



VCHCP Large Group Commercial Formulary Guidebook

Please note that the formulary is subject to change and all previous copies of the formulary should be discarded.

Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website: <https://vchcp.venturacounty.gov/members/programs/docs/ProviderDrugList.pdf>

Here is the link to the plan-specific coverage documents that include cost sharing applicable to prescription drugs:

- [EOC Prescription Drug Benefit](#)
- [Member Handbook Prescription Drug Benefit](#)

HEALTH PLAN CONTACT INFORMATION

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This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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PREScription BENEFIT SUMMARY

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Commercial Benefit Plans:

HERE IS THE DIRECT LINK FOR THE LOCATION OF THE EVIDENCE OF COVERAGE BOOKLET:

<https://vchcp.venturacounty.gov/members/programs/docs/countyemployees/EOCCountyAndClinicEmp2024.pdf>

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a <u>30 day</u> supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	\$9	Not Covered
Tier 2 (Preferred Brand)	\$30	Not Covered
Tier 3 (Non-Preferred Brand)	\$45	Not Covered
Tier 4 (Specialty Drugs) Specialty 3 Tier Benefit Design (requires prior authorization) Generic Brand (preferred) Brand (non-preferred) Authorization is required	10% (up to \$100 Maximum) 10% (Up to \$250 Max) 10% (up to \$250 Max)	Not Covered
Mail Order Prescriptions (up to a 90-day supply. Full copay applies regardless of quantity supplied.)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	\$18	Not Covered
Tier 2 (Preferred Brand)	\$60	Not Covered
Tier 3 (Non-Preferred Brand)	\$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

* Please note that Schedule II drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.

Informational Section

1. Definitions:

- A. “Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
- B. “Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
- C. “Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
- D. “Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
- E. “Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.
- F. “Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
- G. “Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.
- H. “Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.
- I. “Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,
- J. “Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
- K. “Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.
- L. “Out-of-pocket cost” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
- M. “Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
- N. “Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the

prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

O. “Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

P. “Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

Q. “Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

R. “Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

2. There are no additional or different terms in the formulary that are necessary for comprehension of the prescription drug benefit other than what is described in the definition section.
3. A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index.
 - a. To locate by Therapeutic Class - The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE”. If you know what your drug is used for, look for the category name in the table of contents.
 - b. To locate by Searching the Index Page – Alphabetical- If you are not sure what category to look under, you should look for your drug in the Index that is located towards the bottom of the page. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.
 - ii.) If a generic equivalent for a brand name drug is not available on the market, the drug will not be separately listed by its generic name.
4. A description of how drugs are listed in the categorical list of prescription drugs
 - i.) A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs
 - ii.) The generic name of a brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters
 - iii.) If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters

iv.) In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

a) For Example: ALINIA ORAL TABLET 500 MG (*nitazoxanide*) = this drug is available both as a brand name drug and a generic equivalent

5. A description of Drug Tiers in the Formulary

Commercial Plans

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a <u>30 day</u> supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	\$9	Not Covered
Tier 2 (Preferred Brand)	\$30	Not Covered
Tier 3 (Non-Preferred Brand)	\$45	Not Covered
Tier 4 (Specialty Drugs) Specialty 3 Tier Benefit Design (requires prior authorization) Generic Brand (preferred) Brand (non-preferred) Authorization is required	10% (up to \$100 Maximum) 10% (Up to \$250 Max) 10% (up to \$250 Max)	Not Covered
Mail Order Prescriptions (up to a 90-day supply. Full copay applies regardless of quantity supplied.)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	\$18	Not Covered
Tier 2 (Preferred Brand)	\$60	Not Covered
Tier 3 (Non-Preferred Brand)	\$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

* Please note that Schedule II drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.

6. Description of Ventura County Health Care Plan’s Utilization Management restrictions:

i.) Prior Authorization - The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

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

iii.) Quantity Limits - For certain drugs, the Plan limits the amount of the drug that we will cover.

- iv.) Limited Availability - This prescription may be available only at certain pharmacies. For more information, please call Customer Service at (800) 811-0293.
7. This formulary only includes drugs that are covered under the Pharmacy Benefit. Drugs that are covered under the Medical Benefit follows the same claims and prior authorization process as regular medical claims. For information on how to obtain coverage information concerning drugs covered under the medical benefit, please call Ventura County Health Care Plan Member Services at 805-981-5050 or (800) 600-8247 (Monday to Friday 8:30am to 4:30pm)
 8. Ventura County Health Care Plan updates the formulary with changes on a monthly basis and re-posted monthly in VCHCP's member and provider website. These monthly changes are effective immediately. Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website: <https://vchcp.venturacounty.gov/members/programs/docs/ProviderDrugList.pdf>. Notice to members and providers regarding the monthly updates is provided through the Member and Provider Newsletters sent twice a year. The types of changes that may occur are additions and deletions of formulary drugs.
 9. Please note that the presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.
 10. Ventura County Health Care Plan covers nonformulary drugs when medically necessary
 - i.) The member's Explanation of Coverage (EOC) booklet is posted on the Plan's member website which explains the process by which members may obtain coverage for non-formulary drugs. Members may consult with their physicians regarding an individual exception and if the physician is in agreement, the physician may submit an Authorization Request for that medication. Copays for these prescriptions will be at the 3rd or 4th tier. Requests for Authorization after regular business hours may be made by telephone by the prescribing physician to the Plan. Requests for Authorization during regular business hours may be made by telephone, in writing, or by facsimile by the pharmacy or the prescribing physician to the Plan. The Plan processes requests for new prescriptions, and for refills when exigent circumstances exist, within 24 hours and processes requests for other refills within 48 hours of the Plan's receipt of the request. A verbal Authorization may be given to the pharmacy or requesting physician. The notification letter is transmitted to the prescribing physician and mailed to the member. The Utilization Management (UM) denial notification letters indicate any alternative drug or treatment offered by the Plan and inform the member of Plan grievance procedures.
 - ii.) Ventura County Health Care Plan notifies the enrollee or his or her designee and the enrollee's prescribing provider of its coverage determination no later than 72 hours following receipt of a non-urgent request and 24 hours following receipt of a request based on exigent circumstances.
 - iii.) Ventura County Health Care Plan provides coverage to a non-urgent request for the duration of the prescription, including refills, and request based on exigent circumstances, for the duration of the exigency.
 - iv.) The denial of a coverage request for a nonformulary drug may be appealed and the UM notification letter provides more information on appeal rights and procedures.
 11. Instructions on how to locate a network retail pharmacy and fill a prescription through a network retail pharmacy, mail order pharmacy, and specialty pharmacy
 - i.) Covered medications must be dispensed by an In-Network Pharmacy. The pharmacy benefit manager maintains a nationwide network of In-Network Pharmacies. A list of locations within the Service Area is available on the Plan's website at www.vchcp.venturacounty.gov or please call the Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 to have a printed

copy mailed to you. Members are encouraged to call the PBM's toll-free number printed on their member identification pharmacy card for locations of In-Network pharmacies outside the Service Area. Covered medications dispensed by an out-of-network pharmacy will be covered only when dispensed in conjunction with, and immediately following, an Emergency or Urgently Needed Services or Out-of-Area Coverage. In such circumstances, the member must pay for covered medications at the time they are dispensed and submit a claim for reimbursement to the PBM. The member will be reimbursed by the PBM the amount that would have been due the In-Network pharmacy. The PBM will reimburse member claims for prescriptions, subject to dispensing limits and Plan authorization requirements.

12. Description of the process for requesting prior authorization or an exception to a step therapy requirement.

- i.) When a physician requests a medication that has a prior authorization (PA) requirement, the pharmacy or the prescribing physician must contact the Plan explaining the medical necessity of the request, including past therapeutic attempts, contraindications to medications and allergies when applicable. Providers are required to use Form No. 61-211 to submit prior authorization requests for prescription drugs. For providers who have access to CERNER, the Plan allows providers to submit prior authorization requests for prescription drugs through CERNER, an electronic prior authorization request system. The Plan's electronic prior authorization system utilize Form No. 61-211. The Plan has the Form 61-211 electronically available on its website. The Plan utilizes a step therapy process for prescription drugs. The Plan requires providers to use Form No. 61-211 to submit step therapy exception requests. The Plan follows its prior-authorization policy and procedure which treats and responds to step therapy exception requests in the same manner as requests for prior authorization for prescription drugs. Requests for exceptions to step therapy processes for prescription drugs may be submitted in the same manner as a request for prior authorization for prescription drugs and shall be treated in the same manner. (See Drug Policy: Prior Authorization of Medications). Here is the link:

<https://vchcp.venturacounty.gov/providers/docs/padg/medrelatedpolicies/PriorAuthorizationOfMedications.pdf>

13. Notice of an enrollee's rights concerning step therapy as provided in subdivision (d)(2) of section 1300.67.24 of title 28 of the California Code of Regulations.

- i) The Plan has an expeditious process in place to authorize exceptions to step therapy and non-formulary prescription drugs, as medically necessary. The Plan processes requests for prescriptions (including prior authorization of non-formulary drugs, and if applicable, certain formulary drugs, and any request for a step therapy exception, according to the following timelines:
 - For new prescriptions: Within 24 hours of the Plan's receipt of the request.
 - For all exigent circumstances (step therapy & formulary exception requests): Within 24 hours of the Plan's receipt of the request.
 - For urgent refills: Within 24 hours of the Plan's receipt of the request.
 - For other refills: Within 24 hours of the Plan's receipt of the request.
 - For non-urgent prior authorization, step therapy and formulary exception requests, the Plan responds within 72 hours of the Plan's receipt of the request.
- ii) The Plan conforms effectively and efficiently with the continuity of care requirements of the Act and regulations. In circumstances where an enrollee is changing plans and VCHCP is the new Plan, VCHCP does not require the enrollee to repeat step therapy when that enrollee is already being treated for that medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective for the enrollee's condition. Nothing in this section shall preclude the new Plan from imposing prior authorization requirement pursuant to Section 1367.24 for the

continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former plan, or preclude the prescribing provider from prescribing another drug covered by the new plan that is medically appropriate for the enrollee. For purposes of this section, “step therapy” means a type of protocol that specifies the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are to be prescribed.

14. Ventura County Health Care Plan does not limit or exclude coverage for a drug if the health care service plan previously approved coverage of the drug for an enrollee’s medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and safe and effective for treating the enrollee’s medical condition.
15. Per Health and Safety Code Section 1367.51, Ventura County Health Care Plan shall cover diabetic drugs, equipment, and supplies such as blood glucose monitors and blood glucose test strips, generally available at any pharmacy. Additional detail on covered items can be found in the Evidence of Coverage.
16. Per Health and Safety Code Section 1367.25, the Plan shall cover up to a maximum of 12-month supply of FDA approved, self-administered hormonal contraceptives when dispensed or furnished at one time for an enrollee by a provider, pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies when requested by the member. The Plan shall also cover other FDA approved prescription contraceptive methods as noted in the Evidence of Coverage.
17. For members who are prescribed covered orally administered anti-cancer medications, the total amount of copayments and coinsurance shall not exceed \$200 for an individual prescription of up to a 30-day supply
18. Process for requesting coverage and obtaining drugs that are limited to restricted specialty pharmacy access or subject to other network limitations on coverage.
 - i. Member’s healthcare provider will send prescription to Accredo via fax, phone or electronically.
 - ii. Accredo will contact prescriber’s office to verify member’s information and coordinate the prior authorization if needed. Member will need to ensure the office has the member’s correct phone number.
 - iii. A pharmacist who is specialty-trained in member’s condition prepares and checks prescription for accuracy.
 - iv. A patient care advocate will call member within 2-5 days to schedule delivery and check benefits. Member can let Accredo know if member prefer to speak a language other than English. Member may also speak to a pharmacist.
 - v. Accredo package medication to protect the contents and member’s privacy and ship it at no extra charge.
 - vi. When it’s time for a refill, Accredo will give member a call (or send member a text if preferred) to schedule next shipment.

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

If you have questions about Ventura County Health Care Plan, please contact us. Our contact information, along with the date we last updated the formulary appears on the front cover page.

List of Abbreviations

: .

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

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

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase bold italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Requirements and Limits
ANTI - INFECTIVES - DRUGS TO TREAT BACTERIA INFECTION		
CEPHALOSPORINS - CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES - ERYTHROMYCINS		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Requirements and Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (<i>fidaxomicin</i>)	3	Preferred alternatives (vancomycin hcl); QL (1 per 30 days)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	Preferred alternatives (vancomycin hcl); QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (<i>erythromycin ethylsuccinate</i>)	3	Preferred alternatives (erythromycin ethylsuccinate)
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (<i>erythromycin ethylsuccinate</i>)	3	Preferred alternatives (erythromycin ethylsuccinate)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (<i>erythromycin ethylsuccinate</i>)	3	Preferred alternatives (erythromycin ethylsuccinate)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (<i>erythromycin base</i>)	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX ORAL PACKET 1 GRAM (<i>azithromycin</i>)	3	Preferred alternatives (azithromycin)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (<i>azithromycin</i>)	3	Preferred alternatives (azithromycin)
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	Preferred alternatives (azithromycin)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	Preferred alternatives (azithromycin)
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	Preferred alternatives (azithromycin)
MISCELLANEOUS ANTIINFECTIVES - OTHER DRUGS THAT TREAT INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	1	QL (120 per 23 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Requirements and Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	2	QL (180 per 23 days)
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3	Preferred alternatives (atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic); QL (32 per 180 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	4	PA
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1	QL (60 per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	QL (180 per 180 days)
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	PA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG (<i>benznidazole</i>)	2	QL (720 per 365 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (<i>tobramycin</i>)	4	PA; Preferred alternatives (tobramycin sulfate); LA; QL (244 per 30 days)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	3	Preferred alternatives (praziquantel)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	4	PA; LA; QL (84 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg</i>	1	
<i>chloroquine phosphate oral tablet 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	Preferred alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (<i>clindamycin palmitate hcl</i>)	3	Preferred alternatives (clindamycin palmitate hcl)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether/lumefantrine</i>)	2	QL (24 per 23 days)
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	4	PA; Preferred alternatives (pyrimethamine)

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Prescription Drug Name	Drug Tier	Requirements and Limits
EMVERM ORAL TABLET,CHEWABLE 100 MG (<i>mebendazole</i>)	2	QL (6 per 23 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	Preferred alternatives (metronidazole)
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	4	PA; LA
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 200 mg, 300 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	QL (84 per 23 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (14 per 23 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (<i>tobramycin/nebulizer</i>)	4	PA; LA
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	3	Preferred alternatives (primaquine generic); QL (2 per 23 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG (<i>atovaquone/proguanil hcl</i>)	3	Preferred alternatives (atovaquone-proguanil hcl); QL (60 per 180 days)
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (<i>atovaquone/proguanil hcl</i>)	3	Preferred alternatives (atovaquone-proguanil hcl); QL (180 per 180 days)
<i>mefloquine oral tablet 250 mg</i>	1	QL (13 per 180 days)
MEPRON ORAL SUSPENSION 750 MG/5 ML (<i>atovaquone</i>)	3	Preferred alternatives (atovaquone)
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG (<i>pentamidine isethionate</i>)	3	Preferred alternatives (pentamidine isethionate); QL (1 per 21 days)
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (12 per 23 days)
<i>paromomycin oral capsule 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL (1 per 21 days)
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG (<i>pretomanid</i>)	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1	QL (120 per 180 days)
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	3	Preferred alternatives (quinine sulfate); QL (42 per 23 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	QL (42 per 23 days)
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (<i>secnidazole</i>)	2	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM (<i>streptomycin sulfate</i>)	2	PA
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3	Preferred alternatives (ivermectin); QL (14 per 23 days)
<i>tinidazole oral tablet 250 mg</i>	1	QL (40 per 23 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 per 23 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	4	PA; LA; QL (224 per 30 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; LA; QL (280 per 30 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; LA; QL (224 per 30 days)
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; Preferred alternatives (tobramycin sulfate, TOBI PODHALER); LA
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	3	Preferred alternatives (azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir)
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	2	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>linezolid</i>)	3	Preferred alternatives (linezolid)
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	3	Preferred alternatives (linezolid)
PENICILLINS - PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	3	Preferred alternatives (amoxicillin-clavulanate potass)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (<i>amoxicillin/potassium clavulanate</i>)	3	Preferred alternatives (amoxicillin-clavulanate pot er)
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (<i>penicillin g benzathine/penicillin g procaine</i>)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (<i>penicillin g benzathine</i>)	2	PA
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT (<i>penicillin g benzathine</i>)	3	PA
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT (<i>penicillin g benzathine</i>)	3	PA
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	3	Preferred alternatives (amoxicillin)
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES - QUINOLONES		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	2	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	3	Preferred alternatives (ciprofloxacin)
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	Preferred alternatives (ciprofloxacin hcl)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS - SULFAS		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole/trimethoprim</i>)	3	Preferred alternatives (sulfamethoxazole-trimethoprim)
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole/trimethoprim</i>)	3	Preferred alternatives (sulfamethoxazole-trimethoprim)
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES - TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG (<i>doxycycline hyclate</i>)	3	ST; Preferred alternatives (<i>doxycycline hyclate</i>)
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (<i>doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide</i>)	3	ST; Preferred alternatives (<i>doxycycline monohydrate</i>)
<i>avidoxy oral tablet 100 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG (<i>doxycycline monohydrate</i>)	3	ST; Preferred alternatives (<i>doxycycline monohydrate</i>)
MORGIDOX 1X 50 KIT 50 MG (<i>doxycycline hyclate/skin cleanser combination no.19</i>)	3	ST; Preferred alternatives (<i>doxycycline hyclate</i>)
MORGIDOX 1X100 KIT 100 MG (<i>doxycycline hyclate/skin cleanser combination no.19</i>)	3	ST; Preferred alternatives (<i>doxycycline hyclate</i>)
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	Preferred alternatives (<i>doxycycline hyclate, tetracycline hcl</i>); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	3	ST; Preferred alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1	ST
URINARY TRACT AGENTS - DRUGS TO TREAT BLADDER INFECTIONS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (<i>nitrofurantoin</i>)	3	Preferred alternatives (nitrofurantoin)
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate/macrocrystals</i>)	3	Preferred alternatives (nitrofurantoin mono-macro)
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	3	Preferred alternatives (trimethoprim)
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN - VANCOMYCIN		
VANCOGIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	3	Preferred alternatives (vancomycin hcl); QL (40 per 30 days)
VANCOGIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>)	3	Preferred alternatives (vancomycin hcl); QL (80 per 30 days)
<i>vancomycin oral capsule 125 mg</i>	1	QL (40 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	1	QL (80 per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	1	QL (300 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 per 30 days)
ANTI - INFECTIVES - DRUGS TO TREAT FUNGUS INFECTIONS		
ANTIFUNGAL AGENTS - DRUGS TO TREAT FUNGUS INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	Preferred alternatives (flucytosine)
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	3	Preferred alternatives (fluconazole)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (<i>fluconazole</i>)	3	Preferred alternatives (<i>fluconazole</i>)
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	3	Preferred alternatives (<i>fluconazole</i>)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (2 per 30 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (30 per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (<i>posaconazole</i>)	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (<i>posaconazole</i>)	3	Preferred alternatives (<i>posaconazole</i>)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	Preferred alternatives (<i>nystatin</i> , <i>clotrimazole</i>)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3	Preferred alternatives (<i>itraconazole</i>); QL (30 per 30 days)
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	3	Preferred alternatives (<i>itraconazole</i>)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (<i>voriconazole</i>)	3	PA; Preferred alternatives (<i>voriconazole</i>)
VFEND ORAL TABLET 50 MG (<i>voriconazole</i>)	3	PA; Preferred alternatives (<i>voriconazole</i>)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VIVJOA ORAL CAPSULE 150 MG (<i>oteseconazole</i>)	4	PA; Preferred alternatives (fluconazole)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTI - INFECTIVES - DRUGS TO TREAT VIRUS INFECTIONS		
ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
<i>abacavir oral solution 20 mg/ml</i>	4	
<i>abacavir oral tablet 300 mg</i>	4	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (<i>cabotegravir</i>)	4	
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	4	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	4	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>nirsevimab-alip</i>)	2	PA; ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML (<i>cabotegravir/rilpivirine</i>)	4	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine/tenofovir disoproxil fumarate</i>)	4	
<i>darunavir oral tablet 600 mg, 800 mg</i>	4	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	4	ACA
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	4	
<i>emtricitabine oral capsule 200 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	ACA
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	4	Preferred alternatives (emtricitabine)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	4	PA
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	4	Preferred alternatives (lamivudine)
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	4	Preferred alternatives (lamivudine)
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	PA
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	4	Preferred alternatives (atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR)
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1	QL (21 per 30 days)
<i>famciclovir oral tablet 250 mg</i>	1	QL (60 per 30 days)
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	3	Preferred alternatives (rimantadine hcl)
<i>fosamprenavir oral tablet 700 mg</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	4	PA
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	4	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	4	Preferred alternatives (etravirine)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	4	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	ST
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	2	ST
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	ST
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	ST
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	4	
KALETRA ORAL SOLUTION 400-100 MG/5 ML (<i>lopinavir/ritonavir</i>)	4	Preferred alternatives (lopinavir-ritonavir)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir/ritonavir</i>)	4	Preferred alternatives (lopinavir-ritonavir)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	2	QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	4	PA; QL (112 per 21 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	
NORVIR ORAL POWDER IN PACKET 100 MG (<i>ritonavir</i>)	4	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	4	Preferred alternatives (ritonavir)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	4	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (180 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	2	QL (30 per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (<i>letermovir</i>)	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	2	QL (112 per 365 days)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	4	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	4	
PREZISTA ORAL TABLET 600 MG, 800 MG (<i>darunavir</i>)	4	Preferred alternatives (darunavir)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	3	Preferred alternatives (oseltamivir phosphate); QL (20 per 30 days)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	4	Preferred alternatives (zidovudine)
RETROVIR ORAL SYRUP 10 MG/ML (<i>zidovudine</i>)	4	Preferred alternatives (zidovudine)
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	4	Preferred alternatives (atazanavir sulfata)
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	4	
<i>ribavirin inhalation recon soln 6 gram</i>	1	PA
<i>ribavirin oral capsule 200 mg</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	4	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	4	Preferred alternatives (maraviroc)
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	4	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (<i>lenacapavir sodium</i>)	4	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	4	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>)	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	4	PA; LA
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	3	Preferred alternatives (oseltamivir phosphate); QL (20 per 30 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	3	Preferred alternatives (oseltamivir phosphate); QL (10 per 30 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (<i>oseltamivir phosphate</i>)	3	Preferred alternatives (oseltamivir phosphate); QL (180 per 30 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (<i>dolutegravir sodium</i>)	4	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	4	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	4	Preferred alternatives (ritonavir, NORVIR)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL (30 per 30 days)
VALCYTE ORAL RECON SOLN 50 MG/ML (<i>valganciclovir hcl</i>)	3	Preferred alternatives (valganciclovir hcl)
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	3	Preferred alternatives (valganciclovir hcl)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide</i>)	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	4	
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	4	Preferred alternatives (tenofovir disoproxil fumarate)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG (<i>baloxavir marboxil</i>)	3	Preferred alternatives (oseltamivir phosphate)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	4	PA
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	4	Preferred alternatives (abacavir)
<i>zidovudine oral capsule 100 mg</i>	4	
<i>zidovudine oral syrup 10 mg/ml</i>	4	
<i>zidovudine oral tablet 300 mg</i>	4	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER		
ADJUNCTIVE AGENTS - DRUGS USED WITH CANCER TREATMENT		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (<i>uridine triacetate</i>)	4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	4	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER OR SUPPRESS THE IMMUNE SYSTEM		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; LA
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	4	PA; LA
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	3	Preferred alternatives (melphalan hcl)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	4	PA
<i>anastrozole oral tablet 1 mg</i>	1	ACA
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	3	Preferred alternatives (exemestane)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	4	Preferred alternatives (tacrolimus)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (<i>repotrectinib</i>)	4	PA; Preferred alternatives (ROZLYTREK, VITRAKVI); LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	4	PA
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	Preferred alternatives (azathioprine)
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	4	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	1	PA
<i>bexarotene oral capsule 75 mg</i>	4	
<i>bexarotene topical gel 1 %</i>	1	
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	4	PA; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	4	PA; LA
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	4	PA; LA
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	4	PA; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	4	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	2	PA
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	3	Preferred alternatives (bicalutamide)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	4	Preferred alternatives (mycophenolate mofetil)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (<i>mycophenolate mofetil</i>)	4	Preferred alternatives (mycophenolate mofetil)
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	4	Preferred alternatives (mycophenolate mofetil)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (<i>cabozantinib s-malate</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	4	PA; Preferred alternatives (BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	4	PA; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	Preferred alternatives (cyclophosphamide)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	4	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (<i>daratumumab-hyaluronidase-fihj</i>)	3	PA; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; LA
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	4	PA; Preferred alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA); LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide acetate</i>)	4	PA; LA
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (<i>elranatamab-bcmm</i>)	4	PA; Preferred alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	4	PA; LA
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	4	PA; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>etoposide oral capsule 50 mg</i>	1	
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	3	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	PA
<i>exemestane oral tablet 25 mg</i>	1	ACA
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	Preferred alternatives (toremifene citrate)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (<i>fulvestrant</i>)	4	PA; Preferred alternatives (fulvestrant)
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	Preferred alternatives (letrozole)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	4	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG (<i>degarelix acetate</i>)	4	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	4	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	PA
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	4	PA
<i>gefitinib oral tablet 250 mg</i>	4	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	
<i>gengraf oral solution 100 mg/ml</i>	4	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	4	LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan 20</i>)	3	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	4	PA
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	3	Preferred alternatives (hydroxyurea)
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	4	PA
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	4	PA; LA
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	4	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	4	
IMBRUVICA ORAL TABLET 140 MG, 280 MG (<i>ibrutinib</i>)	4	PA
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	4	
IMKELDI ORAL SOLUTION 80 MG/ML (<i>imatinib mesylate</i>)	4	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	4	Preferred alternatives (azathioprine)
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	4	PA; LA
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; Preferred alternatives (gefitinib); LA
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; LA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (<i>mitomycin</i>)	4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	4	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	4	PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	4	PA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	4	PA; LA
<i>letrozole oral tablet 2.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	4	PA; LA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (<i>sotorasib</i>)	4	PA; LA
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate</i>)	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	4	PA; LA
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	4	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (<i>futibatinib</i>)	4	PA
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	PA; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; LA
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	4	PA; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	4	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (<i>octreotide acetate</i>)	4	PA; Preferred alternatives (SOMATULINE DEPOT)
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	

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<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (<i>mycophenolate sodium</i>)	4	Preferred alternatives (mycophenolic acid)
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	4	PA
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	4	PA; LA
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	4	Preferred alternatives (cyclosporine)
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	4	Preferred alternatives (cyclosporine)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	4	PA; LA
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	4	PA; Preferred alternatives (sorafenib); LA
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	3	Preferred alternatives (nilutamide)
<i>nilutamide oral tablet 150 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	4	PA; LA
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	4	PA; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	PA; LA
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	4	PA; LA
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	4	PA; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (<i>tovorafenib</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (<i>tovorafenib</i>)	4	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>nivolumab-hyaluronidase-nvhy</i>)	4	PA
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; Preferred alternatives (ELIGARD, FIRMAGON, LUPRON DEPOT)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hcl</i>)	4	PA
<i>pazopanib oral tablet 200 mg</i>	4	PA; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	4	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>)	4	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	4	PA; LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	4	Preferred alternatives (TACROLIMUS)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	
PURIXAN ORAL SUSPENSION 20 MG/ML (<i>mercaptopurine</i>)	4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	4	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; LA
REVUFORJ ORAL TABLET 110 MG, 160 MG (<i>revumenib citrate</i>)	4	PA
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	4	PA; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (<i>entrectinib</i>)	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	4	PA; LA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	4	Preferred alternatives (cyclosporine)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA; Preferred alternatives (octreotide acetate); LA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (<i>asciminib hydrochloride</i>)	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspartate</i>)	4	PA
<i>sirolimus oral solution 1 mg/ml</i>	4	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (<i>tamoxifen citrate</i>)	3	Preferred alternatives (tamoxifen citrate); ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	4	PA; LA
<i>sorafenib oral tablet 200 mg</i>	4	PA; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	4	PA; Preferred alternatives (dasatinib); LA
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	4	PA; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	4	PA; Preferred alternatives (sunitinib malate); LA
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	3	
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hydrochloride</i>)	4	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	4	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (<i>dabrafenib mesylate</i>)	4	LA
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	4	PA; LA
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML (<i>talquetamab-tgvs</i>)	4	PA; Preferred alternatives (bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
TALVEY SUBCUTANEOUS SOLUTION 40 MG/ML (<i>talquetamab-tgvs</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	4	PA; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA
TARCEVA ORAL TABLET 100 MG (<i>erlotinib hcl</i>)	4	PA; Preferred alternatives (<i>erlotinib hcl</i>); LA
TARGRETIN TOPICAL GEL 1 % (<i>bexarotene</i>)	3	Preferred alternatives (<i>bexarotene</i>)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	4	PA
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hydrobromide</i>)	4	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (<i>atezolizumab-hyaluronidase-tqjs</i>)	4	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (<i>teclistamab-cqyv</i>)	4	PA; Preferred alternatives (<i>bortezomib</i> , CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2	PA; LA
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	4	PA
<i>toremifene oral tablet 60 mg</i>	1	
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	Preferred alternatives (<i>methotrexate</i>)
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (<i>triptorelin pamoate</i>)	4	PA
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	4	PA
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hydrochloride</i>)	4	PA
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	4	PA; Preferred alternatives (<i>lapatinib</i>); LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	4	PA; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG (<i>alpelisib</i>)	4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (<i>alpelisib</i>)	4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	4	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	4	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	4	PA; LA
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	4	PA
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib citrate</i>)	4	PA
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	4	PA; Preferred alternatives (pazopanib hcl); LA
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	4	PA; LA
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	4	LA
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	4	PA; Preferred alternatives (capecitabine)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	4	PA
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	4	PA
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	4	PA; LA
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	4	PA; LA
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	4	PA
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	4	PA; LA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	4	PA; LA
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	4	Preferred alternatives (everolimus)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	4	PA; LA
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	4	

