG ORAL	2	LA, PA
ZOKINVY CAPSULE 75 MG ORAL	2	LA, PA
<b>MOUTH/THROAT/DENTAL AGENTS (Medications to treat inflammation, pain or other conditions in the mouth)</b>		
<i>chlorhexidine gluconate solution 0.12 % mouth/throat</i>	1	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	1	
<b>MULTIVITAMINS (Vitamins)</b>		
<i>active ob capsule 20-1-320 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

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DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
ATABEX EC TABLET DELAYED RELEASE 29-1 MG ORAL	2	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>bal-care dha 27-1 &amp; 430 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>bp folinatal plus b tablet 1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>bp multinatal plus tablet 30-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>bp multinatal plus tablet chewable 40-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>citr natal harmony capsule 27-1-250 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>c-nate dha capsule 28-1-200 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>complete natal dha 29-1-200 &amp; 200 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>complete natal dha 29-1-200 &amp; 250 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>completenate tablet chewable 29-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

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DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>co-natal fa tablet oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	1	Eligible for 90 day supply
ESCAVITE TABLET CHEWABLE 0.25-7.5 MG ORAL	2	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>extra-virt plus dha capsule 29-1.25-350 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>hemenatal ob + dha 28-6-1 &amp; 203 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>hemenatal ob tablet 28-6-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>levomefolate dha capsule 27-1.13-0.4 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>multi-vitamin/fluoride solution 0.25 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>multi-vitamin/fluoride solution 0.5 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>mynatal plus tablet oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

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<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>mynate 90 plus tablet extended release oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>phytonadione tablet 5 mg oral</i>	1	QL 5/30 days, Eligible for 90 day supply
<i>pnv folic acid + iron tablet 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>pnv ob+dha 27-1 &amp; 250 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>pnv prenatal plus multivitamin tablet 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>pnv-dha capsule 27-0.6-0.4-300 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>pnv-dha+docusate capsule 27-1.25-300 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>pnv-omega capsule 28-0.6-0.4-340 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>pnv-select tablet 27-0.6-0.4 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>pnv-total capsule 35-5-1.2 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

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DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>poly-vi-flor suspension 0.25 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>poly-vi-flor tablet chewable 0.25 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>poly-vi-flor tablet chewable 0.5 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>poly-vi-flor tablet chewable 1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>poly-vi-flor/iron tablet chewable 0.5-10 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>prenaissance capsule 29-1.25-325 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenaissance harmony dha 27-1 &amp; 380 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenaissance next tablet 1.2 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenaissance next-b tablet 1.22 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenaissance plus capsule 28-1-250 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

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DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>prenatal 19 tablet 29-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenatal 19 tablet chewable 29-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenatal 19 tablet chewable oral</i>	1	Eligible for 90 day supply via mail order, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenatal low iron tablet 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>prenatal plus iron tablet 29-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenatal plus tablet 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>prenatal tablet 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>purefe ob plus capsule 162-115.2-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>relnate dha capsule 28-1-200 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

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DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>se-natal 19 tablet 29-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>se-natal 19 tablet chewable 29-1 mg oral</i>	1	Eligible for 90 day supply via mail order, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>tl-care dha capsule 27-1-500 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>tl-fluorivite tablet chewable 0.25-7.5 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>tl-select capsule 29-1.25-325 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>triadvance tablet 90-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>trinatal rx 1 tablet 60-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>tri-tabs dha 32-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>tri-vi-flor suspension 0.25 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>tri-vi-floro suspension 0.25 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years

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DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>tri-vi-floro suspension 0.5 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>tri-vitamin/fluoride solution 0.5 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>ultimatecare one capsule 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vena-bal dha 27-1 &amp; 430 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>virt-pn dha capsule 27-0.6-0.4-300 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>virt-pn plus capsule 28-0.6-0.4-340 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>virt-pn tablet 27-0.6-0.4 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vitamax pediatric solution oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 20 Years
<i>vitamedmd one rx/quatrefolic capsule 30-0.6-0.4-200 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	1	Eligible for 90 day supply
<i>vitamin k1 solution 1 mg/0.5ml injection</i>	1	Eligible for 90 day supply

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<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>vol-nate tablet 28-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vol-plus tablet 27-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vol-tab rx tablet 29-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vp-ggr-b6 prenatal tablet 1.2 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vp-heme ob + dha 28-6-1 &amp; 203 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only

