

Lowest Net Cost Formulary

Effective April 1, 2023

Your prescription benefit provides you and your doctor with many choices. Understanding them will help you make informed health care decisions. It will also enable you to ask your doctor or pharmacist the right questions about your medication needs. We want to make sure you have the information you need to make the best choice for you.

What is a formulary?

A **formulary** is a list of prescription medications that are covered by your plan. The drugs on this list are chosen for their clinical value and cost-effectiveness by an independent panel of physicians and pharmacists.

With our formulary, you and your doctor have the freedom to choose the medication that works best for you. Since there may be more than one drug available for your medical condition, we encourage you to use generic and preferred brand-name drugs whenever possible to help manage your prescription costs.

NOTE: This formulary drug list is subject to change at any time during the year without prior notice to members or physicians. For the most current formulary information, please visit our website at the address indicated on your member ID card.

Should I use generic drugs?

Absolutely! **Generic drugs** become available when patents expire on brand-name drugs. They contain the same active ingredients as brand drugs but are not manufactured under a brand name or trademark. The color and shape of the generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs must meet the same U.S. Food and Drug Administration (FDA) quality standards as the brand-name drugs.

What is a three-tier benefit?

Most employers offer a three-tier benefit plan. Refer to your group benefit booklet to see if this applies to you.

Medications in a **three-tier benefit** structure are divided into three tiers: Tier 1, Tier 2 and Tier 3. Each tier is assigned a copay or coinsurance amount, which is the amount you pay when you receive a prescription. Refer to your benefit document to find the amounts that apply to you.

Tier 1 drugs are generic drugs. Tier 1 drugs in this document are in all lowercase letters. For the lowest out-of-pocket expense, you should always consider Tier 1 drugs if you and your doctor decide they are appropriate for you.

Tier 2 drugs are preferred brand-name drugs. Tier 2 drugs in this document are listed after the Tier 1 drugs. Consider Tier 2 drugs if no Tier 1 drug is available to treat your condition.

Tier 3 drugs are nonpreferred and will usually cost you more. If you are using a Tier 3 drug, talk to your doctor about Tier 1 and 2 drugs that may be appropriate for you. **NOTE:** When a generic becomes available, most of the time the brand-name drug will automatically move to Tier 3.

If a drug is noted as **Tier 0**, that means it is considered a preventive drug under health care reform, and your plan covers it at no cost to you, in most cases. Specialty drugs are indicated as **Tier 4**.

What is a specialty drug benefit?

A **specialty drug** benefit requires that you pay a different amount (copay) for specialty drugs, no matter what the status is of your drug on our formulary drug list. If you have a specialty drug benefit, you will pay the specialty drug copay or coinsurance under your plan for specialty drugs, whether you receive a generic, preferred name-brand or nonpreferred brand drug. Refer to your benefit document to find the amounts that apply to you for specialty drugs.

What if my drug is not listed on this formulary drug list?

This is a listing of the most commonly prescribed drugs within certain categories. If your drug is not listed, it may be that:

1. Your drug is a generic and all generics are considered preferred drugs.
2. Your drug is not a preferred drug and is available at the highest copay or coinsurance.
3. Your drug is preferred but is not included in this brochure. For an alphabetical listing of commonly prescribed generic and preferred brand-name drugs, visit the website indicated on your member ID card.
4. There are some drugs for which your doctor may need to request prior authorization from us before you can fill the prescription. This is to make sure your benefit plan covers the drugs. Visit the website indicated on your member ID card for more details.

5. Your drug is available over the counter or is excluded from coverage. For many conditions, an over-the-counter (OTC) medication may be the most appropriate treatment. Talk to your doctor about over-the-counter alternatives. They may be a good choice for you and may cost you less.

Keep in mind this list is subject to change.

Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this booklet. Please see your plan's website for a list of excluded drugs.

Some drugs have quantity limits on them. This means you only can receive a limited amount at one time or during a specific time period. Your pharmacist can tell you if your benefit plan applies any limitations to your prescriptions.

Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. If covered under the pharmacy benefit, OTC products require a valid prescription.

Drug list key

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

- | | |
|------------|---|
| AL | Age limit — Medication has minimum or maximum age requirement for coverage. |
| OTC | Over-the-counter drug |
| PA | Prior authorization — Your doctor is required to provide more information to determine coverage. |
| PV1 | Preventive drug — \$0 copay under health care reform |
| PV2 | Preventive drug — \$0 copay under health care reform for members who meet certain conditions. |
| PV3 | Preventive drug (high cholesterol) — \$0 copay under health care reform only for members ages 40–75. |
| QL | Quantity limit — Medication may be limited to a certain quantity. |
| SP | Specialty medication — Medication is designated as specialty. |
| ST | Step therapy — Patient must try lower-cost medication(s) before a higher-cost medication can be covered. |

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen intravenous solution	1	
acetaminophen-codeine	1	Quantity limits may apply
acetaminophen-codeine #2	1	Quantity limits may apply
acetaminophen-codeine #3	1	Quantity limits may apply
acetaminophen-codeine #4	1	Quantity limits may apply
alfentanil hcl	1	Quantity limits may apply
apap-caff-dihydrocodeine	1	Quantity limits may apply
ascomp-codeine	1	Quantity limits may apply
bac	1	
BUPRENEX	3	
buprenorphine	1	
buprenorphine hcl injection	1	
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	Quantity limits may apply
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	Quantity limits may apply
butalbital-apap-caffeine oral tablet	1	Quantity limits may apply
butalbital-asa-caff-codeine	1	Quantity limits may apply
butalbital-aspirin-caffeine	1	Quantity limits may apply
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL (5 ML per 30 days)
codeine sulfate	1	Quantity limits may apply
DEMEROL	3	Quantity limits may apply
DILAUDID INJECTION	3	Quantity limits may apply
DURAMORPH	3	Quantity limits may apply
endocet	1	Quantity limits may apply
ESGIC ORAL CAPSULE	3	
fentanyl	1	QL (10 EA per 30 days)
fentanyl citrate buccal lozenge on a handle	1	QL (120 EA per 30 days)
FENTANYL CITRATE BUCCAL TABLET	3	QL (120 EA per 30 days)
fentanyl citrate injection solution prefilled syringe 100 mcg/2ml	1	Quantity limits may apply
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	Quantity limits may apply
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	3	Quantity limits may apply
FENTORA	3	QL (120 EA per 30 days)

Effective Date: 4/1/2023

Drug Name	Drug Tier	Notes
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL (60 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	Quantity limits may apply
hydrocodone-acetaminophen	1	Quantity limits may apply
hydrocodone-ibuprofen	1	Quantity limits may apply
hydromorphone hcl er	1	Quantity limits may apply
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML, 0.5 MG/ML	3	Quantity limits may apply
hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml	1	Quantity limits may apply
HYDROMORPHONE HCL INTRAVENOUS	3	Quantity limits may apply
hydromorphone hcl oral	1	Quantity limits may apply
hydromorphone hcl pf	1	Quantity limits may apply
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	Quantity limits may apply
hydromorphone hcl solution 1 mg/ml injection	1	Quantity limits may apply
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	3	Quantity limits may apply
HYDROMORPHONE HCL-NACL INTRAVENOUS	3	Quantity limits may apply
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG	3	Quantity limits may apply
INFUMORPH 200	3	Quantity limits may apply
INFUMORPH 500	3	Quantity limits may apply
LORTAB	3	Quantity limits may apply
meperidine hcl injection	1	Quantity limits may apply
meperidine hcl oral	1	Quantity limits may apply
methadone hcl injection	1	Quantity limits may apply
methadone hcl intensol	1	Quantity limits may apply
methadone hcl oral	1	Quantity limits may apply
METHADONE HCL-NACL	3	Quantity limits may apply
METHADONE HCL-SODIUM CHLORIDE	3	Quantity limits may apply
methadose oral tablet soluble	1	Quantity limits may apply
mitigo	1	Quantity limits may apply
morphine sulfate (concentrate)	1	Quantity limits may apply
morphine sulfate (pf)	1	Quantity limits may apply
morphine sulfate er	1	Quantity limits may apply
morphine sulfate er beads	1	Quantity limits may apply
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	Quantity limits may apply
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	Quantity limits may apply
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	Quantity limits may apply

Effective Date: 4/1/2023

Drug Name	Drug Tier	Notes
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1	Quantity limits may apply
morphine sulfate oral	1	Quantity limits may apply
MORPHINE SULFATE-NACL INJECTION	3	Quantity limits may apply
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	3	Quantity limits may apply
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	Quantity limits may apply
nalbuphine hcl injection	1	
NUCYNTA	3	Quantity limits may apply
NUCYNTA ER	3	Quantity limits may apply
OXAYDO	2	Quantity limits may apply
OXYCODONE HCL ER	2	QL (60 EA per 30 days)
oxycodone hcl oral capsule	1	Quantity limits may apply
oxycodone hcl oral concentrate 100 mg/5ml	1	Quantity limits may apply
oxycodone hcl oral solution	1	Quantity limits may apply
oxycodone hcl oral tablet	1	Quantity limits may apply
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	Quantity limits may apply
OXYCONTIN	2	QL (60 EA per 30 days)
oxymorphone hcl	1	Quantity limits may apply
oxymorphone hcl er	1	Quantity limits may apply
pentazocine-naloxone hcl	1	
PRIALT	4	PA; SP
remifentanil hcl	1	Quantity limits may apply
SUBSYS	3	QL (120 EA per 30 days)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	Quantity limits may apply
tramadol hcl er	1	Quantity limits may apply
tramadol hcl oral tablet	1	Quantity limits may apply
tramadol-acetaminophen	1	Quantity limits may apply
ULTIVA	3	Quantity limits may apply
ZEBUTAL	3	
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV1; OTC
aspirin 81 oral tablet delayed release	0	PV1; OTC
aspirin adult low dose	0	PV1; OTC
aspirin adult low strength	0	PV1; OTC
aspirin childrens	0	PV1; OTC
aspirin ec low dose	0	PV1; OTC
aspirin ec low strength	0	PV1; OTC

Effective Date: 4/1/2023

Drug Name	Drug Tier	Notes
aspirin low dose	0	PV1; OTC
aspirin oral tablet delayed release 81 mg	0	PV1; OTC
aspirin regimen	0	PV1; OTC
CALDOLOR	3	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	1	QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL (200 GM per 30 days)
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg	1	
diflunisal oral	1	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE	3	
flurbiprofen oral	1	
goodsense aspirin low dose	0	PV1; OTC
ibuprofen lysine	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral	1	
indomethacin sodium	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL (20 EA per 30 days)
LODINE	3	
meclofenamate sodium oral	1	
mefenamic acid oral	1	
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
mm aspirin	0	PV1; OTC
nabumetone oral	1	
naproxen oral suspension	1	QL (1800 ML per 30 days)

Effective Date: 4/1/2023

Drug Name	Drug Tier	Notes
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN	3	
oxaprozin	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	0	PV1; OTC
sulindac oral	1	
Anesthetics		
ARTICADENT DENTAL	3	
bupivacaine fisiopharma	1	
bupivacaine hcl (pf)	1	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	3	
bupivacaine-epinephrine	1	
bupivacaine-epinephrine (pf)	1	
chloroprocaine hcl (pf)	1	
ethyl chloride	1	
EXPAREL	3	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo	1	QL (30 ML per 25 days)
lidocaine external ointment 5 %	1	QL (50 GM per 25 days)
lidocaine external patch 5 %	1	PA; QL (90 EA per 30 days)
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1	
lidocaine hcl (cardiac) pf	1	
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	1	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	3	
lidocaine hcl (pf)	1	
lidocaine hcl external solution	1	QL (50 ML per 25 days)
lidocaine hcl injection solution 0.5 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 60 MG/3ML	3	

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Drug Name	Drug Tier	Notes
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	3	
lidocaine hcl solution 2 % injection	1	
lidocaine hcl urethral/mucosal	1	QL (30 ML per 25 days)
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
LIDOCAINE-EPINEPHRINE (3 ML)	3	
lidocaine-epinephrine injection	1	
lidocaine-prilocaine external cream	1	QL (30 GM per 25 days)
LIDOCAINE-SODIUM BICARBONATE	3	
MARCAINE	3	
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	3	
NESACAINE	3	
NESACAINE-MPF	3	
ORABLOC	3	
polocaine	1	
polocaine-mpf	1	
ropivacaine hcl injection solution	1	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
tetracaine hcl injection	1	
XYLOCAINE	3	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE	3	PA; ST; QL (2 EA per 1 day); AL (Min 18 Years)