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Prescription Drug Name	Drug Tier	Requirements and Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH		
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	2	PA; LA; QL (1 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	2	PA; LA; QL (1 per 21 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (<i>monomethyl fumarate</i>)	4	PA; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; LA; QL (14 per 23 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	PA
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; LA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL (1 per 23 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; LA; QL (12 per 23 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL (1 per 23 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; LA; QL (12 per 23 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (<i>ofatumumab</i>)	4	PA; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	4	PA; LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod</i>)	4	PA; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (<i>siponimod</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	4	PA; LA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	4	PA; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; LA
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	4	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	2	PA; LA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	4	PA; LA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	4	PA; LA; QL (5 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	2	PA; LA; QL (5 per 21 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	4	PA; LA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	Preferred alternatives (carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA)
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3	PA; Preferred alternatives (levetiracetam)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	PA; Preferred alternatives (levetiracetam)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG (<i>carbamazepine</i>)	3	Preferred alternatives (<i>carbamazepine</i>)
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	Preferred alternatives (<i>carbamazepine er</i>)
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3	Preferred alternatives (<i>methsuximide</i>)
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	Preferred alternatives (<i>divalproex sodium er</i>)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	Preferred alternatives (<i>divalproex sodium</i>)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	Preferred alternatives (<i>divalproex sodium</i>)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	4	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	Preferred alternatives (<i>phenytoin sodium</i>)
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (<i>phenytoin</i>)	3	Preferred alternatives (<i>phenytoin</i>)
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (<i>phenytoin</i>)	3	Preferred alternatives (<i>phenytoin</i>)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG (<i>levetiracetam</i>)	3	PA; Preferred alternatives (<i>levetiracetam</i>)
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	Preferred alternatives (<i>carbamazepine, carbamazepine er</i>)
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	3	Preferred alternatives (<i>felbamate</i>)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin</i>)	3	Preferred alternatives (<i>gabapentin er</i>)
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7) (<i>lamotrigine</i>)	3	Preferred alternatives (<i>lamotrigine</i>)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (<i>lamotrigine</i>)	3	Preferred alternatives (<i>lamotrigine</i>)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (<i>lamotrigine</i>)	3	Preferred alternatives (<i>lamotrigine</i>)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA
<i>methsuximide oral capsule 300 mg</i>	1	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	3	Preferred alternatives (primidone)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	2	QL (2 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	Preferred alternatives (oxcarbazepine er)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	3	Preferred alternatives (phenytoin sodium)
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	Preferred alternatives (<i>topiramate er</i>)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	PA; Preferred alternatives (<i>levetiracetam, levetiracetam</i>)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) - 100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) - 100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	Preferred alternatives (<i>clobazam</i>)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	3	Preferred alternatives (<i>carbamazepine</i>)
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	Preferred alternatives (<i>carbamazepine</i>)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	Preferred alternatives (<i>carbamazepine er</i>)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	Preferred alternatives (<i>topiramate, topiramate er</i>)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	2	PA; QL (2 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; LA; QL (150 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; LA; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; QL (150 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	4	PA; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	4	PA; QL (150 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (<i>cenobamate</i>)	3	Preferred alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide); QL (56 per 30 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	Preferred alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide); QL (30 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (<i>cenobamate</i>)	3	Preferred alternatives (gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide); QL (28 per 30 days)
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3	Preferred alternatives (ethosuximide)
ZARONTIN ORAL SOLUTION 250 MG/5 ML (<i>ethosuximide</i>)	3	Preferred alternatives (ethosuximide)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA
ANTIPARKINSONISM AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; QL (30 per 23 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	Preferred alternatives (rasagiline mesylate)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa/levodopa</i>)	3	Preferred alternatives (<i>carbidopa-levodopa er</i>)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (<i>carbidopa/levodopa</i>)	4	PA; Preferred alternatives (<i>carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa</i>); LA
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (<i>levodopa</i>)	4	PA; QL (300 per 30 days)
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	3	Preferred alternatives (<i>carbidopa</i>)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	3	Preferred alternatives (<i>pramipexole di-hcl, pramipexole er, ropinirole hcl</i>)
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	4	PA; Preferred alternatives (<i>cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl</i>); LA; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	3	Preferred alternatives (<i>entacapone</i>); QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa/levodopa</i>)	3	Preferred alternatives (<i>carbidopa/levodopa</i> , <i>carbidopa-levodopa er</i>)
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa/levodopa</i>)	3	Preferred alternatives (<i>carbidopa/levodopa</i>)
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	3	Preferred alternatives (<i>tolcapone</i>)
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY - DRUGS TO TREAT MIGRAINE HEADACHE		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (1 per 23 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	2	PA; QL (1.5 per 23 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	2	PA; QL (1 per 23 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	QL (12 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	QL (6 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (6 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	2	PA; QL (3 per 23 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	3	Preferred alternatives (<i>ergotamine-caffeine</i>)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	3	Preferred alternatives (frovatriptan succinate); QL (9 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (9 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (<i>dihydroergotamine mesylate</i>)	3	Preferred alternatives (dihydroergotamine mesylate); QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	2	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	2	PA; QL (30 per 23 days)
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	3	PA; Preferred alternatives (eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	3	PA; Preferred alternatives (eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY); QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	PA; QL (6 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (1 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; QL (9 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (<i>sumatriptan</i>)	3	PA; Preferred alternatives (sumatriptan, zolmitriptan, ZOMIG)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (10 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (<i>sumatriptan succinate</i>)	3	Preferred alternatives (sumatriptan succinate)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	Preferred alternatives (sumatriptan, zolmitriptan, ZOMIG); QL (6 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG (<i>zolmitriptan</i>)	2	QL (6 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG (<i>zolmitriptan</i>)	3	Preferred alternatives (zolmitriptan); QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY - OTHER		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (<i>donepezil hcl</i>)	3	Preferred alternatives (donepezil hcl)
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (<i>vutrisiran sodium</i>)	4	PA; LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	3	Preferred alternatives (donepezil hcl)
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	4	PA; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	4	PA; LA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	4	LA; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (<i>deutetrabenazine</i>)	4	LA; QL (28 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; LA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (<i>risdiplam</i>)	4	PA; Preferred alternatives (SPINRAZA); LA
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	4	PA; Preferred alternatives (SPINRAZA); LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (<i>rivastigmine</i>)	3	Preferred alternatives (rivastigmine)

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FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	4	PA
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	Preferred alternatives (gabapentin, gabapentin er, pregabalin, pregabalin er)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	4	PA; Preferred alternatives (AUSTEDO, AUSTEDO XR); QL (28 per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; Preferred alternatives (AUSTEDO, AUSTEDO XR); QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; Preferred alternatives (AUSTEDO, AUSTEDO XR); QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	Preferred alternatives (memantine hcl)
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg</i>	1	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (<i>memantine hcl</i>)	3	Preferred alternatives (memantine hcl)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine hcl</i>)	3	Preferred alternatives (memantine hcl er)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl/donepezil hcl</i>)	2	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfat</i> e)	2	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (<i>fosdenopterin hydrobromide</i>)	4	PA
<i>ormalvi oral tablet 50 mg</i>	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; LA; QL (120 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; LA; QL (60 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	4	PA; LA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	4	PA; LA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	4	PA; LA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen oral solution 5 mg/5 ml</i>	1	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 15 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	Preferred alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	Preferred alternatives (metaxalone, tizanidine hcl)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	ST; Preferred alternatives (metaxalone, tizanidine hcl); QL (99 per 99 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	1	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3	Preferred alternatives (dantrolene sodium)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	3	PA; Preferred alternatives (cyclobenzaprine hcl)
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	3	PA; Preferred alternatives (chlorzoxazone)

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<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	Preferred alternatives (alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine citrate/aspirin/caffeine</i>)	3	PA; Preferred alternatives (orphenadrine-aspirin-caffeine)
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine citrate/aspirin/caffeine</i>)	3	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	PA
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG (<i>pyridostigmine bromide</i>)	3	Preferred alternatives (pyridostigmine bromide)
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	3	Preferred alternatives (metaxalone, tizanidine hcl)
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	PA
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	Preferred alternatives (metaxalone, tizanidine hcl)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (<i>efgartigimod alfa-hyaluronidase-qvfc</i>)	4	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	3	Preferred alternatives (tizanidine hcl)
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	3	Preferred alternatives (tizanidine hcl)
NARCOTIC ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	ST; QL (99 per 99 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	ST; QL (99 per 99 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	ST; QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	ST; QL (99 per 99 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	2	PA
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (<i>buprenorphine</i>)	4	PA; LA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	ST; QL (99 per 99 days)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	ST; QL (99 per 99 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	ST; QL (99 per 99 days)
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	3	ST; Preferred alternatives (<i>hydromorphone hcl</i>); QL (99 per 99 days)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	3	ST; Preferred alternatives (<i>hydromorphone hcl</i>); QL (99 per 99 days)
<i>diskets oral tablet,soluble 40 mg</i>	1	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (<i>sufentanil citrate</i>)	3	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; QL (99 per 99 days)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital/acetaminophen/caffeine</i>)	3	Preferred alternatives (<i>butalbital/apap/caffeine</i>)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL (90 per 23 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	1	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital/acetaminophen/caffeine</i>)	3	Preferred alternatives (butalbital/apap/caffeine)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital/acetaminophen/caffeine/codeine phosphate</i>)	3	ST; Preferred alternatives (butalbital/caff/apap/codeine); QL (99 per 99 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	QL (90 per 23 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL (60 per 23 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	ST; QL (99 per 99 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	2	
<i>meperidine oral solution 50 mg/5 ml</i>	1	ST; Preferred alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl); QL (99 per 99 days)
<i>meperidine oral tablet 50 mg</i>	1	ST; Preferred alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl); QL (99 per 99 days)
<i>methadone oral concentrate 10 mg/ml</i>	1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methadone oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>methadone oral tablet,soluble 40 mg</i>	1	
<i>methadose oral concentrate 10 mg/ml</i>	1	
<i>methadose oral tablet,soluble 40 mg</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	ST; QL (99 per 99 days)
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML (<i>morphine sulfate</i>)	3	ST; QL (99 per 99 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60 per 23 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (90 per 23 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	ST; QL (99 per 99 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	ST; QL (99 per 99 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120 per 23 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; QL (99 per 99 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	Preferred alternatives (<i>morphine sulfate er</i>); QL (120 per 23 days)
NALOCET ORAL TABLET 2.5-300 MG (<i>oxycodone hcl/acetaminophen</i>)	3	PA; ST; Preferred alternatives (<i>oxycodone w/acetaminophen</i>); QL (99 per 99 days)
<i>oxycodone oral capsule 5 mg</i>	1	ST; QL (99 per 99 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	ST; QL (99 per 99 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	ST; QL (99 per 99 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	PA; ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA; ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; QL (99 per 99 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	2	QL (90 per 23 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	ST; QL (99 per 99 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (90 per 23 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA; ST; QL (99 per 99 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG (<i>oxycodone hcl</i>)	3	ST; Preferred alternatives (oxycodone hcl); QL (99 per 99 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (<i>buprenorphine</i>)	4	PA; LA
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>)	3	ST; Preferred alternatives (apap-caffeine-dihydrocodeine); QL (99 per 99 days)
NON-NARCOTIC ANALGESICS - DRUGS TO TREAT SEVERE PAIN		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	ST; Preferred alternatives (naproxen sodium)
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG (<i>diclofenac sodium/misoprostol</i>)	3	ST; Preferred alternatives (diclofenac sodium-misoprostol)
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG (<i>diclofenac sodium/misoprostol</i>)	3	ST; Preferred alternatives (diclofenac sodium-misoprostol)
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	ST; QL (99 per 99 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	ST; QL (5 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG (<i>diclofenac potassium</i>)	3	ST; Preferred alternatives (diclofenac potassium); QL (9 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	ST; Preferred alternatives (oxaprozin)
<i>diclofenac potassium oral capsule 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	ST; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (150 per 21 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	ST; QL (112 per 21 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG (<i>salsalate</i>)	3	Preferred alternatives (<i>salsalate</i>)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	3	ST; Preferred alternatives (<i>naproxen</i>)
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet 600 mg</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (<i>diclofenac epolamine</i>)	2	ST; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	ST
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	PA; ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	PA
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	PA
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>kiprofen oral capsule 25 mg</i>	1	PA; ST
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (<i>naloxone hcl</i>)	2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	2	ST
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	3	ST
<i>lofena oral tablet 25 mg</i>	1	ST
<i>lofexidine oral tablet 0.18 mg</i>	1	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	3	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (30 per 30 days)
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	ST
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL TABLET 600 MG (<i>fenoprofen calcium</i>)	3	ST; Preferred alternatives (fenoprofen calcium)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	3	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	3	ST; Preferred alternatives (naproxen sodium er)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML (<i>naproxen</i>)	3	ST; Preferred alternatives (naproxen)
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	3	ST; Preferred alternatives (naproxen)
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

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<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	ST
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (<i>naloxone hcl</i>)	3	Preferred alternatives (<i>naloxone hcl</i>)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (<i>nalmefene hcl</i>)	3	Preferred alternatives (<i>naloxone hcl</i> , KLOXXADO, REXTOVY)
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	ST; Preferred alternatives (<i>codeine sulfate</i> , <i>hydromorphone hcl</i> , <i>morphine sulfate</i> , <i>oxycodone hcl</i>); QL (99 per 99 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (<i>naloxone hcl</i>)	2	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	4	ST; Preferred alternatives (<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>indomethacin</i> , <i>ketorolac tromethamine</i> , <i>meloxicam</i> , <i>nabumetone</i> , <i>naproxen</i>); QL (5 per 30 days)
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	3	ST
<i>tolmetin oral capsule 400 mg</i>	1	ST
<i>tramadol oral tablet 100 mg</i>	1	ST; QL (99 per 99 days)
<i>tramadol oral tablet 50 mg</i>	1	ST; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	ST; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG (<i>naltrexone microspheres</i>)	4	LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl/naloxone hcl</i>)	2	
PSYCHOTHERAPEUTIC DRUGS - DRUGS TO TREAT DEPRESSION, ANXIETY, BIPOLAR ILLNESS, OR PSYCHOSIS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML (<i>aripiprazole</i>)	2	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (<i>aripiprazole</i>)	2	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (<i>aripiprazole</i>)	2	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	3	Preferred alternatives (aripiprazole); QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	3	Preferred alternatives (aripiprazole); QL (30 per 30 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	3	Preferred alternatives (dextroamphetamine-amphet er, lisdexamfetamine dimesylate)
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	3	Preferred alternatives (clomipramine hcl)
<i>aripiprazole oral solution 1 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML (<i>aripiprazole lauroxil, submicronized</i>)	2	PA
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML (<i>aripiprazole lauroxil</i>)	2	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	3	Preferred alternatives (lorazepam)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (<i>dextromethorphan hbr/bupropion hcl</i>)	3	ST; Preferred alternatives (bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA); QL (60 per 30 days)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (<i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>)	2	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	ST; Preferred alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 per 30 days)
<i>buspironone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	3	Preferred alternatives (clozapine)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	3	Preferred alternatives (dexamethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, AZSTARYS)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (<i>methylphenidate</i>)	3	Preferred alternatives (methylphenidate)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; Preferred alternatives (zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	3	Preferred alternatives (methamphetamine hcl)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG (<i>desvenlafaxine</i>)	3	ST; Preferred alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA); QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (<i>dextroamphetamine sulfate</i>)	3	Preferred alternatives (dextroamphetamine sulfate er)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (<i>selegiline</i>)	3	Preferred alternatives (phenelzine sulfate, tranlycypromine sulfate)
<i>ergoloid oral tablet 1 mg</i>	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML (<i>paliperidone palmitate</i>)	2	PA
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	ST
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (<i>levomilnacipran hcl</i>)	2	ST; QL (28 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	2	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	ST; QL (4 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	ST
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) (<i>ziprasidone mesylate</i>)	3	PA; Preferred alternatives (<i>ziprasidone hcl</i>)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	Preferred alternatives (<i>ziprasidone hcl</i>); QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	3	Preferred alternatives (<i>triazolam</i>)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	3	PA; Preferred alternatives (<i>haloperidol decanoate</i>)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	PA
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	PA
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; LA
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; LA; QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	3	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (<i>paliperidone</i>)	3	Preferred alternatives (paliperidone er); QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (<i>paliperidone</i>)	3	Preferred alternatives (paliperidone er); QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML (<i>paliperidone palmitate</i>)	3	PA; Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML (<i>paliperidone palmitate</i>)	3	PA; Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	3	Preferred alternatives (dexamethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, AZSTARYS)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	1	
<i>lithium carbonate oral capsule 300 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	3	Preferred alternatives (lithium carbonate)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (<i>sodium oxybate</i>)	4	PA; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (<i>sodium oxybate</i>)	4	PA
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	3	Preferred alternatives (phenelzine sulfate, tranlycypromine sulfate)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (<i>methylphenidate hcl</i>)	3	Preferred alternatives (methylphenidate hcl)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (<i>midazolam/ketamine hcl/ondansetron hcl</i>)	3	
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>)	3	Preferred alternatives (dextroamphetamine-amphet er)
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	3	Preferred alternatives (phenelzine sulfate)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	Preferred alternatives (bupropion hcl, mirtazapine, trazodone hcl)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	4	PA; Preferred alternatives (clozapine, quetiapine fumarate); LA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	4	PA; Preferred alternatives (clozapine, quetiapine fumarate); LA; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	Preferred alternatives (lorazepam)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 per 30 days)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	3	Preferred alternatives (<i>nortriptyline hcl</i>)
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	3	Preferred alternatives (<i>tranylcypromine sulfate</i>)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	3	ST; Preferred alternatives (<i>paroxetine er</i>); QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML (<i>paroxetine hcl</i>)	3	ST; Preferred alternatives (<i>paroxetine hcl</i>)
PAXIL ORAL TABLET 10 MG, 40 MG (<i>paroxetine hcl</i>)	3	ST; Preferred alternatives (<i>paroxetine hcl</i>); QL (30 per 30 days)
PAXIL ORAL TABLET 20 MG, 30 MG (<i>paroxetine hcl</i>)	3	ST; Preferred alternatives (<i>paroxetine hcl</i>); QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (<i>risperidone</i>)	3	PA; Preferred alternatives (<i>risperidone er</i> , ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	3	Preferred alternatives (<i>atomoxetine hcl</i> , <i>clonidine hcl er</i> , <i>guanfacine hcl er</i>)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	3	ST; Preferred alternatives (doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	3	Preferred alternatives (mirtazapine)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	3	Preferred alternatives (mirtazapine)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	3	Preferred alternatives (lorazepam)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (<i>risperidone microspheres</i>)	3	Preferred alternatives (risperidone er)
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	3	Preferred alternatives (risperidone)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	3	Preferred alternatives (risperidone); QL (60 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (<i>risperidone microspheres</i>)	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (<i>asenapine</i>)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (45 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	3	ST; Preferred alternatives (doxepin hcl); QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; Preferred alternatives (LUMRYZ, SODIUM OXYBATE, XYWAV); QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 6-25 MG (<i>olanzapine/fluoxetine hcl</i>)	3	Preferred alternatives (olanzapine-fluoxetine hcl)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; LA; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	Preferred alternatives (lorazepam)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	3	ST; Preferred alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl); QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML (<i>risperidone</i>)	2	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	PA; ST; QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	3	Preferred alternatives (clozapine odt, clozapine)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	Preferred alternatives (aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl); QL (30 per 30 days)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (<i>bremelanotide acetate</i>)	4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	3	Preferred alternatives (lisdexamfetamine dimesylate)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	Preferred alternatives (lisdexamfetamine dimesylate)
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	4	PA; Preferred alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI); LA; QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	4	PA; Preferred alternatives (armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI); LA; QL (30 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	4	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	3	Preferred alternatives (dextroamphetamine sulfate)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	PA
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (30 per 30 days)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	4	PA; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	4	PA; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG (<i>olanzapine</i>)	3	PA; Preferred alternatives (olanzapine)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	Preferred alternatives (olanzapine); QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	Preferred alternatives (risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ERZOFRI, RYKINDO, UZEDY)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	Preferred alternatives (olanzapine odt); QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE		
ANTIARRHYTHMIC AGENTS - DRUGS TO TREAT HEART RHYTHM		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	Preferred alternatives (sotalol af)

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Prescription Drug Name	Drug Tier	Requirements and Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (<i>sotalol hcl</i>)	3	Preferred alternatives (<i>sotalol</i>)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	Preferred alternatives (<i>amiodarone hcl, quinidine sulfate, sotalol</i>)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	2	
ANTIHYPERTENSIVE THERAPY - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	Preferred alternatives (<i>quinapril</i>)
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril hcl/hydrochlorothiazide</i>)	3	Preferred alternatives (<i>quinapril-hydrochlorothiazide</i>)
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	Preferred alternatives (<i>spironolactone</i>)
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	Preferred alternatives (<i>ramipril</i>)
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl</i>)	3	Preferred alternatives (cartia xt, diltiazem 24hr er (cd))
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	Preferred alternatives (matzim la)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	Preferred alternatives (diltiazem hcl)
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	3	Preferred alternatives (doxazosin mesylate); QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG (<i>doxazosin mesylate</i>)	3	Preferred alternatives (doxazosin mesylate); QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	Preferred alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (<i>clonidine</i>)	3	Preferred alternatives (<i>clonidine hcl</i>); QL (4 per 21 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (<i>clonidine</i>)	3	Preferred alternatives (<i>clonidine hcl</i>); QL (4 per 21 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (<i>clonidine</i>)	3	Preferred alternatives (<i>clonidine hcl</i>); QL (4 per 21 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 per 21 days)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (<i>amlodipine besylate/celecoxib</i>)	3	PA; Preferred alternatives (<i>amlodipine besylate, celecoxib</i>)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	Preferred alternatives (<i>carvedilol er</i>)
DEMSER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	Preferred alternatives (<i>metirosine</i>)
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	Preferred alternatives (<i>phenoxybenzamine hcl</i>)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	Preferred alternatives (<i>triamterene</i>)
EDECRIIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	Preferred alternatives (<i>ethacrynic acid</i>)
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	4	PA
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	Preferred alternatives (<i>eplerenone</i>)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	2	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	Preferred alternatives (furosemide)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	Preferred alternatives (metoprolol tartrate)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril hcl/hydrochlorothiazide</i>)	3	Preferred alternatives (benazepril hcl-hctz)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	Preferred alternatives (benazepril hcl)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	Preferred alternatives (nicardipine hcl, isradipine)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nimodipine oral solution 60 mg/20 ml</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (<i>nimodipine</i>)	3	Preferred alternatives (<i>nimodipine</i>)
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (<i>nimodipine</i>)	3	Preferred alternatives (<i>nimodipine</i>)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (<i>treprostinil diolamine</i>)	4	PA; Preferred alternatives (UPTRAVI); LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (<i>treprostinil diolamine</i>)	4	PA; Preferred alternatives (UPTRAVI); LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG (<i>treprostinil diolamine</i>)	4	PA; Preferred alternatives (UPTRAVI); LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; Preferred alternatives (UPTRAVI); LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arginine/amlodipine besylate</i>)	3	Preferred alternatives (<i>amlodipine besylate-benazepril</i>)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	Preferred alternatives (<i>nifedipine er</i>)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5 ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	Preferred alternatives (<i>nisoldipine</i>)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol/chlorthalidone</i>)	3	Preferred alternatives (<i>atenolol w/chlorthalidone</i>)
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol/chlorthalidone</i>)	3	Preferred alternatives (<i>atenolol w/chlorthalidone</i>)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	Preferred alternatives (<i>atenolol</i>)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	Preferred alternatives (<i>diltiazem er, taztia xt</i>)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) (<i>selexipag</i>)	4	PA; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril maleate/hydrochlorothiazide</i>)	3	Preferred alternatives (enalapril maleate/hctz)
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	Preferred alternatives (enalapril maleate)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	Preferred alternatives (verapamil er pm)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril/hydrochlorothiazide</i>)	3	Preferred alternatives (lisinopril-hctz)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	Preferred alternatives (lisinopril)
CARDIAC GLYCOSIDES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (<i>digoxin</i>)	3	Preferred alternatives (digoxin)
COAGULATION THERAPY - BLOOD THINNING MEDICINES		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant,full length</i>)	4	PA; LA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant, full length, peg</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>)	4	PA; LA
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (<i>concizumab-mtci</i>)	4	PA
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>factor ix recombinant, fc fusion protein</i>)	4	PA; LA
ALTUVIII INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor rfviii fc-vwf-xten,bdd-ehfl</i>)	4	PA; LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (<i>aminocaproic acid</i>)	3	Preferred alternatives (aminocaproic acid)
AMICAR ORAL TABLET 1,000 MG, 500 MG (<i>aminocaproic acid</i>)	3	Preferred alternatives (aminocaproic acid)
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML (<i>fondaparinux sodium</i>)	4	Preferred alternatives (fondaparinux sodium)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant</i>)	4	PA; LA
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	2	
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (<i>protein c, human</i>)	4	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (<i>protein c, human</i>)	4	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>coagulation factor x</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	PA
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	4	PA; LA
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	3	Preferred alternatives (<i>prasugrel hcl</i>)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>)	4	PA; LA
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-dom truncated peg- exei</i>)	4	PA; LA
ESPEROCT INTRAVENOUS RECON SOLN 4,000 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>)	4	PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI- XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI- XA UNIT/0.3 ML (<i>dalteparin sodium,porcine</i>)	4	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (<i>emicizumab-kxwh</i>)	4	PA; LA
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	1	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) (<i>heparin sodium,porcine in 0.9 % sodium chloride</i>)	3	PA
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML) (<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>)	3	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML (<i>heparin sodium,porcine in 0.45 % sodium chloride</i>)	3	PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	1	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML (<i>heparin sodium,porcine/pf</i>)	3	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix recombinant,albumin fusion protein</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i>)	4	PA; LA
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant,full length</i>)	4	PA; LA
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant,full length</i>)	4	PA; LA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii recombinant, b-domain truncated</i>)	4	PA; LA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	4	PA; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	PA
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	PA
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML (<i>phytonadione (vit k1)</i>)	2	PA
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	PA; LA
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (<i>coagulation factor viia recombinant-jncw</i>)	4	PA; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (<i>factor xiii a-subunit, recombinant</i>)	4	PA; LA
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	PA
<i>vitamin k1 injection solution 10 mg/ml</i>	1	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (<i>von willebrand factor (recombinant)</i>)	4	PA; LA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (<i>antihemophilic factor, human/von willebrand factor, human</i>)	4	PA; LA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	2	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>)	4	PA; LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>)	4	PA; LA
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	3	Preferred alternatives (clopidogrel, aspirin)
LIPID/CHOLESTEROL LOWERING AGENTS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL (30 per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine besylate/atorvastatin calcium</i>)	3	ST; Preferred alternatives (amlodipine-atorvastatin); QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
COLESTID ORAL GRANULES 5 GRAM (<i>colestipol hcl</i>)	3	Preferred alternatives (colestipol hcl)
COLESTID ORAL TABLET 1 GRAM (<i>colestipol hcl</i>)	3	Preferred alternatives (colestipol hcl)
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 120 mg</i>	1	PA
<i>fenofibrate oral tablet 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	3	Preferred alternatives (fenofibrate)
FIBRICOR ORAL TABLET 105 MG (<i>fenofibric acid</i>)	3	Preferred alternatives (fenofibric acid)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (<i>simvastatin</i>)	3	ST; Preferred alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
<i>fluvastatin oral capsule 20 mg</i>	1	ACA; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	ACA; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA; QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (<i>fluvastatin sodium</i>)	3	ST; Preferred alternatives (fluvastatin er); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	3	ST; Preferred alternatives (pitavastatin calcium); QL (30 per 30 days)
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3	Preferred alternatives (gemfibrozil)
<i>lovastatin oral tablet 10 mg</i>	1	ACA; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	ACA; QL (60 per 30 days)
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	2	
<i>niacin oral tablet 500 mg</i>	1	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG (<i>niacin</i>)	3	PA; Preferred alternatives (niacin er)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	ACA; QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA; QL (30 per 30 days)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM (<i>cholestyramine/aspartame</i>)	3	Preferred alternatives (cholestyramine light)
QUESTRAN ORAL POWDER 4 GRAM (<i>cholestyramine (with sugar)</i>)	3	Preferred alternatives (cholestyramine)
QUESTRAN ORAL POWDER IN PACKET 4 GRAM (<i>cholestyramine (with sugar)</i>)	3	Preferred alternatives (cholestyramine)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	2	PA; QL (1 per 21 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (2 per 21 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (2 per 21 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL (30 per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe/rosuvastatin calcium</i>)	3	ST; Preferred alternatives (ezetimibe, atorvastatin calcium, rosuvastatin calcium)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 per 30 days)
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 45 MG (<i>fenofibric acid (choline)</i>)	3	Preferred alternatives (fenofibric acid)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (<i>olezarsen sodium</i>)	4	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (<i>icosapent ethyl</i>)	2	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	3	ST; Preferred alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin)
MISCELLANEOUS CARDIOVASCULAR AGENTS - OTHER DRUGS THAT TREAT HEART CONDITIONS		
ATTRUBY ORAL TABLET 356 MG (<i>acoramidis hcl</i>)	4	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	4	PA; LA; QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG (<i>sacubitril/valsartan</i>)	2	QL (240 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	2	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; LA
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine</i>)	4	PA; LA
NITRATES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (<i>nitroglycerin</i>)	3	Preferred alternatives (nitroglycerin, nitroglycerin)
ISORDIL ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	3	Preferred alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	3	Preferred alternatives (isosorbide dinitrate)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	3	Preferred alternatives (nitroglycerin)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY (<i>nitroglycerin</i>)	3	Preferred alternatives (nitroglycerin)
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (<i>nitroglycerin</i>)	3	Preferred alternatives (nitroglycerin)
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	3	Preferred alternatives (nitroglycerin)
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY - DRUGS TO TREAT SKIN CONDITIONS		
ANTIPSORIATIC / ANTISEBORRHEIC - DRUGS TO TREAT PSORIASIS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (120 per 23 days)
<i>calcipotriene topical cream 0.005 %</i>	1	ST; QL (120 per 23 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 per 23 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	QL (60 per 23 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL (60 per 23 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
ENSTILAR TOPICAL FOAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	2	QL (60 per 23 days)
EPIFOAM TOPICAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (hc pramoxine)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sodium sulfacetamide)