DRUG NAME	DRUG TIER	NOTES
<b>MULTIVITAMINS (Vitamins) - continued</b>		
<i>vp-heme ob tablet 28-6-1 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vp-heme one capsule 22-6-1-200 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<i>vp-pnv-dha capsule 28-1-215.8 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 45 Years, Female Only
<b>MUSCULOSKELETAL THERAPY AGENTS (Medications to treat muscle pain)</b>		
<i>baclofen tablet 10 mg oral</i>	1	
<i>baclofen tablet 20 mg oral</i>	1	
<i>baclofen tablet 5 mg oral</i>	1	
<i>carisoprodol tablet 350 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>MUSCULOSKELETAL THERAPY AGENTS (Medications to treat muscle pain) - continued</b>		
<i>dantrolene sodium capsule 100 mg oral</i>	1	
<i>dantrolene sodium capsule 25 mg oral</i>	1	
<i>dantrolene sodium capsule 50 mg oral</i>	1	
<i>methocarbamol tablet 500 mg oral</i>	1	
<i>methocarbamol tablet 750 mg oral</i>	1	
<i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i>	1	
SOHONOS CAPSULE 1 MG ORAL	3	PA, QL 140/28 days
SOHONOS CAPSULE 1.5 MG ORAL	3	PA, QL 140/28 days
SOHONOS CAPSULE 10 MG ORAL	3	PA, QL 56/28 days
SOHONOS CAPSULE 2.5 MG ORAL	3	PA, QL 140/28 days
SOHONOS CAPSULE 5 MG ORAL	3	PA, QL 112/28 days
<i>tizanidine hcl capsule 2 mg oral</i>	1	
<i>tizanidine hcl capsule 4 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>MUSCULOSKELETAL THERAPY AGENTS (Medications to treat muscle pain) - continued</b>		
<i>tizanidine hcl capsule 6 mg oral</i>	1	
<i>tizanidine hcl tablet 2 mg oral</i>	1	
<i>tizanidine hcl tablet 4 mg oral</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL (Medications to treat nasal congestion and nasal allergies)</b>		
<i>azelastine hcl solution 0.1 % nasal</i>	1	QL 30/25 days
<b>NEUROMUSCULAR AGENTS (Medications to treat neuromuscular conditions)</b>		
AMONDYS 45 SOLUTION 100 MG/2ML INTRAVENOUS	2	LA, PA
DAYBUE SOLUTION 200 MG/ML ORAL	2	LA, PA, QL 3600/30 days
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	2	LA, PA, QL 420/35 days
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	3	PA, QL 240/30 days
EXONDYS 51 SOLUTION 100 MG/2ML INTRAVENOUS	2	LA, PA
EXONDYS 51 SOLUTION 500 MG/10ML INTRAVENOUS	2	LA, PA
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	3	PA, QL 70/365 days