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Drug Name	Drug Tier	Notes
buprenorphine hcl sublingual tablet sublingual 2 mg	1	PA; QL (360 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (60 EA per 25 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (90 EA per 25 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL (90 EA per 25 days)
bupropion hcl er (smoking det)	0	PV2; QL (2 EA per 1 day); AL (Min 18 Years)
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	0	PV2; OTC; QL (20 EA per 1 day); AL (Min 18 Years)
habitrol	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	3	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV2; OTC; QL (24 EA per 1 day); AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV2; OTC; QL (20 EA per 1 day); AL (Min 18 Years)
nicotine polacrilex mini	0	PV2; OTC; QL (20 EA per 1 day); AL (Min 18 Years)
nicotine polacrilex mouth/throat gum	0	PV2; OTC; QL (24 EA per 1 day); AL (Min 18 Years)
nicotine polacrilex mouth/throat lozenge	0	PV2; OTC; QL (20 EA per 1 day); AL (Min 18 Years)
nicotine step 1	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
nicotine step 2	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
nicotine step 3	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
nicotine transdermal kit	0	PV2; OTC; QL (1 EA per 1 day); AL (Min 18 Years)
NICOTROL	0	PA; ST; PV2; QL (16 EA per 1 day); AL (Min 18 Years)
NICOTROL NS	0	PA; ST; PV2; QL (4 ML per 1 day); AL (Min 18 Years)
SUBLOCADE	4	SP
varenicline tartrate oral tablet	0	PA; ST; PV2; QL (2 EA per 1 day); AL (Min 18 Years)
varenicline tartrate oral tablet therapy pack	0	PA; ST; PV2; QL (53 EA per 31 days); AL (Min 18 Years)

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Drug Name	Drug Tier	Notes
VIVITROL	4	SP; QL (1 EA per 28 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 EA per 25 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 EA per 25 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 EA per 25 days)
Antibacterials		
ALTABAX	3	
amikacin sulfate injection	1	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
AUGMENTIN	3	
AUGMENTIN ES-600	3	
avidoxy	1	QL (2 EA per 1 day)
AVYCAZ	3	
AZACTAM	3	
azithromycin intravenous	1	
azithromycin oral	1	
aztreonam	1	
bacitracin intramuscular	1	
BACTRIM	3	
BACTRIM DS	3	
benzalkonium chloride external solution	1	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
CEFAZOLIN IN SODIUM CHLORIDE	3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium injection solution reconstituted	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium intravenous solution reconstituted	1	

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Drug Name	Drug Tier	Notes
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefepime-dextrose	1	
cefixime	1	
CEFOTAXIME SODIUM	3	
cefotetan disodium	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	3	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime and dextrose	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
CENTANY	3	QL (44 GM per 30 days)
cephalexin	1	
chloramphenicol sod succinate	1	
CIPRO	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	
CLEOCIN PHOSPHATE	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	

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Drug Name	Drug Tier	Notes
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
colistimethate sodium (cba)	1	
COLY-MYCIN M	3	
coremino	1	ST; AL (Min 12 Years)
CUBICIN RF	3	
DALVANCE	3	
daptomycin	1	
demeclocycline hcl	1	
dicloxacillin sodium	1	
DIFICID	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg, 20 mg	1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg	1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	1	QL (2 EA per 1 day)
doxycycline monohydrate oral suspension reconstituted	1	QL (40 ML per 1 day)
doxycycline monohydrate oral tablet	1	QL (2 EA per 1 day)
E.E.S. 400	3	
ertapenem sodium	1	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE	3	
ERYTHROCIN STEARATE	3	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin lactobionate	1	
erythromycin oral	1	
FIRST-METRONIDAZOLE	3	AL (Max 17 Years)
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	1	
gentamicin in saline	1	

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Drug Name	Drug Tier	Notes
gentamicin sulfate external	1	
gentamicin sulfate injection	1	
HIPREX	3	
hydrogen peroxide	1	
imipenem-cilastatin	1	
INVANZ	3	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral	1	
LINCOCIN	3	
lincomycin hcl injection	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral suspension reconstituted	1	
linezolid oral tablet	1	QL (60 EA per 30 days)
LUGOLS STRONG IODINE	3	
MACROBID	3	
mafenide acetate external	1	
meropenem	1	
MEROPENEM-SODIUM CHLORIDE	3	
methenamine hippurate	1	
METRONIDAZOLE BENZO+SYRSPEND	3	AL (Max 17 Years)
metronidazole intravenous	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl er oral tablet extended release 24 hour	1	ST; AL (Min 12 Years)
minocycline hcl oral	1	
MONUROL	3	
moxifloxacin hcl in nacl	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
moxifloxacin hcl oral	1	
mupirocin external	1	QL (44 GM per 30 days)
nafcillin sodium	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
neomycin sulfate oral	1	
neomycin-polymyxin b gu	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	

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Drug Name	Drug Tier	Notes
ofloxacin oral	1	
ORBACTIV	3	
oxacillin sodium	1	
OXACILLIN SODIUM IN DEXTROSE	3	
paromomycin sulfate oral	1	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g procaine	1	
penicillin g sodium	1	
penicillin v potassium	1	
PFIZERPEN	3	
piperacillin sod-tazobactam so	1	
polymyxin b sulfate injection	1	
PRIMAXIN IV	3	
SILVADENE	3	
silver sulfadiazine external	1	
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	3	QL (6 EA per 30 days)
ssd	1	
streptomycin sulfate intramuscular	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim	1	
SULFAMYLON	3	
sulfatrim pediatric	1	
SUPRAX	3	
tazicef injection	1	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
TEFLARO	3	
tetracycline hcl oral	1	
tigecycline	1	
tinidazole oral	1	
tobramycin sulfate injection	1	
trimethoprim oral	1	
TYGACIL	3	
UNASYN	3	
VANCOCIN	3	QL (62 EA per 25 days)

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Drug Name	Drug Tier	Notes
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.25-5 GM/250ML-%, 1.5-5 GM/250ML-%	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	3	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
vancomycin hcl intravenous	1	
vancomycin hcl oral capsule	1	QL (62 EA per 25 days)
vancomycin hcl oral solution reconstituted	1	
VANDAZOLE	3	
VIBATIV	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	
ZERBAXA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	
ZYVOX ORAL TABLET	3	QL (60 EA per 30 days)
Anticoagulants		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANGIOMAX	3	
ANTICOAGULANT SODIUM CITRATE	3	
argatroban	1	
bivalirudin trifluoroacetate	1	
dabigatran etexilate mesylate	1	
ELIQUIS DVT/PE STARTER PACK	2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (90 EA per 30 days)
enoxaparin sodium	1	

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Drug Name	Drug Tier	Notes
fondaparinux sodium	1	
FRAGMIN	3	
heparin (porcine) in nacl intravenous solution	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin sod (porcine) in d5w	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
RETAVASE	3	
RETAVASE HALF-KIT	3	
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH	3	
TNKASE	3	
TRICITRASOL	3	
warfarin sodium oral	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	2	
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 EA per 30 days)
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT	3	ST
carbamazepine er	1	
carbamazepine oral	1	
CELONTIN	3	
CEREBYX	3	
clobazam	1	
DIACOMIT	4	PA; SP
diazepam rectal	1	
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	4	PA; SP; QL (600 ML per 30 days)
epitol	1	
ethosuximide oral	1	
felbamate	1	

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Drug Name	Drug Tier	Notes
FELBATOL	3	
FINTEPLA	4	PA; SP
fosphenytoin sodium	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	
LAMICTAL XR ORAL KIT	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
NAYZILAM	3	QL (10 EA per 30 days)
NEMBUTAL	3	
oxcarbazepine	1	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
primidone oral	1	
roweepra	1	
rufinamide	1	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
tiagabine hcl	1	

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Drug Name	Drug Tier	Notes
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	ST
topiramate oral	1	
TROKENDI XR	3	ST
valproate sodium intravenous	1	
valproic acid oral	1	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	QL (10 EA per 30 days)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML	3	QL (20 EA per 30 days)
vigabatrin	4	PA; SP; QL (180 EA per 30 days)
vigadrone	4	PA; SP; QL (180 EA per 30 days)
XCOPRI	3	ST
ZONISADE	3	
zonisamide oral	1	
ZTALMY	4	PA; SP
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl	1	
memantine hcl er	1	
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL (1 EA per 1 day)
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
desvenlafaxine succinate er	1	QL (30 EA per 30 days)
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	1	QL (30 EA per 30 days)
DULOXICAINE	3	
EMSAM	3	
escitalopram oxalate oral	1	
FETZIMA	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	3	ST; QL (1 EA per 1 day)
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
imipramine pamoate	1	
LYBALVI	3	PA
MARPLAN	3	
mirtazapine oral	1	
NARDIL	3	
nefazodone hcl	1	
NORPRAMIN	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	
PAMELOR	3	
PARNATE	3	
paroxetine hcl	1	
paroxetine hcl er	1	
paroxetine mesylate	1	
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
protriptyline hcl	1	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SYMBYAX	3	
tranylcypromine sulfate	1	

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Drug Name	Drug Tier	Notes
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	QL (30 EA per 30 days)
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
VIIBRYD STARTER PACK	3	
vilazodone hcl	1	
ZULRESSO	4	SP
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO INTRAVENOUS	3	
ANZEMET	3	QL (3 EA per 30 days)
aprepitant oral	1	QL (3 EA per 21 days)
aprepitant oral capsule 125 mg	1	QL (2 EA per 21 days)
aprepitant oral capsule 40 mg	1	QL (3 EA per 180 days)
aprepitant oral capsule 80 & 125 mg	1	QL (3 EA per 21 days)
aprepitant oral capsule 80 mg	1	QL (4 EA per 21 days)
CINVANTI	2	QL (36 ML per 21 days)
compro	1	
dimenhydrinate injection	1	
dronabinol	1	
droperidol injection	1	
EMEND INTRAVENOUS	3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE	3	QL (4 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL (6 EA per 21 days)
EMEND TRI-PACK	3	QL (3 EA per 21 days)
fosaprepitant dimeglumine	1	QL (2 EA per 21 days)
granisetron hcl intravenous	1	QL (1 ML per 30 days)
granisetron hcl oral	1	QL (6 EA per 30 days)
MARINOL	3	
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
ondansetron hcl injection	1	QL (6 ML per 30 days)
ondansetron hcl oral solution	1	QL (100 ML per 30 days)
ondansetron hcl oral tablet 24 mg	1	QL (1 EA per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 EA per 30 days)
ondansetron odt	1	QL (9 EA per 30 days)

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Drug Name	Drug Tier	Notes
palonosetron hcl intravenous solution 0.25 mg/2ml	1	
palonosetron hcl intravenous solution 0.25 mg/5ml	1	QL (5 ML per 30 days)
palonosetron hcl intravenous solution prefilled syringe	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
REGLAN	3	
scopolamine	1	
SUSTOL	3	PA; QL (2 ML per 30 days)
TIGAN	3	
TRANSDERM-SCOP	3	
trimethobenzamide hcl oral	1	
Antifungals		
ABELCET	3	
AMBISOME	3	
amphotericin b intravenous	1	
amphotericin b liposome	1	
ANCOBON	3	
CANCIDAS	3	
caspofungin acetate	1	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
DIFLUCAN	3	
econazole nitrate external	1	QL (85 GM per 30 days)
ERAXIS	3	
EXTINA	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	

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Drug Name	Drug Tier	Notes
GYNAZOLE-1	3	
itraconazole oral capsule	1	PA; QL (120 EA per 30 days)
itraconazole oral solution	1	PA; QL (600 ML per 30 days)
ketoconazole external cream	1	QL (60 GM per 30 days)
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	
MENTAX	3	
micafungin sodium	1	
miconazole 3	1	
MYCAMINE	3	
naftifine hcl	1	
NAFTIN	3	
NOXAFIL INTRAVENOUS	3	PA
NOXAFIL ORAL SUSPENSION	3	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	ST; QL (90 GM per 30 days)
OXISTAT	3	ST; QL (90 GM per 30 days)
posaconazole	1	PA
SPORANOX ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
SPORANOX ORAL SOLUTION	3	PA; QL (600 ML per 30 days)
terbinafine hcl oral	1	
terconazole	1	
VFEND	3	
VFEND IV	4	SP
voriconazole intravenous	4	SP
voriconazole oral	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
colchicine oral tablet	1	QL (60 EA per 30 days)
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	

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Drug Name	Drug Tier	Notes
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
dihydroergotamine mesylate injection	1	
eletriptan hydrobromide	1	QL (8 EA per 30 days)
EMGALITY	2	PA
ERGOMAR	3	
ergotamine-caffeine	1	
FROVA	3	QL (8 EA per 30 days)
frovatriptan succinate	1	QL (8 EA per 30 days)
MIGERGOT	3	
naratriptan hcl	1	QL (8 EA per 30 days)
NURTEC	2	PA; QL (8 EA per 30 days)
rizatriptan benzoate	1	QL (8 EA per 30 days)
sumatriptan nasal	1	QL (6 EA per 30 days)
sumatriptan succinate oral	1	QL (8 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	1	QL (2.5 ML per 30 days)
sumatriptan succinate subcutaneous	1	QL (2.5 ML per 30 days)
sumatriptan-naproxen sodium	1	QL (9 EA per 30 days)
UBRELVY	2	PA; QL (10 EA per 30 days)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	QL (6 EA per 30 days)
zolmitriptan nasal solution 5 mg	1	QL (6 EA per 30 days)
zolmitriptan oral	1	QL (8 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	3	QL (6 EA per 30 days)
Antimyasthenic Agents		
BLOXIVERZ	3	
MESTINON ORAL SOLUTION	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	3	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	1	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	