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Prescription Drug Name	Drug Tier	Requirements and Limits
OVACE PLUS TOPICAL CLEANSER 10 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CREAM 10 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sodium sulfacetamide)
OVACE TOPICAL CLEANSER 10 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sodium sulfacetamide)
PLEXION NS TOPICAL SHAMPOO 9.8 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sodium sulfacetamide)
PRAMOSONE TOPICAL CREAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (hc pramoxine)
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (hc pramoxine)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (hc pramoxine)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; LA
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	4	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	4	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	4	PA; LA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab-stba</i>)	4	PA
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	3	Preferred alternatives (calcipotriene-betamethasone); QL (60 per 23 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (<i>ixekizumab</i>)	4	PA; LA
TERSIFOAM TOPICAL FOAM 2.25 % (<i>selenium sulfide</i>)	3	Preferred alternatives (selenium sulfide)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (<i>guselkumab</i>)	4	PA; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (<i>guselkumab</i>)	4	PA; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (<i>calcitriol</i>)	3	Preferred alternatives (calcitriol)
VTAMA TOPICAL CREAM 1 % (<i>tapinarof</i>)	2	QL (60 per 21 days)
WYNZORA TOPICAL CREAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	3	Preferred alternatives (betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, calcipotriene, calcipotriene-betamethasone, ENSTILAR); QL (60 per 23 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab-kfce</i>)	4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	4	PA
ZORYVE TOPICAL CREAM 0.15 % (<i>roflumilast</i>)	2	QL (60 per 23 days)
ZORYVE TOPICAL CREAM 0.3 % (<i>roflumilast</i>)	3	Preferred alternatives (betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA); QL (60 per 23 days)
ZORYVE TOPICAL FOAM 0.3 % (<i>roflumilast</i>)	3	Preferred alternatives (betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate); QL (60 per 23 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
BURN THERAPY - DRUGS TO TREAT BURNS		
SILVADENE TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	3	Preferred alternatives (silver sulfadiazine)
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (<i>tralokinumab-ldrm</i>)	4	PA; LA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; LA
AMELUZ TOPICAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 % (<i>cantharidin in acetone</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; LA
CORTANE-B TOPICAL LOTION 1-1-0.1 % (<i>hydrocortisone/pramoxine hcl/chloroxylonol</i>)	3	Preferred alternatives (hc pramoxine)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 21 days)
<i>doxepin topical cream 5 %</i>	1	QL (90 per 23 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	4	PA; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	4	PA; LA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (<i>lebrikizumab-lbkz</i>)	4	PA; LA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (<i>lebrikizumab-lbkz</i>)	4	PA; LA
EFUDEX TOPICAL CREAM 5 % (<i>fluorouracil</i>)	3	Preferred alternatives (fluorouracil)
EUCRISA TOPICAL OINTMENT 2 % (<i>crisaborole</i>)	2	QL (120 per 23 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 % (<i>sirolimus</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (<i>cadexomer iodine</i>)	3	
IODOSORB TOPICAL GEL 0.9 % (<i>cadexomer iodine</i>)	3	
LEVULAN TOPICAL SOLUTION 20 % (<i>aminolevulinic acid hcl</i>)	3	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	Preferred alternatives (pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE); QL (240 per 21 days)
PANRETIN TOPICAL GEL 0.1 % (<i>alitretinoin</i>)	4	PA
<i>pimecrolimus topical cream 1 %</i>	1	QL (120 per 23 days)
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	1	QL (90 per 23 days)
QUTENZA TOPICAL KIT 8 % (<i>capsaicin/skin cleanser</i>)	4	PA; Preferred alternatives (lidocaine)
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	2	QL (15 per 30 days)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	4	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL (120 per 23 days)
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	3	Preferred alternatives (fluorouracil, fluorouracil, fluorouracil)
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	4	PA; LA
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML (<i>beremagene geperpavec-svdt</i>)	4	PA
<i>wintergreen oil oil</i>	1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (<i>cantharidin</i>)	4	PA; LA
ZONALON TOPICAL CREAM 5 % (<i>doxepin hcl</i>)	3	Preferred alternatives (prudoxin); QL (90 per 23 days)
THERAPY FOR ACNE - DRUGS TO TREAT ACNE		

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Prescription Drug Name	Drug Tier	Requirements and Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	3	Preferred alternatives (accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane)
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 % (<i>dapsone</i>)	3	Preferred alternatives (dapsone)
ACZONE TOPICAL GEL WITH PUMP 7.5 % (<i>dapsone</i>)	3	Preferred alternatives (dapsone)
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
ADAPALENE TOPICAL LOTION 0.1 %	3	Preferred alternatives (adapalene, adapalene)
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	
AKLIEF TOPICAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA; Preferred alternatives (adapalene, tazarotene, tretinoin, tretinoin microsphere)
ALTRENO TOPICAL LOTION 0.05 % (<i>tretinoin</i>)	3	PA; Preferred alternatives (tretinoin, tretinoin microsphere)
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 % (<i>minocycline hcl</i>)	3	Preferred alternatives (adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin)
ARAZLO TOPICAL LOTION 0.045 % (<i>tazarotene</i>)	3	Preferred alternatives (tazarotene, tretinoin, tretinoin microsphere)
AVAR LS TOPICAL CLEANSER 10-2 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sulfacetamide sodium-sulfur)
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sulfacetamide sodium-sulfur)

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Prescription Drug Name	Drug Tier	Requirements and Limits
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	3	Preferred alternatives (adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA)
BENZAMYCIN TOPICAL GEL 3-5 % (<i>erythromycin base/benzoyl peroxide</i>)	3	Preferred alternatives (erythromycin-benzoyl peroxide)
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	Preferred alternatives (clindamycin phosphate); QL (120 per 23 days)
CLINDACIN ETZ TOPICAL KIT 1 % (<i>clindamycin phosphate/skin cleanser comb no.19</i>)	3	Preferred alternatives (clindamycin phosphate, clindacin etz)
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
CLINDACIN PAC TOPICAL KIT 1 % (<i>clindamycin phosphate/skin cleanser comb no.19</i>)	3	Preferred alternatives (clindamycin phosphate, clindacin etz)
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL (150 per 23 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	PA
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 % (<i>adapalene</i>)	3	Preferred alternatives (adapalene)

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Prescription Drug Name	Drug Tier	Requirements and Limits
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (<i>adapalene</i>)	3	Preferred alternatives (adapalene)
DIFFERIN TOPICAL LOTION 0.1 % (<i>adapalene</i>)	3	Preferred alternatives (adapalene, tretinoin, tretinoin microsphere)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (<i>adapalene/benzoyl peroxide</i>)	3	Preferred alternatives (adapalene-benzoyl peroxide)
EPSOLAY TOPICAL CREAM 5 % (<i>benzoyl peroxide</i>)	3	Preferred alternatives (azelaic acid, ivermectin, metronidazole, rosula, FINACEA)
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	QL (45 per 23 days)
METROCREAM TOPICAL CREAM 0.75 % (<i>metronidazole</i>)	3	Preferred alternatives (metronidazole)
METROGEL TOPICAL GEL 1 % (<i>metronidazole</i>)	3	Preferred alternatives (metronidazole)
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (<i>brimonidine tartrate</i>)	2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % (<i>clindamycin phosphate/benzoyl peroxide/emollient comb no.94</i>)	3	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) - 3.75 % (<i>clindamycin phosphate/benzoyl peroxide</i>)	3	Preferred alternatives (clindamycin-benzoyl peroxide)
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PLEXION TOPICAL CLEANSER 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
PLEXION TOPICAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
PLEXION TOPICAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
<i>refissa topical cream 0.05 %</i>	1	
RENOVA TOPICAL CREAM 0.02 % (<i>tretinoin/emollient base</i>)	3	Preferred alternatives (tretinoin)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % (<i>tretinoin microspheres</i>)	3	PA; Preferred alternatives (tretinoin microsphere)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	3	PA; Preferred alternatives (tretinoin)
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	3	PA; Preferred alternatives (tretinoin)
RHOFADE TOPICAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	Preferred alternatives (brimonidine tartrate)
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (<i>metronidazole/skin cleanser combination no.23</i>)	3	Preferred alternatives (metronidazole)
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % (<i>metronidazole/skin cleanser combination no.23</i>)	3	Preferred alternatives (metronidazole)
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	3	
SOOLANTRA TOPICAL CREAM 1 % (<i>ivermectin</i>)	3	Preferred alternatives (ivermectin); QL (45 per 23 days)
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
SUMADAN TOPICAL CLEANSER 9-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sulfacetamide sodium-sulfur)
SUMADAN TOPICAL KIT 9-4.5 % (<i>sulfacetamide sodium/sulfur/skin cleanser comb no.23</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (<i>sulfacetamide sodium/sulfur/avobenzon/octinoxate/octyl sal</i>)	3	
SUMAXIN CP TOPICAL KIT 10-4 % (<i>sulfacetamide sodium/sulfur/skin cleanser comb no.23</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
SUMAXIN TOPICAL CLEANSER 9-4 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 % (<i>sulfacetamide sodium/sulfur</i>)	3	Preferred alternatives (sodium sulfacetamide/sulfur)
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	
<i>tretinoin (emollient) topical cream 0.05 %</i>	1	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
TWYNEO TOPICAL CREAM 0.1-3 % (<i>tretinoin/benzoyl peroxide</i>)	3	Preferred alternatives (adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin)
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (<i>benzoyl peroxide/hydrocortisone</i>)	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 % (<i>clindamycin phosphate/tretinoin</i>)	3	PA; Preferred alternatives (clindamycin phos-tretinoin)
TOPICAL ANESTHETICS - DRUGS FOR NUMBING		
COCAINE NASAL SOLUTION 4 %	3	
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	1	
GOPRELTO NASAL SOLUTION 4 % (<i>cocaine hcl</i>)	3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	QL (50 per 23 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 per 23 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1	
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	1	
<i>lidocan v topical adhesive patch,medicated 5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	1	
NUMBRINO NASAL SOLUTION 4 % (<i>cocaine hcl</i>)	3	
NYNUTEY TOPICAL CREAM 23-7 % (<i>lidocaine/tetracaine</i>)	3	
XARACOLL IMPLANT IMPLANT 100 MG (<i>bupivacaine hcl</i>)	3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (<i>lidocaine</i>)	2	
TOPICAL ANTIBACTERIALS - DRUGS TO TREAT SKIN INFECTIONS		
ALTABAX TOPICAL OINTMENT 1 % (<i>retapamulin</i>)	3	Preferred alternatives (mupirocin, mupirocin); QL (30 per 30 days)
CENTANY AT TOPICAL OINTMENT KIT 2 % (<i>mupirocin</i>)	3	Preferred alternatives (mupirocin, mupirocin); QL (1 per 30 days)
CENTANY TOPICAL OINTMENT 2 % (<i>mupirocin</i>)	3	Preferred alternatives (mupirocin, mupirocin); QL (30 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (60 per 30 days)
KLARON TOPICAL SUSPENSION 10 % (<i>sulfacetamide sodium</i>)	3	Preferred alternatives (sulfacetamide sodium)
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	QL (30 per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 per 30 days)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetamide/emollient comb no.65</i>)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide</i>)	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	2	
XEPI TOPICAL CREAM 1 % (<i>ozenoxacin</i>)	3	Preferred alternatives (mupirocin, mupirocin); QL (30 per 30 days)
TOPICAL ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.28</i>)	3	
CICLODAN KIT TOPICAL SOLUTION 8 % (<i>ciclopirox/urea/camphor/menthol/eucalyptol</i>)	3	Preferred alternatives (ciclopirox)
<i>ciclodan topical cream 0.77 %</i>	1	QL (90 per 21 days)
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 per 21 days)
<i>ciclopirox topical gel 0.77 %</i>	1	QL (100 per 21 days)
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 per 21 days)
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL (60 per 21 days)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL (45 per 21 days)
<i>clotrimazole topical solution 1 %</i>	1	QL (60 per 21 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 21 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60 per 21 days)
<i>econazole nitrate topical cream 1 %</i>	1	QL (85 per 21 days)
EXELDERM TOPICAL CREAM 1 % (<i>sulconazole nitrate</i>)	3	Preferred alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 21 days)
EXELDERM TOPICAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	3	Preferred alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
EXTINA TOPICAL FOAM 2 % (<i>ketconazole</i>)	3	Preferred alternatives (ketconazole); QL (100 per 21 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (<i>efinaconazole</i>)	3	Preferred alternatives (ciclopirox, tavaborole)
<i>ketconazole topical cream 2 %</i>	1	QL (60 per 21 days)
<i>ketconazole topical foam 2 %</i>	1	QL (100 per 21 days)
<i>ketconazole topical shampoo 2 %</i>	1	QL (120 per 21 days)
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL (100 per 21 days)
<i>klayesta topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	3	Preferred alternatives (ciclopirox); QL (90 per 21 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	3	Preferred alternatives (ciclopirox); QL (60 per 21 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.40</i>)	3	Preferred alternatives (ciclopirox); QL (544 per 23 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.40</i>)	3	Preferred alternatives (ciclopirox); QL (1 per 23 days)
<i>naftifine topical cream 1 %</i>	1	QL (90 per 21 days)
<i>naftifine topical cream 2 %</i>	1	QL (60 per 21 days)
<i>naftifine topical gel 2 %</i>	1	QL (60 per 21 days)
NAFTIN TOPICAL GEL 2 % (<i>naftifine hcl</i>)	3	Preferred alternatives (naftifine hcl); QL (60 per 21 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 21 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 21 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60 per 21 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60 per 21 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
<i>oxiconazole topical cream 1 %</i>	1	QL (90 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>tavaborole topical solution with applicator 5 %</i>	1	
TOPICAL ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 % (<i>penciclovir</i>)	3	Preferred alternatives (<i>penciclovir</i>)
<i>penciclovir topical cream 1 %</i>	1	
ZOVIRAX TOPICAL CREAM 5 % (<i>acyclovir</i>)	3	Preferred alternatives (<i>acyclovir</i>)
TOPICAL CORTICOSTEROIDS - STEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 % (<i>hydrocortisone</i>)	3	Preferred alternatives (<i>hydrocortisone</i>)
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	1	
<i>beser topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 % (<i>halobetasol propionate</i>)	3	Preferred alternatives (<i>betamethasone dipropionate</i> , <i>clobetasol propionate</i> , <i>desoximetasone</i> , <i>diflorasone</i> <i>diacetate</i> , <i>fluocinonide</i> , <i>halobetasol propionate</i>)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CAPEX TOPICAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	3	Preferred alternatives (fluocinolone acetonide)
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100 per 23 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236 per 23 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 per 23 days)
CLOBEX TOPICAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	3	Preferred alternatives (clobetasol propionate); QL (236 per 23 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % (<i>clobetasol propionate/skin cleanser combination no.28</i>)	3	Preferred alternatives (betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate); QL (2 per 21 days)
<i>clodan topical shampoo 0.05 %</i>	1	QL (236 per 23 days)
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	Preferred alternatives (fluocinolone acetonide)
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 % (<i>fluocinolone acetonide/shower cap</i>)	3	Preferred alternatives (fluocinolone acetonide)
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
DESOWEN TOPICAL CREAM 0.05 % (<i>desonide</i>)	3	Preferred alternatives (desonide)
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (<i>betamethasone dipropionate/propylene glycol</i>)	3	Preferred alternatives (betamethasone dipropionate)

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Prescription Drug Name	Drug Tier	Requirements and Limits
DUOBRII TOPICAL LOTION 0.01-0.045 % (<i>halobetasol propionate/tazarotene</i>)	3	Preferred alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, halobetasol propionate); QL (200 per 23 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical solution 0.1 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical foam 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL OINTMENT 0.1 % (<i>halcinonide</i>)	3	Preferred alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
HALOG TOPICAL SOLUTION 0.1 % (<i>halcinonide</i>)	3	Preferred alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (120 per 23 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	QL (120 per 23 days)

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<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	QL (120 per 23 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (<i>triamcinolone acetonide</i>)	3	Preferred alternatives (triamcinolone acetonide); QL (100 per 23 days)
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 % (<i>hydrocortisone acetate/aloe vera</i>)	3	
PANDEL TOPICAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	Preferred alternatives (betamethasone valerate, desoximetasone, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide)
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	3	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (<i>hydrocortisone/salicylic acid/sulfur/shampoo no. 1</i>)	3	
<i>scalacort topical lotion 2 %</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TOPICAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TOPICAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	3	Preferred alternatives (fluocinolone acetonide)

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SYNALAR TOPICAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	3	Preferred alternatives (fluocinolone acetonide)
SYNALAR TS TOPICAL KIT 0.01 % (<i>fluocinolone acetonide/skin cleanser comb no.28</i>)	3	Preferred alternatives (fluocinolone acetonide)
TEXACORT TOPICAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	3	Preferred alternatives (hydrocortisone)
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	Preferred alternatives (desoximetasone)
TOPICORT TOPICAL GEL 0.05 % (<i>desoximetasone</i>)	3	Preferred alternatives (desoximetasone)
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	Preferred alternatives (desoximetasone)
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	QL (126 per 23 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL ENZYMES - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
NEXOBRID TOPICAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	2	
TOPICAL SCABICIDES / PEDICULICIDES - DRUGS TO TREAT HEAD LICE OR SCABIES		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 % (<i>permethrin</i>)	3	Preferred alternatives (permethrin)
EURAX TOPICAL CREAM 10 % (<i>crotamiton</i>)	3	Preferred alternatives (crotan)
EURAX TOPICAL LOTION 10 % (<i>crotamiton</i>)	3	Preferred alternatives (crotan)
<i>malathion topical lotion 0.5 %</i>	1	
OVIDE TOPICAL LOTION 0.5 % (<i>malathion</i>)	3	Preferred alternatives (malathion)
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	3	Preferred alternatives (ivermectin, permethrin, malathion, spinosad)

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Prescription Drug Name	Drug Tier	Requirements and Limits
DIAGNOSTICS & MISCELLANEOUS AGENTS - MISCELLANEOUS MEDICINES		
ANOREXIANTS - DRUG TO HELP SUPPRESS APPETITE		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	3	PA; Preferred alternatives (phentermine hcl); QL (30 per 30 days)
<i>benzphetamine oral tablet 50 mg</i>	1	QL (90 per 30 days)
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (<i>naltrexone hcl/bupropion hcl</i>)	3	PA; Preferred alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, WEGOVY, ZEPBOUND); QL (120 per 30 days)
<i>diethylpropion oral tablet 25 mg</i>	1	QL (90 per 30 days)
<i>diethylpropion oral tablet extended release 75 mg</i>	1	QL (30 per 30 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	4	PA
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	PA; Preferred alternatives (phentermine hcl); QL (90 per 30 days)
ORLISTAT ORAL CAPSULE 120 MG	3	PA; Preferred alternatives (ALLI); QL (90 per 30 days)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1	QL (30 per 30 days)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	PA; QL (180 per 30 days)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	QL (30 per 30 days)
<i>phentermine oral tablet 37.5 mg</i>	1	QL (30 per 30 days)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine hcl/topiramate</i>)	3	PA; Preferred alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl, WEGOVY, ZEPBOUND); QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (<i>semaglutide</i>)	2	PA; QL (2 per 21 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (<i>semaglutide</i>)	2	PA; QL (3 per 21 days)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	3	PA; Preferred alternatives (ALLI); QL (90 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	2	PA; QL (2 per 21 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 5 MG/0.5 ML (<i>tirzepatide</i>)	2	PA; QL (2 per 21 days)
IRRIGATING SOLUTIONS - IRRIGATING FLUIDS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	PA
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 % (<i>sorbitol solution</i>)	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML (<i>mannitol/sorbitol solution</i>)	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75-6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS - OTHER		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	3	Preferred alternatives (anagrelide hydrochloride)
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (<i>sodium phenylbutyrate</i>)	4	PA; Preferred alternatives (sodium phenylbutyrate)
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	4	PA; Preferred alternatives (sodium phenylbutyrate)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (<i>carglumic acid</i>)	4	PA; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (<i>levocarnitine</i>)	3	Preferred alternatives (levocarnitine)
CARNITOR ORAL SOLUTION 100 MG/ML (<i>levocarnitine (with sugar)</i>)	3	Preferred alternatives (levocarnitine)
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	3	Preferred alternatives (levocarnitine)
<i>cevimeline oral capsule 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; Preferred alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide); LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	4	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	4	PA; Preferred alternatives (hydroxyurea, DROXIA); LA
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	3	Preferred alternatives (cevimeline hcl)
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG (<i>deferiprone</i>)	4	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	4	
FERRIPROX ORAL TABLET 1,000 MG (<i>deferiprone</i>)	4	PA; Preferred alternatives (deferiprone (3 times a day))
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	4	PA; Preferred alternatives (deferiprone)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (<i>givosiran sodium</i>)	4	PA; LA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	4	PA
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	4	PA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; Preferred alternatives (betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone)
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (<i>sodium phenylbutyrate</i>)	4	PA; Preferred alternatives (sodium phenylbutyrate, PHEBURANE)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	4	PA; Preferred alternatives (nitisinone)
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	4	PA; Preferred alternatives (nitisinone, NITYR)
PHEBURANE ORAL GRANULES 483 MG/GRAM (<i>sodium phenylbutyrate</i>)	4	PA; LA
PROPECIA ORAL TABLET 1 MG (<i>finasteride</i>)	3	Preferred alternatives (finasteride)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	4	PA
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (<i>mitapivat sulfate</i>)	4	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue insoluble</i>)	3	
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (<i>elapegamase-lvlr</i>)	4	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	4	PA; LA
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	3	PA; Preferred alternatives (riluzole)
<i>riluzole oral tablet 50 mg</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	4	PA
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	3	Preferred alternatives (<i>trientine hcl</i>)
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; Preferred alternatives (<i>azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE</i>)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	4	PA; Preferred alternatives (<i>riluzole</i>)
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (<i>tiopronin</i>)	4	PA; Preferred alternatives (<i>tiopronin, venxxiva</i>)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	4	PA; Preferred alternatives (<i>riluzole</i>)
<i>tiopronin oral tablet 100 mg</i>	4	PA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA
<i>trientine oral capsule 250 mg</i>	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM (<i>patiromer calcium sorbitex</i>)	2	PA
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	4	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (<i>uridine triacetate</i>)	4	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	4	PA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML (<i>bupivacaine/meloxicam</i>)	3	PA
SMOKING DETERRENTS - DRUGS TO HELP STOP SMOKING		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA; QL (180 per 365 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	3	Preferred alternatives (varenicline tartrate); ACA; QL (180 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	3	Preferred alternatives (varenicline tartrate); ACA; QL (180 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (<i>varenicline tartrate</i>)	3	Preferred alternatives (varenicline tartrate); ACA; QL (180 per 365 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (<i>nicotine</i>)	2	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	2	ACA; OTC; QL (180 per 365 days)
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	2	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	2	ACA; OTC; QL (180 per 365 days)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA; OTC; QL (180 per 365 days)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA; OTC; QL (180 per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	3	Preferred alternatives (nicotine, nicotine gum); ACA; QL (180 per 365 days)
<i>quit 2 buccal gum 2 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>quit 4 buccal gum 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC; QL (180 per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	ACA; QL (180 per 365 days)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA; QL (180 per 365 days)
EAR, NOSE & THROAT MEDICATIONS - DRUGS TO TREAT THE EAR, NOSE AND THROAT		
MISCELLANEOUS AGENTS - OTHER DRUGS FOR EAR, NOSE OR THROAT CONDITIONS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	Preferred alternatives (sodium fluoride)
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	3	Preferred alternatives (denta 5000 plus, sf 5000 plus)
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	3	
<i>fraiche 5000 dental gel 1.1 %</i>	1	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (<i>sodium fluoride/hydroxyapatite</i>)	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 % (<i>sodium fluoride/potassium nitrate</i>)	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (<i>potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic</i>)	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION (<i>glycerin/carbomer homopolymer type a/potassium hydroxide</i>)	4	PA
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL (31 per 30 days)
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (<i>potassium sorbate/maltodextrin/aloe vera/mann ps</i>)	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (<i>chlorhexidine gluconate</i>)	3	Preferred alternatives (chlorhexidine gluconate)
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	Preferred alternatives (sodium fluoride)
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	3	Preferred alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	Preferred alternatives (sodium fluoride)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	3	Preferred alternatives (sodium fluoride)
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	3	Preferred alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	3	Preferred alternatives (sodium fluoride)
PREVIDENT DENTAL SOLUTION 0.2 % (<i>fluoride (sodium)</i>)	3	Preferred alternatives (sodium fluoride)
PREVIDENT KIDS DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (<i>sucralfate malate, polymerized</i>)	4	PA
Q-CARE RX Q4 KIT 0.12 % (<i>dental suction device/chlorhexidine gl/dental swab comb no.1</i>)	3	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	Preferred alternatives (pilocarpine hcl)
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS - DRUGS TO TREAT EAR CONDITIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (<i>fluocinolone acetonide oil</i>)	3	Preferred alternatives (fluocinolone acetonide oil)
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC - DRUGS TO TREAT EAR CONDITIONS		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	3	Preferred alternatives (neomycin/polymyxin/hc)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (<i>ciprofloxacin hcl/fluocinolone acetonide</i>)	3	Preferred alternatives (ciprofloxacin-dexamethasone)
ENDOCRINE/DIABETES - DRUGS TO TREAT HORMONE CONDITIONS OR DIABETES		
ADRENAL HORMONES - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (<i>corticotropin</i>)	4	PA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	3	Preferred alternatives (hydrocortisone)
<i>cortisone oral tablet 25 mg</i>	1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; LA
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (<i>methylprednisolone</i>)	3	Preferred alternatives (<i>methylprednisolone</i>)
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	3	Preferred alternatives (<i>methylprednisolone</i>)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3	Preferred alternatives (<i>prednisolone sodium phosphate</i>)
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	3	Preferred alternatives (<i>prednisone</i>)
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS) (<i>dexamethasone</i>)	3	Preferred alternatives (<i>dexamethasone</i>)