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DRUG NAME	DRUG TIER	NOTES
<b>NEUROMUSCULAR AGENTS (Medications to treat neuromuscular conditions) - continued</b>		
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	3	PA, QL 50/28 days
<i>riluzole tablet 50 mg oral</i>	1	
SKYCLARYS CAPSULE 50 MG ORAL	2	LA, PA, QL 90/30 days
VILTEPSO SOLUTION 250 MG/5ML INTRAVENOUS	2	LA, PA
VYONDYS 53 SOLUTION 100 MG/2ML INTRAVENOUS	2	LA, PA
XEOMIN SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	3	PA
XEOMIN SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR	3	PA
<b>NUTRIENTS (Agents to support dietary and nutritional needs)</b>		
DOJOLVI LIQUID 100 % ORAL	3	PA
VALINE POWDER	2	
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye)</b>		
<i>apraclonidine hcl solution 0.5 % ophthalmic</i>	1	
<i>atropine sulfate solution 1 % ophthalmic</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye) - continued</b>		
ATROPINE-CARE SOLUTION 1 % OPHTHALMIC	2	
<i>bacitracin ointment 500 unit/gm ophthalmic</i>	1	
<i>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</i>	1	
<i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i>	1	
<i>betaxolol hcl solution 0.5 % ophthalmic</i>	1	
<i>brimonidine tartrate solution 0.15 % ophthalmic</i>	1	Eligible for 90 day supply
<i>brimonidine tartrate solution 0.2 % ophthalmic</i>	1	Eligible for 90 day supply
<i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i>	1	QL 6.80/180 days
<i>bromfenac sodium solution 0.07 % ophthalmic</i>	1	QL 12/180 days
<i>carteolol hcl solution 1 % ophthalmic</i>	1	
<i>ciprofloxacin hcl solution 0.3 % ophthalmic</i>	1	
<i>cyclopentolate hcl solution 1 % ophthalmic</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye) - continued</b>		
<i>cyclopentolate hcl solution 2 % ophthalmic</i>	1	
<i>cyclosporine emulsion 0.05 % ophthalmic</i>	1	Minimum Age: None Maximum Age: 20 Years
CYSTARAN SOLUTION 0.44 % OPTHALMIC	2	LA
<i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i>	1	
<i>diclofenac sodium solution 0.1 % ophthalmic</i>	1	
<i>difluprednate emulsion 0.05 % ophthalmic</i>	1	QL 20/180 days
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	Eligible for 90 day supply
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	1	Eligible for 90 day supply
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	1	
<i>fluorescein-benoxinate solution 0.25-0.4 % ophthalmic</i>	1	
<i>fluorometholone suspension 0.1 % ophthalmic</i>	1	
<i>flurbiprofen sodium solution 0.03 % ophthalmic</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye) - continued</b>		
<i>gatifloxacin solution 0.5 % ophthalmic</i>	1	
<i>gentamicin sulfate ointment 0.3 % ophthalmic</i>	1	
<i>gentamicin sulfate solution 0.3 % ophthalmic</i>	1	
<i>homatropine hbr solution 5 % ophthalmic</i>	1	
<i>ketorolac tromethamine solution 0.4 % ophthalmic</i>	1	
<i>ketorolac tromethamine solution 0.5 % ophthalmic</i>	1	
<i>latanoprost solution 0.005 % ophthalmic</i>	1	Eligible for 90 day supply
<i>levobunolol hcl solution 0.5 % ophthalmic</i>	1	Eligible for 90 day supply
<i>levofloxacin solution 0.5 % ophthalmic</i>	1	Eligible for 90 day supply
<i>metipranolol solution 0.3 % ophthalmic</i>	1	
<i>moxifloxacin hcl solution 0.5 % ophthalmic</i>	1	
<i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye) - continued</b>		
<i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i>	1	
<i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i>	1	
<i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i>	1	
<i>ofloxacin solution 0.3 % ophthalmic</i>	1	
OXERVATE SOLUTION 0.002 % OPTHALMIC	2	LA, PA
<i>pilocarpine hcl solution 1 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 2 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	1	
<i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i>	1	
<i>prednisolone acetate suspension 1 % ophthalmic</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye) - continued</b>		
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 1 % OPTHALMIC	2	
<i>proparacaine hcl solution 0.5 % ophthalmic</i>	1	
<i>sulfacetamide sodium ointment 10 % ophthalmic</i>	1	
<i>sulfacetamide sodium solution 10 % ophthalmic</i>	1	
<i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i>	1	
<i>timolol maleate gel forming solution 0.25 % ophthalmic</i>	1	Eligible for 90 day supply
<i>timolol maleate gel forming solution 0.5 % ophthalmic</i>	1	Eligible for 90 day supply
<i>timolol maleate solution 0.25 % ophthalmic</i>	1	Eligible for 90 day supply
<i>timolol maleate solution 0.5 % ophthalmic</i>	1	Eligible for 90 day supply
<i>tobramycin solution 0.3 % ophthalmic</i>	1	
<i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>	1	
<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>OPHTHALMIC AGENTS (Medications to treat pain, inflammation and infection of the eye) - continued</b>		
<i>trifluridine solution 1 % ophthalmic</i>	1	
<i>tropicamide solution 0.5 % ophthalmic</i>	1	
<i>tropicamide solution 1 % ophthalmic</i>	1	
XDEMVIY SOLUTION 0.25 % OPHTHALMIC	3	PA, QL 10/365 days
<b>OTIC AGENTS (Medications to treat pain, inflammation and infection of the ear)</b>		
<i>acetic acid solution 2 % otic</i>	1	
<i>ciprofloxacin hcl solution 0.2 % otic</i>	1	
<i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i>	1	
<i>fluocinolone acetonide oil 0.01 % otic</i>	1	
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	1	
<i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i>	1	
<i>ofloxacin solution 0.3 % otic</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>OXYTOCICS (Medications to support uterine contractions)</b>		
<i>methylergonovine maleate tablet 0.2 mg oral</i>	1	QL 120/365 days
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (Medications to support the immune system or prevent infection)</b>		
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	2	
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	2	
CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS	3	PA
CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS	3	PA
CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS	3	PA
CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS	3	PA
CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS	3	PA
CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS	3	PA
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	3	PA
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (Medications to support the immune system or prevent infection) - continued</b>		
CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS	3	PA
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	3	PA
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	3	PA
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	3	PA
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	3	PA
HIZENTRA SOLUTION PREFILLED SYRINGE 10 GM/50ML SUBCUTANEOUS	3	PA
HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS	3	PA
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	3	PA
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	3	PA
VARIZIG SOLUTION 125 UNIT/1.2ML INTRAMUSCULAR	3	PA
<b>PENICILLINS (Medications to treat certain types of bacterial infection)</b>		
<i>amoxicillin capsule 250 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>PENICILLINS (Medications to treat certain types of bacterial infection) - continued</b>		
<i>amoxicillin capsule 500 mg oral</i>	1	
<i>amoxicillin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 200 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 250 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>	1	
<i>amoxicillin tablet 500 mg oral</i>	1	
<i>amoxicillin tablet 875 mg oral</i>	1	
<i>amoxicillin tablet chewable 125 mg oral</i>	1	
<i>amoxicillin tablet chewable 250 mg oral</i>	1	
<i>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>PENICILLINS (Medications to treat certain types of bacterial infection) - continued</b>		
<i>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 250-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 500-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 875-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet chewable 400-57 mg oral</i>	1	
<i>ampicillin capsule 500 mg oral</i>	1	
<i>ampicillin sodium solution reconstituted 1 gm injection</i>	1	
<i>ampicillin sodium solution reconstituted 1 gm intravenous</i>	1	
<i>ampicillin sodium solution reconstituted 10 gm intravenous</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>PENICILLINS (Medications to treat certain types of bacterial infection) - continued</b>		
<i>ampicillin sodium solution reconstituted 125 mg injection</i>	1	
<i>ampicillin sodium solution reconstituted 2 gm injection</i>	1	
<i>ampicillin sodium solution reconstituted 2 gm intravenous</i>	1	
<i>ampicillin sodium solution reconstituted 250 mg injection</i>	1	
<i>ampicillin sodium solution reconstituted 500 mg injection</i>	1	
<i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection</i>	1	
<i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm injection</i>	1	
<i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous</i>	1	
<i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection</i>	1	
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	2	QL 12/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>PENICILLINS (Medications to treat certain types of bacterial infection) - continued</b>		
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	2	QL 12/28 days
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	2	QL 12/28 days
<i>dicloxacillin sodium capsule 250 mg oral</i>	1	
<i>dicloxacillin sodium capsule 500 mg oral</i>	1	
<i>nafcillin sodium solution reconstituted 1 gm injection</i>	1	
<i>nafcillin sodium solution reconstituted 10 gm intravenous</i>	1	
<i>nafcillin sodium solution reconstituted 2 gm injection</i>	1	
<i>oxacillin sodium solution reconstituted 1 gm injection</i>	1	
<i>oxacillin sodium solution reconstituted 10 gm intravenous</i>	1	
<i>oxacillin sodium solution reconstituted 2 gm injection</i>	1	
<i>penicillin g sodium solution reconstituted 5000000 unit injection</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>PENICILLINS (Medications to treat certain types of bacterial infection) - continued</b>		
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	1	
<i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>	1	
<i>penicillin v potassium tablet 250 mg oral</i>	1	
<i>penicillin v potassium tablet 500 mg oral</i>	1	
<i>piperacillin sod-tazobactam so solution reconstituted 2.25 (2- 0.25) gm intravenous</i>	1	
<i>piperacillin sod-tazobactam so solution reconstituted 3.375 (3- 0.375) gm intravenous</i>	1	
<i>piperacillin sod-tazobactam so solution reconstituted 4.5 (4- 0.5) gm intravenous</i>	1	
<i>piperacillin sod-tazobactam so solution reconstituted 40.5 (36- 4.5) gm intravenous</i>	1	
<b>PROGESTINS (Medications to supplement progesterone hormones)</b>		
<i>medroxyprogesterone acetate tablet 10 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>PROGESTINS (Medications to supplement progesterone hormones) - continued</b>		
<i>medroxyprogesterone acetate tablet 2.5 mg oral</i>	1	
<i>medroxyprogesterone acetate tablet 5 mg oral</i>	1	
<i>norethindrone acetate tablet 5 mg oral</i>	1	
<i>progesterone capsule 100 mg oral</i>	1	
<i>progesterone capsule 200 mg oral</i>	1	
<i>progesterone micronized capsule 100 mg oral</i>	1	
<i>progesterone micronized capsule 200 mg oral</i>	1	
<i>progesterone oil 50 mg/ml intramuscular</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system)</b>		
<i>acamprosate calcium tablet delayed release 333 mg oral</i>	1	
APO-VARENICLINE TABLET 0.5 MG ORAL	2	QL 336/365 days
APO-VARENICLINE TABLET 1 MG ORAL	2	QL 336/365 days

DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
AQNEURSA PACKET 1 GM ORAL	2	LA, PA, QL 112/28 days
AUSTEDO PATIENT TITRATION KIT TABLET THERAPY PACK 6 & 9 & 12 MG ORAL	3	PA, QL 42/28 days
AUSTEDO TABLET 12 MG ORAL	3	PA, QL 90/30 days
AUSTEDO TABLET 6 MG ORAL	3	PA, QL 90/30 days
AUSTEDO TABLET 9 MG ORAL	3	PA, QL 90/30 days
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ORAL	3	PA, QL 28/28 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	3	PA, QL 90/30 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	3	PA, QL 30/30 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	3	PA, QL 60/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	3	PA, QL 30/30 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	3	PA, QL 30/30 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	3	PA, QL 30/30 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	3	PA, QL 30/30 days
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	3	PA, QL 90/30 days
AVONEX KIT 30 MCG INTRAMUSCULAR	3	PA, QL 4/28 days
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 1/28 days
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	3	PA, QL 1/28 days
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	3	PA, QL 120/30 days

DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
BETASERON KIT 0.3 MG SUBCUTANEOUS	3	PA, QL 15/30 days
<i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i>	1	
DALFAMPRIDINE ER TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	3	PA, QL 60/30 days
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG ORAL	3	QL 60/30 days
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG ORAL	3	QL 60/30 days
DIMETHYL FUMARATE STARTER PACK CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL	3	QL 60/30 days
<i>disulfiram tablet 250 mg oral</i>	1	
<i>disulfiram tablet 500 mg oral</i>	1	
<i>donepezil hcl tablet 10 mg oral</i>	1	QL 30/30 days
<i>donepezil hcl tablet 23 mg oral</i>	1	QL 30/30 days
<i>donepezil hcl tablet 5 mg oral</i>	1	QL 30/30 days
<i>donepezil hcl tablet dispersible 10 mg oral</i>	1	QL 30/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
<i>donepezil hcl tablet dispersible 5 mg oral</i>	1	QL 30/30 days
<i>ergoloid mesylates tablet 1 mg oral</i>	1	
EXTAVIA KIT 0.3 MG SUBCUTANEOUS	3	PA, QL 15/30 days
FINGOLIMOD HCL CAPSULE 0.5 MG ORAL	3	QL 30/30 days
<i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i>	1	QL 30/30 days
<i>galantamine hydrobromide solution 4 mg/ml oral</i>	1	
<i>galantamine hydrobromide tablet 12 mg oral</i>	1	
<i>galantamine hydrobromide tablet 4 mg oral</i>	1	
<i>galantamine hydrobromide tablet 8 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
GLATIRAMER ACETATE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	PA, QL 30/30 days
GLATIRAMER ACETATE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	3	PA, QL 12/28 days
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	PA, QL 30/30 days
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	3	PA, QL 12/28 days
INGREZZA CAPSULE 40 MG ORAL	3	PA, QL 28/28 days
INGREZZA CAPSULE 60 MG ORAL	3	PA, QL 28/28 days
INGREZZA CAPSULE 80 MG ORAL	3	PA, QL 28/28 days
INGREZZA CAPSULE SPRINKLE 40 MG ORAL	3	PA, QL 28/28 days
INGREZZA CAPSULE SPRINKLE 60 MG ORAL	3	PA, QL 28/28 days
INGREZZA CAPSULE SPRINKLE 80 MG ORAL	3	PA, QL 28/28 days
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	3	PA, QL 28/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	PA, QL 0.40/28 days
LUMRYZ PACKET 4.5 GM ORAL	3	PA, QL 30/30 days
LUMRYZ PACKET 6 GM ORAL	3	PA, QL 30/30 days
LUMRYZ PACKET 7.5 GM ORAL	3	PA, QL 30/30 days
LUMRYZ PACKET 9 GM ORAL	3	PA, QL 30/30 days
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	3	PA, QL 20/365 days

DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	3	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	3	PA
MAYZENT TABLET 0.25 MG ORAL	3	PA
MAYZENT TABLET 1 MG ORAL	3	PA, QL 30/30 days
MAYZENT TABLET 2 MG ORAL	3	PA, QL 30/30 days
<i>memantine hcl solution 2 mg/ml oral</i>	1	
<i>memantine hcl tablet 10 mg oral</i>	1	
<i>memantine hcl tablet 28 x 5 mg &amp; 21 x 10 mg oral</i>	1	
<i>memantine hcl tablet 5 mg oral</i>	1	
MIPLYFFA CAPSULE 124 MG ORAL	2	LA, PA, QL 90/30 days
MIPLYFFA CAPSULE 47 MG ORAL	2	LA, PA, QL 90/30 days
MIPLYFFA CAPSULE 62 MG ORAL	2	LA, PA, QL 90/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
MIPLYFFA CAPSULE 93 MG ORAL	2	LA, PA, QL 90/30 days
NICOTROL INHALER 10 MG INHALATION	2	QL 5760/365 days, ST
NICOTROL NS SOLUTION 10 MG/ML NASAL	2	QL 720/365 days, ST
PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days
PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days
PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days
PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days

DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 1/28 days
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL	3	PA, QL 30/30 days
PONVORY TABLET 20 MG ORAL	3	PA, QL 30/30 days
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	3	PA, QL 6/28 days
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	3	PA, QL 6/28 days

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DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	3	PA, QL 6/28 days
<i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i>	1	
<i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i>	1	
<i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i>	1	
<i>rivastigmine tartrate capsule 1.5 mg oral</i>	1	QL 60/30 days
<i>rivastigmine tartrate capsule 3 mg oral</i>	1	QL 60/30 days
<i>rivastigmine tartrate capsule 4.5 mg oral</i>	1	QL 60/30 days
<i>rivastigmine tartrate capsule 6 mg oral</i>	1	QL 60/30 days
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	2	LA, PA
TERIFLUNOMIDE TABLET 14 MG ORAL	3	QL 30/30 days
TERIFLUNOMIDE TABLET 7 MG ORAL	3	QL 30/30 days

DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
TETRABENAZINE TABLET 12.5 MG ORAL	3	PA, QL 90/30 days
TETRABENAZINE TABLET 25 MG ORAL	3	PA, QL 120/30 days
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42 oral</i>	1	QL 336/365 days
<i>varenicline tartrate 0.5 mg x 11 &amp; 1 mg x 42 oral</i>	1	QL 336/365 days
<i>varenicline tartrate tablet 0.5 mg oral</i>	1	QL 336/365 days
<i>varenicline tartrate tablet 1 mg oral</i>	1	QL 336/365 days
<i>varenicline tartrate tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42 oral</i>	1	QL 336/365 days
VUMERITY (STARTER) CAPSULE DELAYED RELEASE 231 MG ORAL	3	PA, QL 120/30 days
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	3	PA, QL 120/30 days
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	2	LA, PA, QL 0.80/28 days
XYWAV SOLUTION 500 MG/ML ORAL	2	LA, PA, QL 540/30 days

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DRUG NAME	DRUG TIER	NOTES
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (Miscellaneous medications to treat conditions of the nervous system) - continued</b>		
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	3	PA, QL 7/7 days
ZEPOSIA CAPSULE 0.92 MG ORAL	3	PA, QL 30/30 days
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL	3	PA, QL 37/37 days
<b>RESPIRATORY AGENTS - MISC. (Medications to treat pulmonary disorders)</b>		
ALYFTREK TABLET 10-50-125 MG ORAL	3	PA, QL 56/28 days
ALYFTREK TABLET 4-20-50 MG ORAL	3	PA, QL 84/28 days
BRONCHITOL CAPSULE 40 MG INHALATION	3	PA, QL 560/28 days
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	3	PA, QL 560/28 days
CUROSURF SUSPENSION 120 MG/1.5ML INTRATRACHEAL	2	
CUROSURF SUSPENSION 240 MG/3ML INTRATRACHEAL	2	
KALYDECO PACKET 13.4 MG ORAL	3	PA, QL 56/28 days

DRUG NAME	DRUG TIER	NOTES
<b>RESPIRATORY AGENTS - MISC. (Medications to treat pulmonary disorders) - continued</b>		
KALYDECO PACKET 25 MG ORAL	3	PA, QL 56/28 days
KALYDECO PACKET 50 MG ORAL	3	PA, QL 60/30 days
KALYDECO PACKET 75 MG ORAL	3	PA, QL 60/30 days
KALYDECO TABLET 150 MG ORAL	3	PA, QL 60/30 days
OFEV CAPSULE 100 MG ORAL	3	PA, QL 60/30 days
OFEV CAPSULE 150 MG ORAL	3	PA, QL 60/30 days
ORKAMBI PACKET 100-125 MG ORAL	3	PA, QL 56/28 days
ORKAMBI PACKET 150-188 MG ORAL	3	PA, QL 56/28 days
ORKAMBI PACKET 75-94 MG ORAL	3	PA, QL 56/28 days
ORKAMBI TABLET 100-125 MG ORAL	3	PA, QL 112/28 days
ORKAMBI TABLET 200-125 MG ORAL	3	PA, QL 112/28 days
PIRFENIDONE CAPSULE 267 MG ORAL	3	PA
PIRFENIDONE TABLET 267 MG ORAL	3	PA