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Drug Name	Drug Tier	Notes
REGONOL	3	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PRETOMANID	3	QL (30 EA per 30 days)
PRIFTIN	3	
pyrazinamide oral	1	
rifabutin	1	
RIFADIN	3	
rifampin intravenous	1	
rifampin oral	1	
SIRUORO	3	
TRECTOR	3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	4	PA; SP; QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	4	PA; SP; QL (60 EA per 30 days)
ABRAXANE	4	PA; SP
ADCETRIS	4	PA; SP
adriamycin	4	SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	4	PA; SP; QL (155 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	4	PA; SP; QL (93 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	4	PA; SP; QL (62 EA per 31 days)
ALECENSA	4	PA; SP; QL (240 EA per 30 days)
ALIMTA	4	SP
ALIQOPA	4	PA; SP
ALKERAN INTRAVENOUS	4	SP
ALKERAN ORAL	3	
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; QL (53 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; SP; QL (30 EA per 30 days)
anastrozole oral	1	PV2; AL (Min 35 Years)
AROMASIN	3	
ARRANON	4	SP

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Drug Name	Drug Tier	Notes
arsenic trioxide intravenous	4	SP
ARZERRA	4	PA; SP
AVASTIN	4	PA; SP
AYVAKIT	4	PA; SP
azacitidine	4	PA; SP
BALVERSA ORAL TABLET 3 MG	4	PA; SP; QL (3 EA per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; SP; QL (2 EA per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; SP; QL (1 EA per 1 day)
BAVENCIO	4	PA; SP
BELEODAQ	4	PA; SP
BELRAPZO	4	PA; SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	4	PA; SP
bendamustine hcl intravenous solution reconstituted	4	PA; SP
BENDEKA	4	PA; SP
BESPONSA	4	PA; SP
bexarotene	4	PA; SP
bicalutamide	1	
BICNU	4	SP
BLENREP	4	PA; SP
bleomycin sulfate	4	SP
BLINCYTO	4	PA; SP
bortezomib injection solution reconstituted	4	PA; SP
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; QL (30 EA per 30 days)
BRAFTOVI	4	PA; SP; QL (180 EA per 30 days)
BRUKINSA	4	PA; SP
busulfan	4	SP
BUSULFEX	4	SP
CABOMETYX	4	PA; SP; QL (30 EA per 30 days)
CALQUENCE	4	PA; SP
CAMPTOSAR	4	SP
capecitabine oral tablet 150 mg	1	PA; QL (120 EA per 30 days)
capecitabine oral tablet 500 mg	1	PA; QL (300 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; QL (30 EA per 30 days)
carboplatin	4	SP
carmustine	4	SP
CASODEX	3	
cisplatin intravenous solution	4	SP

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Drug Name	Drug Tier	Notes
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	4	SP
cladribine	4	SP
clofarabine	4	SP
CLOLAR	4	SP
COMETRIQ ORAL KIT 20 MG	4	PA; SP; QL (84 EA per 28 days)
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG	4	PA; SP; QL (112 EA per 28 days)
COMETRIQ ORAL KIT 80 & 20 MG	4	PA; SP; QL (56 EA per 28 days)
COPIKTRA	4	PA; SP; QL (56 EA per 28 days)
COSELA	4	PA; SP
COSMEGEN	4	SP
COTELLIC	4	PA; SP; QL (63 EA per 21 days)
cyclophosphamide injection	4	SP
CYCLOPHOSPHAMIDE INTRAVENOUS	4	SP
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
CYRAMZA	4	PA; SP
cytarabine	4	SP
cytarabine (pf)	4	SP
dacarbazine	4	SP
dactinomycin	4	SP
DANYELZA	4	PA; SP
DARZALEX	4	PA; SP
DARZALEX FASPRO	4	PA; SP
daunorubicin hcl	4	SP
DAURISMO ORAL TABLET 100 MG	4	PA; SP; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; SP; QL (2 EA per 1 day)
decitabine	4	PA; SP
dexrazoxane	4	SP
dexrazoxane hcl	4	SP
docetaxel	4	PA; SP
DOXIL	4	SP
doxorubicin hcl	4	SP
doxorubicin hcl liposomal	4	SP
DROXIA	3	
ELITEK	3	
ELLENCE	4	SP
ELZONRIS	4	SP
EMCYT	2	
EMPLICITI	4	PA; SP

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Drug Name	Drug Tier	Notes
ENHERTU	4	PA; SP
ERBITUX	4	PA; SP
ERIVEDGE	4	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; SP
ERLEADA ORAL TABLET 60 MG	4	PA; SP; QL (120 EA per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; SP; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	4	PA; SP; QL (60 EA per 30 days)
ETHYOL	3	
ETOPOPHOS	4	SP
etoposide intravenous	4	SP
etoposide oral	4	SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	4	PA; SP; QL (155 EA per 31 days)
everolimus oral tablet soluble 3 mg	4	PA; SP; QL (93 EA per 31 days)
everolimus oral tablet soluble 5 mg	4	PA; SP; QL (62 EA per 31 days)
exemestane	1	PV2; AL (Min 35 Years)
EXKIVITY	4	PA; SP
FARESTON	3	
FASLODEX	4	SP
fludarabine phosphate	4	SP
fluorouracil intravenous	4	SP
FOLOTYN	4	PA; SP
FOTIVDA	4	PA; SP
fulvestrant	4	SP
GAVRETO	4	PA; SP
GAZYVA	4	PA; SP
gemcitabine hcl	4	PA; SP
GILOTRIF	4	PA; SP; QL (30 EA per 30 days)
GLEOSTINE	4	SP
HALAVEN	4	PA; SP
HERCEPTIN	4	PA; SP
HERCEPTIN HYLECTA	4	PA; SP
HYCAMTIN	4	PA; SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	4	PA; SP; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	4	PA; SP; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; SP; QL (60 EA per 30 days)
IDAMYCIN PFS	4	SP
idarubicin hcl	4	SP

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Drug Name	Drug Tier	Notes
IFEX	4	SP
ifosfamide	4	SP
imatinib mesylate oral tablet 100 mg	4	PA; SP; QL (90 EA per 30 days)
imatinib mesylate oral tablet 400 mg	4	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; SP
IMBRUVICA ORAL TABLET	4	PA; SP; QL (30 EA per 30 days)
IMFINZI	4	PA; SP
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (120 EA per 30 days)
INQOVI	4	PA; SP
INREBIC	4	PA; SP
IRESSA	4	PA; SP
irinotecan hcl	4	SP
ISTODAX (OVERFILL)	4	PA; SP
IXEMPRA KIT	4	PA; SP
JAKAFI	4	PA; SP; QL (60 EA per 30 days)
JEMPERLI	4	PA; SP
JEVTANA	4	PA; SP
KADCYLA	4	PA; SP
KANJINTI	4	PA; SP
KEYTRUDA	4	PA; SP
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; SP; QL (49 EA per 28 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; SP; QL (70 EA per 28 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; SP; QL (91 EA per 28 days)
KISQALI ORAL TABLET THERAPY PACK 200 MG	4	PA; SP
KOSELUGO	4	PA; SP
KYPROLIS	4	PA; SP
lapatinib ditosylate	4	PA; SP; QL (180 EA per 30 days)
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	4	PA; SP; QL (28 EA per 28 days)
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	4	PA; SP; QL (21 EA per 28 days)
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG	4	PA; SP; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG	4	PA; SP; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG	4	PA; SP; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG	4	PA; SP; QL (62 EA per 31 days)
LENVIMA ORAL CAPSULE THERAPY PACK 4 MG	4	PA; SP; QL (186 EA per 31 days)

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Drug Name	Drug Tier	Notes
letrozole oral	1	
leucovorin calcium injection	1	
leucovorin calcium oral	1	
LEUKERAN	2	
levoleucovorin calcium	4	PA; SP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml	4	PA; SP
levoleucovorin calcium pf intravenous solution 250 mg/25ml	4	SP
LONSURF	4	PA; SP
LORBRENA ORAL TABLET 100 MG	4	PA; SP; QL (3.334 EA per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; QL (3 EA per 1 day)
LUMAKRAS	4	PA; SP
LYNPARZA ORAL TABLET 100 MG	4	PA; SP; QL (93 EA per 31 days)
LYNPARZA ORAL TABLET 150 MG	4	PA; SP; QL (120 EA per 30 days)
LYSODREN	3	
MARGENZA	4	PA; SP
MATULANE	4	SP
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (30 EA per 30 days)
MEKTOVI	4	PA; SP; QL (180 EA per 30 days)
melphalan	1	
melphalan hcl	4	SP
mercaptopurine oral	1	
mesna	4	SP
MESNEX	4	SP
mitomycin intravenous	4	SP
mitoxantrone hcl	4	PA; SP
MONJUVI	4	PA; SP
mutamycin	4	SP
MVASI	4	PA; SP
MYLERAN	2	
nelarabine	4	SP
NERLYNX	4	PA; SP
NINLARO	4	PA; SP
NIPENT	4	SP
NUBEQA	4	PA; SP
ODOMZO	4	PA; SP; QL (30 EA per 30 days)
ONCASPAR	4	PA; SP
ONIVYDE	4	PA; SP
ONUREG	4	PA; SP

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Drug Name	Drug Tier	Notes
OPDIVO	4	PA; SP
oxaliplatin	4	SP
paclitaxel	4	SP
PACLITAXEL PROTEIN-BOUND PART	4	PA; SP
PADCEV	4	PA; SP
PANRETIN	4	SP
paraplatin	4	SP
PEMAZYRE	4	PA; SP
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	SP
pemetrexed disodium intravenous solution reconstituted	4	SP
PEMETREXED DITROMETHAMINE	4	SP
PERJETA	4	PA; SP
PHESGO	4	PA; SP
PHOTOFRIN	4	SP
POMALYST	4	PA; SP; QL (21 EA per 21 days)
POTELIGEO	4	PA; SP
PRALATREXATE	4	PA; SP
PROLEUKIN	4	PA; SP
PURIXAN	4	PA; SP
QINLOCK	4	PA; SP
RETEVMO	4	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG	4	PA; SP; QL (21 EA per 28 days)
romidepsin intravenous solution reconstituted	4	PA; SP
ROZLYTREK	4	PA; SP
RUBRACA	4	PA; SP; QL (120 EA per 30 days)
RUXIENCE	4	PA; SP
RYBREXANT	4	PA; SP
RYDAPT	4	PA; SP; QL (224 EA per 28 days)
RYLAZE	4	PA; SP
SARCLISA	4	PA; SP
SCEMBLIX	4	PA; SP
SIKLOS ORAL TABLET 100 MG	3	SP; AL (Max 17 Years)
SOLTAMOX	3	
sorafenib tosylate	4	PA; SP; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; SP; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (280 EA per 31 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; SP; QL (93 EA per 31 days)
STIVARGA	4	PA; SP; QL (84 EA per 28 days)
sunitinib malate	4	PA; SP; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG	4	PA; SP; QL (30 EA per 30 days)
SYLVANT	4	PA; SP
SYNRIBO	4	PA; SP
TABLOID	4	SP
TABRECTA	4	PA; SP
TAFINLAR	4	PA; SP; QL (120 EA per 30 days)
TAGRISO	4	PA; SP; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; SP; QL (3 EA per 1 day)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	4	PA; SP
TALZENNA ORAL CAPSULE 1 MG	4	PA; SP; QL (1 EA per 1 day)
tamoxifen citrate oral	1	PV2; AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; SP; QL (60 EA per 30 days)
TARGRETIN EXTERNAL	4	PA; SP
TAZVERIK	4	PA; SP
TECENTRIQ	4	PA; SP
TEMODAR	4	PA; SP
temozolomide	4	PA; SP
TEPADINA	4	SP
TEPMETKO	4	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (56 EA per 28 days)
thiotepa injection	4	SP
TICE BCG	4	SP
TIVDAK	4	PA; SP
toposar	4	SP
topotecan hcl	4	PA; SP
toremifene citrate	1	
TRAZIMERA	4	PA; SP
TREANDA	4	PA; SP
tretinoin oral	4	SP
TRISENOX	4	SP
TRODELVY	4	PA; SP
TRUSELTIQ (100MG DAILY DOSE)	4	PA; SP
TRUSELTIQ (125MG DAILY DOSE)	4	PA; SP
TRUSELTIQ (50MG DAILY DOSE)	4	PA; SP
TRUSELTIQ (75MG DAILY DOSE)	4	PA; SP
TRUXIMA	4	PA; SP
TUKYSA	4	PA; SP
UNITUXIN	4	SP