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Prescription Drug Name	Drug Tier	Requirements and Limits
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (<i>budesonide</i>)	4	PA; Preferred alternatives (methylprednisolone, prednisone)
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide/pf</i>)	3	PA
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (<i>triamcinolone acetonide/pf</i>)	4	PA; LA
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (<i>dexamethasone</i>)	3	Preferred alternatives (dexamethasone)
ANTITHYROID AGENTS - DRUGS TO TREAT THYROID CONDITIONS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	3	Preferred alternatives (potassium iodide)
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES - BLOOD SUGAR TESTING SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
AGAMATRIX CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK (<i>blood-glucose calib. control</i>)	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	3	OTC
AT HOME A1C DEVICE (<i>home hemoglobin a1c monitor</i>)	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
CARESENS CONTROL A AND B SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
DEXCOM G6 RECEIVER (<i>blood-glucose meter, receiver, continuous</i>)	2	PA
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	2	PA
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	2	PA
DEXCOM G7 RECEIVER (<i>blood-glucose meter, receiver, continuous</i>)	2	PA
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	2	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
EASY PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
EASY TALK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
EASY TALK PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
EASYMAX NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (<i>blood ketone and glucose monitor</i>)	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION (<i>blood-ketone control, normal</i>)	3	OTC
FORA NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
FORA TN'G ADV MOBILE MULTI MTR DEVICE (<i>blood ketone and glucose monitor</i>)	3	OTC
FORA TN'G ADVANCE MULTI-FN MTR DEVICE (<i>blood ketone and glucose monitor</i>)	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE (<i>blood ketone and glucose monitor</i>)	3	OTC
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	2	OTC
FREESTYLE FREEDOM KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	2	OTC
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	2	PA
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	2	PA
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	2	PA
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	2	PA
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	2	PA
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter, receiver, continuous</i>)	2	PA
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	2	PA
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	2	OTC
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	2	PA; OTC
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	2	OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION (<i>blood-ketone control, normal</i>)	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT (<i>blood ketone and glucose monitor</i>)	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	3	PA
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	3	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	3	PA
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	3	PA
HEALTHPRO HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
MEDISENSE COMBO PACK (<i>blood-glucose calib. control</i>)	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK (<i>blood-glucose calib. control</i>)	2	OTC
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	3	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE (<i>blood ketone and glucose monitor</i>)	3	OTC
NOVA MAX PLUS GLUC-KETON METER KIT (<i>blood ketone and glucose monitor</i>)	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION (<i>blood glucose and ketone control, normal</i>)	3	OTC
ON CALL EXPRESS CONTROL SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	3	OTC
ONETOUCH ULTRA CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	2	OTC
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	2	OTC
ONETOUCH ULTRA2 METER (<i>blood-glucose meter</i>)	2	OTC
ONETOUCH VERIO FLEX METER (<i>blood-glucose meter</i>)	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	2	OTC
ONETOUCH VERIO REFLECT METER (<i>blood-glucose meter</i>)	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	2	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT (<i>blood ketone and glucose monitor</i>)	2	OTC
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	2	OTC
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	2	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRODIGY CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	3	OTC
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	3	OTC
TRUE METRIX LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	3	OTC
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT - DIABETIC SUPPLIES		
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER MECHANICAL VENT SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	2	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	2	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	2	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	2	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
EUA PATIENT ASSESSMENT (<i>eua patient assessment</i>)	2	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML (<i>glucagon hcl</i>)	3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
<i>metformin oral tablet 750 mg</i>	1	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	2	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	2	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	2	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG (<i>semaglutide</i>)	2	ST
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (<i>glucagon</i>)	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3	Preferred alternatives (diazoxide)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU - INSULIN SUPPLIES		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	2	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	2	OTC
AUTOSOFT 30 INFUSION SET (<i>infusion set for insulin pump</i>)	2	
AUTOSOFT 90 INFUSION SET (<i>infusion set for insulin pump</i>)	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	2	
BD MICROTAINER LANCET 30 GAUGE (<i>lancets</i>)	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (<i>needles, disposable</i>)	2	
CEQR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK (<i>lancing device, vacuum/lancets</i>)	3	OTC
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	2	
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	2	
ILET STARTER KIT-INSET KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED 770G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
MINIMED QUICK SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED SILHOUETTE 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED SURE T 32" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/l2</i>)	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>)	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/l2 with controller</i>)	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	2	
T:FLEX SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	2	
T:SLIM X2 BASAL-IQ INSULIN PMP (<i>subcutaneous insulin pump</i>)	3	PA
T:SLIM X2 CONTROL-IQ (<i>subcutaneous insulin pump</i>)	3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	2	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	2	
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	2	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
TRUSTEEL INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
TWIIST REFILL KT(CSST-NDL-SYR) KIT (<i>insulin pump cartridge/insulin pump syringe/insulin needles</i>)	2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (<i>insulin pump cartridge/insulin infusion set/syringe/needle</i>)	2	
TWIIST STARTER KIT KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	2	
VARISOFT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	2	
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	2	
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	2	
INSULIN THERAPY - INSULIN		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (<i>insulin lispro</i>)	2	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; Preferred alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; Preferred alternatives (HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; Preferred alternatives (HUMALOG, INSULIN LISPRO, LYUMJEV)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-yfgn</i>)	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (<i>insulin glargine,human recombinant analog/lixisenatide</i>)	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine,human recombinant analog</i>)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin degludec</i>)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin degludec</i>)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (<i>insulin degludec/liraglutide</i>)	3	Preferred alternatives (SOLIQUA 100-33)
MISCELLANEOUS HORMONES - OTHER HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (8 per 21 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	PA
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA; LA
<i>cetorelix subcutaneous kit 0.25 mg</i>	4	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT (<i>chorionic gonadotropin, human</i>)	4	PA; Preferred alternatives (NOVAREL, OVIDREL)
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	4	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	4	PA; LA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	Preferred alternatives (desmopressin acetate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	3	PA; Preferred alternatives (testosterone cypionate)
<i>desmopressin injection solution 4 mcg/ml</i>	4	PA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	PA
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	4	PA
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; Preferred alternatives (FABRAZYME); LA
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	PA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (<i>follitropin alfa, recombinant</i>)	4	PA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (<i>follitropin alfa, recombinant</i>)	4	PA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (<i>follitropin alfa, recombinant</i>)	4	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	3	Preferred alternatives (testosterone, testosterone); QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	3	Preferred alternatives (testosterone, testosterone); QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (<i>tolvaptan</i>)	4	PA
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (<i>menotropins</i>)	4	PA
METHITEST ORAL TABLET 10 MG (<i>methyltestosterone</i>)	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin, salmon, synthetic</i>)	3	PA; Preferred alternatives (calcitonin-salmon)
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA
<i>miglustat oral capsule 100 mg</i>	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (<i>metreleptin</i>)	4	PA; LA
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG (<i>desmopressin acetate</i>)	3	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG (<i>desmopressin acetate</i>)	3	
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (<i>chorionic gonadotropin, human</i>)	4	PA
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat</i>)	4	PA; Preferred alternatives (LUMIZYME); LA
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (180 per 365 days)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (360 per 365 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (<i>choriogonadotropin alfa</i>)	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	4	PA; LA
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (<i>chorionic gonadotropin, human</i>)	4	PA; Preferred alternatives (NOVAREL, OVIDREL); QL (3 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (<i>calcifediol</i>)	3	Preferred alternatives (calcitriol, doxercalciferol, paricalcitol)
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	3	Preferred alternatives (calcitriol)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (<i>asfotase alfa</i>)	4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	2	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	4	PA; Preferred alternatives (testosterone cypionate, testosterone enanthate, XYOSTED)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG (<i>testosterone</i>)	3	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>tolvaptan oral tablet 15 mg</i>	4	PA; LA; QL (30 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (<i>testosterone</i>)	3	Preferred alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (<i>testosterone</i>)	3	Preferred alternatives (testosterone)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (<i>testosterone</i>)	3	Preferred alternatives (testosterone)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (<i>testosterone enanthate</i>)	2	PA; QL (2 per 21 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (<i>palopegteriparatide</i>)	4	PA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (<i>paricalcitol</i>)	3	PA; Preferred alternatives (paricalcitol)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	3	Preferred alternatives (paricalcitol)
NON-INSULIN HYPOGLYCEMIC AGENTS - DRUGS TO TREAT HIGH BLOOD SUGAR		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl/metformin hcl</i>)	3	Preferred alternatives (pioglitazone-metformin); QL (90 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	3	Preferred alternatives (pioglitazone hcl); QL (30 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	2	ST
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	Preferred alternatives (metformin hcl, glimepiride, glipizide, glyburide)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl/glimepiride</i>)	3	Preferred alternatives (pioglitazone-glimepiride); QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	3	Preferred alternatives (glipizide er)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	2	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	2	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphate/metformin hcl</i>)	2	ST; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50- 1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	2	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	2	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	PA; ST
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA
metformin oral solution 500 mg/5 ml	1	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	2	ST
nateglinide oral tablet 120 mg, 60 mg	1	
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (<i>alogliptin benzoate/pioglitazone hcl</i>)	3	ST; Preferred alternatives (pioglitazone hcl, saxagliptin hcl, JANUVIA); QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	2	ST
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	3	Preferred alternatives (acarbose)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RIOMET ORAL SOLUTION 500 MG/5 ML (<i>metformin hcl</i>)	3	PA; Preferred alternatives (metformin hcl)

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Prescription Drug Name	Drug Tier	Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	2	ST
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	ST; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	ST; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	ST; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	2	PA; QL (21.6 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	2	PA; QL (9 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	2	PA; ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	2	PA; ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	2	ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	2	PA; ST
THYROID HORMONES - DRUGS TO TREAT THYROID CONDITIONS		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	2	
ERMEZA ORAL SOLUTION 30 MCG/ML (<i>levothyroxine sodium</i>)	3	Preferred alternatives (euthyrox, levothyroxine sodium, levoxyl, unithroid)
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY - DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS		
ANTIDIARRHEALS & ANTISPASMODICS - DRUGS TO TREAT DIARRHEA AND OTHER BOWEL CONDITIONS		
<i>anaspaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	ST; QL (99 per 99 days)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (<i>dicyclomine hcl</i>)	3	PA; Preferred alternatives (<i>dicyclomine hcl</i>)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	PA
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>)	3	Preferred alternatives (<i>phenoxytro</i>)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>)	3	Preferred alternatives (<i>phenoxytro</i>)
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	3	Preferred alternatives (<i>glycopyrrolate</i>)
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (<i>hyoscyamine sulfate</i>)	3	Preferred alternatives (<i>hyoscyamine sulfate</i>)
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3	Preferred alternatives (<i>hyoscyamine sulfate</i>)
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3	Preferred alternatives (<i>hyoscyamine sulfate</i>)
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate hcl/atropine sulfate</i>)	3	Preferred alternatives (<i>diphenoxylate w/atropine</i>)
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	Preferred alternatives (<i>glycopyrrolate</i>)
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin hcl/atropine sulfate</i>)	3	Preferred alternatives (<i>diphenoxylate w/atropine</i>)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	3	Preferred alternatives (<i>hyoscyamine sulfate</i>)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	3	Preferred alternatives (<i>glycopyrrolate</i>)
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	3	Preferred alternatives (<i>glycopyrrolate</i>)
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	3	Preferred alternatives (<i>hyoscyamine sulfate</i>)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS - OTHER DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS		
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (hc pramoxine, pramoxine hcl w/hydrocortisone)
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	PA; QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (2 per 30 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	PA; QL (3 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (<i>mesalamine</i>)	3	Preferred alternatives (mesalamine er)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (<i>sulfasalazine</i>)	3	Preferred alternatives (sulfasalazine)
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	Preferred alternatives (sulfasalazine)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	PA
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol); LA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (<i>odevixibat</i>)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol); LA
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	4	PA
<i>citrate of magnesia oral solution</i>	1	ACA; OTC
<i>citroma oral solution</i>	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>clearlax oral powder 17 gram/dose</i>	1	ACA; OTC
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	3	Preferred alternatives (balsalazide disodium)
COMPAZINE ORAL TABLET 10 MG, 5 MG (<i>prochlorperazine maleate</i>)	3	Preferred alternatives (prochlorperazine maleate)
COMPAZINE RECTAL SUPPOSITORY 25 MG (<i>prochlorperazine</i>)	3	Preferred alternatives (prochlorperazine maleate)
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (<i>hydrocortisone</i>)	3	Preferred alternatives (hydrocortisone)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (<i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>)	3	Preferred alternatives (doxylamine succ-pyridoxine hcl); QL (720 per 365 days)
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	3	Preferred alternatives (balsalazide disodium, mesalamine, mesalamine dr, mesalamine er, sulfasalazine, PENTASA)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	QL (720 per 365 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	ACA; OTC
<i>enulose oral solution 10 gram/15 ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (<i>cromolyn sodium</i>)	3	Preferred alternatives (cromolyn sodium)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	4	PA; LA
<i>gavilax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	1	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	ACA; OTC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	3	Preferred alternatives (gavilyte-g, peg 3350-electrolyte)
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (6 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	4	PA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM (<i>lactulose</i>)	3	Preferred alternatives (lactulose)
<i>lactulose oral packet 10 gram</i>	1	PA
<i>lactulose oral packet 20 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM) (<i>lidocaine hcl/hydrocortisone acetate</i>)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	4	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; Preferred alternatives (cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	
<i>magnesium citrate oral solution</i>	1	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 5 MG (<i>dronabinol</i>)	3	Preferred alternatives (<i>dronabinol</i>)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	2	
<i>natura-lax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML) (<i>mirikizumab-mrkz</i>)	4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; LA
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML) (<i>mirikizumab-mrkz</i>)	4	PA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (100 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>onelax magnesium citrate oral solution</i>	1	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (<i>lipase/protease/amylase</i>)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	3	Preferred alternatives (<i>mesalamine er</i>)
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	3	Preferred alternatives (<i>hc pramoxine, pramoxine hcl w/hydrocortisone</i>)
PROCTOCORT RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	3	Preferred alternatives (<i>hydrocortisone acetate</i>)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>prucalopride oral tablet 1 mg, 2 mg</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	ACA; OTC
REBYOTA RECTAL ENEMA 150 ML (<i>fecal microbiota, live-jslm</i>)	4	PA; LA
RECTIV RECTAL OINTMENT 0.4 % (W/W) (<i>nitroglycerin</i>)	2	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3	Preferred alternatives (<i>metoclopramide hcl</i>)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (<i>mesalamine with cleansing wipes</i>)	3	Preferred alternatives (mesalamine)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (<i>granisetron</i>)	3	Preferred alternatives (granisetron hcl, ondansetron hcl); QL (1 per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (<i>mesalamine</i>)	3	Preferred alternatives (mesalamine)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	4	PA; LA
<i>smoothlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (<i>sacrosidase</i>)	4	PA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML (<i>granisetron</i>)	3	PA; Preferred alternatives (granisetron hcl, ondansetron hcl, palonosetron hcl)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	Preferred alternatives (dronabinol)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	3	PA; Preferred alternatives (trimethobenzamide hcl)
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (<i>budesonide</i>)	3	Preferred alternatives (budesonide er)
UCERIS RECTAL FOAM 2 MG/ACTUATION (<i>budesonide</i>)	3	Preferred alternatives (budesonide)
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	3	Preferred alternatives (ursodiol)
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	2	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	2	

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Prescription Drug Name	Drug Tier	Requirements and Limits
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (<i>lipase/protease/amylase</i>)	2	
VOWST ORAL CAPSULE (<i>fecal microbiota spores, live-brpk</i>)	4	PA
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (<i>lipase/protease/amylase</i>)	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; LA; QL (2 per 21 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; LA
ULCER THERAPY - DRUGS TO TREAT ULCERS		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3	Preferred alternatives (misoprostol)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL (30 per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 2.5 mg, 40 mg, 5 mg</i>	1	ST
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (<i>omeprazole/clarithromycin/amoxicillin trihydrate</i>)	3	Preferred alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA); QL (80 per 30 days)
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	OTC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	OTC
<i>omeprazole oral tablet, disintegrat, delay rel 20 mg</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	PA; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	3	Preferred alternatives (famotidine)
PRILOSEC OTC ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (<i>omeprazole magnesium</i>)	2	ST; OTC
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG (<i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>)	2	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (<i>vonoprazan fumarate/amoxicillin trihydrate</i>)	3	Preferred alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	3	ST; Preferred alternatives (dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>)	3	Preferred alternatives (bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA)
IMMUNOLOGY - DRUGS TO TREAT SKIN CONDITIONS		
INTERLEUKINS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1	
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY - DRUGS TO TREAT THE IMMUNE SYSTEM		
BIOTECHNOLOGY DRUGS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (<i>rilonacept</i>)	4	PA; Preferred alternatives (ILARIS)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab/pf</i>)	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (<i>plerixafor</i>)	4	PA; Preferred alternatives (plerixafor); LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	4	PA; LA
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	PA; LA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	4	PA; LA
GROWTH HORMONES - GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (<i>tesamorelin acetate</i>)	2	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (<i>somatropin</i>)	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (<i>somatropin</i>)	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (<i>somatrogon-ghla</i>)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (<i>somatropin</i>)	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (<i>somatropin</i>)	4	PA; LA
INTERFERONS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	4	PA; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; LA; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	4	PA; LA; QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS - VACCINES		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref a and b/pf</i>)	2	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (<i>smallpox vaccine, live</i>)	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria, pertussis(acellular), tetanus vaccine/pf</i>)	2	ACA; QL (99 per 99 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria, pertussis(acellular), tetanus vaccine/pf</i>)	2	ACA; QL (99 per 99 days)
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>)	2	ACA; QL (99 per 99 days)
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>)	2	ACA; QL (99 per 99 days)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (<i>respiratory syncytial virus vacc. antigen/as01e adjuvant/pf</i>)	2	ACA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML (<i>influenza a (h5n1) vaccine mvs (6 mos up)/adjuvant mf59c.1</i>)	2	QL (99 per 99 days)
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML (<i>influenza a (h5n1) vaccine mvs (6mos up)/adjuvant mf59c.1/pf</i>)	2	QL (99 per 99 days)
BCG VACCINE (TICE STRAIN) VIAL INNER, P/F 50 MG (<i>bcg vaccine, live/pf</i>)	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG (<i>bcg vaccine, live/pf</i>)	4	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (<i>anthrax vaccine adsorbed</i>)	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis(acellular), tetanus vaccine</i>)	2	ACA; QL (99 per 99 days)
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>)	2	

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COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>)	2	ACA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	4	PA; Preferred alternatives (XEMBIFY); LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	2	ACA; QL (99 per 99 days)
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (<i>dengue tetravalent vaccine, live, vero cell/pf</i>)	2	ACA
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	2	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (<i>ebola (zaire) recombinant vaccine, live, vero cell/pf</i>)	2	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf</i>)	2	ACA; QL (99 per 99 days)
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>)	2	ACA; QL (99 per 99 days)
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>)	2	ACA; QL (99 per 99 days)
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>)	2	ACA; QL (99 per 99 days)
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>)	2	ACA; QL (99 per 99 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>)	2	ACA; QL (99 per 99 days)
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>)	2	ACA; QL (99 per 99 days)
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>)	2	ACA; QL (99 per 99 days)
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>)	2	ACA; QL (99 per 99 days)
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>)	2	ACA; QL (99 per 99 days)
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	4	PA; LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	2	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU (<i>allergenic extract,grass pollen-timothy,standard</i>)	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	2	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	2	ACA

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HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	4	PA; Preferred alternatives (XEMBIFY); LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	4	PA; Preferred alternatives (XEMBIFY); LA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	4	PA
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (<i>hepatitis b immune globulin</i>)	4	PA
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (<i>rabies immune globulin/pf</i>)	4	PA
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML (<i>tetanus immune globulin/pf</i>)	2	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>)	4	PA; Preferred alternatives (GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY); LA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (<i>rabies immune globulin/pf</i>)	4	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (<i>rabies vaccine, human diploid cell/pf</i>)	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	2	ACA; QL (99 per 99 days)
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>poliomyelitis vaccine, killed</i>)	2	ACA
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML (<i>chikungunya vaccine, live/preservative free</i>)	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (<i>japanese encephalitis vaccine/pf</i>)	2	ACA
JEUVEAU INTRAMUSCULAR RECON SOLN 100 UNIT (<i>prabotulinumtoxina-xvfs</i>)	3	PA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>)	2	

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KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (<i>rabies immune globulin/pf</i>)	4	PA; Preferred alternatives (HYPERRAB, IMO GAM RABIES-HT)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG- 10 LF/0.5 ML (<i>diphtheria, pertussis(acell),tetanus, polio vaccine/pf</i>)	2	ACA; QL (99 per 99 days)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w- 135,diphtheria toxoid conj/pf</i>)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w- 135,diphtheria toxoid conj/pf</i>)	2	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	2	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>)	2	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	4	PA; Preferred alternatives (HEPAGAM B, HYPERHEP B S-D)
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>)	2	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (<i>allergenic extract, mite-d.farinae-d.pteronysinus,standard</i>)	2	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG- 25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diph,pertus(acell),tet, polio vaccine/pf</i>)	2	ACA; QL (99 per 99 days)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	2	ACA

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PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML <i>(meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf)</i>	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF-62 DU/0.5 ML <i>(diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf)</i>	2	ACA; QL (99 per 99 days)
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML <i>(covid vacc 2024-2025 (5-11 years) (pfizer)/pf)</i>	2	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML <i>(covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf)</i>	2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML <i>(pneumococcal 23-valent polysaccharide vaccine)</i>	2	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML <i>(pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf)</i>	2	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	2	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/pf)</i>	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML <i>(diphtheria, pertussis(acell),tetanus,polio vaccine/pf)</i>	2	ACA; QL (99 per 99 days)
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML <i>(diphtheria, pertussis(acell),tetanus,polio vaccine/pf)</i>	2	ACA; QL (99 per 99 days)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT <i>(rabies vaccine, purified chicken embryo cell (pcec)/pf)</i>	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT <i>(allergenic extract-weed pollen-short ragweed)</i>	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML <i>(hepatitis b virus vaccine recombinant/pf)</i>	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML <i>(hepatitis b virus vaccine recombinant/pf)</i>	2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML <i>(rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8))</i>	2	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	2	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>)	2	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	2	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>)	2	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	2	ACA; QL (99 per 99 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	2	ACA; QL (99 per 99 days)
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML (<i>tick-borne encephalitis vaccine</i>)	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML (<i>tick-borne encephalitis vaccine</i>)	2	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	2	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	2	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	2	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (<i>varicella-zoster immune globulin/maltose</i>)	2	PA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	2	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acellular),tetanus/hepb/polio/hib conj-meng/pf</i>)	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acellular),tetanus/hepb/polio/hib conj-meng/pf</i>)	2	ACA; QL (99 per 99 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	2	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	2	ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)-klhw human</i>)	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	2	ACA

MUSCULOSKELETAL & RHEUMATOLOGY - DRUGS TO TREAT MUSCLE AND BONE CONDITIONS

GOUT THERAPY - DRUGS TO TREAT OR PREVENT GOUT PAIN

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (<i>colchicine</i>)	3	Preferred alternatives (colchicine, MITIGARE)
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ZYLOPRIM ORAL TABLET 100 MG (<i>allopurinol</i>)	3	Preferred alternatives (allopurinol)

OSTEOPOROSIS THERAPY - DRUGS TO TREAT BONE CONDITIONS

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Prescription Drug Name	Drug Tier	Requirements and Limits
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	3	Preferred alternatives (risedronate sodium); QL (1 per 23 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	3	Preferred alternatives (risedronate sodium); QL (4 per 21 days)
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 21 days)
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (<i>risedronate sodium</i>)	3	Preferred alternatives (risedronate sodium dr); QL (4 per 21 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	3	Preferred alternatives (alendronate sodium); QL (4 per 21 days)
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	Preferred alternatives (raloxifene hcl)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	3	Preferred alternatives (alendronate sodium); QL (4 per 21 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (<i>alendronate sodium/cholecalciferol (vitamin d3)</i>)	3	Preferred alternatives (alendronate sodium); QL (4 per 21 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 23 days)
<i>raloxifene oral tablet 60 mg</i>	1	ACA
<i>risedronate oral tablet 150 mg</i>	1	QL (1 per 23 days)
<i>risedronate oral tablet 35 mg</i>	1	QL (4 per 21 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL (4 per 21 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (3 per 21 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; Preferred alternatives (teriparatide, TYMLOS); QL (3 per 21 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	4	PA
OTHER RHEUMATOLOGICALS - DRUGS TO TREAT BONE OR JOINT CONDITIONS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	4	PA; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA
ADALIMUMAB-ADBМ SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL (2 per 21 days)
ADALIMUMAB-ADBМ SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA
ADALIMUMAB-ADBМ(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	4	PA; LA; QL (2 per 21 days)
ADALIMUMAB-ADBМ(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	4	PA; LA; QL (2 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO- INJECTOR, KIT 40 MG/0.4 ML	4	PA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	Preferred alternatives (leflunomide); QL (30 per 30 days)
AURANOFIN ORAL CAPSULE 3 MG	3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; LA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	4	PA; LA; QL (2 per 21 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab- adbm</i>)	4	PA; LA; QL (2 per 21 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	4	PA; LA; QL (2 per 21 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	Preferred alternatives (penicillamine)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	4	PA; LA; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	4	PA; LA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (<i>etanercept</i>)	4	PA; LA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (<i>etanercept</i>)	4	PA; LA; QL (4 per 21 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	4	PA; LA; QL (4 per 21 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	4	PA
<i>penicillamine oral capsule 250 mg</i>	1	
<i>penicillamine oral tablet 250 mg</i>	1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	2	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	4	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	4	PA; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	2	ST; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	2	ST; QL (55 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (<i>adalimumab-ryvk</i>)	4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	4	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	4	PA; Preferred alternatives (ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, INFLECTRA, SIMLANDI(CF) AUTOINJECTOR, SIMPONI); LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>)	4	PA; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>)	4	PA; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab-aazg</i>)	4	PA; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab-aazg</i>)	4	PA; LA
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA
OBSTETRICS & GYNECOLOGY - GYNECOLOGY MEDICINES		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES - DRUGS OR DEVICES FOR BIRTH CONTROL		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	2	ACA
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	3	ACA; OTC
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	3	ACA; OTC
FC2 FEMALE CONDOM (<i>condoms, female</i>)	2	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM (<i>cervical cap</i>)	2	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	4	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	4	Preferred alternatives (KYLEENA, MIRENA, SKYLA); ACA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (<i>levonorgestrel</i>)	4	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	4	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	4	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	2	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	3	ACA
ESTROGENS & PROGESTINS - ESTROGENS AND PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol/norethindrone acetate</i>)	3	Preferred alternatives (estradiol-norethindrone acetat)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone/estradiol</i>)	3	Preferred alternatives (amabelz, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol)
<i>camila oral tablet 0.35 mg</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (<i>estradiol</i>)	3	Preferred alternatives (estradiol); QL (4 per 21 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (<i>estradiol/norethindrone acetate</i>)	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 8 % (<i>progesterone, micronized</i>)	2	PA
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	3	PA; Preferred alternatives (estradiol valerate)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	2	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	3	Preferred alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	3	Preferred alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	3	Preferred alternatives (medroxyprogesterone acetate); ACA; QL (1 per 68 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 21 days)
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA
<i>errin oral tablet 0.35 mg</i>	1	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	3	Preferred alternatives (estradiol)
ESTRADIOL IMPLANT PELLETT 6 MG (<i>estradiol</i>)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1	QL (1 per 30 days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 21 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 per 21 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	PA
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (<i>estrogens,esterified/methyltestosterone</i>)	3	Preferred alternatives (estrogen & methyltestosterone)
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (<i>estrogens,esterified/methyltestosterone</i>)	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (<i>estradiol</i>)	3	Preferred alternatives (estradiol, estradiol); QL (17 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 21 days)
<i>lyza oral tablet 0.35 mg</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (<i>estradiol</i>)	3	Preferred alternatives (<i>estradiol</i>); QL (4 per 21 days)
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	2	ACA; OTC
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	PA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone, micronized</i>)	3	Preferred alternatives (<i>progesterone</i>)
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	3	Preferred alternatives (<i>medroxyprogesterone acetate</i>)
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN - OTHER GYNECOLOGY MEDICINES		