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DRUG NAME	DRUG TIER	NOTES
<b>RESPIRATORY AGENTS - MISC. (Medications to treat pulmonary disorders) - continued</b>		
PIRFENIDONE TABLET 801 MG ORAL	3	PA
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	3	PA
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	3	PA, QL 56/28 days
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	3	PA, QL 56/28 days
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	3	PA, QL 84/28 days
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	3	PA, QL 84/28 days
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	3	PA, QL 56/28 days
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	3	PA, QL 56/28 days
<b>SULFONAMIDES (Medications to treat certain types of bacterial infection)</b>		
SULFADIAZINE TABLET 500 MG ORAL	2	
<b>TETRACYCLINES (Medications to treat certain types of bacterial infection)</b>		
<i>avidoxy tablet 100 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>TETRACYCLINES (Medications to treat certain types of bacterial infection) - continued</b>		
<i>demeclocycline hcl tablet 150 mg oral</i>	1	
<i>demeclocycline hcl tablet 300 mg oral</i>	1	
<i>doxycycline hyclate capsule 100 mg oral</i>	1	
<i>doxycycline hyclate capsule 50 mg oral</i>	1	
<i>doxycycline hyclate solution reconstituted 100 mg intravenous</i>	1	
<i>doxycycline hyclate tablet 100 mg oral</i>	1	
<i>doxycycline hyclate tablet 20 mg oral</i>	1	
<i>doxycycline hyclate tablet delayed release 50 mg oral</i>	1	
<i>doxycycline monohydrate capsule 100 mg oral</i>	1	
<i>doxycycline monohydrate capsule 50 mg oral</i>	1	
<i>doxycycline monohydrate suspension reconstituted 25 mg/5ml oral</i>	1	
<i>doxycycline monohydrate tablet 100 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>TETRACYCLINES (Medications to treat certain types of bacterial infection) - continued</b>		
<i>doxycycline monohydrate tablet 150 mg oral</i>	1	
<i>doxycycline monohydrate tablet 50 mg oral</i>	1	
<i>doxycycline monohydrate tablet 75 mg oral</i>	1	
<i>minocycline hcl capsule 100 mg oral</i>	1	
<i>minocycline hcl capsule 50 mg oral</i>	1	
<i>minocycline hcl capsule 75 mg oral</i>	1	
<i>tetracycline hcl capsule 250 mg oral</i>	1	
<i>tetracycline hcl capsule 500 mg oral</i>	1	
<b>THYROID AGENTS (Medications to treat thyroid disorders)</b>		
ARMOUR THYROID TABLET 120 MG ORAL	2	Eligible for 90 day supply
ARMOUR THYROID TABLET 15 MG ORAL	2	Eligible for 90 day supply
ARMOUR THYROID TABLET 180 MG ORAL	2	Eligible for 90 day supply
ARMOUR THYROID TABLET 240 MG ORAL	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
ARMOUR THYROID TABLET 30 MG ORAL	2	Eligible for 90 day supply
ARMOUR THYROID TABLET 300 MG ORAL	2	Eligible for 90 day supply
ARMOUR THYROID TABLET 60 MG ORAL	2	Eligible for 90 day supply
ARMOUR THYROID TABLET 90 MG ORAL	2	Eligible for 90 day supply
<i>euthyrox tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 112 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 137 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 150 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 175 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 50 mcg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
<i>euthyrox tablet 75 mcg oral</i>	1	Eligible for 90 day supply
<i>euthyrox tablet 88 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 112 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 137 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 150 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 175 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 300 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 50 mcg oral</i>	1	Eligible for 90 day supply
<i>levo-t tablet 75 mcg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
<i>levo-t tablet 88 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 112 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 137 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 150 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 175 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 300 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 50 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 75 mcg oral</i>	1	Eligible for 90 day supply
<i>levothyroxine sodium tablet 88 mcg oral</i>	1	Eligible for 90 day supply

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<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
<i>levoxyl tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 112 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 137 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 150 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 175 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 50 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 75 mcg oral</i>	1	Eligible for 90 day supply
<i>levoxyl tablet 88 mcg oral</i>	1	Eligible for 90 day supply
<i>liothyronine sodium tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>liothyronine sodium tablet 5 mcg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
<i>liothyronine sodium tablet 50 mcg oral</i>	1	Eligible for 90 day supply
<i>methimazole tablet 10 mg oral</i>	1	
<i>methimazole tablet 5 mg oral</i>	1	
NATURE-THROID TABLET 113.75 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 130 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 146.25 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 16.25 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 162.5 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 195 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 260 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 32.5 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 325 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 48.75 MG ORAL	2	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
NATURE-THROID TABLET 65 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 81.25 MG ORAL	2	Eligible for 90 day supply
NATURE-THROID TABLET 97.5 MG ORAL	2	Eligible for 90 day supply
<i>propylthiouracil tablet 50 mg oral</i>	1	
SYNTHROID TABLET 100 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 112 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 125 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 137 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 150 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 175 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 200 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 25 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 300 MCG ORAL	2	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
SYNTHROID TABLET 50 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 75 MCG ORAL	2	Eligible for 90 day supply
SYNTHROID TABLET 88 MCG ORAL	2	Eligible for 90 day supply
<i>unithroid direct tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 112 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 150 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 175 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 300 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 50 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid direct tablet 75 mcg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>THYROID AGENTS (Medications to treat thyroid disorders) - continued</b>		
<i>unithroid direct tablet 88 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 112 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 125 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 137 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 150 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 175 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 25 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 300 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 50 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 75 mcg oral</i>	1	Eligible for 90 day supply
<i>unithroid tablet 88 mcg oral</i>	1	Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>TOXOIDS (Vaccines to prevent certain viral infections)</b>		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	2	
BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR	2	
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	2	
DIPHTHERIA-TETANUS TOXOIDS DT SUSPENSION 25-5 LFU/0.5ML INTRAMUSCULAR	2	
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	2	
KINRIX SUSPENSION INTRAMUSCULAR	2	
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	2	
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	2	
QUADRACEL SUSPENSION INTRAMUSCULAR	2	
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	2	