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Drug Name	Drug Tier	Notes
VALCHLOR	4	PA; SP
valrubicin	4	PA; SP
VALSTAR	4	PA; SP
VECTIBIX	4	PA; SP
VENCLEXTA	4	PA; SP
VENCLEXTA STARTING PACK	4	PA; SP
VERZENIO	4	PA; SP
VIDAZA	4	PA; SP
vinblastine sulfate	4	SP
vincasar pfs	4	SP
vincristine sulfate	4	SP
vinorelbine tartrate	4	SP
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; SP; QL (10 ML per 1 day)
VIVIMUSTA	4	PA; SP
VORAXAZE	4	SP
VOTRIENT	4	PA; SP; QL (120 EA per 30 days)
WELIREG	4	PA; SP
XALKORI	4	PA; SP; QL (60 EA per 30 days)
XOFIGO	4	SP
XOSPATA	4	PA; SP; QL (3 EA per 1 day)
XTANDI ORAL CAPSULE	4	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET	4	PA; SP
YERVOY	4	PA; SP
YONDELIS	4	PA; SP
ZALTRAP	4	PA; SP
ZANOSAR	4	SP
ZEJULA	4	PA; SP; QL (90 EA per 30 days)
ZELBORAF	4	PA; SP; QL (240 EA per 30 days)
ZEPZELCA	4	PA; SP
ZEVALIN Y-90	4	SP
ZIRABEV	4	PA; SP
ZOLINZA	4	PA; SP; QL (120 EA per 30 days)
ZYDELIG	4	PA; SP; QL (60 EA per 30 days)
ZYKADIA	4	PA; SP; QL (5 EA per 1 day)
ZYNLONTA	4	PA; SP
Antiparasitics		
albendazole oral	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Notes
ARTESUNATE	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE ORAL TABLET 100 MG	3	QL (60 EA per 30 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	3	QL (180 EA per 30 days)
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
DARAPRIM	4	SP
EGATEN	3	
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	PA; QL (20 EA per 1 fill)
lindane	1	
MALARONE	3	
malathion	1	
mefloquine hcl	1	
MEPRON	3	
NEBUPENT	3	
nitazoxanide oral	1	QL (56 EA per 14 days)
OVIDE	3	
PENTAM	3	
pentamidine isethionate	1	
permethrin external	1	
praziquantel oral	1	
primaquine phosphate	1	
pyrimethamine oral	4	SP
QUALAQUIN	3	QL (42 EA per 365 days)
quinine sulfate oral	1	QL (42 EA per 365 days)
spinosad	1	
STROMECTOL	3	PA; QL (20 EA per 1 fill)
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	4	PA; SP; QL (60 ML per 30 days)
apomorphine hcl subcutaneous	4	PA; SP; QL (60 ML per 30 days)
benztropine mesylate	1	

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Drug Name	Drug Tier	Notes
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
carbidopa-levodopa-entacapone	1	
DUOPA	4	SP
entacapone	1	
INBRIJA	4	PA; SP
KYNMOBI	4	PA; SP; QL (150 EA per 30 days)
KYNMOBI TITRATION KIT	4	PA; SP; QL (20 EA per 365 days)
LODOSYN	3	
NEUPRO	2	
ONGENTYS	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	
selegiline hcl oral	1	
tolcapone	1	
trihexyphenidyl hcl	1	
Antiplatelets		
AGGRASTAT	3	
aspirin-dipyridamole er	1	
BRILINTA	3	
CABLIVI	4	SP
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
EFFIENT	3	
eptifibatide	1	
KENGREAL	3	
prasugrel hcl	1	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	3	ST
ADASUVE	3	

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Drug Name	Drug Tier	Notes
aripiprazole	1	
ARISTADA	3	ST
ARISTADA INITIO	3	ST
asenapine maleate	1	ST; QL (60 EA per 30 days)
CAPLYTA	3	ST; QL (30 EA per 30 days)
chlorpromazine hcl injection	1	
chlorpromazine hcl oral	1	
clozapine	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
GEODON INTRAMUSCULAR	3	
HALDOL DECANOATE	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	ST
INVEGA TRINZA	3	ST
LATUDA	3	ST
loxapine succinate	1	
lurasidone hcl	1	ST
molindone hcl	1	
olanzapine	1	
paliperidone er	1	
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	ST
RISPERDAL CONSTA	3	ST
risperidone	1	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR ORAL CAPSULE	3	ST
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
ziprasidone hcl	1	
ziprasidone mesylate	1	

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Drug Name	Drug Tier	Notes
Antivirals		
abacavir sulfate oral solution	1	QL (900 ML per 30 days)
abacavir sulfate oral tablet	1	QL (60 EA per 30 days)
abacavir sulfate-lamivudine	1	QL (30 EA per 30 days)
acyclovir external ointment	1	
acyclovir oral	1	
acyclovir sodium	1	
adefovir dipivoxil	4	SP
APRETUDE	3	PA
APTIVUS	2	QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	1	QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	1	QL (60 EA per 30 days)
BARACLUDE ORAL SOLUTION	4	SP
BIKTARVY ORAL TABLET 30-120-15 MG	2	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (1 EA per 1 day)
CABENUVA	3	PA
cidofovir intravenous	1	
CIMDUO	2	QL (1 EA per 1 day)
COMBIVIR	3	QL (60 EA per 30 days)
COMPLERA	3	QL (30 EA per 30 days)
DESCOVY	2	QL (30 EA per 30 days)
DOVATO	3	QL (30 EA per 30 days)
EDURANT	3	QL (60 EA per 30 days)
efavirenz oral capsule	1	QL (90 EA per 30 days)
efavirenz oral tablet	1	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	1	QL (1 EA per 1 day)
emtricitabine	1	QL (30 EA per 30 days)
emtricitabine-tenofovir df	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	2	QL (680 ML per 28 days)
entecavir	4	SP
EPCLUSA ORAL PACKET	4	PA; SP
EPCLUSA ORAL TABLET	4	PA; SP; QL (28 EA per 28 days)
EPIVIR HBV	4	SP
EPIVIR ORAL SOLUTION	3	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	3	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
EPZICOM	3	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	1	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
EVOTAZ	3	QL (30 EA per 30 days)
famciclovir oral	1	
fosamprenavir calcium	1	QL (120 EA per 30 days)
foscarnet sodium	1	
FOSCAVIR	3	
FUZEON	4	SP; QL (60 EA per 30 days)
GANCICLOVIR	4	SP
ganciclovir sodium	4	SP
GENVOYA	2	QL (30 EA per 30 days)
HARVONI ORAL PACKET	4	PA; SP
HARVONI ORAL TABLET 45-200 MG	4	PA; SP; QL (60 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; SP; QL (28 EA per 28 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	3	QL (60 EA per 30 days)
ISENTRESS HD	2	QL (62 EA per 31 days)
ISENTRESS ORAL PACKET	2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	2	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	2	QL (180 EA per 30 days)
KALETRA ORAL SOLUTION	3	QL (390 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	QL (120 EA per 30 days)
LAGEVRIO	3	QL (8 EA per 1 day); AL (Min 18 Years)
lamivudine oral solution	1	QL (900 ML per 30 days)
lamivudine oral tablet 100 mg	4	SP
lamivudine oral tablet 150 mg	1	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	1	QL (30 EA per 30 days)
lamivudine-zidovudine	1	QL (60 EA per 30 days)
LEXIVA ORAL SUSPENSION	2	QL (1575 ML per 28 days)
LEXIVA ORAL TABLET	3	QL (120 EA per 30 days)
LIVTENCITY	4	PA; SP
lopinavir-ritonavir oral solution	1	QL (390 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (240 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	1	QL (120 EA per 30 days)
maraviroc oral tablet 150 mg	1	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	1	QL (120 EA per 30 days)
MAVYRET ORAL PACKET	4	PA; SP
MAVYRET ORAL TABLET	4	PA; SP; QL (84 EA per 28 days)
nevirapine er oral tablet extended release 24 hour 100 mg	1	QL (90 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
nevirapine oral suspension	1	QL (1200 ML per 30 days)
nevirapine oral tablet	1	QL (60 EA per 30 days)
NORVIR ORAL PACKET	2	QL (360 EA per 30 days)
NORVIR ORAL TABLET	3	QL (360 EA per 30 days)
ODEFSEY	2	QL (1 EA per 1 day)
oseltamivir phosphate oral capsule 30 mg	1	QL (60 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (30 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (180 ML per 365 days)
PAXLOVID (150/100)	3	QL (4 EA per 1 day)
PAXLOVID (300/100)	3	QL (6 EA per 1 day); AL (Min 12 Years)
PEGASYS SUBCUTANEOUS SOLUTION	4	PA; SP; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL (2 ML per 28 days)
PREZCOBIX	3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	2	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	2	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	2	QL (30 EA per 30 days)
RAPIVAB	3	
RELENZA DISKHALER	2	QL (60 EA per 365 days)
RETROVIR INTRAVENOUS	3	
RETROVIR ORAL CAPSULE	3	QL (180 EA per 30 days)
RETROVIR ORAL SYRUP	3	QL (1800 ML per 30 days)
REYATAZ ORAL CAPSULE 200 MG	2	QL (60 EA per 30 days)
REYATAZ ORAL CAPSULE 300 MG	2	QL (30 EA per 30 days)
REYATAZ ORAL PACKET	2	QL (180 EA per 30 days)
ribavirin inhalation	4	SP
ribavirin oral	4	SP
rimantadine hcl	1	
ritonavir	1	QL (360 EA per 30 days)
SELZENTRY ORAL SOLUTION	2	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	3	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SELZENTRY ORAL TABLET 300 MG	3	QL (120 EA per 30 days)
stavudine	1	QL (60 EA per 30 days)
STRIBILD	3	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE	2	QL (90 EA per 30 days)
SYMFI LO	3	QL (1 EA per 1 day)
TAMIFLU ORAL CAPSULE 30 MG	3	QL (60 EA per 365 days)

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Drug Name	Drug Tier	Notes
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (30 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL (180 ML per 365 days)
tenofovir disoproxil fumarate	1	QL (30 EA per 30 days)
TIVICAY	3	QL (60 EA per 30 days)
TIVICAY PD	3	
TRIUMEQ	3	QL (30 EA per 30 days)
TRIUMEQ PD	3	
TRIZIVIR	3	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL (30 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
valacyclovir hcl oral tablet 1 gm	1	QL (31 EA per 31 days)
valacyclovir hcl oral tablet 500 mg	1	QL (62 EA per 31 days)
valganciclovir hcl	1	
VIRACEPT ORAL TABLET 250 MG	2	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	2	QL (120 EA per 30 days)
VIRAZOLE	4	SP
VIREAD ORAL POWDER	2	QL (240 GM per 30 days)
VOCABRIA	3	
VOSEVI	4	PA; SP; QL (28 EA per 28 days)
XOFLUZA (40 MG DOSE)	3	QL (4 EA per 365 days); AL (Min 5 Years)
XOFLUZA (80 MG DOSE)	3	QL (4 EA per 365 days); AL (Min 5 Years)
ZIAGEN ORAL SOLUTION	3	QL (900 ML per 30 days)
ZIAGEN ORAL TABLET	3	QL (60 EA per 30 days)
zidovudine oral capsule	1	QL (180 EA per 30 days)
zidovudine oral syrup	1	QL (1800 ML per 30 days)
zidovudine oral tablet	1	QL (60 EA per 30 days)
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam intramuscular	1	

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Drug Name	Drug Tier	Notes
diazepam oral	1	
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
estazolam	1	QL (30 EA per 30 days)
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam injection	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
meprobamate	1	
oxazepam	1	
triazolam	1	QL (30 EA per 30 days)
VISTARIL	3	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	4	SP
ADYNOVATE	4	SP
AFSTYLA	4	SP
AGRYLIN	3	
ALPHANATE	4	SP
ALPHANINE SD	4	SP
ALPROLIX	4	SP
AMICAR	3	
aminocaproic acid intravenous	1	
aminocaproic acid oral	1	
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	4	PA; SP
ASTRINGYN	3	
BENEFIX	4	SP
COAGADEX	4	SP
CORIFACT	4	SP
CYKLOKAPRON	3	
DOPTelet	4	PA; SP
ELOCTATE	4	SP

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Drug Name	Drug Tier	Notes
EMPAVELI	4	PA; SP
EPOGEN	4	PA; SP
FEIBA	4	SP
FIBRYGA	4	SP
GRANIX	4	PA; SP
HEMLIBRA	4	SP
HEMOFIL M	4	SP
HESPAN	3	
hetastarch-nacl	1	
HEXTEND	3	
HUMATE-P	4	SP
IXINITY	4	SP
JIVI	4	SP
KCENTRA	4	SP
KOATE	4	SP
KOATE-DVI	4	SP
KOGENATE FS	4	SP
LEUKINE	4	PA; SP
LMD IN D5W	3	
LMD IN NACL	3	
MOZOBIL	4	PA; SP
MULPLETA	4	PA; SP
NEULASTA	4	PA; SP; QL (1.2 ML per 28 days)
NEULASTA ONPRO	4	PA; SP; QL (2 ML per 31 days)
NEUPOGEN	4	PA; SP
NIVESTYM	4	PA; SP
NOVOEIGHT	4	SP
NOVOSEVEN RT	4	SP
NPLATE	4	PA; SP
NUWIQ	4	SP
OBIZUR	4	SP
PROCRIT	4	PA; SP
PROFILNINE	4	SP
PROMACTA ORAL PACKET 12.5 MG	4	PA; SP; QL (31 EA per 31 days)
PROMACTA ORAL PACKET 25 MG	4	PA; SP; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; QL (60 EA per 30 days)
protamine sulfate intravenous	1	
REBLOZYL	4	PA; SP
RECOMBINATE	4	SP