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Prescription Drug Name	Drug Tier	Requirements and Limits
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (<i>segesterone acetate/ethinyl estradiol</i>)	3	Preferred alternatives (drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri- sprintec, xulane); ACA; QL (1 per 274 days)
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (<i>dinoprostone</i>)	3	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	3	Preferred alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	3	Preferred alternatives (clindamycin phosphate, metronidazole, XACIATO)
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (<i>clindamycin phosphate</i>)	3	Preferred alternatives (clindamycin phosphate, metronidazole, XACIATO)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	3	Preferred alternatives (terconazole)
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix/estradiol/norethindrone acetate</i>)	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	4	ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (<i>metronidazole</i>)	3	Preferred alternatives (metronidazole, clindamycin phosphate, XACIATO)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1- 0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	2	PA

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Prescription Drug Name	Drug Tier	Requirements and Limits
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	Preferred alternatives (estradiol, estradiol, yuvafem, PREMARIN)
PREPIDIL VAGINAL GEL 0.5 MG/3 G (<i>dinoprostone</i>)	3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	3	Preferred alternatives (fem ph)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	2	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	2	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	2	ACA; OTC
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	3	Preferred alternatives (estradiol, estradiol, paroxetine mesylate)
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS - DRUGS OR DEVICES FOR BIRTH CONTROL		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>after pill oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	3	ACA; OTC; QL (1 per 30 days)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>)	3	Preferred alternatives (drospirenone-eth estri-levomef); ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/125/15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>curae oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	2	ACA; QL (1 per 30 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>her style oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>mili oral tablet 0.25-0.035 mg</i>	1	ACA
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>my way oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>new day oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	1	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>option-2 oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 30 days)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	2	ACA; OTC; QL (1 per 30 days)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	3	ACA; OTC; QL (1 per 30 days)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>valtya oral tablet 1-50 mg-mcg</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-0.035 mg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
YAZ (28) ORAL TABLET 3-0.02 MG (<i>ethinyl estradiol/drospirenone</i>)	3	Preferred alternatives (drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura); ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA
OXYTOCICS - OTHER GYNECOLOGY MEDICINES		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
OPHTHALMOLOGY - DRUGS TO TREAT EYE CONDITIONS		
ANTIBIOTICS - DRUGS TO TREAT EYE INFECTIONS		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML (<i>moxifloxacin hcl in balanced salt solution no.2/pf</i>)	3	PA
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML (<i>moxifloxacin hcl in sodium chloride,iso-osmotic/pf</i>)	3	PA

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MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML (<i>moxifloxacin hcl in sodium chloride,iso-osmotic/pf</i>)	3	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (<i>ofloxacin</i>)	3	Preferred alternatives (ofloxacin)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 % (<i>tobramycin sulfate/vancomycin hcl</i>)	3	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>tobramycin</i>)	3	Preferred alternatives (tobramycin sulfate)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (<i>moxifloxacin hcl</i>)	3	Preferred alternatives (moxifloxacin hcl)
ANTIVIRALS - DRUGS TO TREAT EYE INFECTIONS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	3	Preferred alternatives (trifluridine)
BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	Preferred alternatives (betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate)
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	

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<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	4	PA
CYCLOPLEGIC MYDRIATICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 % (<i>atropine sulfate</i>)	3	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	3	Preferred alternatives (cyclopentolate hcl)
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 % (<i>cyclopentolate/tropicamide/phenylephrine/ketorolac in water</i>)	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %-0.4 % (<i>cyclopent/tropicamide/proparacaine/phenyl/ketorolac in water</i>)	3	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (<i>phenylephrine hcl/tropicamide</i>)	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % (<i>tropicamide</i>)	3	Preferred alternatives (tropicamide)
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML) (<i>acetylcholine chloride</i>)	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (<i>lidocaine hcl/pf</i>)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (<i>proparacaine hcl</i>)	3	Preferred alternatives (proparacaine hcl)
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbll</i>)	4	PA; Preferred alternatives (EYLEA, PAVBLU); LA
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML (<i>bevacizumab</i>)	3	PA
<i>bimatoprost base of the eyelashes drops with applicator 0.03 %</i>	1	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	4	PA; LA
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (<i>cyclosporine</i>)	3	PA; Preferred alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	4	PA; LA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (<i>cyclosporine/chondroitin sulfate a sodium</i>)	3	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (<i>cysteamine hcl</i>)	4	PA
DEXAMET-MOXIFL-KETORO-NAACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML (<i>dexamethasone sod ph/moxifloxacin hcl/ketorolac/sod chlor/pf</i>)	3	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (<i>chloroprocaine hcl/pf</i>)	3	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (<i>chondroitin sulfate a sodium/pf</i>)	3	

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LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR 0.03 % (<i>bimatoprost</i>)	3	
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL) (<i>voretigene neparvovec-rzyl</i>)	4	PA; LA
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (<i>perfluorohexyloctane/pf</i>)	2	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (<i>tropicamide/proparacaine/phenylephrine/ketorolac in water</i>)	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 % (<i>phenylephrine hcl/ketorolac tromethamine</i>)	3	PA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; LA
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 % (<i>prednisolone sodium phosphate/moxifloxacin hcl/bromfenac sod</i>)	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 % (<i>prednisolone acetate/bromfenac sodium</i>)	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 % (<i>prednisolone acetate/nepafenac</i>)	3	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 % (<i>prednisolone acetate/moxifloxacin hcl/nepafenac</i>)	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % (<i>prednisolone acetate/moxifloxacin hcl/bromfenac sodium</i>)	3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	2	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	3	PA; Preferred alternatives (cyclosporine); QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % <i>(tetracaine hcl/pf)</i>	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (<i>varenicline tartrate</i>)	3	Preferred alternatives (cyclosporine, RESTASIS MULTIDOSE, XIIDRA)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (<i>cyclosporine</i>)	3	PA; Preferred alternatives (cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA)
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (<i>lotilaner</i>)	4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % <i>(lifitegrast)</i>	2	
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 % <i>(cetirizine hcl)</i>	3	Preferred alternatives (azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (<i>ketorolac tromethamine</i>)	3	Preferred alternatives (ketorolac tromethamine)
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (<i>ketorolac tromethamine</i>)	3	Preferred alternatives (ketorolac tromethamine)
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % <i>(nepafenac)</i>	3	Preferred alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (<i>bromfenac sodium</i>)	3	Preferred alternatives (bromfenac sodium)
ORAL DRUGS FOR GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS - DRUGS TO TREAT GLAUCOMA		

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<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 % (<i>brimonidine tartrate/dorzolamide hcl/pf</i>)	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 % (<i>brimonidine tartrate/dorzolamide hcl</i>)	3	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (<i>brimonidine tartrate/timolol maleate</i>)	3	Preferred alternatives (brimonidine tartrate-timolol)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % (<i>dorzolamide hcl/pf</i>)	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
<i>miostat intraocular solution 0.01 %</i>	1	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil mesylate</i>)	3	Preferred alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (<i>netarsudil mesylate/latanoprost</i>)	3	Preferred alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (<i>brinzolamide/brimonidine tartrate</i>)	3	Preferred alternatives (brimonidine tartrate, brinzolamide, dorzolamide-timolol)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 % (<i>timolol mal/brimonidine tart/dorzolamide hcl/bimatoprost/pf</i>)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 % (<i>timolol maleate/brimonidine tartrate/dorzolamide hcl/pf</i>)	3	

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TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 % (<i>timolol maleate/dorzolamide hcl/bimatoprost/pf</i>)	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
STEROID-ANTIBIOTIC COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML (<i>dexamethasone sod ph/moxifloxacin hcl in nacl,iso-osmotic/pf</i>)	3	PA
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (<i>neomycin/polymyxin b sulfate/dexamethasone</i>)	3	Preferred alternatives (neo/polymyxin/dexamethasone)
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % (<i>neomycin/polymyxin b sulfate/dexamethasone</i>)	3	Preferred alternatives (neo/polymyxin/dexamethasone)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 % (<i>prednisolone sodium phosphate/moxifloxacin hcl</i>)	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % (<i>prednisolone acetate/moxifloxacin hcl</i>)	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	3	Preferred alternatives (tobramycin-dexamethasone)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
STEROIDS - DRUGS TO TREAT EYE INFLAMMATION		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (<i>dexamethasone</i>)	3	

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<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	2	PA
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone</i>)	3	Preferred alternatives (fluorometholone)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (<i>fluocinolone acetonide</i>)	4	PA; Preferred alternatives (OZURDEX); LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>loteprednol etabonate</i>)	3	Preferred alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (<i>loteprednol etabonate</i>)	3	Preferred alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	3	Preferred alternatives (loteprednol etabonate)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	3	Preferred alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (<i>loteprednol etabonate</i>)	3	Preferred alternatives (dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>prednisolone acetate</i>)	3	Preferred alternatives (prednisolone acetate)
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>prednisolone acetate/pf</i>)	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	4	PA; LA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (<i>fluocinolone acetonide</i>)	4	PA; Preferred alternatives (OZURDEX); LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
STEROID-SULFONAMIDE COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES - SULFA MEDICINES FOR EYE CONDITIONS		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS - OTHER MEDICINES FOR EYE CONDITIONS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	3	Preferred alternatives (brimonidine tartrate)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (<i>apraclonidine hcl</i>)	3	Preferred alternatives (brimonidine tartrate)
VASOCONSTRICTOR DECONGESTANTS - DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (<i>cyclopentolate hcl/phenylephrine hcl</i>)	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD - DRUGS TO TREAT BREATHING CONDITIONS		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS - DRUGS TO TREAT ALLERGIES AFFECTING THE EYE		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	Preferred alternatives (desloratadine); QL (30 per 30 days)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	PA
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	PA
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (<i>epinephrine</i>)	2	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (<i>epinephrine</i>)	2	QL (4 per 30 days)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	PA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30 per 30 days)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML) (<i>epinephrine</i>)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML (<i>dexchlorpheniramine maleate</i>)	3	Preferred alternatives (<i>dexchlorpheniramine maleate</i>)
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	3	Preferred alternatives (<i>carbinoxamine</i>)
COUGH & COLD THERAPY - DRUGS FOR COUGH AND COLD		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>)	3	Preferred alternatives (<i>brompheniramin-pseudoephed-dm</i>)
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (<i>desloratadine/pseudoephedrine sulfate</i>)	3	Preferred alternatives (<i>desloratadine, fexofenadine-pse er</i>); QL (60 per 30 days)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	3	Preferred alternatives (<i>g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac</i>)

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Prescription Drug Name	Drug Tier	Requirements and Limits
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (<i>pseudoephedrine hcl/codeine phosphate/guaifenesin</i>)	3	Preferred alternatives (guaifenesin dac, virtussin dac)
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (<i>triprolidine hcl/phenylephrine hcl/codeine phosphate</i>)	3	Preferred alternatives (promethazine vc w/codeine)
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML (<i>hydrocodone bitartrate/homatropine methylbromide</i>)	3	Preferred alternatives (hydrocodone/homatropine)
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG (<i>hydrocodone bitartrate/homatropine methylbromide</i>)	3	Preferred alternatives (hydrocodone/homatropine)
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	3	Preferred alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl/codeine phosphate</i>)	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	3	Preferred alternatives (g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (<i>brompheniramine maleate/phenylephrine hcl/codeine phosphate</i>)	3	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (<i>chlorpheniramine maleate/codeine phosphate</i>)	3	
PULMONARY AGENTS - OTHER MEDICINES FOR BREATHING CONDITIONS		

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Prescription Drug Name	Drug Tier	Requirements and Limits
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3	Preferred alternatives (zafirlukast)
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; LA
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER,120 INH 115-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	2	QL (12 per 30 days)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER,120 INH 230-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	2	QL (12 per 30 days)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER,120 INH 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	2	QL (12 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	2	QL (8 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (<i>albuterol sulfate/budesonide</i>)	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaftor calcium/tezacaftor/deutivacaftor</i>)	4	PA; LA
<i>alyq oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA
ANORO ELLIPTA 62.5-25 MCG INH 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	2	QL (14 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	2	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>mometasone furoate</i>)	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	2	QL (1 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	3	Preferred alternatives (budesonide-formoterol fumarate, tiotropium bromide, ANORO ELLIPTA, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT); QL (26 per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL (23 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA 100-25 MCG INHALR 100-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	2	QL (28 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE, 50-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	2	
<i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (11 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (<i>budesonide/glycopyrrolate/formoterol fumarate</i>)	2	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (<i>mannitol</i>)	4	PA; Preferred alternatives (nebusal, pulmosal, sodium chloride); LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (<i>arformoterol tartrate</i>)	3	Preferred alternatives (arformoterol tartrate); QL (120 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (11 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (<i>c1 esterase inhibitor</i>)	4	PA; LA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	2	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA 200 MCG-5 MCG INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	2	QL (13 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	2	QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	2	QL (9 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (<i>theophylline anhydrous</i>)	3	Preferred alternatives (theophylline anhydrous)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (<i>benralizumab</i>)	4	PA; LA
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	ST; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (1 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (<i>c1 esterase inhibitor</i>)	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (<i>sodium chloride for inhalation</i>)	3	Preferred alternatives (sodium chloride)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (<i>ecallantide</i>)	4	PA; Preferred alternatives (icatibant); LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	4	PA; LA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	4	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL (17 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mepolizumab</i>)	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (<i>mepolizumab</i>)	4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	4	PA; LA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan/tadalafil</i>)	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/ivacaftor</i>)	4	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	4	PA; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hydrochloride</i>)	4	PA; Preferred alternatives (HAEGARDA, TAKHZYRO)
<i>pirfenidone oral capsule 267 mg</i>	4	PA; LA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	2	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; Preferred alternatives (<i>sildenafil citrate</i>); QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (<i>c1 esterase inhibitor, recombinant</i>)	4	PA; LA
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY (<i>olopatadine hcl/mometasone furoate</i>)	3	ST; Preferred alternatives (<i>azelastine hcl, azelastine-fluticasone, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl</i>)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL (90 per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG (<i>mometasone furoate</i>)	4	PA
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	3	Preferred alternatives (<i>tiotropium bromide</i>); QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	2	
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION (<i>budesonide/formoterol fumarate</i>)	3	PA; Preferred alternatives (<i>breyna, budesonide-formoterol fumarate</i>); QL (11 per 30 days)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION (<i>budesonide/formoterol fumarate</i>)	3	PA; Preferred alternatives (<i>breyna, budesonide-formoterol fumarate</i>); QL (11 per 30 days)

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Prescription Drug Name	Drug Tier	Requirements and Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION (<i>budesonide/formoterol fumarate</i>)	3	PA; Preferred alternatives (breyna, budesonide-formoterol fumarate); QL (6 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION (<i>budesonide/formoterol fumarate</i>)	3	PA; Preferred alternatives (breyna, budesonide-formoterol fumarate); QL (7 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	4	PA; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	4	PA; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	PA
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	4	PA; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	4	PA; LA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	3	Preferred alternatives (theophylline anhydrous)
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	4	PA; Preferred alternatives (bosentan); LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (<i>elexacaftor/tezacaftor/ivacaftor</i>)	4	PA; LA

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Prescription Drug Name	Drug Tier	Requirements and Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (<i>elxacaftor/tezacaftor/ivacaftor</i>)	4	PA; LA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil/nebulizer accessories</i>)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	4	PA; Preferred alternatives (TYVASO); LA
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	4	PA; LA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (1 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (<i>fluticasone propionate</i>)	2	ST
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	4	PA; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	4	PA; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	4	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (<i>revefenacin</i>)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	3	Preferred alternatives (zileuton, montelukast sodium, zafirlukast)
UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
ANTICHOLINERGICS & ANTISPASMODICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	3	Preferred alternatives (darifenacin er, fesoterodine fumarate er, oxybutynin chloride er, tolterodine tartrate er, trospium chloride, MYRBETRIQ)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (<i>mirabegron</i>)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (<i>oxybutynin</i>)	3	Preferred alternatives (fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ); QL (8 per 21 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY - DRUGS TO TREAT PROSTATE CONDITIONS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	3	Preferred alternatives (tamsulosin hcl)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	Preferred alternatives (finasteride)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL (8 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	QL (8 per 30 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil</i>)	2	PA; QL (12 per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (<i>alprostadil</i>)	2	PA; QL (12 per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (<i>alprostadil</i>)	2	PA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	4	PA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil</i>)	3	PA; Preferred alternatives (CAVERJECT, CAVERJECT); QL (12 per 30 days)
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	2	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (<i>papaverine hcl/phentolamine mesylate in water</i>)	3	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	3	Preferred alternatives (phospha 250 neutral, K-PHOS ORIGINAL)
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	3	Preferred alternatives (oral citrate)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (<i>lumasiran sodium</i>)	4	PA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acid/gluconolactone/magnesium carbonate</i>)	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA; QL (8 per 30 days)
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3	Preferred alternatives (<i>avanafil</i>); QL (8 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	PA; QL (8 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (<i>papaverine hcl/phentolamine mesylate/alprostadil</i>)	3	PA
URELLE ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	3	Preferred alternatives (<i>phosphasal, uretron d-s</i>)
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (<i>methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin</i>)	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (<i>potassium citrate</i>)	3	Preferred alternatives (<i>potassium citrate er</i>)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium citrate</i>)	3	Preferred alternatives (<i>potassium citrate er</i>)
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate,monobasic</i>)	3	Preferred alternatives (<i>methenamine mandelate</i>)
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	PA; QL (8 per 30 days)
<i>varденаfil oral tablet,disintegrating 10 mg</i>	1	PA; QL (8 per 30 days)
URINARY ANESTHETICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMIN, HEMATINIC & ELECTROLYTES - VITAMINS AND MINERALS		
ELECTROLYTES - DRUGS TO REPLACE OR DEplete ELECTROLYTES AND MINERALS		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	3	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (<i>sodium zirconium cyclosilicate</i>)	2	
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (<i>sevelamer carbonate</i>)	3	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (<i>patiromer calcium sorbitex</i>)	2	PA
VITAMINS, HEMATINICS & ELECTROLYTES - VITAMINS AND MINERALS		
ELECTROLYTES - DRUGS TO REPLACE OR DEplete ELECTROLYTES AND MINERALS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarbonate/citric acid</i>)	3	Preferred alternatives (effer-k, klor-con-ef)
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium chloride</i>)	3	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES - OTHER VITAMINS AND MINERALS		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (<i>triheptanoin</i>)	4	PA; LA
VITAMINS & HEMATINICS - VITAMINS AND IRON THERAPY		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	3	Preferred alternatives (ferrous fumarate, ferrous gluconate)
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	1	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (<i>prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	1	OTC
<i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa</i>)	3	Preferred alternatives (taron-c dha, virt-c dha)
CONCEPT OB ORAL CAPSULE 85-1 MG (<i>mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid</i>)	3	Preferred alternatives (folivane-ob)
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	PA
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	1	
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	ACA; OTC
<i>dodex injection solution 1,000 mcg/ml</i>	1	PA

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DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (<i>prenatal vits 106/sod ferredetate-iron ps/folic acid/omega-3s</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (<i>multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	3	ACA; OTC
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (<i>sodium fluoride/cholecalciferol (vitamin d3)</i>)	3	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg</i>	1	OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	PA
ICAR ORAL SUSPENSION 15 MG/1.25 ML (<i>iron,carbonyl</i>)	2	OTC
<i>kobee oral tablet 0.4 mg</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (<i>prenatal vitamins no.108/iron,carbonyl/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (<i>prenatal vits with calcium no.65/iron polysacchar/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG (<i>mecobalamin</i>)	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>mvf-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY (<i>cyanocobalamin (vitamin b-12)</i>)	2	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG (<i>prenatal vitamin no.55/iron fumarate, bisglycinate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus)
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG (<i>multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
NEONATAL COMPLETE ORAL TABLET 29-1 MG (<i>prenatal vitamins no.175/ferrous fumarate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus)
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (<i>iron, carbonyl/ascorbic acid/cyanocobalamin/folic acid</i>)	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.154/ferrous fumarate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus)
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (<i>prenatal vit no.175/iron fum/folic acid/dha/schiz. algal oil</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (<i>prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (<i>prenatal vits with calcium no.87/iron bisgly/folic acid/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)

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Prescription Drug Name	Drug Tier	Requirements and Limits
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>multivit 42/iron carbonyl,b-g che/methyltetrahydrofolate/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
NESTABS ORAL TABLET 32-1,000 MG-MCG (<i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (<i>prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (<i>prenatal no56/iron carbonyl,asparto glycinate/folic acid/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (<i>prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	ACA; OTC
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>)	2	OTC

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg- 250 mg</i>	1	OTC
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG (<i>prenatal vits with calcium 133/ferrous fumarate/folic acid</i>)	3	ACA; OTC
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON- 1 MG -312 MG-250 MG (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.180/ferrous fumarate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG (<i>multivit no.38/methyltetrahydrofolate glucos,folic acid/ginger</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (<i>multivitamin no.36/methyltetrahydrofolate gluc.folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (<i>prenatal vitamins no.78/iron asparto glycin/folate no.1/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (<i>prenatal vits no.114/ferrous aspart glycinate/folate no.1</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG- 400 MG (<i>prenatal vitamins no.68/iron fumarate/folate no.6/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)

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Prescription Drug Name	Drug Tier	Requirements and Limits
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (<i>multivitamin no.40/iron asparto glycinate/folate no.1/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (<i>prenatal vits no.87/iron carb-asp.glycinate/folate no.1/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (<i>prenatal vitamins no.85/iron asparto glycin/folate no.1/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (<i>prenatal vitamins no.69/iron fumarate/folate comb no.6/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (<i>prenatal vitamins no.77/ferrous asparto glycinate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
PRIMACARE ORAL CAPSULE 30-1-300 MG (<i>prenatal vits no.118/iron asparto glycinate/folate no.6/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (<i>prenatal vits no.65/iron fumarate,polysac complex/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
<i>rena-vite oral tablet 0.8 mg</i>	1	ACA; OTC
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (<i>prenatal vitamins no.66/iron,carbonyl/folic acid/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vit no.128/iron polysaccharide complex/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (<i>prenatal vitamins no.33/iron polysach complex/folic acid/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamin no.13/iron polysaccharides/folate comb no.1</i>)	3	Preferred alternatives (m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus)

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Prescription Drug Name	Drug Tier	Requirements and Limits
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg/ml)</i>	1	ACA; OTC
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	1	ACA; OTC
<i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i>	1	ACA; OTC
<i>super quintis oral tablet 0.4 mg</i>	1	ACA; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus)
<i>tricon oral capsule 110-0.5 mg</i>	1	OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (<i>ferric pyrophosphate citrate</i>)	3	PA
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (<i>ferric pyrophosphate citrate</i>)	3	PA
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (<i>prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg/ml), 0.5 mg fluoride (1.1 mg/ml)</i>	1	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (<i>prenatal vits no.102/iron polysacch/folate no.1/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (<i>prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha)

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Prescription Drug Name	Drug Tier	Requirements and Limits
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (<i>prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL-OB ORAL TABLET 65-1 MG (<i>prenatal vits with calcium no.10/ferrous fumarate/folic acid</i>)	3	Preferred alternatives (m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus)
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (<i>prenatal vits with calcium no.10/ferrous fum/folic acid/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (<i>prenatal vits no.26/iron polysaccharide cplex/folic acid/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG - 200 MG (<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>)	3	Preferred alternatives (complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha)
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	ACA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i>	1	OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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<i>bupropion hcl</i>	50	<i>CARBAGLU</i>	97	<i>CELONTIN</i>	30
<i>bupropion hcl (smoking deter)</i>	100	<i>carbamazepine</i>	30	<i>CENTANY</i>	88
<i>bupropion hcl (smoking deter)</i>	100	<i>CARBAMAZEPINE</i>	30	<i>CENTANY AT</i>	88
<i>bupropion</i>	50	<i>CARBATROL</i>	30	<i>cephalexin</i>	2
<i>butalbital-acetaminop-caf-cod</i>	42	<i>carbidopa</i>	35	<i>CEPROTIN (BLUE BAR)</i>	70
<i>butalbital-acetaminophen</i>	42	<i>carbidopa-levodopa</i>	35	<i>CEPROTIN (GREEN BAR)</i>	70
<i>butalbital-acetaminophen-caff</i>	42	<i>carbidopa-levodopa-entacapone</i>	35	<i>CEQUA</i>	161
<i>butalbital-aspirin-caffeine</i>	42	<i>carbinoxamine maleate</i>	167	<i>CEQUR SIMPLICITY</i>	113
<i>butorphanol</i>	45	<i>CARDIZEM</i>	63	<i>CERDELGA</i>	117
<i>BYDUREON BCISE</i>	121	<i>CARDIZEM CD</i>	63	<i>CERVIDIL</i>	151
<i>BYLVAY</i>	126	<i>CARDIZEM LA</i>	63	<i>cetirizine</i>	167
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<i>CABENUVA</i>	12	<i>CARESENS CONTROL A</i> <i>AND B</i>	107	<i>cevimeline</i>	97
<i>cabergoline</i>	117	<i>CARETOUCH CONTROL</i> <i>SOLN L2-L3</i>	107	<i>CHANTIX</i>	101
<i>CABLIVI</i>	70	<i>carglumic acid</i>	97	<i>CHANTIX CONTINUING</i> <i>MONTH BOX</i>	101
<i>CABOMETYX</i>	18	<i>carisoprodol</i>	40	<i>CHANTIX STARTING</i> <i>MONTH BOX</i>	101
<i>CADUET</i>	74	<i>carisoprodol-aspirin</i>	40	<i>charlotte 24 fe</i>	153
<i>caffeine citrate</i>	97	<i>carisoprodol-aspirin-codeine</i>	40	<i>chateal eq (28)</i>	153
<i>calcipotriene</i>	78	<i>CARNITOR</i>	97	<i>CHEMET</i>	98
<i>calcipotriene-betamethasone</i>	78	<i>CARNITOR (SUGAR-FREE)</i>	97	<i>CHENODAL</i>	126
<i>calcitonin (salmon)</i>	117	<i>carteolol</i>	159	<i>chlordiazepoxide hcl</i>	50
<i>calcitriol</i>	78, 117	<i>cartia xt</i>	64	<i>chlordiazepoxide-clidinium</i>	124
<i>calcium acetate(phosphat bind)</i>	180	<i>carvedilol</i>	64	<i>chlorthalidone</i>	102
CALQUENCE <i>(ACALABRUTINIB MAL)</i>	18	<i>carvedilol phosphate</i>	64	<i>chloroquine phosphate</i>	4
<i>CAMBIA</i>	45	<i>CASODEX</i>	18	<i>chlorpromazine</i>	51
<i>camila</i>	148	<i>CATAPRES-TTS-1</i>	64	<i>chlorthalidone</i>	64
<i>camrese</i>	153	<i>CATAPRES-TTS-2</i>	64	<i>chlorzoxazone</i>	40
<i>camrese lo</i>	153	<i>CATAPRES-TTS-3</i>	64	<i>CHOLBAM</i>	126
<i>CAMZYOS</i>	77	<i>CAVERJECT</i>	178	<i>cholecalciferol (vitamin d3)</i>	181
<i>candesartan</i>	63	<i>CAVERJECT IMPULSE</i>	178	<i>cholestyramine (with sugar)</i>	74
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<i>capecitabine</i>	18	<i>caziant (28)</i>	153	<i>CIBINQO</i>	81
<i>CAPEX</i>	92	<i>cefaclor</i>	2	<i>ciclodan</i>	89
<i>CAPLYTA</i>	50	<i>cefadroxil</i>	2	<i>CICLODAN KIT</i>	89
<i>CAPRELSA</i>	18	<i>cefdinir</i>	2	<i>ciclopirox</i>	89
<i>captopril</i>	63	<i>cefixime</i>	2	<i>ciclopirox-ure-camph-menth-</i> <i>euc</i>	89
<i>captopril-hydrochlorothiazide</i>	63	<i>cefpodoxime</i>	2	<i>cilostazol</i>	70
<i>CAPVAXIVE</i>	136	<i>cefprozil</i>	2	<i>CIMDUO</i>	12
		<i>cefuroxime axetil</i>	2	<i>CIMERLI</i>	161
		<i>celecoxib</i>	45	<i>cimetidine</i>	132
		<i>CELLCEPT</i>	18		