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DRUG NAME	DRUG TIER	NOTES
<b>TOXOIDS (Vaccines to prevent certain viral infections) - continued</b>		
TETANUS-DIPHTHERIA TOXOIDS TD SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	2	
VAXELIS SUSPENSION INTRAMUSCULAR	2	
VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	2	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS(Medications to treat stomach ulcers and other stomach conditions)</b>		
<i>amoxicill-clarithro-lansopraz therapy pack 500 &amp; 500 &amp; 30 mg oral</i>	1	
<i>cimetidine hcl solution 300 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>cimetidine tablet 300 mg oral</i>	1	Eligible for 90 day supply
<i>cimetidine tablet 400 mg oral</i>	1	Eligible for 90 day supply
<i>cimetidine tablet 800 mg oral</i>	1	Eligible for 90 day supply
<i>dicyclomine hcl capsule 10 mg oral</i>	1	
<i>dicyclomine hcl solution 10 mg/5ml oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS(Medications to treat stomach ulcers and other stomach conditions) - continued</b>		
<i>dicyclomine hcl tablet 20 mg oral</i>	1	
<i>esomeprazole magnesium capsule delayed release 40 mg oral</i>	1	Eligible for 90 day supply
<i>esomeprazole magnesium packet 10 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 6 Years
<i>esomeprazole magnesium packet 20 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 6 Years
<i>esomeprazole magnesium packet 40 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 6 Years
<i>famotidine suspension reconstituted 40 mg/5ml oral</i>	1	Eligible for 90 day supply
<i>famotidine tablet 40 mg oral</i>	1	Eligible for 90 day supply

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DRUG NAME	DRUG TIER	NOTES
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS(Medications to treat stomach ulcers and other stomach conditions) - continued</b>		
<i>first-omeprazole suspension 2 mg/ml oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 6 Years
<i>lansoprazole capsule delayed release 30 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>lansoprazole tablet delayed release dispersible 30 mg oral</i>	1	Eligible for 90 day supply, Minimum Age: None Maximum Age: 6 Years
<i>misoprostol tablet 100 mcg oral</i>	1	Eligible for 90 day supply
<i>misoprostol tablet 200 mcg oral</i>	1	Eligible for 90 day supply
<i>nizatidine capsule 150 mg oral</i>	1	Eligible for 90 day supply
<i>nizatidine capsule 300 mg oral</i>	1	Eligible for 90 day supply
<i>nizatidine solution 15 mg/ml oral</i>	1	Eligible for 90 day supply
<i>omeprazole capsule delayed release 10 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply

DRUG NAME	DRUG TIER	NOTES
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS(Medications to treat stomach ulcers and other stomach conditions) - continued</b>		
<i>omeprazole capsule delayed release 20 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>omeprazole capsule delayed release 40 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	1	QL 60/30 days, Eligible for 90 day supply
<i>sucralfate suspension 1 gm/10ml oral</i>	1	Eligible for 90 day supply
<i>sucralfate tablet 1 gm oral</i>	1	Eligible for 90 day supply
<b>URINARY ANTISPASMODICS (Medications to improve bladder control)</b>		
<i>bethanechol chloride tablet 10 mg oral</i>	1	
<i>bethanechol chloride tablet 25 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>URINARY ANTISPASMODICS (Medications to improve bladder control) - continued</b>		
<i>bethanechol chloride tablet 5 mg oral</i>	1	
<i>bethanechol chloride tablet 50 mg oral</i>	1	
<i>flavoxate hcl tablet 100 mg oral</i>	1	
<i>mirabegron er tablet extended release 24 hour 25 mg oral</i>	1	QL 30/30 days, ST
<i>mirabegron er tablet extended release 24 hour 50 mg oral</i>	1	QL 30/30 days, ST
<i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml oral</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml oral</i>	1	
<i>oxybutynin chloride tablet 5 mg oral</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>URINARY ANTISPASMODICS (Medications to improve bladder control) - continued</b>		
<i>solifenacin succinate tablet 10 mg oral</i>	1	
<i>solifenacin succinate tablet 5 mg oral</i>	1	
<i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>	1	
<i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>	1	
<i>tolterodine tartrate tablet 1 mg oral</i>	1	
<i>tolterodine tartrate tablet 2 mg oral</i>	1	
<i>trospium chloride er capsule extended release 24 hour 60 mg oral</i>	1	
<i>trospium chloride tablet 20 mg oral</i>	1	
<b>VACCINES (Vaccines to prevent certain viral infections)</b>		
ABRYSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	2	
ACAM2000 SOLUTION RECONSTITUTED INJECTION	2	

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DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	2	
AFLURIA PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
AFLURIA QUADRIVALENT SUSPENSION INTRAMUSCULAR	2	
AFLURIA QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
AFLURIA SUSPENSION INTRAMUSCULAR	2	
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	2	
BEXSERO SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	2	
BIOTHRAX SUSPENSION INTRAMUSCULAR	2	
CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	

DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR	2	
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR	2	
DENGVAXIA SUSPENSION RECONSTITUTED SUBCUTANEOUS	2	
ENGERIX-B INJECTABLE 10 MCG/0.5ML INTRAMUSCULAR	2	
ENGERIX-B INJECTABLE 20 MCG/ML INTRAMUSCULAR	2	
ENGERIX-B SUSPENSION 10 MCG/0.5ML INJECTION	2	
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION	2	
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	2	
ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	2	
FLUAD QUADRIVALENT PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	

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DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
FLUARIX QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
FLUBLOK SOLUTION INTRAMUSCULAR	2	
FLUCELVAX QUADRIVALENT SUSPENSION INTRAMUSCULAR	2	
FLUCELVAX QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
FLULAVAL QUADRIVALENT SUSPENSION INTRAMUSCULAR	2	
FLULAVAL QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
FLUMIST QUADRIVALENT SUSPENSION NASAL	2	
FLUVIRIN SUSPENSION INTRAMUSCULAR	2	
FLUVIRIN SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	

DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
FLUZONE QUADRIVALENT SUSPENSION INTRAMUSCULAR	2	
FLUZONE QUADRIVALENT SUSPENSION PEN-INJECTOR 9 MCG/STRAIN INTRADERMAL	2	
FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.25 ML INTRAMUSCULAR	2	
FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
GARDASIL 9 SUSPENSION INTRAMUSCULAR	2	
GARDASIL 9 SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	2	
GARDASIL SUSPENSION INTRAMUSCULAR	2	
HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR	2	

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<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR	2	
HEPLISAV-B SOLUTION 20 MCG/0.5ML INTRAMUSCULAR	2	
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	2	
IPOL INJECTABLE INJECTION	2	
IXCHIQ SOLUTION RECONSTITUTED INTRAMUSCULAR	2	
IXIARO SUSPENSION INTRAMUSCULAR	2	
MENACTRA INJECTABLE INTRAMUSCULAR	2	
MENACTRA SOLUTION INTRAMUSCULAR	2	
MENHIBRIX SOLUTION RECONSTITUTED 5-5-2.5 MCG INTRAMUSCULAR	2	
MENQUADFI INJECTABLE INTRAMUSCULAR	2	
MENQUADFI SOLUTION INTRAMUSCULAR	2	
MENVEO SOLUTION INTRAMUSCULAR	2	

DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR	2	
M-M-R II INJECTABLE SUBCUTANEOUS	2	
MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	2	
PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	2	
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	2	
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION	2	
PNEUMOVAX 23 SOLUTION 25 MCG/0.5ML INJECTION	2	
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	2	
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PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	

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DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	2	
PROQUAD INJECTABLE SUBCUTANEOUS	2	
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	2	
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	2	
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	2	
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	2	
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	2	
ROTARIX SUSPENSION RECONSTITUTED ORAL	2	
ROTATEQ SOLUTION ORAL	2	
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	2	Minimum Age: 18 Years Maximum Age: None
SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR	2	

DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	2	
TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	2	
TWINRIX SUSPENSION 720-20 INTRAMUSCULAR	2	
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR	2	
TYPHIM VI SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INTRAMUSCULAR	2	
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	2	
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	2	
VARIVAX INJECTABLE 1350 PFU/0.5ML SUBCUTANEOUS	2	
VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION	2	
VAXCHORA SUSPENSION RECONSTITUTED ORAL	2	
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	

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DRUG NAME	DRUG TIER	NOTES
<b>VACCINES (Vaccines to prevent certain viral infections) - continued</b>		
VIVOTIF CAPSULE DELAYED RELEASE ORAL	2	
YF-VAX INJECTABLE SUBCUTANEOUS	2	
ZOSTAVAX SUSPENSION RECONSTITUTED 19400 UNT/0.65ML SUBCUTANEOUS	2	Quantity limit of 1 per life, Minimum Age: 60 Years Maximum Age: None
<b>VAGINAL AND RELATED PRODUCTS(Medications to treat vaginal infections or hormonal supplementation)</b>		
<i>clindamycin phosphate cream 2 % vaginal</i>	1	
<i>estradiol cream 0.1 mg/gm vaginal</i>	1	Eligible for 90 day supply
<i>estradiol tablet 10 mcg vaginal</i>	1	
FIRST-PROGESTERONE VGS 100 SUPPOSITORY 100 MG VAGINAL	2	PA
FIRST-PROGESTERONE VGS 200 SUPPOSITORY 200 MG VAGINAL	2	PA
<i>metronidazole gel 0.75 % vaginal</i>	1	

DRUG NAME	DRUG TIER	NOTES
<b>VAGINAL AND RELATED PRODUCTS(Medications to treat vaginal infections or hormonal supplementation) - continued</b>		
<i>miconazole 3 suppository 200 mg vaginal</i>	1	
PHEXXI GEL 1.8-1-0.4 % VAGINAL	2	
<i>terconazole cream 0.4 % vaginal</i>	1	
<i>terconazole cream 0.8 % vaginal</i>	1	
<i>terconazole suppository 80 mg vaginal</i>	1	
<i>yuvaferm tablet 10 mcg vaginal</i>	1	
<b>VASOPRESSORS (Medications to increase blood pressure)</b>		
<i>epinephrine pf solution prefilled syringe 1 mg/10ml injection</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	1	QL 4/90 days
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	1	QL 4/90 days
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	1	QL 4/90 days
<i>midodrine hcl tablet 10 mg oral</i>	1	
<i>midodrine hcl tablet 2.5 mg oral</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<b>VASOPRESSORS (Medications to increase blood pressure) - continued</b>		
<i>midodrine hcl tablet 5 mg oral</i>	1	
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION	2	QL 4/90 days
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION	2	QL 4/90 days

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