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Drug Name	Drug Tier	Notes
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	4	SP
RIXUBIS	4	SP
SOLIRIS	4	PA; SP
TAVALISSE	4	PA; SP; QL (60 EA per 30 days)
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
tranexamic acid intravenous	1	
tranexamic acid oral	1	
TRANEXAMIC ACID-NACL	3	
TRETEN	4	SP
WILATE	4	SP
XYNTHA	4	SP
XYNTHA SOLOFUSE	4	SP
ZARXIO	4	PA; SP
ZIEXTENZO	4	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCURETIC	3	
acebutolol hcl oral	1	
acetazolamide sodium	1	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1	
AKOVAZ	3	
ALDACTAZIDE	3	
aliskiren fumarate	1	
alprostadil injection	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl	1	
AMLODIPINE BES+SYRSPEND SF	3	AL (Max 17 Years)
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
ASCLERA	3	
atenolol oral	1	

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Drug Name	Drug Tier	Notes
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV2; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
BIDIL	3	
BIORPHEN	3	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
bumetanide	1	
BUMEX	3	
CALAN SR	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDENE IV	3	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	QL (30 EA per 30 days)
chlorothiazide sodium	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
CLEVIPREX	3	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	1	
colestipol hcl	1	
CORLANOR	3	
CORLOPAM	3	
CORVERT	3	

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Drug Name	Drug Tier	Notes
DEMSER	3	
DIBENZYLINE	3	
digitek oral tablet 250 mcg	1	
digoxin injection	1	
digoxin oral	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	
DILTIAZEM HCL-DEXTROSE	3	
DILTIAZEM HCL-SODIUM CHLORIDE	3	
dilt-xr	1	
disopyramide phosphate	1	
dobutamine hcl	1	
dobutamine in d5w	1	
dofetilide	1	
dopamine hcl intravenous	1	
dopamine in d5w	1	
doxazosin mesylate oral	1	
droxidopa oral capsule 100 mg	4	PA; SP; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; SP; QL (180 EA per 30 days)
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral solution	1	AL (Max 17 Years)
enalapril maleate oral tablet	1	
enalaprilat	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL (60 EA per 30 days)
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/5ML	3	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPHEDRINE SULFATE-NACL	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8- 0.9 MG/250ML-%	3	

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Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	1	
epinephrine pf	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
eplerenone	1	
esmolol hcl intravenous solution 100 mg/10ml	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride	1	
ethacrynate sodium	1	
ethacrynic acid	1	
ETHAMOLIN	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral	1	
fenofibric acid oral capsule delayed release 45 mg	1	
fenofibric acid oral tablet	1	
flecainide acetate	1	
fluvastatin sodium	1	AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	PV2; AL (Min 40 Years and Max 75 Years)
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSEMIDE IN SODIUM CHLORIDE	3	
furosemide injection	1	
furosemide oral	1	
gemfibrozil oral	1	

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Drug Name	Drug Tier	Notes
GONITRO	3	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl injection	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
ibutilide fumarate	1	
icosapent ethyl	1	
indapamide	1	
INSPRA	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
JUXTAPID	4	PA; SP; QL (28 EA per 28 days)
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral	1	
labetalol hcl solution 5 mg/ml intravenous	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABETALOL HCL-DEXTROSE	3	
LABETALOL HCL-SODIUM CHLORIDE	3	
LANOXIN INJECTION	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LANOXIN PEDIATRIC	3	
LEVOPHED	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
LOPID	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	PV2; AL (Min 40 Years and Max 75 Years)
mannitol intravenous	1	

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Drug Name	Drug Tier	Notes
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate intravenous	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
mexiletine hcl oral	1	
midodrine hcl	1	
milrinone lactate	1	
milrinone lactate in dextrose	1	
MINIPRESS	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL (30 EA per 30 days)
NEXLIZET	2	PA; QL (30 EA per 30 days)
NEXTERONE	3	
niacin er (antihyperlipidemic)	1	
nicardipine hcl	1	
NICARDIPINE HCL IN NACL	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	1	
nisoldipine er	1	
NITRO-BID	3	
nitroglycerin in d5w	1	
nitroglycerin intravenous	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroprusside sodium	1	
NITROSTAT	3	
norepinephrine bitartrate intravenous	1	

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Drug Name	Drug Tier	Notes
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORPACE	3	
NORPACE CR	3	
NYMALIZE	3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
OSMITROL	3	
PACERONE	3	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
phentolamine mesylate injection	1	
PHENYLEPHRINE HCL (PRESSORS)	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	3	
phenylephrine hcl intravenous solution 10 mg/ml	1	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
pindolol	1	
pravastatin sodium	1	PV2; AL (Min 40 Years and Max 75 Years)
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	

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Drug Name	Drug Tier	Notes
propranolol hcl intravenous	1	
propranolol hcl oral	1	
PROSTIN VR	3	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
RECTIV	3	
REPATHA	2	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	2	PA; QL (2 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV2; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
RYTHMOL SR	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV2; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	1	
SODIUM DIURIL	3	
sodium nitroprusside intravenous solution 25 mg/ml	1	
sorine	1	
sotalol hcl (af)	1	
SOTALOL HCL INTRAVENOUS	3	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
spironolactone-hctz	1	
SULAR	3	
taztia xt	1	
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hctz	1	
TENORETIC 100	3	
TENORETIC 50	3	
THALITONE	3	
tiadylt er	1	

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Drug Name	Drug Tier	Notes
timolol maleate oral	1	
torsemide	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz	1	
TRICOR	3	ST
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	3	ST
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VARITHENA	4	SP
VAZCULEP	3	
VECAMYL	3	
verapamil hcl er oral tablet extended release	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
VERQUVO	3	PA; QL (30 EA per 30 days)
ZIAC	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine er	1	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg	1	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg, 30 mg	1	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 EA per 30 days)
dexmethylphenidate hcl	1	QL (60 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1	QL (60 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1	QL (30 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution	1	QL (1200 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL (90 EA per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	AL (Max 17 Years)

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Drug Name	Drug Tier	Notes
guanfacine hcl er	1	
methamphetamine hcl	1	QL (120 EA per 30 days)
methylphenidate	1	ST; QL (30 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 30 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 20 mg	1	QL (90 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 54 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	1	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	1	QL (30 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	1	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	1	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet	1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable	1	QL (180 EA per 30 days)
QUILLIVANT XR	3	AL (Max 17 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	2	QL (30 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	QL (90 EA per 30 days)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	4	PA; SP; QL (30 EA per 30 days)
AVONEX PEN	4	PA; SP; QL (4 EA per 28 days)
AVONEX PREFILLED	4	PA; SP; QL (4 EA per 28 days)
BETASERON	4	PA; SP; QL (14 EA per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL (30 ML per 30 days)

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Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; SP; QL (12 ML per 28 days)
dalfampridine er	4	PA; SP; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	4	PA; SP; QL (14 EA per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; SP; QL (60 EA per 30 days)
dimethyl fumarate starter pack	4	PA; SP; QL (60 EA per 180 days)
EXTAVIA	4	PA; SP; QL (15 EA per 30 days)
fingolimod hcl	4	PA; SP; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP; QL (31 EA per 31 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (12 ML per 28 days)
KESIMPTA	4	PA; SP; QL (0.4 ML per 28 days)
LEMTRADA	4	PA; SP
MAVENCLAD	4	PA; SP
MAYZENT	4	PA; SP
MAYZENT STARTER PACK	4	PA; SP
OCREVUS	4	PA; SP; QL (20 ML per 168 days)
PLEGRIDY	4	PA; SP; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	4	PA; SP; QL (1 ML per 28 days)
PONVORY	4	PA; SP; QL (30 EA per 30 days)
PONVORY STARTER PACK	4	PA; SP; QL (28 EA per 365 days)
REBIF	4	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE	4	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	4	PA; SP; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	4	PA; SP; QL (4.2 ML per 28 days)
TYSABRI	4	PA; SP; QL (15 ML per 28 days)
ZEPOSIA	4	PA; SP; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	4	PA; SP; QL (74 EA per 365 days)
Central Nervous System Agents - Miscellaneous		
ANECTINE	3	
atracurium besylate	1	
CAFCIT	3	
caffeine citrate	1	
CAFFEINE-SODIUM BENZOATE	3	
cisatracurium besylate	1	

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Drug Name	Drug Tier	Notes
cisatracurium besylate (pf)	1	
DOPRAM	3	
IMCIVREE	4	PA; SP; QL (9 ML per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
NIMBEX	3	
NUDEXTA	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 EA per 30 days)
pregabalin oral solution	1	QL (900 ML per 30 days)
QUELICIN	3	
RADICAVA	4	PA; SP
RADICAVA ORS	4	PA; SP
RADICAVA ORS STARTER KIT	4	PA; SP
RILUTEK	4	SP
riluzole	4	SP
rocuronium bromide intravenous solution	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SAVELLA	2	QL (2 EA per 1 day)
SAVELLA TITRATION PACK	2	QL (55 EA per 28 days)
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
succinylcholine chloride solution 20 mg/ml injection	1	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	
tetrabenazine	4	PA; SP
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
EVOXAC	3	
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000 SENSITIVE	3	
KEPIVANCE	4	SP
lidocaine viscous hcl	1	

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Drug Name	Drug Tier	Notes
MI PASTE	3	
MI PASTE PLUS	3	
NAFRINSE DAILY ACIDULATED	3	
oralone	1	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
REMESENSE	3	
SALAGEN	3	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
accutane	1	
acitretin	1	PA
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL SOLUTION	3	ST
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	1	ST
ala-cort	1	QL (120 GM per 30 days)
alclometasone dipropionate	1	QL (120 GM per 30 days)
amcinonide external lotion	1	QL (120 ML per 30 days)
ammonium lactate external	1	
amnesteam	1	
AQUACEL AG BURN	3	
azelaic acid external	1	
B & C	3	
balsam peru-castor oil	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	QL (120 GM per 30 days)
betamethasone dipropionate external	1	QL (120 GM per 30 days)
betamethasone valerate external	1	QL (120 GM per 30 days)
BPCO	3	
brimonidine tartrate external	1	
calcipotriene external cream	1	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Notes
calcipotriene external ointment	1	QL (120 GM per 30 days)
calcipotriene external solution	1	QL (120 ML per 30 days)
calcipotriene-betameth diprop external ointment	1	QL (120 GM per 30 days)
CALCITRENE	3	QL (120 GM per 30 days)
calcitriol external	1	QL (200 GM per 30 days)
CAPEX	3	QL (120 ML per 30 days)
claravis	1	
CLEOCIN-T	3	
clindacin	1	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate external foam	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL (60 ML per 30 days)
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	PA; AL (Min 12 Years)
clobetasol prop emollient base	1	QL (120 GM per 30 days)
clobetasol propionate e	1	QL (120 GM per 30 days)
clobetasol propionate external	1	QL (120 GM per 30 days)
CLOBEX	3	QL (120 ML per 30 days)
CLOBEX SPRAY	3	QL (120 ML per 30 days)
clodan external shampoo	1	QL (120 ML per 30 days)
coal tar external	1	
DERMA-SMOOTH/FS BODY	3	QL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP	3	QL (120 ML per 30 days)
desonide external cream	1	QL (120 GM per 30 days)
desonide external lotion	1	QL (120 ML per 30 days)
desonide external ointment	1	QL (120 GM per 30 days)
desoximetasone external	1	QL (120 GM per 30 days)
DIFFERIN EXTERNAL CREAM	3	ST
DIFFERIN EXTERNAL GEL 0.3 %	3	ST
DIFFERIN EXTERNAL LOTION	3	ST
DIPROLENE	3	QL (120 GM per 30 days)
DOVONEX	3	QL (120 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; SP; QL (3.42 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; SP; QL (4 ML per 28 days)

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Drug Name	Drug Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; SP; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; SP; QL (4 ML per 28 days)
EPIFOAM	3	
ery	1	
ERYGEL	3	
erythromycin external gel	1	
erythromycin external solution	1	QL (120 ML per 30 days)
EVOCLIN	3	
FABIOR	3	ST
FINACEA	2	
fluocinolone acetonide body	1	QL (120 ML per 30 days)
fluocinolone acetonide external	1	QL (120 GM per 30 days)
fluocinolone acetonide scalp	1	QL (120 ML per 30 days)
fluocinonide emulsified base	1	QL (120 GM per 30 days)
fluocinonide external	1	QL (120 GM per 30 days)
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide	1	QL (120 ML per 30 days)
fluticasone propionate external	1	QL (120 GM per 30 days)
GORDOFILM	3	
halobetasol propionate external cream	1	QL (120 GM per 30 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	1	QL (120 GM per 30 days)
halobetasol propionate external ointment	1	QL (120 GM per 30 days)
hydrocortisone butyr lipo base	1	QL (120 GM per 30 days)
hydrocortisone butyrate	1	QL (120 GM per 30 days)
hydrocortisone external cream 1 %, 2.5 %	1	QL (120 GM per 30 days)
hydrocortisone external lotion 2.5 %	1	QL (120 ML per 30 days)
hydrocortisone external ointment 2.5 %	1	QL (120 GM per 30 days)
hydrocortisone valerate	1	QL (120 GM per 30 days)
HYFTOR	3	PA
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral	1	
ivermectin external cream	1	
KENALOG EXTERNAL	3	QL (200 GM per 30 days)