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<i>cimetidine hcl</i>	132	<i>clonazepam</i>	30	CORTENEMA	127
<i>cinacalcet</i>	118	<i>clonidine</i>	64	<i>cortisone</i>	104
CINRYZE	172	<i>clonidine hcl</i>	51, 64	CORTISPORIN-TC	104
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<i>ciprofloxacin</i>	8	<i>clorazepate dipotassium</i>	51	COTEMPLA XR-ODT	51
<i>ciprofloxacin hcl</i>	8, 104, 158	<i>clotrimazole</i>	10, 89	<i>covaryx</i>	148
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<i>citalopram</i>	51	<i>clozapine</i>	51	CRENESSITY	118
<i>citrate of magnesia</i>	126	CLOZARIL	51	CREON	127
<i>citroma</i>	126	<i>c-nate dha</i>	181	CRESEMBA	11
<i>claravis</i>	84	COAGADEX	70	CREXONT	35
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<i>clarithromycin</i>	2	<i>codeine sulfate</i>	42	<i>crotan</i>	95
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<i>clearlax</i>	127	<i>codeine-guaifenesin</i>	168	CRYSVITA	118
<i>clemastine</i>	167	CODITUSSIN AC	168	<i>curae</i>	153
CLEOCIN	151	CODITUSSIN DAC	169	CUVITRU	137
CLEOCIN HCL	4	COLAZAL	127	<i>cyanocobalamin (vitamin b-12)</i>	181
CLEOCIN PEDIATRIC	4	<i>colchicine</i>	143	<i>cyclobenzaprine</i>	40
CLEOCIN T	84	<i>colesevelam</i>	74	CYCLOGYL	160
CLEVER CHOICE LEVEL 2 CONTROL	107	COLESTID	75	CYCLOMYDRIL	167
CLIMARA	148	<i>colestipol</i>	75	<i>cyclopentolate</i>	160
<i>clindacin etz</i>	84	COMBIGAN	164	<i>cyclopen-tropic-phenyleph-watr</i>	160
CLINDACIN ETZ	84	COMBIPATCH	148	CYCLOPENT-TROPIC- PHEN-KETR-WAT	160
<i>clindacin p</i>	84	COMBIVENT RESPIMAT	172	<i>cyclophosphamide</i>	19
CLINDACIN PAC	84	COMETRIQ	18	CYCLOPHOSPHAMIDE	19
<i>clindamycin hcl</i>	4	COMIRNATY 2024-25 (12Y UP)(PF)	137	CYCLOP-TROP-PROPA- PHEN-KET-WAT	160
<i>clindamycin pediatric</i>	4	COMPACT SPACE CHAMBER	111	<i>cycloserine</i>	4
<i>clindamycin phosphate</i> ..	84, 151	COMPAZINE	127	CYCLOSET	121
<i>clindamycin-benzoyl peroxide</i>	84	<i>complete natal dha</i>	181	<i>cyclosporine</i>	19, 161
<i>clindamycin-tretinoin</i>	84	<i>compro</i>	127	CYCLOSPORINE IN KLARITY	161
CLINDESSE	151	CONCEPT DHA	181	<i>cyclosporine modified</i>	19
CLINPRO 5000	102	CONCEPT OB	181	CYLTEZO(CF)	145
<i>clobazam</i>	30	CONSENSI	64	CYLTEZO(CF) PEN	145
<i>clobetasol</i>	92	<i>constulose</i>	127	CYLTEZO(CF) PEN CROHN'S-UC-HS	145
<i>clobetasol-emollient</i>	92	CONTOUR CONTROL SOLUTION, NML	107	CYLTEZO(CF) PEN PSORIASIS-UV	145
CLOBEX	92	CONTOUR NEXT LEV 2 CONTROL SOL	107	<i>cyproheptadine</i>	167
<i>clocortolone pivalate</i>	92	CONTRAVE	96	<i>cyred</i>	153
<i>clodan</i>	92	COPIKTRA	19	<i>cyred eq</i>	153
CLODAN KIT	92	COREG CR	64		
<i>clomid</i>	118	CORTANE-B	81		
<i>clomiphene citrate</i>	118	CORTEF	104		
<i>clomipramine</i>	51				

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<i>CYSTAGON</i>	178	<i>dermacinrx lidocan</i>	87	<i>diazepam</i>	30, 52
<i>CYSTARAN</i>	161	<i>DERMA-SMOOTH/FS</i>		<i>diazepam intensol</i>	52
<i>CYTOTEC</i>	132	<i>BODY OIL</i>	92	<i>diazoxide</i>	112
D		<i>DERMA-SMOOTH/FS</i>		<i>DIBENZYLINE</i>	64
<i>dabigatran etexilate</i>	71	<i>SCALP OIL</i>	92	<i>dichlorphenamide</i>	38
<i>dalfampridine</i>	38	<i>DERMOTIC OIL</i>	104	<i>DICLEGIS</i>	127
<i>danazol</i>	118	<i>DESCOVY</i>	12	<i>diclofenac potassium</i>	45, 46
<i>DANTRIUM</i>	40	<i>desipramine</i>	51	<i>diclofenac sodium</i>	46, 81, 163
<i>dantrolene</i>	40	<i>desloratadine</i>	167	<i>diclofenac-misoprostol</i>	46
<i>DANZITEN</i>	19	<i>desmopressin</i>	118	<i>dicloxacillin</i>	8
<i>dapsone</i>	4, 84	DESMOPRESSIN.....	118	<i>dicyclomine</i>	124
<i>DAPTACEL (DTAP</i>		<i>desog-e.estradiol/e.estradiol</i>	153	<i>diethylpropion</i>	96
<i>PEDIATRIC) (PF)</i>	137	<i>desonide</i>	92	<i>DIFFERIN</i>	84, 85
<i>DARAPRIM</i>	4	<i>DESOWEN</i>	92	<i>DIFICID</i>	3
<i>darifenacin</i>	176	<i>desoximetasone</i>	92	<i>DIFLUCAN</i>	11
<i>darunavir</i>	12	<i>DESOXYN</i>	51	<i>diflunisal</i>	46
<i>DARZALEX FASPRO</i>	19	<i>DESVENLAFAXINE</i>	51	<i>difluprednate</i>	166
<i>dasatinib</i>	19	<i>desvenlafaxine succinate</i>	51	<i>digoxin</i>	69
<i>dasetta 1/35 (28)</i>	153	<i>dexabliss</i>	104	<i>dihydroergotamine</i>	36
<i>dasetta 7/7/7 (28)</i>	153	<i>dexamethasone</i>	105	<i>DILANTIN</i>	30
<i>DAURISMO</i>	19	<i>dexamethasone intensol</i>	104	<i>DILANTIN EXTENDED</i>	30
<i>DAYPRO</i>	45	<i>dexamethasone sodium</i>		<i>DILANTIN INFATABS</i>	30
<i>daysee</i>	153	<i>phosphate</i>	165	<i>DILANTIN-125</i>	30
<i>DAYTRANA</i>	51	<i>DEXAMETH-</i>		<i>DILAUDID</i>	42
<i>DAYVIGO</i>	51	<i>MOXIFLOX(PF)-NACL,ISO</i>		<i>diltiazem</i>	64
<i>DDAVP</i>	118	.....	165	<i>dilt-xr</i>	64
<i>deblitane</i>	148	<i>DEXAMET-MOXIFL-</i>		<i>dimethyl fumarate</i>	28
<i>deferasirox</i>	98	<i>KETORO-NACL(PF)</i>	161	<i>DIPENTUM</i>	127
<i>deferiprone</i>	98	<i>dexchlorpheniramine maleate</i>		<i>DIPHEN</i>	167
<i>deflazacort</i>	104	.....	167	<i>diphenhydramine hcl</i>	168
<i>DELESTROGEN</i>	148	<i>DEXCOM G6 RECEIVER</i> ..	107	<i>diphenoxylate-atropine</i>	124
<i>demeclocycline</i>	9	<i>DEXCOM G6 SENSOR</i>	107	<i>DIPROLENE (AUGMENTED)</i>	
<i>DEMSEK</i>	64	<i>DEXCOM G6 TRANSMITTER</i>		.....	92
<i>DENAVIR</i>	91	.....	107	<i>dipyridamole</i>	71
<i>DENGVAXIA (PF)</i>	137	<i>DEXCOM G7 RECEIVER</i> ..	107	<i>DISALCID</i>	46
<i>denta 5000 plus</i>	102	<i>DEXCOM G7 SENSOR</i>	107	<i>diskets</i>	42
<i>denta 5000 plus sensitive</i>	102	<i>DEXEDRINE SPANSULE</i> ...	51	<i>disopyramide phosphate</i>	62
<i>dentagel</i>	102	<i>dexlansoprazole</i>	132	<i>disulfiram</i>	98
<i>DEPAKOTE</i>	30	<i>dexmethylphenidate</i>	52	<i>DIURIL</i>	64
<i>DEPAKOTE ER</i>	30	<i>DEXTENZA</i>	165	<i>divalproex</i>	30, 31
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<i>DEPEN TITRATABS</i>	146	<i>dextroamphetamine-</i>		<i>dofetilide</i>	62
<i>DEPO-ESTRADIOL</i>	148	<i>amphetamine</i>	52	<i>DOJOLVI</i>	181
<i>DEPO-PROVERA</i>	148	<i>DIACOMIT</i>	30	<i>dolishale</i>	153
<i>DEPO-SUBQ PROVERA 104</i>		<i>dialyvite 800</i>	181	<i>donepezil</i>	38
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<i>dorzolamide</i>	164	EASY PLUS II HIGH CONTROL	107	ELIGARD (3 MONTH)	19
DORZOLAMIDE (PF)	164	EASY STEP HIGH CONTROL SOLN	107	ELIGARD (4 MONTH)	19
<i>dorzolamide-timolol</i>	164	EASY TALK HIGH CONTROL	107	ELIGARD (6 MONTH)	19
<i>dorzolamide-timolol (pf)</i>	164	EASY TALK PLUS II LOW CONTROL	107	ELIMITE	95
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<i>doxazosin</i>	65	EASY TRAK LOW CONTROL	107	ELIQUIS DVT-PE TREAT 30D START	71
<i>doxepin</i>	52, 81	EASYMAX 15 LEVEL 2	107	ELIXOPHYLLIN	172
<i>doxercalciferol</i>	118	EASYMAX NORMAL CONTROL	108	ELLA	154
<i>doxycycline hyclate</i>	9	EBGLYSS PEN	81	ELMIRON	178
<i>doxycycline monohydrate</i>	9	EBGLYSS SYRINGE	81	ELOCTATE	71
<i>doxylamine-pyridoxine (vit b6)</i>	127	EC-NAPROSYN	46	ELREXFIO	19
<i>dronabinol</i>	127	<i>econazole nitrate</i>	89	<i>eluryng</i>	151
<i>drospirenone-e.estradiol-lm,fa</i>	154	<i>econtra ez</i>	154	EMBRACE EVO LEVEL 1	108
<i>drospirenone-ethinyl estradiol</i>	154	<i>econtra one-step</i>	154	EMBRACE GLUCOSE CONTROL LOW	108
DROXIA	19	<i>ecotrin low strength</i>	46	EMBRACE TALK CONTROL-LOW (L1)	108
<i>droxidopa</i>	98	EDECRIN	65	EMGALITY PEN	36
DSUVIA	42	EDEX	178	EMGALITY SYRINGE	36
DUAVEE	149	<i>ed-spaz</i>	124	EMPAVELI	98
DUET DHA WITH OMEGA-3	182	EDURANT	13	EMSAM	52
DUETACT	121	<i>eemt</i>	149	<i>emtricitabine</i>	13
<i>dulcolax (magnesium hydroxide)</i>	127	<i>eemt hs</i>	149	<i>emtricitabine-tenofovir (tdf)</i> ..	13
DULERA	172	<i>efavirenz</i>	13	EMTRIVA	13
<i>duloxetine</i>	52	<i>efavirenz-emtricitabin-tenofov</i>	13	EMVERM	5
DUOBRII	93	<i>efavirenz-lamivu-tenofov disop</i>	13	<i>emzahh</i>	149
DUOPA	35	<i>effe-k</i>	180	<i>enalapril maleate</i>	65
DUPIXENT PEN	81	EFFER-K	180	<i>enalapril-hydrochlorothiazide</i>	65
DUPIXENT SYRINGE	81	EFFIENT	71	ENBRACE HR	182
DUREX AVANTI BARE REAL FEEL	147	EFUDEX	81	ENBREL	146
DUREX TROPICAL CONDOM	147	EGRIFTA SV	135	ENBREL MINI	146
<i>dutasteride</i>	177	ELEMENT COMPACT NORMAL CONTROL	108	ENBREL SURECLICK	146
<i>dutasteride-tamsulosin</i>	177	ELEMENT NORMAL CONTROL	108	ENDARI	98
DYRENIUM	65	ELEPSIA XR	31	<i>endocet</i>	42
DYSPORT	137	<i>eletriptan</i>	36	ENGERIX-B (PF)	137
E		ELIGARD	19	ENGERIX-B PEDIATRIC (PF)	137
<i>e.e.s. 400</i>	3			<i>enilloring</i>	151
E.E.S. GRANULES	3			<i>enoxaparin</i>	71
EASIVENT HOLDING CHAMBER	112			<i>enpresse</i>	154
				<i>enskyce</i>	154
				ENSPRYNG	19
				ENSTILAR	78
				<i>entacapone</i>	35

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<i>entecavir</i>	13	<i>estazolam</i>	52	F
ENTRESTO	77	ESTRACE	149	FA-8
ENTRESTO SPRINKLE	77	<i>estradiol</i>	149	FABHALTA
<i>enulose</i>	127	ESTRADIOL	149	<i>falmina (28)</i>
EPCLUSA	13	<i>estradiol valerate</i>	149	<i>famciclovir</i>
EPIDIOLEX	31	<i>estradiol-norethindrone acet</i>		<i>famotidine</i>
EPIDUO FORTE	85	.....	149	FARESTON
EPIFOAM	78	ESTRATEST F.S.	149	FARXIGA
<i>epinastine</i>	161	ESTRATEST H.S.	149	FASENRA
<i>epinephrine</i>	168	<i>estrogens-methyltestosterone</i>		FASENRA PEN
EPIPEN	168	.....	149	FASLODEX
EPIPEN JR	168	<i>eszopiclone</i>	52	FC2 FEMALE CONDOM ..
<i>epitol</i>	31	<i>ethacrynic acid</i>	65	<i>febuxostat</i>
EPIVIR	13	<i>ethambutol</i>	5	<i>feirza</i>
<i>eplerenone</i>	65	<i>ethosuximide</i>	31	<i>felbamate</i>
<i>eprosartan</i>	65	<i>ethynodiol diac-eth estradiol</i>		FELBATOL
EPSOLAY	85	.....	154	<i>felodipine</i>
EQUETRO	31	<i>etodolac</i>	46	<i>fem ph</i>
<i>ergocalciferol (vitamin d2)</i> ..	182	<i>etonogestrel-ethinyl estradiol</i>		FEMARA
<i>ergoloid</i>	52	.....	151	FEMCAP
ERGOMAR	36	<i>etoposide</i>	20	<i>fenofibrate</i>
<i>ergotamine-caffeine</i>	37	<i>etravirine</i>	13	<i>fenofibrate micronized</i>
ERIVEDGE	19	EUA PATIENT		<i>fenofibrate nanocrystallized</i> ..
ERLEADA	19	ASSESSMENT	112	<i>fenofibric acid</i>
<i>erlotinib</i>	19	EUCRISA	81	<i>fenofibric acid (choline)</i>
ERMEZA	123	EULEXIN	20	FENOGLIDE
<i>errin</i>	149	EURAX	95	<i>fenoprofen</i>
ERVEBO(PF)(NATIONAL		<i>euthyrox</i>	123	FENSOLVI
STOCKPILE)	137	EVAMIST	149	<i>fentanyl</i>
<i>ery pads</i>	85	<i>everolimus (antineoplastic)</i> ..	20	<i>fentanyl citrate</i>
<i>erygel</i>	85	<i>everolimus</i>		FERRIPROX
ERYPED 200	3	<i>(immunosuppressive)</i>	20	FERRIPROX (2 TIMES A
ERYPED 400	3	EVISTA	144	DAY)
<i>ery-tab</i>	3	EVOLUTION NORMAL		<i>fesoterodine</i>
ERY-TAB	3	CONTROL	108	FETZIMA
<i>erythrocin (as stearate)</i>	3	EVOTAZ	13	52, 53
<i>erythromycin</i>	3, 158	EVOXAC	98	FEXMID
<i>erythromycin ethylsuccinate</i> ...	3	EVRYSOI	38	40
<i>erythromycin with ethanol</i>	85	EXELDERM	89	FIBRICOR
<i>erythromycin-benzoyl peroxide</i>		EXELON PATCH	38	75
.....	85	<i>exemestane</i>	20	FINACEA
ERZOFRI	52	EXTENCILLINE	8	85
<i>escitalopram oxalate</i>	52	EXTINA	90	<i>finasteride</i>
ESGIC	42	EYSUVIS	166	177
<i>esomeprazole magnesium</i> ...	132	<i>ezetimibe</i>	75	<i>fingolimod</i>
ESPEROCT	71	<i>ezetimibe-simvastatin</i>	75	28
<i>estarylla</i>	154			<i>finzala</i>
				154
				FIORICET
				43
				FIORICET WITH CODEINE
			
				43
				FIRDAPSE
				39
				FIRMAGON KIT W DILUENT
				SYRINGE
				20

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<i>flac otic oil</i>	104	<i>fluoxetine</i>	53	FRAICHE 5000 SENSITIVE	102
FLAGYL	5	<i>fluphenazine hcl</i>	53	FREESTYLE CONTROL ..	108
<i>flavoxate</i>	177	<i>flurazepam</i>	53	FREESTYLE FREEDOM ..	108
<i>flecainide</i>	62	<i>flurbiprofen</i>	46	FREESTYLE FREEDOM LITE	108
FLECTOR	46	<i>flurbiprofen sodium</i>	163	FREESTYLE INSULINX ..	108
FLEXICHAMBER	112	<i>fluticasone propionate</i> ...	93, 172	FREESTYLE INSULINX TEST STRIPS	108
FLOLIPID	75	<i>fluticasone propion-salmeterol</i>	172	FREESTYLE LIBRE 14 DAY READER	108
FLOMAX	177	<i>fluvastatin</i>	75	FREESTYLE LIBRE 14 DAY SENSOR	109
FLORIVA (FLUORIDE- VITAMIN D3)	182	<i>fluvoxamine</i>	53	FREESTYLE LIBRE 2 PLUS SENSOR	109
FLUAD TRIV 2024-25(65Y UP)(PF)	137	FLUZONE HIGH-DOSE TRIV 24-25	138	FREESTYLE LIBRE 2 READER	109
FLUARIX TRIV 2024-2025 (PF)	137	FLUZONE TRIV 2024-2025	138	FREESTYLE LIBRE 2 SENSOR	109
FLUBLOK TRIV 2024-2025 (PF)	137	FLUZONE TRIV 2024-2025 (PF)	138	FREESTYLE LIBRE 2 READER	109
FLUCELVAX TRIV 2024-2025	137	FML LIQUIFILM	166	FREESTYLE LIBRE 2 SENSOR	109
FLUCELVAX TRIV 2024-2025 (PF)	137	<i>folic acid</i>	182	FREESTYLE LIBRE 3 PLUS SENSOR	109
<i>fluconazole</i>	11	<i>folitab</i>	182	FREESTYLE LIBRE 3 READER	109
<i>flucytosine</i>	11	<i>folivane-ob</i>	182	FREESTYLE LIBRE 3 SENSOR	109
<i>fludrocortisone</i>	105	<i>foltabs 800</i>	182	FREESTYLE LITE METER	109
FLULAVAL TRIV 2024-2025 (PF)	138	<i>fondaparinux</i>	71	FREESTYLE LITE STRIPS	109
FLUMADINE	13	FORA GTEL MULTI- FUNCTN MONITOR	108	FREESTYLE PRECISION NEO STRIPS	109
FLUMIST TRIVALENT 2024- 2025	138	FORA KETONE CONTROL SOLN-L1	108	FREESTYLE TEST	109
<i>flunisolide</i>	172	FORA NORMAL CONTROL	108	FROVA	37
<i>fluocinolone</i>	93	FORA TN'G ADV MOBILE MULTI MTR	108	<i>frovatriptan</i>	37
<i>fluocinolone acetonide oil</i> ...	104	FORA TN'G ADVANCE MULTI-FN MTR	108	FRUZAQLA	20
<i>fluocinolone and shower cap</i>	93	FORA TN'G ADVANCE PRO MONITOR	108	<i>full spectrum b-vitamin c</i>	182
<i>fluocinonide</i>	93	FORACARE GDH LOW CONTROL	108	FULPHILA	134
<i>fluocinonide-e</i>	93	<i>formoterol fumarate</i>	172	<i>fulvestrant</i>	20
FLUORESCEIN- BENOXINATE	161	FOSAMAX	144	FURADANTIN	10
<i>fluorescein-propraparacaine</i>	161	FOSAMAX PLUS D	144	<i>furosemide</i>	65
<i>fluoride (sodium)</i>	102, 182	<i>fosamprenavir</i>	13	FUZEON	13
FLUORIDEX DAILY DEFENSE	102	<i>fosfomycin tromethamine</i>	10	<i>fyavolv</i>	150
FLUORIDEX SENSITIVITY RELIEF	102	<i>fosinopril</i>	65	FYCOMPA	31
FLUORIMAX 5000	102	<i>fosinopril-hydrochlorothiazide</i>	65	<i>fyremadel</i>	118
FLUORIMAX 5000 SENSITIVE	102	FRAGMIN	71	G	
<i>fluorometholone</i>	166	fraiche 5000	102	<i>g tussin ac</i>	169
<i>fluorouracil</i>	81	FRAICHE 5000 PREVI	102	<i>gabapentin</i>	31

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GALAFOLD	118	GLOPERBA	143	GVOKE HYPOPEN 2-PACK	
<i>galantamine</i>	39	<i>glucagon emergency kit</i>		112
<i>gallifrey</i>	150	(human).....	112	GVOKE PFS 2-PACK	
GALZIN	180	GLUCAGON HCL	112	<i>SYRINGE</i>	112
GAMASTAN	138	GLUCOCARD 01 NORMAL		GYNAZOLE-1	151
GAMMAGARD LIQUID	138	CONTROL	109	H	
GAMUNEX-C	138	GLUCOCOM CONTROL		HAEGARDA	172
<i>ganirelix</i>	118	NORMAL	109	<i>hailey</i>	154
GARDASIL 9 (PF)	138	GLUCOSE CONTROL	109	<i>hailey 24 fe</i>	154
GASTROCROM	127	GLUCOTROL XL	121	<i>hailey fe 1.5/30 (28)</i>	154
<i>gatifloxacin</i>	158	<i>glutamine (sickle cell)</i>	98	<i>hailey fe 1/20 (28)</i>	154
GATTEX 30-VIAL	127	<i>glyburide</i>	121	<i>halcinonide</i>	93
<i>gavilax</i>	127	<i>glyburide micronized</i>	121	HALCION	53
<i>gavilyte-c</i>	127	<i>glyburide-metformin</i>	122	HALDOL DECANOATE	53
<i>gavilyte-g</i>	127	GLYCATE	124	<i>halobetasol propionate</i>	93
<i>gavilyte-n</i>	127	<i>glycopyrrolate</i>	124	<i>haloette</i>	151
GAVRETO	20	GLYXAMBI	122	HALOG	93
GE100 CONTROL SOLUTION		GOJJI GLUCOSE CNTRL		<i>haloperidol</i>	53
NORMAL	109	SOL-NORMAL	109	<i>haloperidol decanoate</i>	53
<i>gefitinib</i>	20	GOJJI KETONE CONTROL		<i>haloperidol lactate</i>	53
GELCLAIR	102	SOLN-LI	109	HARVONI	13
<i>gemfibrozil</i>	75	GOJJI MULTI-FUNCTIONAL		HAVRIX (PF)	138
<i>gemmily</i>	154	METER	109	HEALTHPRO HIGH-LOW	
GEMTESA	177	GOLYTELY	128	CONTROL	110
<i>generlac</i>	127	GONAL-F	118	<i>heather</i>	150
<i>engraf</i>	20	GONAL-F RFF	118	HEMANGEOL	65
GENOTROPIN	135	GONAL-F RFF REDI-JECT		HEMLIBRA	71
GENOTROPIN MINIQUICK		.....	118	<i>hemmorex-hc</i>	128
.....	135	GONITRO	77	<i>hep flush-10 (pf)</i>	71
<i>gentamicin</i>	88, 158	GOPRELTO	87	<i>heparin (porcine)</i>	72
GENTEEL VACUUM		GRALISE	31	<i>heparin (porcine) in 0.9% nacl</i>	
LANCING DEVICE	113	<i>granisetron hcl</i>	128	.....	71
<i>gentle laxative (bisacodyl)</i> ...	128	GRASTEK	138	HEPARIN (PORCINE) IN	
<i>gentle laxative (mag hydrox)</i>		<i>griseofulvin microsize</i>	11	0.9% NACL	72
.....	128	<i>griseofulvin ultramicrosize</i>	11	<i>heparin (porcine) in 5 % dex</i> ..	72
<i>gentlelax</i>	128	<i>guanfacine</i>	53, 65	<i>heparin (porcine) in nacl (pf)</i> ..	72
GENVOYA	13	GUARDIAN 4 GLUCOSE		HEPARIN (PORCINE) IN	
GEODON	53	SENSOR	109	NACL (PF)	72
GILOTRIF	20	GUARDIAN 4		<i>heparin lock flush (porcine)</i> ..	72
GIVLAARI	98	TRANSMITTER	109	<i>heparin lockflush(porcine)(pf)</i>	
<i>glatiramer</i>	28	GUARDIAN CONNECT		.....	72
<i>glatopa</i>	28	TRANSMITTER	109	<i>heparin(porcine) in 0.45% nacl</i>	
GLEOSTINE	20	GUARDIAN LINK 3		.....	72
GLIADEL WAFER	20	TRANSMITTER	110	HEPARIN(PORCINE) IN	
<i>glimepiride</i>	121	GUARDIAN SENSOR 3	110	0.45% NACL	72
<i>glipizide</i>	121	GVOKE	112	<i>heparin, porcine (pf)</i>	72
<i>glipizide-metformin</i>	121			HEPARIN, PORCINE (PF) ..	72