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Drug Name	Drug Tier	Notes
lactic acid e	1	
lactic acid external	1	
LUXIQ	3	QL (120 GM per 30 days)
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	
mometasone furoate external	1	QL (120 GM per 30 days)
myorisan	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
OLUX	3	QL (120 GM per 30 days)
pimecrolimus	1	AL (Min 2 Years)
podofilox external	1	
prednicarbate	1	QL (120 GM per 30 days)
PROTOPIC EXTERNAL OINTMENT 0.03 %	3	AL (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	3	AL (Min 16 Years)
PYROGALLIC ACID	3	
RADIAPLEXRX	3	
REGRANEX	3	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	QL (60 GM per 30 days)
selenium sulfide external lotion	1	
sulfacetamide sodium (acne)	1	
sulfacetamide-sulfur in urea	1	
SYNALAR	3	QL (120 GM per 30 days)
tacrolimus external ointment 0.03 %	1	AL (Min 2 Years)
tacrolimus external ointment 0.1 %	1	AL (Min 16 Years)
tazarotene external cream	1	ST
TAZAROTENE EXTERNAL FOAM	3	ST
tazarotene external gel	1	ST
TAZORAC EXTERNAL CREAM 0.05 %	3	ST
TAZORAC EXTERNAL GEL	2	ST
TOPICORT	3	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Notes
tretinoin external	1	
tretinoin microsphere	1	
tretinoin microsphere pump	1	
triamcinolone acetonide external aerosol solution	1	QL (200 GM per 30 days)
triamcinolone acetonide external cream	1	QL (120 GM per 30 days)
triamcinolone acetonide external lotion	1	QL (120 ML per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	QL (120 GM per 30 days)
triderm	1	QL (120 GM per 30 days)
TRIONEX	3	
urea external cream 47 %	1	
VECTICAL	3	QL (200 GM per 30 days)
VENELEX	3	
XALIX	3	
XEROFORM OIL EMULSION 2"X2"	3	
XEROFORM OIL EMULSION GAUZE	3	
XEROFORM OIL EMULSION STRIP	3	
XEROFORM OIL ROLL 4"X9'	3	
XEROFORM PETROLAT GAUZE 1"X8"	3	
XEROFORM PETROLAT GAUZE 5"X9"	3	
XEROFORM PETROLAT PATCH 2"X2"	3	
XEROFORM PETROLAT PATCH 4"X4"	3	
XEROFORM PETROLATUM DRES 4"X4"	3	
XEROFORM PETROLATUM DRES 5"X9"	3	
XEROFORM PETROLATUM ROLL 4"X9'	3	
zenatane	1	
ZORYVE	3	PA; QL (60 GM per 30 days)
Diabetes - Antidiabetic Agents		
acarbose oral	1	
ACTOPLUS MET	3	
ALOGLIPTIN BENZOATE	1	PA; QL (30 EA per 30 days)
ALOGLIPTIN-METFORMIN HCL	1	PA; QL (30 EA per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	PA; QL (30 EA per 30 days)
AMARYL	3	
BYDUREON BCISE AUTOINJECTOR	3	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN	3	PA
BYETTA 5 MCG PEN	3	PA
CYCLOSET	3	
DUETACT	3	

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Drug Name	Drug Tier	Notes
FARXIGA	2	QL (30 EA per 30 days)
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
GLUCOTROL XL	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE	3	
GLYXAMBI	2	QL (30 EA per 30 days)
JANUMET	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA	2	QL (30 EA per 30 days)
JARDIANCE	2	QL (30 EA per 30 days)
JENTADUETO	3	PA; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	PA; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	PA; QL (30 EA per 30 days)
KAZANO	3	PA; QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	PA; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	PA; QL (30 EA per 30 days)
metformin hcl er	1	
metformin hcl oral solution	1	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	1	
MOUNJARO	2	PA; QL (2 ML per 28 days)
nateglinide	1	
NESINA	3	PA; QL (30 EA per 30 days)
ONGLYZA	3	PA; QL (30 EA per 30 days)
OSENI	3	PA; QL (30 EA per 30 days)
OZEMPIC	2	PA; QL (3 ML per 28 days)
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	

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Drug Name	Drug Tier	Notes
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RIOMET	3	PA
RYBELSUS	2	PA; QL (30 EA per 30 days)
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	2	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
TRADJENTA	3	PA; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 EA per 30 days)
TRULICITY	2	PA; QL (2 ML per 28 days)
VICTOZA	2	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	3	OTC
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC
ACCU-CHEK FASTCLIX LANCETS	2	OTC; QL (200 EA per 30 days)
ACCU-CHEK GUIDE CONTROL	3	OTC
ACCU-CHEK GUIDE TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS	2	OTC; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW CONTROL	3	OTC
ACCU-CHEK SMARTVIEW TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	OTC
ACCU-CHEK SOFTCLIX LANCETS	2	OTC; QL (200 EA per 30 days)
AGAMATRIX CONTROL LEVEL 2	3	OTC
AGAMATRIX CONTROL LEVEL 4	3	OTC
AGAMATRIX PRESTO TEST	3	PA; OTC; QL (200 EA per 30 days)
ASSURE PLATINUM	3	PA; OTC; QL (200 EA per 30 days)
AUTOLET II CLINISAFE	2	OTC
AUTOLET LANCING DEVICE	2	OTC
BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
BLOOD GLUCOSE TEST STRIPS 333	3	PA; OTC; QL (200 EA per 30 days)
BLULINK CONTROL HIGH & LOW	3	OTC
BLULINK GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
CARETOUCH CONTROL SOL LEVEL 2	3	OTC
CARETOUCH LANCING/EJECTOR	2	OTC
CARETOUCH TEST	3	PA; OTC; QL (200 EA per 30 days)
CARETOUCH TWIST MC LANCETS 30G	2	OTC; QL (200 EA per 30 days)
CEQUR SIMPLICITY 2U KIT	3	PA; QL (200 EA per 30 days)
CEQUR SIMPLICITY INSERTER	3	QL (200 EA per 30 days)
CHEMSTRIP 10 MD	3	OTC
CHEMSTRIP 10/SG	3	OTC
CHEMSTRIP 2 GP	3	OTC
CHEMSTRIP 5 OB	3	OTC
CHEMSTRIP 7	3	OTC
CHEMSTRIP 9	3	OTC
CHEMSTRIP K	3	OTC; QL (100 EA per 30 days)
CHEMSTRIP MICRAL	3	OTC
CHEMSTRIP UGK	3	OTC
COMFORT TOUCH PLUS LANCETS 28G	2	OTC; QL (200 EA per 30 days)
CONTOUR CONTROL SOLUTION	3	OTC
CONTOUR NEXT CONTROL SOLUTION	3	OTC
CONTOUR NEXT TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
CONTOUR TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
CVS KETONE CARE	3	OTC
DEXCOM G6 RECEIVER	3	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	3	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	3	QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	3	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	3	QL (3 EA per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
DIATHRIVE GLUCOSE CONTROL SOLN	3	OTC
DIATHRIVE GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
DIATHRIVE LANCING DEVICE	2	OTC
DIATHRIVE+ GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
DROPLET GENTEEL LANCING DEVICE	2	OTC
EASY TALK PLUS II CONTROL	3	OTC
EASY TALK PLUS II TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	3	PA; OTC; QL (200 EA per 30 days)
EASY TOUCH LANCING DEVICE	2	OTC
EASY TRAK II CONTROL	3	OTC

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Drug Name	Drug Tier	Notes
EASY TRAK II GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
EASYMAX 15 LEVEL 2-3 CONTROL	3	OTC
EASYMAX CONTROL	3	OTC
GLUCOSE CONTROL SOLUTIONS	3	OTC
EMBRACE LANCING DEVICE/EJECTOR	2	OTC
EMBRACE PRESSURE ACTIVATED 21G	2	OTC; QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 28G	2	OTC; QL (200 EA per 30 days)
EMBRACE TALK GLUCOSE CONTROL	3	OTC
EMBRACE TALK GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
FORA 6 CONNECT	3	PA; OTC; QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO	3	PA; OTC; QL (200 EA per 30 days)
FORTISCARE CONTROL	3	OTC
FORTISCARE G1 TEST STRIP	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	3	QL (2 EA per 28 days)
FREESTYLE LIBRE READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LITE TEST	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST	3	PA; OTC; QL (200 EA per 30 days)
FREESTYLE TEST	3	PA; OTC; QL (200 EA per 30 days)
GENTEEL LANCING KIT (BLUE)	2	OTC
GLUCOCARD 01 SENSOR PLUS	3	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST	3	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST	3	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST	3	PA; OTC; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
GOJJI CONTROL	3	OTC
GOJJI LANCING DEVICE/CLEAR CAP	2	OTC
HW EMBRACE PRO GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
KETO-DIASTIX	3	OTC
KETONE TEST	3	OTC; QL (100 EA per 30 days)
KETOSTIX	3	OTC; QL (100 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
LANCETS	2	OTC

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Drug Name	Drug Tier	Notes
LANCETS	2	OTC; QL (200 EA per 30 days)
LANCETS IN VITRO STRIP	3	PA; OTC; QL (200 EA per 30 days)
MICRODOT TEST	3	PA; OTC; QL (200 EA per 30 days)
MICROLET NEXT LANCING DEVICE	2	OTC
NOVOPEN ECHO	3	QL (200 EA per 30 days)
ONE DROP TEST	3	PA; OTC; QL (200 EA per 30 days)
ONETOUCH CLUB LANCETS FINE PT	2	OTC; QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 30G	2	OTC; QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 33G	2	OTC; QL (200 EA per 30 days)
ONETOUCH DELICA LANCING DEV	2	OTC
ONETOUCH DELICA PLUS LANCET30G	2	OTC; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET33G	2	OTC; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCING	2	OTC
ONETOUCH DELICA SAFETY LANCING	2	OTC
ONETOUCH FINEPOINT LANCETS	2	OTC; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIPS	2	OTC; QL (200 EA per 30 days)
ONETOUCH ULTRASOFT LANCETS	2	OTC; QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO SOLUTION HIGH	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL (200 EA per 30 days)
PIP GLUCOSE CONTROL SOLUTION	3	OTC
PRECISION XTRA BLOOD GLUCOSE	3	PA; OTC; QL (200 EA per 30 days)
PRO COMFORT SAFETY LANCETS 30G	2	OTC; QL (200 EA per 30 days)
PTS PANELS EGLU TEST	3	PA; OTC; QL (200 EA per 30 days)
RELION PREMIER TEST	3	PA; OTC; QL (200 EA per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	3	PA; OTC; QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
SAPS HEALTH PLUS LANCETS	2	OTC; QL (200 EA per 30 days)
SURESTEP PRO HIGH GLUCOSE	2	OTC
SURESTEP PRO LOW GLUCOSE	2	OTC
SURESTEP PRO NORMAL GLUCOSE	2	OTC
TRUE COMFORT SAFETY LANCETS	2	OTC; QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST	3	PA; OTC; QL (200 EA per 30 days)
TRUE METRIX LEVEL 1	3	OTC
TRUE METRIX LEVEL 2	3	OTC
TRUE METRIX LEVEL 3	3	OTC
TRUE METRIX PRO BLOOD GLUCOSE	3	PA; OTC; QL (200 EA per 30 days)
TRUETRACK TEST	3	PA; OTC; QL (200 EA per 30 days)
UNISTRIIP CONTROL IN VITRO SOLUTION LOW	3	OTC
VERIFINE UNIVERSAL LANCETS 30G	2	OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
VIVAGUARD INO CONTROL SOLUTION	3	OTC
VIVAGUARD INO TEST STRIPS	3	PA; OTC; QL (200 EA per 30 days)
VIVAGUARD LANCING DEVICE	2	OTC
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL (1 EA per 30 days)
BAQSIMI TWO PACK	2	QL (2 EA per 30 days)
diazoxide oral	1	
GLUCAGEN HYPOKIT	2	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	3	
Diabetes - Insulins		
AFREZZA	3	
APIDRA SOLOSTAR	3	PA
APIDRA VIAL	3	PA
BASAGLAR KWIKPEN	3	PA
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	3	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	2	OTC; QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	3	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES	2	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	2	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	3	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	2	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	3	OTC; QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	2	OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	3	OTC; QL (200 EA per 30 days)
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMALOG	3	PA
HUMALOG KWIKPEN	3	PA
HUMALOG MIX 50/50 KWIKPEN	3	PA
HUMALOG MIX 50/50 VIAL	3	PA
HUMALOG MIX 75/25 KWIKPEN	3	PA
HUMALOG MIX 75/25 VIAL	3	PA
HUMALOG U-100 JUNIOR KWIKPEN	3	PA
HUMULIN 70/30 KWIKPEN	3	PA; OTC
HUMULIN 70/30 VIAL	3	PA; OTC
HUMULIN N KWIKPEN	3	PA; OTC
HUMULIN N VIAL	3	PA; OTC
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	3	PA; OTC
INSULIN LISPRO	3	PA
INSULIN LISPRO (1 UNIT DIAL)	3	PA
INSULIN LISPRO JUNIOR KWIKPEN	3	PA
INSULIN LISPRO PROT & LISPRO	3	PA
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	OTC; QL (200 EA per 30 days)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL (200 EA per 30 days)
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	3	PA
LEVEMIR U-100 VIAL	3	PA
MYXREDLIN	3	
NOVOLIN 70/30 FLEXPEN	2	OTC
NOVOLIN 70/30 FLEXPEN RELION	2	OTC
NOVOLIN 70/30 VIAL	2	OTC