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INSULIN LISPRO	116	<i>JELMYTO</i>	21	<i>klor-con</i>	180
INSULIN LISPRO		<i>jencycla</i>	150	<i>klor-con 10</i>	180
PROTAMIN-LISPRO	116	<i>JEUVEAU</i>	139	<i>klor-con 8</i>	180
<i>INTELENCE</i>	14	<i>jinteli</i>	150	<i>klor-con m10</i>	180
<i>INVEGA</i>	54	<i>JIVI</i>	73	<i>klor-con m15</i>	180
<i>INVEGA SUSTENNA</i>	54	<i>JOENJA</i>	98	<i>klor-con m20</i>	180
<i>INVEGA TRINZA</i>	54	<i>jolessa</i>	154	<i>klor-con/ef</i>	180
<i>INVELTYS</i>	166	<i>JORNAY PM</i>	54	<i>KLOXXADO</i>	47
<i>IODOFLEX</i>	82	<i>joyeaux</i>	154	<i>kobee</i>	182
<i>IODOSORB</i>	82	<i>JUBLIA</i>	90	<i>KOGENATE FS</i>	73
<i>IOPIDINE</i>	167	<i>juleber</i>	154	<i>KOSELUGO</i>	21
<i>IPOL</i>	139	<i>JULUCA</i>	14	KOSHER PRENATAL PLUS	
<i>ipratropium bromide</i> ...	102, 172	<i>junel 1.5/30 (21)</i>	154	IRON	182
<i>ipratropium-albuterol</i>	173	<i>junel 1/20 (21)</i>	154	<i>kourzeq</i>	103
<i>IQIRVO</i>	128	<i>junel fe 1.5/30 (28)</i>	154	<i>KOVALTRY</i>	73
<i>irbesartan</i>	65	<i>junel fe 1/20 (28)</i>	154	<i>K-PHOS NO 2</i>	178
<i>irbesartan-hydrochlorothiazide</i>		<i>junel fe 24</i>	154	<i>K-PHOS ORIGINAL</i>	178
.....	65	<i>JUST RIGHT 5000</i>	103	<i>KRINTAFEL</i>	5
<i>IRESSA</i>	21	<i>JUXTAPID</i>	75	<i>KRISTALOSE</i>	128
<i>ISENTRESS</i>	14	<i>JYNARQUE</i>	119	<i>kurvelo (28)</i>	155
<i>ISENTRESS HD</i>	14	<i>JYNNEOS (PF)</i>	139	<i>KYLEENA</i>	147
<i>isibloom</i>	154	K		L	
<i>isoniazid</i>	5	<i>kaitlib fe</i>	155	<i>l norgest/e.estradiol-e.estradiol</i>	155
<i>ISORDIL</i>	77	<i>KALBITOR</i>	173	<i>labetalol</i>	65
<i>ISORDIL TITRADOSE</i>	77	<i>KALETRA</i>	14	<i>lacosamide</i>	31
<i>isosorbide dinitrate</i>	77	<i>kalliga</i>	155	<i>lactated ringers</i>	97
<i>isosorbide mononitrate</i>	77, 78	<i>KALYDECO</i>	173	<i>lactulose</i>	128
<i>isosorbide-hydralazine</i>	65	<i>kariva (28)</i>	155	<i>LAGEVRIO (EUA)</i>	14
<i>isotretinoin</i>	85	<i>KEDRAB (PF)</i>	140	<i>LAMICTAL XR STARTER</i>	
<i>isradipine</i>	65	<i>kelnor 1/35 (28)</i>	155	(BLUE)	31
<i>itraconazole</i>	11	<i>kelnor 1/50 (28)</i>	155	<i>LAMICTAL XR STARTER</i>	
<i>ivabradine</i>	77	<i>KENALOG</i>	94	(GREEN)	31
<i>ivermectin</i>	5, 85	<i>KERENDIA</i>	65	<i>LAMICTAL XR STARTER</i>	
<i>IWILFIN</i>	21	<i>KESIMPTA PEN</i>	28	(ORANGE)	31
<i>IXCHIQ (PF)</i>	139	<i>ketoconazole</i>	11, 90	<i>lamivudine</i>	14
<i>IXIARO (PF)</i>	139	<i>ketodan</i>	90	<i>lamivudine-zidovudine</i>	14
J		<i>ketodan kit</i>	90	<i>lamotrigine</i>	31, 32
<i>jaimiess</i>	154	<i>ketoprofen</i>	46	LANCETS	113
<i>JAKAFI</i>	21	<i>ketorolac</i>	47, 163	LANCING DEVICE	113
<i>jantoven</i>	73	<i>KINRIX (PF)</i>	140	<i>LANOXIN</i>	69
<i>JANUMET</i>	122	<i>kiprofen</i>	47	<i>lanreotide</i>	21
<i>JANUMET XR</i>	122	<i>KISQALI</i>	21	<i>lansoprazole</i>	132
<i>JANUVIA</i>	122	<i>KITABIS PAK</i>	5	<i>lanthanum</i>	180
<i>JARDIANCE</i>	122	<i>KLARITY (CHONDROITIN)</i>		<i>lapatinib</i>	21
<i>jasmiel (28)</i>	154	(PF)	161	<i>larin 1.5/30 (21)</i>	155
<i>JATENZO</i>	118	<i>KLARON</i>	88	<i>larin 1/20 (21)</i>	155
<i>javygtor</i>	119	<i>klayesta</i>	90	<i>larin 24 fe</i>	155

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<i>larin fe 1.5/30 (28)</i>	155	<i>lidocaine hcl</i>	87	LOPROX KIT	90
<i>larin fe 1/20 (28)</i>	155	<i>lidocaine hcl-hydrocortison ac</i>	88, 128	<i>lorazepam</i>	55
LASIX	66	LIDOCAINE HCL- HYDROCORTISON AC .	128	<i>lorazepam intensol</i>	55
<i>latanoprost</i>	164	<i>lidocaine viscous</i>	88	LORBRENA	22
LATISSE	162	<i>lidocaine-hydrocortisone-aloe</i>	128	<i>loryna (28)</i>	155
<i>laxative (bisacodyl)</i>	128	<i>lidocaine-prilocaine</i>	88	LORZONE	40
<i>laxative peg 3350</i>	128	<i>lidocan iii</i>	88	<i>losartan</i>	66
<i>layolis fe</i>	155	<i>lidocan iv</i>	88	<i>losartan-hydrochlorothiazide</i>	66
LAZCLUZE	21	<i>lidocan v</i>	88	LOTEMAX	166
<i>leena 28</i>	155	<i>lidocort</i>	88	LOTEMAX SM	166
<i>leflunomide</i>	146	LILETTA	147	LOTENSIN	66
<i>lenalidomide</i>	21	<i>linezolid</i>	5	LOTENSIN HCT	66
LENTOCILIN S	8	LINZESS	128	<i>loteprednol etabonate</i>	166
LENVIMA	21	<i>liothyronine</i>	124	LOTREXONE	47
LESCOL XL	75	<i>liraglutide</i>	122	<i>lovastatin</i>	76
<i>lessina</i>	155	<i>lisdexamphetamine</i>	54	<i>low-ogestrel (28)</i>	155
<i>letrozole</i>	21	<i>lisinopril</i>	66	<i>loxapine succinate</i>	55
<i>leucovorin calcium</i>	17	<i>lisinopril-hydrochlorothiazide</i>	66	<i>lo-zumandimine (28)</i>	155
LEUKERAN	22	LITEAIRE MDI CHAMBER	112	<i>lubiprostone</i>	129
LEUKINE	134	LITFULO	99	<i>ludent fluoride</i>	182
<i>leuprolide</i>	22	<i>lithium carbonate</i>	54	<i>lugols</i>	88, 180
<i>levalbuterol hcl</i>	173	<i>lithium citrate</i>	54	LUMAKRAS	22
LEVBID	125	LITHOBID	54	LUMRYZ	55
<i>levetiracetam</i>	32	LITHOSTAT	99	LUMRYZ STARTER PACK .	55
LEVETIRACETAM.....	32	LIVALO	76	LUPKYNIS	22
<i>levobunolol</i>	159	LIVDELZI	128	LUPRON DEPOT	22
<i>levocarnitine</i>	98	LIVMARLI	128	LUPRON DEPOT (3 MONTH)	22
<i>levocarnitine (with sugar)</i>	98	LIVTENCITY	14	LUPRON DEPOT (4 MONTH)	22
<i>levocetirizine</i>	168	LODINE	47	LUPRON DEPOT (6 MONTH)	22
<i>levofloxacin</i>	8, 158	LODOSYN	35	<i>lurasidone</i>	55
<i>levonest (28)</i>	155	<i>lofena</i>	47	<i>lutra (28)</i>	155
<i>levonorgest-eth.estradiol-iron</i>	155	<i>lofexidine</i>	47	LUXTURNA	162
<i>levonorgestrel</i>	155	<i>lojaimiess</i>	155	LYBALVI	55
<i>levonorgestrel-ethinyl estrad</i>	155	LOKELMA	180	<i>lyleq</i>	150
<i>levonorg-eth estrad triphasic</i>	155	LOMAIRA	96	<i>lyllana</i>	150
<i>levora-28</i>	155	LOMOTIL	125	LYNPARZA	22
<i>levo-t</i>	123	LONSURF	22	LYSODREN	22
<i>levothyroxine</i>	123	<i>loperamide</i>	125	LYTGOBI	22
<i>levoxyl</i>	124	LOPID	76	LYUMJEV KWIKPEN U-100 INSULIN	116
LEVSIN	125	<i>lopinavir-ritonavir</i>	14	LYUMJEV KWIKPEN U-200 INSULIN	117
LEVSIN/SL	125	LOPRESSOR	66	LYUMJEV TEMPO PEN(U- 100)INSULN	117
LEVULAN	82	LOPROX (AS OLAMINE)	90		
LICART	47				
<i>lidocaine</i>	88				

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LYUMJEV U-100 INSULIN	MEDROL	105	methsuximide	32
.....	MEDROL (PAK)	105	methyl salicylate	82
lyza	medroxyprogesterone	150	methyl dopa	66
M	MEDTRONIC EXT		methyl dopa-	
MACROBID	INFUSION SET 23	113	hydrochlorothiazide	66
mafenide acetate	mefenamic acid	47	methylergonovine	158
magnesium citrate	mefloquine	5	METHYLIN	55
MALARONE	megestrol	22	methylphenidate	56
MALARONE PEDIATRIC	MEKINIST	22	methylphenidate hcl	55
malathion	MEKTOVI	22	methylprednisolone	105
maraviroc	meloxicam	47	methyltestosterone	119
MAR-COF CG	meloxicam submicronized	47	metoclopramide hcl	129
MARINOL	memantine	39	metolazone	66
marlissa (28)	MEMANTINE.....	39	METOPIRONE	99
MARNATAL-F	memantine-donepezil	39	metoprolol succinate	66
MARPLAN	MENOPUR	119	metoprolol ta-hydrochlorothiaz	
MATULANE	MENOSTAR	150	.....	66
matzim la	MENQUADFI (PF)	140	metoprolol tartrate	66
MAVENCLAD (10 TABLET	MENVEO A-C-Y-W-135-DIP		METROCREAM	85
PACK)	(PF)	140	METROGEL	85
MAVENCLAD (4 TABLET	meperidine	43	metronidazole	5, 85, 151
PACK)	meprobamate	41	metryrosine	66
MAVENCLAD (5 TABLET	MEPRON	5	mexiletine	62
PACK)	mercaptopurine	22	MIACALCIN	119
MAVENCLAD (6 TABLET	merzee	155	mibelas 24 fe	156
PACK)	mesalamine	129	miconazole-3	151
MAVENCLAD (7 TABLET	mesalamine with cleansing		MICROCHAMBER	112
PACK)	wipe	129	microgestin 1.5/30 (21)	156
MAVENCLAD (8 TABLET	MESNEX	17	microgestin 1/20 (21)	156
PACK)	METADATE CD	55	microgestin fe 1.5/30 (28)	156
MAVENCLAD (9 TABLET	metaxalone	41	microgestin fe 1/20 (28)	156
PACK)	metformin	112, 122	MICROSPACER	112
MAXITROL	methadone	43, 44	midodrine	99
maxi-tuss ac	methadose	44	MIEBO (PF)	162
MAXI-TUSS CD	methamphetamine	55	mifepristone	119
MAYZENT	methazolamide	163	migergot	37
MAYZENT STARTER(FOR	methenamine hippurate	10	miglitol	122
1MG MAINT)	methenamine mandelate	10	miglustat	119
MAYZENT STARTER(FOR	methen-sod phos-meth blue-		MIGRANAL	37
2MG MAINT)	hyos	178	mili	156
meclizine	methimazole	106	milk of magnesia	129
meclofenamate	METHITEST	119	millipred	105
MECOBALAMIN (VITAMIN	methocarbamol	41	millipred dp	105
B12)	methotrexate sodium	22	mimvey	150
MEDISENSE	methotrexate sodium (pf)	22	MINIMED 770G INSULIN	
MEDISENSE GLUCOSE	methoxsalen	82	PUMP	113
KETONE	methscopolamine	125		

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MINIMED MIO ADVANCE	MS CONTIN	naproxen
INF SET23	44	47
113	MUGARD	naproxen sodium
MINIMED QUICK SET 43	103	47, 48
114	MULTAQ	naproxen-esomeprazole
MINIMED SILHOUETTE 23	62	48
.....	multi-vitamin with fluoride .	naratriptan
114	183	37
MINIMED SURE T 32	mupirocin	NARCAN
114	88	48
minocycline	mupirocin calcium	NARDIL
9	88	56
minoxidil	myc-fluoride	NASCOBAL
66	183	183
minzoya	my choice	NATACHEW (FE BIS-
156	156	GLYCINATE)
MIOCHOL-E	my way	183
160	156	NATACYN
miostat	MYALEPT	159
164	119	nateglinide
mirabegron	MYCAPSSA	122
177	22	natura-lax
MIRENA	mycophenolate mofetil	129
148	22, 23	NAYZILAM
mirtazapine	mycophenolate sodium	32
56	23	neбиволol
MIRVASO	MYDAYIS	66
85	56	NEBUPENT
misoprostol	MYDCOMBI	5
132	160	nebusal
MITIGARE	MYDRIACYL	173
143	160	NEBUSAL
MKO (MIDAZOLAM-	MYDRIATIC4(TROP-PROP-	173
KETAMINE-ONDAN)	PE-KTRLC)	156
56	162	necon 0.5/35 (28)
M-M-R II (PF)	MYFEMBREE	156
140	151	NEEVODHA (WITH ALGAL
m-natal plus	MYFORTIC	OIL)
182	23	183
modafinil	MYGLUCOHEALTH	nefazodone
56	CONTROL SOLUTION ..	56
MODERNA COVID 24-25(6M-	110	NEFFY
11Y)PF	MYHIBBIN	168
140	23	NEMLUVIO
moexipril	MYLERAN	23
66	23	neomycin
molindone	mynatal	5
56	183	neomycin-bacitracin-poly-hc
mometasone	mynatal plus.....	.....
94, 173	183	165
mondoxyne nl	mynatal-z	neomycin-bacitracin-polymyxin
9	183	.....
MONODOX	MYOBLOC	159
9	140	neomycin-polymyxin b gu
mono-linyah	MYRBETRIQ	97
156	177	neomycin-polymyxin b-
montelukast	MYSOLINE	dexameth
173	32	165
MORGIDOX 1X 50	N	neomycin-polymyxin-
9	NABI-HB	gramicidin
MORGIDOX 1X100	140	159
9	nabumetone	neomycin-polymyxin-hc
morphine	47	104,
44	nadolol	165
MORPHINE	66	NEONATAL COMPLETE ..
44	naftifine	183
morphine concentrate	90	NEONATAL FE
44	NAFTIN	183
MOTOFEN	90	NEONATAL PLUS VITAMIN
125	NALFON.....	.....
MOUNJARO	47	183
122	NALOCET	NEONATAL-DHA
MOVANTIK	44	183
129	naloxone	neo-polycin
MOXATAG	47	159
8	NALTREX	neo-polycin hc
moxifloxacin	47	165
8, 158	naltrexone	NEORAL
MOXIFLOXACIN (PF)-BSS	NAMENDA TITRATION PAK	23
.....	.....	NEO-SYNALAR
158	39	89
MOXIFLOXACIN-SOD	NAMENDA XR	NEO-SYNALAR KIT
CHLOR,ISO(PF)	39	88
158, 159	NAMZARIC	neo-vital rx
MOZOBIL	39	183
134	NAPRELAN CR	NERLYNX
MRESVIA (PF)	47	23
140	NAPROSYN	
	47	

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<i>NESTABS</i>	184	<i>niva thyroid</i>	124	<i>NUPLAZID</i>	56
<i>NESTABS ABC</i>	183	<i>NIVESTYM</i>	134	<i>NURTEC ODT</i>	37
<i>NESTABS DHA</i>	183	<i>nizatidine</i>	133	<i>NUVESSA</i>	151
<i>NESTABS ONE</i>	184	<i>NOCDURNA (MEN)</i>	119	<i>NUZYRA</i>	9
<i>neuac</i>	85	<i>NOCDURNA (WOMEN)</i>	119	<i>nyamyc</i>	90
<i>NEUAC KIT</i>	85	<i>nora-be</i>	150	<i>nylia 1/35 (28)</i>	156
<i>NEUPRO</i>	35	<i>norelgestromin-ethin.estradiol</i>	151	<i>nylia 7/7/7 (28)</i>	156
<i>nevirapine</i>	14	<i>noreth-ethinyl estradiol-iron</i>	156	<i>NYMALIZE</i>	67
<i>new day</i>	156	<i>norethindrone (contraceptive)</i>	150	<i>NYNUTEY</i>	88
<i>newgen</i>	184	<i>norethindrone acetate</i>	150	<i>nystatin</i>	11, 90
<i>NEXAVAR</i>	23	<i>norethindrone ac-eth estradiol</i>	150, 156	<i>nystatin-triamcinolone</i>	90
<i>NEXLETOL</i>	76	<i>norethindrone-e.estradiol-iron</i>	156	<i>nystop</i>	90
<i>NEXLIZET</i>	76	<i>NORGESIC</i>	41	O	
<i>NEXOBRID</i>	95	<i>NORGESIC FORTE</i>	41	<i>OB COMPLETE ONE</i>	184
<i>NEXPLANON</i>	151	<i>norgestimate-ethinyl estradiol</i>	156	<i>OB COMPLETE PETITE</i>	184
<i>NGENLA</i>	135	<i>nortrel 0.5/35 (28)</i>	156	<i>OB COMPLETE PREMIER</i>	184
<i>niacin</i>	76	<i>nortrel 1/35 (21)</i>	156	<i>OB COMPLETE WITH DHA</i>	184
<i>NIACOR</i>	76	<i>nortrel 1/35 (28)</i>	156	<i>OCALIVA</i>	129
<i>nicardipine</i>	66	<i>nortrel 7/7/7 (28)</i>	156	<i>ocella</i>	156
<i>NICODERM CQ</i>	101	<i>nortriptyline</i>	56	<i>OCREVUS ZUNOVO</i>	29
<i>nicorette</i>	101	<i>NORVIR</i>	14	<i>octreotide acetate</i>	23
<i>NICORETTE</i>	101	<i>NOURIANZ</i>	35	<i>octreotide,microspheres</i>	23
<i>nicotine</i>	101	<i>NOVA MAX PLUS GLUC- KETON METER</i>	110	<i>OCUFLOX</i>	159
<i>nicotine (polacrilex)</i>	101	<i>NOVAMAX PLUS GLU-KET</i>	110	<i>ODACTRA</i>	140
<i>NICOTROL NS</i>	101	<i>NOVAREL</i>	119	<i>ODEFSEY</i>	14
<i>nifedipine</i>	66	<i>NOVAVAX COVID 2024- 25(PF)(EUA)</i>	140	<i>ODOMZO</i>	23
<i>nikki (28)</i>	156	<i>NOVOEIGHT</i>	73	<i>OFEV</i>	173
<i>NILANDRON</i>	23	<i>NOVOPEN ECHO</i>	114	<i>ofloxacin</i>	8, 104, 159
<i>nilutamide</i>	23	<i>NOXAFIL</i>	11	<i>OGSIVEO</i>	23
<i>nimodipine</i>	67	<i>np thyroid</i>	124	<i>OJEMDA</i>	23, 24
<i>NINJACOF-XG</i>	169	<i>NPLATE</i>	73	<i>olanzapine</i>	56
<i>NINLARO</i>	23	<i>NUBEQA</i>	23	<i>olanzapine-fluoxetine</i>	56
<i>nisoldipine</i>	67	<i>NUCALA</i>	173	<i>olmesartan</i>	67
<i>nitazoxanide</i>	5	<i>NUCORT</i>	94	<i>olmesartan-amlodipin- hcthiazid</i>	67
<i>nitisinone</i>	99	<i>NUDEXTA</i>	39	<i>olmesartan- hydrochlorothiazide</i>	67
<i>nitro-bid</i>	78	<i>NULEV</i>	125	<i>olopatadine</i>	103, 162
<i>NITRO-DUR</i>	78	<i>NULIBRY</i>	39	<i>OLPRUVA</i>	99
<i>nitrofurantoin</i>	10	<i>NUMBRINO</i>	88	<i>OMECLAMOX-PAK</i>	133
<i>nitrofurantoin macrocrystal</i> ..	10			<i>omega-3 acid ethyl esters</i>	76
<i>nitrofurantoin monohyd/m- cryst</i>	10			<i>omeprazole</i>	133
<i>nitroglycerin</i>	78, 129			<i>omeprazole magnesium</i>	133
<i>NITROLINGUAL</i>	78			<i>omeprazole-sodium bicarbonate</i>	133
<i>NITROMIST</i>	78				
<i>NITROSTAT</i>	78				
<i>nitro-time</i>	78				
<i>NITYR</i>	99				

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OMIDRIA	162	OPTICHAMBER DIAMOND		OXERVATE	162
OMNIPOD 5 (G6/LIBRE 2 PLUS)	114	VHC	112	oxiconazole	90
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	114	option-2	156	OXLUMO	178
OMNIPOD 5 G6-G7 PODS (GEN 5)	114	OPVEE	48	OXTELLAR XR	32
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	114	OPZELURA	82	oxybutynin chloride	177
OMNIPOD DASH INTRO KIT (GEN 4)	114	ORACIT	178	oxycodone	44
OMNIPOD DASH PODS (GEN 4)	114	oral saline laxative	129	oxycodone-acetaminophen ...	44
OMNITROPE	135	ORALAIR	140	OXYCONTIN	44
OMVOH	129	oralone	103	oxymorphone	44
OMVOH PEN	129	ORAMAGICRX	103	OXYTROL	177
ON CALL EXPRESS CONTROL	110	ORAPRED ODT	105	OZEMPIC	122
ondansetron	129	ORAVIG	11	P	
ondansetron hcl	129	ORENITRAM	67	pacerone	62
one daily prenatal	184	ORENITRAM MONTH 1 TITRATION KT	67	paliperidone	56, 57
onelax magnesium citrate ...	129	ORENITRAM MONTH 2 TITRATION KT	67	PALYNZIQ	119
ONETOUCH ULTRA CONTROL	110	ORENITRAM MONTH 3 TITRATION KT	67	PAMELOR	57
ONETOUCH ULTRA TEST	110	ORFADIN	99	PANCREAZE	130
ONETOUCH ULTRA2 METER	110	ORGOVYX	24	PANDEL	94
ONETOUCH VERIO FLEX METER	110	ORIAHNN	151	PANRETIN	82
ONETOUCH VERIO MID CONTROL	110	ORLISSA	119	pantoprazole	133
ONETOUCH VERIO REFLECT METER	110	ORKAMBI	173	PARAGARD T 380A	148
ONETOUCH VERIO TEST STRIPS	110	ORLADEYO	173	paricalcitol	119
ONEXTON	85	ORLISTAT	96	PARNATE	57
ONGENTYS	35	ormalvi	39	paroex oral rinse	103
opcicon one-step	156	orphenadrine citrate	41	paromomycin	5
OPDIVO QVANTIG	24	orphenadrine-asa-caffeine ...	41	paroxetine hcl	57
OPFOLDA	119	orphengesic forte	41	paroxetine mesylate(menop.sym)	57
OPILL	150	ORSERDU	24	PASER	6
opium tincture	125	oscimin	125	PAXIL	57
OPSUMIT	173	oscimin sl	125	PAXIL CR	57
OPSYNVI	173	oseltamivir	14	PAXLOVID	15
		OSENI	122	pazopanib	24
		OSPHERA	152	PEDIARIX (PF)	140
		OTEZLA	146	PEDVAX HIB (PF)	140
		OTEZLA STARTER	146	peg 3350-electrolytes	130
		OTOVEL	104	peg3350-sod sul-nacl-kcl-asb-c	130
		OVACE	79	PEGASYS	135
		OVACE PLUS	79	peg-electrolyte soln	130
		OVACE PLUS SHAMPOO ...	78	PEMAZYRE	24
		OVIDE	95	PENBRAYA (PF)	141
		OVIDREL	119	penciclovir	91
		oxaprozin	48	penicillamine	146
		oxazepam	56	penicillin v potassium	8
		oxcarbazepine	32	PENTACEL (PF)	141
				pentamidine	6

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<i>PENTASA</i>	130	<i>pioglitazone</i>	122	<i>PRECISION XTRA KETONE- GLUCOSE</i>	110
<i>pentazocine-naloxone</i>	48	<i>pioglitazone-glimepiride</i>	122	<i>PRECISION XTRA MONITOR</i>	110
<i>pentoxifylline</i>	73	<i>pioglitazone-metformin</i>	122	<i>PRECISION XTRA TEST</i> ..	110
<i>PEPCID</i>	133	PIP GLUCOSE CONTROL		<i>PRECOSE</i>	122
<i>PERIDEX</i>	103	<i>SOLN L1-L2</i>	110	<i>PRED FORTE</i>	166
<i>perindopril erbumine</i>	67	<i>PIQRAY</i>	24	<i>prednicarbate</i>	94
<i>perio gard</i>	103	<i>pirfenidone</i>	173	PREDNISOLN SP-	
<i>permethrin</i>	95	<i>piroxicam</i>	48	<i>MOXIFLOX-BROMFEN</i> 162	
<i>perphenazine</i>	57	<i>pitavastatin calcium</i>	76	<i>prednisolone</i>	105
<i>perphenazine-amitriptyline</i> ...57		PLAN B ONE-STEP	157	<i>prednisolone acetate</i>	166
<i>PERSERIS</i>	57	<i>PLEGRIDY</i>	29	PREDNISOLONE ACETATE (PF)	166
<i>PFIZER COVID 2024-25(5Y- 11Y)PF</i>	141	<i>plerixafor</i>	134	PREDNISOLONE ACETATE- BROMFENAC	162
<i>PFIZER COVID 2024- 25(6MO-4Y)PF</i>	141	PLEXION	86	PREDNISOLONE ACETATE- NEPAFENAC	162
<i>PHEBURANE</i>	99	PLEXION CLEANSING CLOTHS	85	<i>prednisolone sod ph-bromfenac</i>	162
<i>phenazopyridine</i>	179	PLEXION NS	79	PREDNISOLONE SOD PH- MOXIFLOX	165
<i>phendimetrazine tartrate</i>	96	PNEUMOVAX-23	141	<i>prednisolone sodium phosphate</i>	105, 166
<i>phenelzine</i>	57	<i>pnv-dha</i>	184	PREDNISOLONE-MOXIFLO- NEPAFENAC	162
<i>phenobarb-hyoscy-atropine- scop</i>	125	<i>pnv-omega</i>	184	PREDNISOLONE- MOXIFLOXACIN HCL ..	165
<i>phenobarbital</i>	32	<i>pnv-select</i>	184	PREDNISOLONE- MOXIFLOX-BROMFEN 162	
<i>phenohydro</i>	125	POCKET CHAMBER	112	<i>prednisone</i>	105
<i>phenoxybenzamine</i>	67	<i>podofilox</i>	82	<i>prednisone intensol</i>	105
<i>phentermine</i>	96	<i>polycin</i>	159	<i>pregabalin</i>	33
<i>phenylephrine hcl</i>	167	<i>polyethylene glycol 3350</i>	130	PREGNYL	119
<i>phenyleph-tropicamide in water</i>	160	<i>polymyxin b sulf-trimethoprim</i>	159	PREMARIN	150
PHENYTEK	32	POLY-TUSSIN AC	169	PRENATA	184
<i>phenytoin</i>	32	POMALYST	24	<i>prenatabs fa</i>	184
<i>phenytoin sodium extended</i> ...32		PONVORY	29	<i>prenatabs rx</i>	184
PHESGO	24	<i>portia 28</i>	157	<i>prenatal</i>	185
<i>philith</i>	156	<i>posaconazole</i>	11	PRENATAL	185
<i>phosphate laxative</i>	130	<i>potassium chloride</i>	180, 181	PRENATAL + DHA	184
PHOSPHOLINE IODIDE ..	160	POTASSIUM CHLORIDE ..	181	<i>prenatal complete</i>	185
PHOTREXA CROSS- LINKING KIT	162	<i>potassium citrate</i>	178	<i>prenatal multi-dha (algal oil)</i>	185
PHYSIOLYTE	97	<i>potassium iodide</i>	106	<i>prenatal multivitamins</i>	185
PHYSIOSOL IRRIGATION ..	97	<i>povidone-iodine</i>	159	<i>prenatal one daily</i>	185
<i>phytonadione (vitamin k1)</i>	73	<i>powderlax</i>	130	<i>prenatal plus</i>	185
PHYTONADIONE (VITAMIN K1)	73	<i>pr natal 400</i>	184		
<i>pilocarpine hcl</i>	103, 160	<i>pr natal 400 ec</i>	184		
<i>pimecrolimus</i>	82	<i>pr natal 430</i>	184		
<i>pimozide</i>	57	<i>pr natal 430 ec</i>	184		
<i>pimtreea (28)</i>	157	<i>pramipexole</i>	35		
<i>pindolol</i>	67	PRAMOSONE	79		
		<i>prasugrel hcl</i>	73		
		<i>pravastatin</i>	76		
		<i>praziquantel</i>	6		
		<i>prazosin</i>	67		