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Drug Name	Drug Tier	Notes
NOVOLIN N FLEXPEN	2	OTC
NOVOLIN N FLEXPEN RELION	2	OTC
NOVOLIN N VIAL	2	OTC
NOVOLIN R FLEXPEN	2	OTC
NOVOLIN R FLEXPEN RELION	2	OTC
NOVOLIN R VIAL	2	OTC
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG U-100 VIAL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
ULTIGUARD SAFEPAK SYR/NEEDLE	3	OTC; QL (200 EA per 30 days)
Electrolytes / Minerals / Metals / Vitamins		
adc/f (0.5mg/ml)	1	AL (Max 4 Years)
AMINO ACID	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AQUASOL A	3	
ARGININE HCL INJECTION	3	
ARGYLE STERILE SALINE	3	
argyle sterile water	1	
ATABEX OB	3	
CALCIFOL	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
CALCIUM GLUCONATE-NACL	3	
carglumic acid	4	PA; SP
CHEMET	3	
chromic chloride intravenous	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	

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Drug Name	Drug Tier	Notes
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
CUPRIC CHLORIDE	3	
CURITY STERILE SALINE	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	PA; SP
deferasirox granules	4	PA; SP
deferiprone	4	PA; SP
DEXPANTHENOL INJECTION	3	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
dextrose solution 50 % intravenous	1	
DIALYVITE	3	
DIALYVITE 3000	3	
DIALYVITE 5000	3	
DIALYVITE/ZINC	3	
DRISDOL	3	
EDETATE DISODIUM INTRAVENOUS	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
ELITE-OB	3	
ergocalciferol oral capsule	1	

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Drug Name	Drug Tier	Notes
FERAHEME	4	SP
FERRIPROX ORAL SOLUTION	4	PA; SP
FERRIPROX ORAL TABLET 1000 MG	4	PA; SP
FERRIPROX TWICE-A-DAY	4	PA; SP
FERRLECIT	4	SP
ferumoxytol	4	SP
FLORIVA ORAL LIQUID	0	PV1
fluoritab	0	PV1
folate	0	PV1; OTC
FOLBEE PLUS CZ	3	
folic acid injection	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV1; OTC
FOLIVANE-F	3	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
hematinic/folic acid	1	
hydroxocobalamin acetate	1	
INFED	4	SP
INJECTAFER	3	
INTEGRA F	3	
INTRALIPID	3	
iodine strong oral	1	
JYNARQUE ORAL TABLET 15 MG	4	PA; SP; QL (240 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	4	PA; SP; QL (120 EA per 30 days)
KABIVEN	3	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-PHOS	3	
k-prime	1	
K-TAB	3	
lactated ringers irrigation	1	
levocarnitine oral solution	1	

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Drug Name	Drug Tier	Notes
levocarnitine oral tablet	1	
levocarnitine sf	1	
LIPO	3	
LIPO-C	3	
LYSINE HCL INJECTION	3	
magnesium chloride injection	1	
magnesium sulfate in d5w	1	
magnesium sulfate intravenous	1	
MAGNESIUM SULFATE SOLUTION 50 % INJECTION	3	
magnesium sulfate solution 50 % injection	1	
MAGNESIUM SULFATE-NACL	3	
MANGANESE CHLORIDE	3	
MASONATAL	0	PV1; OTC
MEPHYTON	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
MIFEPREX	3	
mifepristone	1	
M-NATAL PLUS	3	
multi-vitamin/fluoride	1	AL (Max 4 Years)
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	AL (Max 4 Years)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	AL (Max 4 Years)
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	AL (Max 4 Years)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	AL (Max 4 Years)
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	AL (Max 4 Years)
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	AL (Max 4 Years)
multi-vitamin/fluoride/iron	1	AL (Max 4 Years)
MULTI-VIT-FLOR	3	AL (Max 4 Years)
MYNEPHRON	3	
na ferric gluc cplx in sucrose	4	SP
nafrinse	0	PV1
nafrinse drops	0	PV1
NEOKE ALCAR	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	0	PV1; OTC
NEPHPLEX RX	3	
nephronex oral tablet	1	

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Drug Name	Drug Tier	Notes
NESTABS	3	
NUTRILIPID	3	
ONE VITE WOMENS	0	PV1; OTC
ONE VITE WOMENS PLUS	3	
ONE-A-DAY WOMENS PRENATAL 1	0	PV1; OTC
ORACIT	3	
PERIKABIVEN	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
phytonadione injection	1	
phytonadione oral	1	
PLENAMINE	3	
pnv prenatal plus multivit+dha	1	
POLY-VI-FLOR ORAL SUSPENSION	3	AL (Max 4 Years)
POLY-VI-FLOR/IRON ORAL SUSPENSION	3	AL (Max 4 Years)
potassium acetate solution 2 meq/ml intravenous	1	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride intravenous solution	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
potassium chloride oral	1	
potassium citrate er	1	
potassium phosphates(71 meq k)	1	
PREMASOL	3	
prenatal multi +dha	0	PV1; OTC
prenatal oral tablet 27-0.8 mg	0	PV1
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal/folic acid+dha	0	PV1; OTC
PRENATVITE PLUS	3	
PRENATVITE RX	3	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	

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Drug Name	Drug Tier	Notes
PRISMASOL BK 0/0/1.2	3	
PROSOL	3	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
QUFLORA FE	3	AL (Max 4 Years)
RELNATE DHA	3	
RENAL	3	
RENATABS	3	
ringers irrigation	1	
SMOFLIPID	3	
sod citrate-citric acid	1	
sodium acetate intravenous	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
sodium chloride (pf)	1	
sodium chloride injection	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium chloride irrigation	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
sodium chloride solution 4 meq/ml intravenous	1	
sodium fluoride oral solution 0.5 mg/ml	0	PV1; OTC
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	0	PV1
sodium fluoride oral tablet	0	PV1
sodium fluoride oral tablet chewable	0	PV1
sodium phosphates	1	
sodium polystyrene sulfonate	1	
sps	1	
sterile water for irrigation	1	
TAURINE INJECTION	3	
THAM	3	
THE LIQUILIFT TRACE	3	
thiamine hcl injection	1	
TIS-U-SOL	3	
tolvaptan oral tablet 15 mg	4	SP
tolvaptan oral tablet 30 mg	4	SP; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
TRAVASOL	3	
TRI-AMINO	3	
tricitrates	1	
trientine hcl	4	SP
TRIFERIC	3	
TRIFERIC AVNU	3	
TRINATE	3	
triphrocaps	1	
TRISODIUM CITRATE/CRRT	3	
TRI-VI-FLOR	3	AL (Max 4 Years)
TRI-VI-FLORO	3	AL (Max 4 Years)
tri-vite/fluoride	1	AL (Max 4 Years)
TROPHAMINE	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VENOFER	4	SP
VINATE ONE	3	
virt-caps	1	
VITAL-D RX	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	AL (Max 4 Years)
water for irrigation, sterile	1	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
WESNATAL DHA COMPLETE	3	
WESNATE DHA	3	
WESTAB PLUS	3	
yl folic acid	0	PV1; OTC
ZINC CHLORIDE INTRAVENOUS	3	
zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
cimetidine hcl	1	
cimetidine oral	1	
CYTOTEC	3	
famotidine (pf)	1	

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Drug Name	Drug Tier	Notes
famotidine intravenous	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed	1	
FIRST-LANSOPRAZOLE	3	QL (300 ML per 30 days); AL (Max 17 Years)
FIRST-OMEPRAZOLE	3	QL (300 ML per 30 days); AL (Max 17 Years)
misoprostol oral	1	
nizatidine	1	
omeprazole oral capsule delayed release	1	QL (30 EA per 30 days)
OMEPRAZOLE+SYRSPEND SF ALKA	3	QL (300 ML per 30 days); AL (Max 17 Years)
pantoprazole sodium intravenous	1	QL (30 EA per 30 days)
pantoprazole sodium oral tablet delayed release	1	QL (30 EA per 30 days)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL (30 EA per 30 days)
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	PA
alvimopan	1	
AMITIZA	3	PA
amoxicill-clarithro-lansopraz	1	
ANASPAZ	3	
ATROPEN	3	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML	3	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
BENTYL	3	
BILAC	3	
bisacodyl ec	0	PV1; QL (2 fill per 365 days)
bisacodyl oral	0	PV1; OTC; QL (2 fill per 365 days)
CHENODAL	3	
chlordiazepoxide-clidinium	1	
citroma	0	PV1; OTC; QL (2 fill per 365 days)
clearlax	0	PV1; OTC; QL (2 fill per 365 days)

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Drug Name	Drug Tier	Notes
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ENTEREG	3	
enulose	1	
GASTROCROM	3	
GATTEX	4	PA; SP; QL (30 EA per 30 days)
gavilax oral powder	0	PV1; OTC; QL (2 fill per 365 days)
gavilyte-c	0	PV1; QL (8000 ML per 365 days)
gavilyte-g	0	PV1; QL (8000 ML per 365 days)
generlac	1	
gentle laxative oral	0	PV1; OTC; QL (2 fill per 365 days)
gentlelax	0	PV1; OTC; QL (2 fill per 365 days)
GLYCATE	3	
glycolax	0	PV1; OTC; QL (2 fill per 365 days)
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
GOLYTELY	3	
HELIDAC THERAPY	3	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	

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Drug Name	Drug Tier	Notes
LOMOTIL	3	
loperamide hcl oral capsule	1	
lubiprostone	1	PA
magnesium citrate oral solution	0	PV1; OTC; QL (2 fill per 365 days)
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	0	PV1; OTC; QL (2 fill per 365 days)
MOTTEGRITY	3	PA
MOVANTIK	3	
MOVIPREP	3	QL (1 EA per 365 days)
MYTESI	3	
na sulfate-k sulfate-mg sulf	0	PV1; QL (354 ML per 365 days)
OMECLAMOX-PAK	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	0	PV1; QL (8000 ML per 365 days)
peg-3350/electrolytes	0	PV1; QL (8000 ML per 365 days)
peg-3350/electrolytes/ascorbat	1	QL (1 EA per 365 days)
peg-kcl-nacl-nasulf-na asc-c	1	QL (1 EA per 365 days)
PEG-PREP	3	
polyethylene glycol 3350 oral powder	0	PV1; QL (2 fill per 365 days)
PYLERA	3	
qc magnesium citrate	0	PV1; OTC; QL (2 fill per 365 days)
RESTORA RX	3	
SEROSTIM	4	PA; SP
sodium bicarbonate oral powder	1	
SUPREP BOWEL PREP KIT	3	
URSO 250	3	
URSO FORTE	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA
XERMELO	4	PA; SP
ZORBTIVE	4	PA; SP
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ALDURAZyme	4	PA; SP
AMONDYS 45	4	PA; SP
betaine	4	SP
CERDELGA	4	PA; SP; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
CEREZYME	4	PA; SP; QL (15 EA per 11 days)
CHOLBAM	4	PA; SP
CREON	2	
CYSTADANE	4	SP
CYSTAGON	4	SP
ELAPRASE	4	PA; SP
ELELYSO	4	PA; SP; QL (30 EA per 11 days)
EVRYSDI	4	PA; SP; QL (240 ML per 30 days)
FABRAZYME	4	PA; SP
GALAFOLD	4	PA; SP; QL (14 EA per 28 days)
KANUMA	4	PA; SP
LUMIZYME	4	PA; SP
miglustat	4	PA; SP; QL (90 EA per 30 days)
MYALEPT	4	PA; SP
NAGLAZYME	4	PA; SP
NEXVIAZYME	4	PA; SP
nitisinone	4	PA; SP
NULIBRY	4	PA; SP
ORFADIN ORAL CAPSULE 20 MG	4	PA; SP
ORFADIN ORAL SUSPENSION	4	PA; SP
PANCREAZE	3	PA
PERTZYE	3	PA
PROCYSBI	4	PA; SP
RAVICTI	4	PA; SP
sapropterin dihydrochloride	4	PA; SP
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	SP
STRENSIQ	4	PA; SP
SUCRAID	4	SP
VIMIZIM	4	PA; SP
VIOKACE	3	PA
VPRIV	4	PA; SP; QL (15 EA per 11 days)
ZAVESCA	4	PA; SP; QL (90 EA per 30 days)
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	1	
AURYXIA	3	ST
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	

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Drug Name	Drug Tier	Notes
calcium acetate oral tablet 667 mg	1	
darifenacin hydrobromide er	1	
DEPEN TITRATABS	4	SP
ELMIRON	3	
FILSPARI	3	
flavoxate hcl	1	
FOSRENOL ORAL PACKET	2	
glycine irrigation	1	
glycine urologic	1	
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ	2	
OXLUMO	4	PA; SP
oxybutynin chloride er	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PHOSLYRA	3	
RENACIDIN	3	
RIMSO-50	3	
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg	1	QL (30 EA per 31 days)
tadalafil oral tablet 5 mg	1	QL (30 EA per 30 days)
THIOLA	4	SP
tiopronin	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VELPHORO	3	ST
VESICARE LS	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	