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<i>prenatal plus (calcium carb)</i> 185	<i>PRIMEAIRE</i> 112	<i>PROVERA</i>150
<i>PRENATAL PLUS DHA</i> 185	<i>primidone</i>33	<i>PROVIDA OB</i>186
<i>PRENATAL PLUS VITAMIN-MINERAL</i> 185	<i>PRIMSOL</i> .....10	<i>prucalopride</i>.....130
<i>prenatal vit no.179-iron-folic</i> 185	<i>PRIORIX (PF)</i>.....141	<i>prudoxin</i> .....82
<i>prenatal vitamin</i> 185	<i>probenecid</i>.....143	<i>pulmosal</i>.....173
<i>prenatal vitamin with minerals</i> 185	<i>probenecid-colchicine</i>.....143	<i>PULMOZYME</i>.....174
<i>prenatal-u</i> 185	<i>PROCARDIA XL</i>.....67	<i>purelax</i> .....130
<i>PRENATE AM</i> 185	<i>procentra</i> .....57	<i>PURIXAN</i> .....24
<i>PRENATE CHEWABLE</i> 185	<i>PROCHAMBER</i> 112	<i>pyrazinamide</i>.....6
<i>PRENATE DHA (FERR ASP GLYCIN)</i> 185	<i>prochlorperazine</i>.....130	<i>pyridostigmine bromide</i> .....41
<i>PRENATE ELITE (IRON ASP GLYC)</i> 185	<i>prochlorperazine maleate</i>....130	<i>PYRIDOSTIGMINE BROMIDE</i> .....41
<i>PRENATE ENHANCE</i> 185	<i>PROCORT</i> .....130	<i>pyrimethamine</i> .....6
<i>PRENATE ESSENTIAL(IRON-ASP-GL)</i> 186	<i>PROCRIT</i>.....134	<i>PYRUKYND</i>.....99
<i>PRENATE MINI (FERR ASP GLYCIN)</i> 186	<i>PROCTOCORT</i> .....94, 130	Q
<i>PRENATE PIXIE</i> 186	<i>procto-med hc</i> .....130	<i>Q-CARE RX Q4</i>.....103
<i>PRENATE RESTORE</i> 186	<i>proctosol hc</i>.....130	<i>QELBREE</i> .....57
<i>PRENATE STAR</i> 186	<i>proctozone-hc</i>.....130	<i>QSYMIA</i>.....96
<i>PREPIDIL</i> 152	<i>PRODIGY CONTROL SOLUTION, LOW</i> .....111	<i>QUADRACEL (PF)</i>.....141
<i>PRESTALIA</i> 67	<i>PRODIGY CONTROL SOLUTION,HIGH</i> .....111	<i>QUALAQUIN</i> .....6
<i>PRETOMANID</i> 6	<i>progesterone</i>.....150	<i>QUDEXY XR</i> .....33
<i>prevalite</i>.....76	<i>progesterone micronized</i> ....150	<i>QUESTRAN</i>.....76
<i>PREVIDENT</i>.....103	<i>PROGLYCEM</i> .....112	<i>QUESTRAN LIGHT</i> .....76
<i>PREVIDENT 5000 BOOSTER PLUS</i>.....103	<i>PROGRAF</i> .....24	<i>quetiapine</i>.....57, 58
<i>PREVIDENT 5000 ENAMEL PROTECT</i>.....103	<i>prolate</i> .....45	<i>quinapril</i>.....68
<i>PREVIDENT 5000 ORTHO DEFENSE</i> .....103	<i>PROLENSA</i> .....163	<i>quinapril-hydrochlorothiazide</i>.....68
<i>PREVIDENT 5000 PLUS</i> ...103	<i>PROLEUKIN</i>.....134	<i>quinidine gluconate</i> .....62
<i>PREVIDENT 5000 SENSITIVE</i>.....103	<i>PROMACTA</i>.....73	<i>quinidine sulfate</i> .....62
<i>PREVIDENT KIDS</i>.....103	<i>promethazine</i>.....168	<i>quinine sulfate</i> .....6
<i>PREVNAR 20 (PF)</i> .....141	<i>promethazine-codeine</i>.....169	<i>quit 2</i>.....101
<i>PREVYMIS</i>.....15	<i>promethazine-dm</i> .....169	<i>quit 4</i>.....101
<i>PREZISTA</i>.....15	<i>promethazine-phenylephrine</i>.....169	<i>QULIPTA</i> .....37
<i>PRIFTIN</i>.....6	<i>promethegan</i> .....168	<i>QUTENZA</i> .....82
<i>PRILOSEC OTC</i> .....133	<i>PROMETRIUM</i>.....150	<i>QUVIVIQ</i>.....58
<i>PRIMACARE</i> .....186	<i>propafenone</i> .....62	<i>QVAR REDIHALER</i>.....174
<i>primaquine</i>.....6	<i>proparacaine</i> .....162	R
	<i>PROPECIA</i>.....99	<i>RABAVERT (PF)</i> .....141
	<i>propranolol</i> .....67	<i>rabeprazole</i>.....133
	<i>propranolol-hydrochlorothiazid</i>.....68	<i>RADICAVA ORS STARTER KIT SUSP</i>.....39
	<i>propylthiouracil</i> .....106	<i>RADIOGARDASE</i>.....99
	<i>PROQUAD (PF)</i>.....141	<i>RAGWITEK</i>.....141
	<i>PROSCAR</i>.....178	<i>raloxifene</i> .....144
	<i>PROTHELIAL</i>103	<i>ramelteon</i>58
	<i>protriptyline</i>57	<i>ramipril</i>68
		<i>ranolazine</i>77

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<i>rasagiline</i>	35	REYVOW	37	ROXICODONE	45
RASUVO (PF)	146	REZDIFFRA	99	ROZLYTREK	24
RAYALDEE	120	REZUROCK	24	RUCONEST	174
RAYOS	105	RHOFADE	86	<i>rufinamide</i>	33
REBIF (WITH ALBUMIN) ..	29	RHOPRESSA	164	RYALTRIS	174
REBIF REBIDOSE	29	<i>ribavirin</i>	15	RYBELSUS	112, 123
REBIF TITRATION PACK ..	29	RIDAURA	146	RYCLORA	168
REBLOZYL	135	<i>rifabutin</i>	6	RYDAPT	24
REBYOTA	130	<i>rifampin</i>	6	RYKINDO	59
<i>reclipsen (28)</i>	157	RIGHTEST CONTROL		RYLAZE	24
RECOMBIVAX HB (PF)	141	SOLUTION HIGH	111	RYTARY	36
RECTIV	130	RILUTEK	99	RYVENT	168
<i>refissa</i>	86	<i>riluzole</i>	99	S	
REFUAH PLUS GLUCOSE		<i>rimantadine</i>	15	<i>sajazir</i>	174
CONTROL	111	<i>ringer's</i>	97	SALAGEN (PILOCARPINE)	
REGLAN	130	RINVOQ	146	.....	103
REGRANEX	82	RINVOQ LQ	146	<i>salsalate</i>	48
RELAGARD	152	RIOMET	122	SANCUSO	131
RELENZA DISKHALER	15	<i>risedronate</i>	99, 144	SANDIMMUNE	25
RELISTOR	130	RISPERDAL	58	SANDOSTATIN	25
REMERON	58	RISPERDAL CONSTA	58	SANTYL	95
REMERON SOLTAB	58	<i>risperidone</i>	58	<i>sapropterin</i>	120
RENACIDIN	179	<i>risperidone microspheres</i>	58	SAVELLA	146
<i>rena-vite</i>	186	RITEFLO AEROCHAMBER		<i>saxagliptin</i>	123
RENOVA	86	.....	112	<i>saxagliptin-metformin</i>	123
REVELA	180	<i>ritonavir</i>	15	<i>scalacort</i>	94
<i>repaglinide</i>	122	<i>rivastigmine</i>	40	SCALACORT DK	94
REPATHA PUSHTRONEX ..	76	<i>rivastigmine tartrate</i>	40	SCSEMBLIX	25
REPATHA SURECLICK	76	<i>rivelsa</i>	157	SCENESSE	82
REPATHA SYRINGE	76	<i>rizatriptan</i>	37	<i>scopolamine base</i>	131
RESPA-AR	169	R-NATAL OB	186	SECUADO	59
RESTASIS	162	ROBINUL	125	SELECT-OB	186
RESTASIS MULTIDOSE ..	162	ROBINUL FORTE	125	SELECT-OB (FOLIC ACID)	
RESTORIL	58	ROCALTROL	120	.....	186
RETACRIT	135	ROCKLATAN	164	SELECT-OB + DHA	186
RETEVMO	24	<i>roflumilast</i>	174	<i>selegiline hcl</i>	36
RETIN-A	86	<i>ropinirole</i>	36	<i>selenium sulfide</i>	79
RETIN-A MICRO PUMP	86	<i>rosadan</i>	86	SELZENTRY	15
RETISERT	166	ROSADAN	86	SEMGLEE(INSULIN	
RETROVIR	15	ROSULA	86	GLARGINE-YFGN)	117
REVATIO	174	<i>rosula cleansing cloths</i>	86	SEMGLEE(INSULIN GLARG-	
REVCovi	99	<i>rosuvastatin</i>	76	YFGN)PEN	117
REVLIMID	24	ROSZET	76	<i>se-natal 19</i>	187
REVUFORJ	24	ROTARIX	141	<i>se-natal 19 chewable</i>	187
REXTOVY	48	ROTATEQ VACCINE	142	SEROSTIM	135
REXULTI	58	ROWASA	131	<i>sertraline</i>	59
REYATAZ	15	<i>roweepira</i>	33	<i>setlakin</i>	157

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<i>sevelamer carbonate</i>	180	<i>SOLQUA 100/33</i>	117	<i>stop smoking aid</i>	102
<i>sevelamer hcl</i>	180	<i>SOLOSEC</i>	6	<i>STRENSIQ</i>	120
<i>SEVENFACT</i>	73	<i>SOLTAMOX</i>	25	<i>STREPTOMYCIN</i>	6
<i>SEYSARA</i>	10	<i>SOLUS V2 CONTROL</i>		<i>stress formula with iron</i>	187
<i>sf 103</i>		<i>SOLUTION,HIGH</i>	111	<i>stress formula with iron(sulf)</i>	
<i>sf 5000 plus</i>	103	<i>soluvita</i>	187	.....	187
<i>SFROWASA</i>	131	<i>soluvita a,c,d with fluoride</i> ..	187	<i>STRIVERDI RESPIMAT</i> ...	174
<i>sharobel</i>	150	<i>SOMA</i>	41	<i>STROMECTOL</i>	6
<i>SHINGRIX (PF)</i>	142	<i>SOMATULINE DEPOT</i>	25	<i>strong iodine</i>	89, 181
<i>SIGNIFOR</i>	25	<i>SOMAVERT</i>	120	<i>SUBLOCADE</i>	45
<i>sildenafil</i>	179	<i>SOOLANTRA</i>	86	<i>subvenite</i>	33
<i>sildenafil (pulm.hypertension)</i>		<i>sorafenib</i>	25	<i>subvenite starter (blue) kit</i>	33
.....	174	<i>SORBITOL</i>	97	<i>subvenite starter (green) kit</i> ...	33
<i>SILENOR</i>	59	<i>SORBITOL-MANNITOL</i>	97	<i>subvenite starter (orange) kit</i>	33
<i>silodosin</i>	178	<i>sotalol</i>	62	<i>SUCRAID</i>	131
<i>SILVADENE</i>	81	<i>sotalol af</i>	62	<i>sucralfate</i>	133
<i>silver sulfadiazine</i>	81	<i>SOTYKTU</i>	79	<i>SULAR</i>	68
<i>SIMBRINZA</i>	164	<i>SOTYLIZE</i>	62	<i>sulfacetamide sodium</i>	79, 167
<i>SIMLANDI(CF)</i>	146	<i>SPACE CHAMBER</i>	112	<i>sulfacetamide sodium (acne)</i> ..	89
<i>SIMLANDI(CF)</i>		<i>SPEVIGO</i>	79	<i>sulfacetamide sodium-sulfur</i>	86,
<i>AUTOINJECTOR</i>	146	<i>SPIKEVAX 2024-2025(12Y</i>		87	
<i>simliya (28)</i>	157	<i>UP)(PF)</i>	142	<i>sulfacetamide-prednisolone</i> ..	167
<i>simpesse</i>	157	<i>spinosad</i>	95	<i>sulfadiazine</i>	8
<i>SIMPONI</i>	147	<i>SPIRIVA RESPIMAT</i>	174	<i>sulfamethoxazole-trimethoprim</i>	
<i>SIMPONI ARIA</i>	147	<i>SPIRIVA WITH</i>		.....	8
<i>simvastatin</i>	76, 77	<i>HANDIHALER</i>	174	<i>SULFAMYLON</i>	89
<i>SINEMET</i>	36	<i>spironolactone</i>	68	<i>sulfasalazine</i>	131
<i>SINUVA</i>	174	<i>spironolacton-hydrochlorothiaz</i>		<i>sulfatrim</i>	9
<i>sirolimus</i>	25	.....	68	<i>sulindac</i>	48
<i>SIRTURO</i>	6	<i>SPORANOX</i>	11	<i>SUMADAN</i>	87
<i>SKYLA</i>	148	<i>sprintec (28)</i>	157	<i>SUMADAN XLT</i>	87
<i>SKYRIZI</i>	79, 131	<i>SPRITAM</i>	33	<i>sumatriptan</i>	37
<i>SMARTEST CONTROL</i>	111	<i>SPRIX</i>	48	<i>sumatriptan succinate</i>	37
<i>smoothlax</i>	131	<i>SPRYCEL</i>	25	<i>sumatriptan-naproxen</i>	37
<i>sodium chloride</i>	100, 174	<i>sps (with sorbitol)</i>	180	<i>SUMAXIN</i>	87
<i>sodium chloride 0.9 %</i>	99	<i>sronyx</i>	157	<i>SUMAXIN CP</i>	87
<i>sodium citrate-citric acid</i>	179	<i>ssd</i>	81	<i>sunitinib malate</i>	25
<i>sodium fluoride 5000 plus</i> ...	103	<i>SSKI</i>	106	<i>SUNLENCA</i>	15
<i>sodium fluoride-pot nitrate</i> .	104	<i>sss 10-5</i>	86	<i>SUNOSI</i>	59
<i>SODIUM OXYBATE</i>	59	<i>st joseph aspirin</i>	48	<i>super b maxi complex</i>	187
<i>sodium phenylbutyrate</i>	100	<i>st. joseph aspirin</i>	48	<i>super b-50 complex</i>	187
<i>sodium polystyrene sulfonate</i>		<i>STAMARIL (PF)</i>	142	<i>super quintis</i>	187
.....	180	<i>STELARA</i>	79	<i>SUSTOL</i>	131
<i>sodium,potassium,mag sulfates</i>		<i>STENDRA</i>	179	<i>SUTENT</i>	25
.....	131	<i>STEQEYMA</i>	79	<i>syeda</i>	157
<i>SOHONOS</i>	100	<i>STIOLTO RESPIMAT</i>	174	<i>SYMAX DUOTAB</i>	125
<i>solifenacin</i>	177	<i>STIVARGA</i>	25	<i>symax fastabs</i>	126

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<i>symax-sl</i>	126	TALTZ SYRINGE	80	TENORETIC 50	68
<i>symax-sr</i>	126	TALVEY	25	TENORMIN	68
SYMBICORT	174, 175	TALZENNA	26	terazosin	68
SYMBYAX	59	TAMIFLU	16	terbinafine hcl	11
SYMDEKO	175	tamoxifen	26	terbutaline	175
SYMFI	15	tamsulosin	178	terconazole	152
SYMFI LO	15	TANDEM MOBI AUTOSOFT		teriflunomide	29
SYMLINPEN 120	123	30 KT 23	114	teriparatide	144
SYMLINPEN 60	123	TANDEM MOBI AUTOSOFT		TERIPARATIDE	144
SYMPAZAN	33	XC KIT 5	114	TERSİ FOAM	80
SYMPROIC	131	TANDEM MOBI SYSTEM	114	TESTOPEL	120
SYMTUZA	16	TANDEM MOBI TRUSTEEL		testosterone	120
SYNAGIS	16	KIT 23	114	TESTOSTERONE	120
SYNALAR	94, 95	tanlor	41	testosterone cypionate	120
SYNALAR CREAM KIT	94	TAPERDEX	105	testosterone enanthate	120
SYNALAR OINTMENT KIT	94	TARCEVA	26	tetrabenazine	40
SYNALAR TS	95	TARGRETIN	26	tetracaine hcl	163
SYNAREL	120	tarina 24 fe	157	TETRACAINE HCL (PF)	163
SYNDROS	131	tarina fe 1/20 (28)	157	tetracycline	10
SYNJARDY	123	taron-c dha	187	TEXACORT	95
SYNJARDY XR	123	TARPEYO	106	TEZSPIRE	175
SYPRINE	100	TASIGNA	26	THALOMID	26
T		tasimelteon	59	THEO-24	175
T		TASMAR	36	theophylline	175
FLEX	114	tavaborole	91	THIOLA EC	100
SLIM X2	114	TAVALISSE	73	thioridazine	59
SLIM X2 BASAL-IQ		TAVNEOS	100	thiothixene	59
INSULIN PMP	114	tazarotene	87	THRIVITE RX	187
SLIM X2 CONTROL-IQ	114	TAZVERIK	26	thyroid (pork)	124
TABLOID	25	TDVAX	142	tiadylt er	68
TABRECTA	25	TECENTRIQ HYBREZA	26	tiagabine	33
TACLONEX	79	TECVAYLI	26	TIAZAC	68
tacrolimus	25, 82	TEGLUTIK	100	TIBSOVO	26
tadalafil	178, 179	TEGRETOL	33	TICOVAC	142
tadalafil (pulm. hypertension)		TEGRETOL XR	33	TIGAN	131
.....	175	TELCARE CONTROL	111	TIGLUTIK	100
TAFINLAR	25	telmisartan	68	tilia fe	157
tafluprost (pf)	164	telmisartan-amlodipine	68	TIMOL-BRIMON-DORZOL-	
TAGRISSO	25	telmisartan-hydrochlorothiazid		BIMATO(PF)	164
TAKE ACTION	157	.....	68	timolol	160
TAKHZYRO	175	temazepam	59	timolol maleate	68, 159, 160
TALICIA	133	TEMBEXA	16	timolol maleate (pf)	159
TALTZ AUTOINJECTOR	80	temozolomide	26	TIMOLOL-BRIMONIDI-	
TALTZ AUTOINJECTOR (2		tencon	45	DORZOLAM(PF)	164
PACK)	79	TENIVAC (PF)	142	TIMOLOL-DORZOLAM-	
TALTZ AUTOINJECTOR (3		tenofovir disoproxil fumarate	16	BIMATOPRO(PF)	165
PACK)	80	TENORETIC 100	68	tinidazole	6

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<i>tiopronin</i>	100	TRESIBA FLEXTOUCH U-200	117	TRIUMEQ	16
<i>tiotropium bromide</i>	175	TRESIBA U-100 INSULIN	117	TRIUMEQ PD	16
<i>tis-u-sol pentalyte</i>	97	<i>tretinoin</i>	87	<i>tri-vitamin with fluoride</i>	187
TIVICAY	16	<i>tretinoin (antineoplastic)</i>	26	<i>trivora (28)</i>	157
TIVICAY PD	16	<i>tretinoin (emollient)</i>	87	<i>tri-vylibra</i>	157
<i>tizanidine</i>	41	<i>tretinoin microspheres</i>	87	<i>tri-vylibra lo</i>	157
TOBI PODHALER	6	TRETTEN	73	TROKENDI XR	33
TOBRADEx	165	TREXALL	26	<i>tropicamide</i>	160
<i>tobramycin</i>	6, 159	TREZIX	45	<i>trospium</i>	177
<i>tobramycin in 0.225 % nacl</i>	6	<i>triamcinolone acetonide</i> 95, 104		TRUE METRIX LEVEL 1 ..	111
TOBRAMYCIN WITH NEBULIZER	6	<i>triamterene</i>	68	TRULANCE	131
<i>tobramycin-dexamethasone</i>	165	<i>triamterene-hydrochlorothiazid</i>	68	TRULICITY	123
TOBRAMYCIN-VANCOMYCIN	159	<i>triazolam</i>	59	TRUMENBA	142
TOBREX	159	TRICARE	187	TRUQAP	26
TOLAK	82	<i>tricon</i>	187	TRUSTEEL INFUSION SET 23	115
<i>tolcapone</i>	36	<i>triderm</i>	95	TRUSTEX-RIA NON-LUB CONDOMS	148
TOLECTIN 600	48	<i>trientine</i>	100	TRYNGOLZA	77
<i>tolmetin</i>	48	TRIESENCE (PF)	106	TUKYSA	26
<i>tolterodine</i>	177	<i>tri-estarylla</i>	157	<i>tulana</i>	150
<i>tolvaptan</i>	120	TRIFERIC	187	TURALIO	26
TOPICORT	95	<i>trifluoperazine</i>	59	<i>turqoz (28)</i>	157
<i>topiramate</i>	33	<i>trifluridine</i>	159	TUXARIN ER	169
<i>toremifene</i>	26	<i>trihexyphenidyl</i>	36	TWIIST REFILL KT(CSST-NDL-SYR)	115
<i>torpenz</i>	26	TRIJARDY XR	123	TWIIST RFL(INFUS-CSST-NDL-SYR)	115
<i>torse mide</i>	68	TRIKAFTA	175, 176	TWIIST STARTER KIT	115
TOSYMRA	37	<i>tri-legest fe</i>	157	TWINRIX (PF)	142
TOUJEO MAX U-300 SOLOSTAR	117	<i>tri-linyah</i>	157	TWYNEO	87
TOUJEO SOLOSTAR U-300 INSULIN	117	TRILIPIX	77	TYBOST	16
TRACLEER	175	<i>tri-lo-estarylla</i>	157	TYENNE	147
<i>tramadol</i>	48	<i>tri-lo-marzia</i>	157	TYENNE AUTOINJECTOR	147
<i>tramadol-acetaminophen</i>	48	<i>tri-lo-mili</i>	157	TYKERB	26
<i>trandolapril</i>	68	<i>tri-lo-sprintec</i>	157	TYMLOS	144
<i>trandolapril-verapamil</i>	68	<i>trimethobenzamide</i>	131	TYPHIM VI	142
<i>tranexamic acid</i>	152	<i>trimethoprim</i>	10	TYRVAYA	163
<i>tranylecypromine</i>	59	<i>tri-mili</i>	157	TYVASO	176
<i>travoprost</i>	165	<i>trimipramine</i>	59	TYVASO DPI	176
<i>trazodone</i>	59	TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	179	TYVASO REFILL KIT	176
TRECTOR	6	TRIMO-SAN JELLY	152	TYVASO STARTER KIT	176
TRELEGY ELLIPTA	175	<i>trinatal rx 1</i>	187	U	
TREMFYA	80	<i>trinate</i>	187	UBRELVY	37
TREMFYA PEN	80	TRINTELLIX	60	UCERIS	131
TRESIBA FLEXTOUCH U-100	117	TRIPTODUR	26	ULESFIA	95
		<i>tri-sprintec (28)</i>	157		
		TRISTART DHA	187		

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UNISTRIP LOW CONTROL	VAXELIS (PF)	143	VITAFOL-OB	188
.....	VAXNEUVANCE (PF)	143	VITAFOL-OB+DHA	188
unithroid	VCF CONTRACEPTIVE		VITAFOL-ONE	188
.....	FILM	152	VITAMEDMD ONE RX	188
UPTRAVI	VCF CONTRACEPTIVE GEL		vitamin b complex-folic acid	188
.....	.....	152	vitamin d3	188
URELLE	VECTICAL	80	vitamin k	73
uretron d-s	velivet triphasic regimen (28)		vitamin k1	73
.....	.....	157	vitamins a,c,d and fluoride ..	188
URIBEL TABS	VELPHORO	180	VITRAKVI	27
urimar-t	VELSIPITY	131	VIVAGUARD INO CTRL	
UROCIT-K 10	VELTASSA	100, 180	SOLN-L1,2,3	111
UROCIT-K 15	VEMLIDY	16	VIVITROL	48
.....	VENCLEXTA	26	VIVJOA	12
urogesic-blue	VENCLEXTA STARTING		VIVOTIF	143
.....	PACK	27	VIZIMPRO	27
uro-mp	venlafaxine	60	VOGELXO	120
UROQID-ACID NO.2	VENTAVIS	176	volnea (28)	158
.....	venxxiva	100	VONJO	27
uro-sp	VEOZAH	152	VONVENDI	74
URSO FORTE	verapamil	69	VOQUEZNA	134
.....	VERELAN PM	69	VOQUEZNA DUAL PAK ..	133
ursodiol	VERQUOVO	77	VOQUEZNA TRIPLE PAK ..	134
uryl	VERSACLOZ	60	VORANIGO	27
UZEDY	VERZENIO	27	voriconazole	12
V	vestura (28)	157	VORTEX HOLDING	
valacyclovir	VEVYE	163	CHAMBER	112
VALCHLOR	VFEND	11	VOSEVI	17
VALCYTE	V-GO 20	115	VOTRIENT	27
valganciclovir	V-GO 30	115	VOWST	132
valganciclovir	V-GO 40	115	VOXZOGO	121
valproic acid	VIBERZI	131	VOYDEYA	100
valproic acid (as sodium salt) ..	vienna	157	VRAYLAR	60
valsartan	vigabatrin	34	VTAMA	80
valsartan-hydrochlorothiazide	vigadrone	34	VUMERITY	29
.....	VIGAMOX	159	vyfemla (28)	158
.....	vigpoder	34	VYJUVEK	82
VALTOCO	VIJOICE	27	VYLEESI	60
.....	vilazodone	60	vylibra	158
valtya	VIOKACE	132	VYNDAMAX	77
.....	viorele (28)	157	VYNDAQEL	77
vanadom	VIRACEPT	16	VYVANSE	60
VANCOCCIN	VIREAD	16, 17	VYVGART HYTRULO	41
vancomycin	VISTOGARD	17	W	
vandazole	VITAFOL FE PLUS	187	WAKIX	60, 61
VANOXIDE-HC	VITAFOL GUMMIES	187	warfarin	74
VAQTA (PF)	VITAFOL ULTRA	188	water for irrigation, sterile ..	100
vardefafil				
varenicline tartrate				
VARISOFT INFUSION SET				
23				
VARIVAX (PF)				
VARIZIG				
VARUBI				
VASCEPA				
VASERETIC				
VASOTEC				
VAXCHORA VACCINE				

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WAVESENSE CONTROL SOLUTION	111	XIPERE (PF)	106	ZERVIATE	163
WEGOVI	96	XOFLUZA	17	ZESTORETIC	69
WELIREG	27	XOLAIR	176	ZESTRIL	69
wera (28)	158	XOLREMDI	135	ZIAGEN	17
wescap-c dha	188	XOSPATA	27	ZIANA	87
wescap-pn dha	188	XTANDI	27	zidovudine	17
wesnata dha complete	188	xulane	152	ZIEXTENZO	135
wesnate dha	188	XULTOPHY 100/3.6	117	zileuton	176
westab plus	188	XURIDEN	100	zingiber	188
westgel dha	188	XYNTHA	74	ziprasidone hcl	61
WIDE-SEAL DIAPHRAGM	148	XYNTHA SOLOFUSE	74	ziprasidone mesylate	61
WILATE	74	XYOSTED	121	ZIRGAN	159
WINREVAIR	176	XYWAV	61	ZITHROMAX	3
wintergreen oil	82	Y		ZITHROMAX TRI-PAK	3
wixela inhub	176	YAZ (28)	158	ZITHROMAX Z-PAK	3
women's gentle laxative(bisac)	132	YCANTH	82	ZOKINVY	100
wymzya fe	158	YESINTEK	80	ZOLADEX	27
WYNZORA	80	YF-VAX (PF)	143	ZOLINZA	27
X		YONSA	27	zolmitriptan	38
XACIATO	152	YORVIPATH	121	ZOLMITRIPTAN	38
XALKORI	27	YUPELRI	176	zolpidem	61
XARACOLL	88	YUTIQ	166	ZOMIG	38
XARELTO	74	yuvafem	150	ZONALON	82
XARELTO DVT-PE TREAT 30D START	74	Z		zonisamide	34
XCOPRI	34	zafemy	152	ZONTIVITY	74
XCOPRI MAINTENANCE PACK	34	zafirlukast	176	ZORTRESS	27
XCOPRI TITRATION PACK	34	zaleplon	61	ZORYVE	80
XDEMVY	163	ZANAFLEX	41	zovia 1-35 (28)	158
XELJANZ	147	zarah	158	ZOVIRAX	91
XELJANZ XR	147	ZARONTIN	34	ZTALMY	34
XELODA	27	zatean-pn dha	188	ZTLIDO	88
XEMBIFY	143	zatean-pn plus	188	ZUBSOLV	49
XENICAL	96	ZCORT	106	zumandimine (28)	158
XENLETA	7	ZELBORAF	27	ZURZUVAE	61
XEPI	89	ZEMBRACE SYMTOUCH	38	ZYDELIG	27
XERMELO	27	ZEMPLAR	121	ZYFLO	176
XGEVA	17	zenatane	87	ZYKADIA	27
XHANCE	176	ZENPEP	132	ZYLOPRIM	143
XIFAXAN	7	zenzedi	61	ZYMFENTRA	132
XIGDUO XR	123	ZENZEDI	61	ZYNRELEF	100
XIIDRA	163	ZEPATIER	17	ZYPITAMAG	77
		ZEPBOUND	96, 97	ZYPREXA	61
		ZEPOSIA	40	ZYPREXA RELPREVV	61
		ZEPOSIA STARTER KIT (28-DAY)	40	ZYPREXA ZYDIS	61
		ZEPOSIA STARTER PACK (7-DAY)	40	ZYVOX	7

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