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Drug Name	Drug Tier	Notes
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
JALYN	3	
PROSCAR	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
CELESTONE SOLUSPAN	3	
CORTEF	3	
DEPO-MEDROL	3	
DEXAMETHASONE (LA)	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
DEXAMETHASONE SOD PHOS-NACL	3	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection	1	
DEXONTO 0.4%	3	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
KENALOG INJECTION	3	
KENALOG-80	3	
MEDROL	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	3	
methylprednisolone acetate suspension 40 mg/ml injection	1	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	3	
methylprednisolone acetate suspension 80 mg/ml injection	1	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
PEDIAPRED	3	

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Drug Name	Drug Tier	Notes
prednisolone oral	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone intensol	1	
prednisone oral	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
Hormonal Agents – Infertility		
*The drugs in this section are covered only under certain benefit programs. Check your handbook to determine coverage.		
clomiphene	1	
FOLLISTIM AQ	4	PA; SP
GANIRELIX	4	PA; SP
OVIDREL	4	PA; SP
Hormonal Agents - Men's Health		
ANDRODERM	2	
danazol oral	1	
FORTESTA	3	
METHITEST	3	
oxandrolone oral	1	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	1	
VOGELXO PUMP	3	
Hormonal Agents - Pituitary		
ACTHAR	4	PA; SP; QL (35 ML per 21 days)
cabergoline	1	
DDAVP INJECTION	3	QL (30 ML per 30 days)
DDAVP ORAL	3	
DDAVP PF	3	QL (30 ML per 30 days)
desmopressin ace spray refrig	1	QL (10 ML per 30 days)
desmopressin acetate injection	1	QL (30 ML per 30 days)
desmopressin acetate oral	1	
desmopressin acetate pf	1	QL (30 ML per 30 days)

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Drug Name	Drug Tier	Notes
desmopressin acetate spray	1	QL (10 ML per 30 days)
EGRIFTA SV	4	PA; SP
ELIGARD	4	PA; SP
FENSOLVI (6 MONTH)	4	PA; SP
FIRMAGON	4	PA; SP
FIRMAGON (240 MG DOSE)	4	PA; SP
GENOTROPIN	4	PA; SP
GENOTROPIN MINIQUICK	4	PA; SP
HUMATROPE	4	PA; SP
INCRELEX	4	PA; SP
LANREOTIDE ACETATE	4	PA; SP; QL (0.5 ML per 28 days)
leuprolide acetate injection	4	PA; SP
LEUPROLIDE ACETATE INTRAMUSCULAR	4	PA; SP
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH)	4	PA; SP
LUPRON DEPOT (3-MONTH)	4	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	4	PA; SP
LUPRON DEPOT-PED (3-MONTH)	4	PA; SP
MYCAPSSA	4	PA; SP
NORDITROPIN FLEXPRO	4	PA; SP
NUTROPIN AQ NUSPIN 10	4	PA; SP
NUTROPIN AQ NUSPIN 20	4	PA; SP
NUTROPIN AQ NUSPIN 5	4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP; QL (90 ML per 30 days)
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	4	PA; SP; QL (3 ML per 1 day)
octreotide acetate subcutaneous	4	PA; SP; QL (90 ML per 30 days)
OMNITROPE	4	PA; SP
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
oxytocin injection	1	
OXYTOCIN-LACTATED RINGERS	3	
OXYTOCIN-SODIUM CHLORIDE	3	
PITOCIN	3	
SAIZEN	4	PA; SP
SAIZENPREP	4	PA; SP

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Drug Name	Drug Tier	Notes
SANDOSTATIN	4	PA; SP; QL (90 ML per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG	4	PA; SP; QL (1 EA per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG	4	PA; SP; QL (2 EA per 28 days)
SIGNIFOR	4	PA; SP; QL (60 ML per 30 days)
SIGNIFOR LAR	4	PA; SP; QL (1 EA per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	4	PA; SP; QL (0.2 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	4	PA; SP; QL (0.3 ML per 28 days)
SOMAVERT	4	PA; SP; QL (30 EA per 30 days)
SUPPRELIN LA	4	PA; SP
SYNAREL	4	SP
TRELSTAR MIXJECT	4	PA; SP
VAPRISOL	3	
vasopressin intravenous solution	1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3	
ZOLADEX	4	PA; SP
ZOMACTON	4	PA; SP
Hormonal Agents - Prostaglandins		
KORLYM	4	PA; SP; QL (120 EA per 30 days)
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	
OSPHENA	3	
raloxifene hcl	1	PV2; AL (Min 35 Years)
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	3	
afirmelle	0	PV1
aftera	0	PV1; OTC
ALORA	3	
altavera	0	PV1
alyacen 1/35	0	PV1
alyacen 7/7/7	0	PV1
amabelz	1	
amethia	0	PV1; QL (1 EA per 1 day)
amethyst	0	PV1
ANGELIQ	3	

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Drug Name	Drug Tier	Notes
ANNOVERA	0	PV1; QL (1 EA per 350 days)
apri	0	PV1
aranelle	0	PV1
ashlyna	0	PV1; QL (1 EA per 1 day)
aubra eq	0	PV1
aurovela 1.5/30	0	PV1
aurovela 1/20	0	PV1
aurovela 24 fe	0	PV1
aurovela fe 1.5/30	0	PV1
aurovela fe 1/20	0	PV1
aviane	0	PV1
AYGESTIN	3	
ayuna	0	PV1
azurette	0	PV1
balziva	0	PV1
BEYAZ	3	
blisovi 24 fe	0	PV1
blisovi fe 1.5/30	0	PV1
blisovi fe 1/20	0	PV1
briellyn	0	PV1
camila	0	PV1
camrese	0	PV1; QL (1 EA per 1 day)
camrese lo	0	PV1; QL (1 EA per 1 day)
charlotte 24 fe	0	PV1
chateal eq	0	PV1
CLIMARA PRO	2	
COMBIPATCH	3	
CRINONE	4	SP
cryselle-28	0	PV1
cyred	0	PV1
cyred eq	0	PV1
dasetta 1/35	0	PV1
dasetta 7/7/7	0	PV1
daysee	0	PV1; QL (1 EA per 1 day)
deblitane	0	PV1
DELESTROGEN	3	
delyla	0	PV1
DEPO-ESTRADIOL	3	
desogestrel-ethinyl estradiol	0	PV1
dolishale	0	PV1

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Drug Name	Drug Tier	Notes
dotti	1	
drospiren-eth estrad-levomefol	0	PV1
drospirenone-ethinyl estradiol	0	PV1
DUAVEE	3	
econtra ez	0	PV1; OTC
econtra one-step	0	PV1; OTC
elinest	0	PV1
ELLA	0	PV1; QL (1 EA per 30 days)
eluryng	0	PV1
enpresse-28	0	PV1
enskyce	0	PV1
errin	0	PV1
estarylla	0	PV1
ESTRACE ORAL	3	
estradiol oral	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV1
etonogestrel-ethinyl estradiol	0	PV1
EVAMIST	3	
falmina	0	PV1
fayosim	0	PV1; QL (1 EA per 1 day)
FEMRING	2	
finzala	0	PV1
fyavolv	1	
gemmily	0	PV1
GENERESS FE	3	
hailey 1.5/30	0	PV1
hailey 24 fe	0	PV1
hailey fe 1.5/30	0	PV1
hailey fe 1/20	0	PV1
haloette	0	PV1
heather	0	PV1
her style	0	PV1; OTC

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Drug Name	Drug Tier	Notes
hydroxyprogesterone caproate intramuscular oil	4	SP
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR SOLUTION	4	SP
iclevia	0	PV1; QL (1 EA per 1 day)
incassia	0	PV1
introvale	0	PV1; QL (1 EA per 1 day)
isibloom	0	PV1
jaimiess	0	PV1; QL (1 EA per 1 day)
jasmiel	0	PV1
jencycla	0	PV1
jinteli	1	
jolessa	0	PV1; QL (1 EA per 1 day)
juleber	0	PV1
junel 1.5/30	0	PV1
junel 1/20	0	PV1
junel fe 1.5/30	0	PV1
junel fe 1/20	0	PV1
junel fe 24	0	PV1
kaitlib fe	0	PV1
kalliga	0	PV1
kariva	0	PV1
kelnor 1/35	0	PV1
kelnor 1/50	0	PV1
kurvelo	0	PV1
KYLEENA	0	SP; PV1
larin 1.5/30	0	PV1
larin 1/20	0	PV1
larin 24 fe	0	PV1
larin fe 1.5/30	0	PV1
larin fe 1/20	0	PV1
layolis fe	0	PV1
leena	0	PV1
lessina	0	PV1
levonest	0	PV1
levonorgest-eth est & eth est	0	PV1; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day	0	PV1; QL (1 EA per 1 day)
levonorgestrel	0	PV1; OTC
levonorgestrel-ethinyl estrad	0	PV1
levonorg-eth estrad triphasic	0	PV1
levora 0.15/30 (28)	0	PV1
LILETTA (52 MG)	0	SP; PV1

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Drug Name	Drug Tier	Notes
LO LOESTRIN FE	0	PV1
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
lojaimiess	0	PV1; QL (1 EA per 1 day)
loryna	0	PV1
LOSEASONIQUE	3	QL (1 EA per 1 day)
low-ogestrel	0	PV1
lo-zumandimine	0	PV1
lultera	0	PV1
lyleq	0	PV1
lyllana	1	
lyza	0	PV1
MAKENA	4	SP
marlissa	0	PV1
medroxyprogesterone acetate intramuscular	0	PV1; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
MENEST	3	
MENOSTAR	3	
merzee	0	PV1
microgestin 1.5/30	0	PV1
microgestin 1/20	0	PV1
microgestin 24 fe	0	PV1
microgestin fe 1.5/30	0	PV1
microgestin fe 1/20	0	PV1
mili	0	PV1
mimvey	1	
MIRCETTE	3	
MIRENA (52 MG)	0	SP; PV1
mono-linyah	0	PV1
my choice	0	PV1; OTC
my way	0	PV1; OTC
NATAZIA	0	PV1
necon 0.5/35 (28)	0	PV1
new day	0	PV1; OTC
NEXPLANON	0	SP; PV1
nikki	0	PV1
nora-be	0	PV1

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Drug Name	Drug Tier	Notes
norethin ace-eth estrad-fe	0	PV1
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV1
norethindrone oral	0	PV1
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	0	PV1
norethin-eth estradiol-fe	0	PV1
norgestimate-eth estradiol	0	PV1
norgestimate-ethinyl estradiol triphasic	0	PV1
norlyroc	0	PV1
nortrel 0.5/35 (28)	0	PV1
nortrel 1/35 (21)	0	PV1
nortrel 1/35 (28)	0	PV1
nortrel 7/7/7	0	PV1
nylia 1/35	0	PV1
nylia 7/7/7	0	PV1
nymyo	0	PV1
ocella	0	PV1
opcicon one-step	0	PV1; OTC
option 2	0	PV1; OTC
PARAGARD INTRAUTERINE COPPER	0	PV1
philith	0	PV1
pimtrea	0	PV1
pirmella 1/35	0	PV1
pirmella 7/7/7	0	PV1
portia-28	0	PV1
PREFEST	3	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	3	
react	0	PV1; OTC
reclipsen	0	PV1
rivelsa	0	PV1; QL (1 EA per 1 day)
SEASONIQUE	3	QL (1 EA per 1 day)
setlakin	0	PV1; QL (1 EA per 1 day)
sharobel	0	PV1
simliya	0	PV1

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Drug Name	Drug Tier	Notes
simpesse	0	PV1; QL (1 EA per 1 day)
SKYLA	0	SP; PV1
SLYND	0	PV1
sprintec 28	0	PV1
sronyx	0	PV1
syeda	0	PV1
take action	0	PV1; OTC
tarina 24 fe	0	PV1
tarina fe 1/20 eq	0	PV1
taysofy	0	PV1
tilia fe	0	PV1
tri-estarylla	0	PV1
tri-legest fe	0	PV1
tri-lynyah	0	PV1
tri-lo-estarylla	0	PV1
tri-lo-marzia	0	PV1
tri-lo-mili	0	PV1
tri-lo-sprintec	0	PV1
tri-mili	0	PV1
tri-nymyo	0	PV1
tri-sprintec	0	PV1
trivora (28)	0	PV1
tri-vylibra	0	PV1
tri-vylibra lo	0	PV1
tyblume	0	PV1
tydemy	0	PV1
velivet	0	PV1
vestura	0	PV1
vienva	0	PV1
viorele	0	PV1
volnea	0	PV1
vyfemla	0	PV1
vylibra	0	PV1
wera	0	PV1
wymzya fe	0	PV1
xulane	0	PV1
YASMIN 28	3	
yuvafem	1	
zafemy	0	PV1
zovia 1/35 (28)	0	PV1

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Drug Name	Drug Tier	Notes
zumandimine	0	PV1
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium intravenous	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	
TRIOSTAT INTRAVENOUS SOLUTION 10 MCG/ML	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA; SP; QL (3.6 ML per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML	4	PA; SP; QL (40 ML per 14 days)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4ML	4	PA; SP; QL (20 ML per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (3.6 ML per 28 days)
ACTIMMUNE	4	PA; SP
ALFERON N	4	SP
ANTIVENIN LATRODECTUS MACTANS	3	
ANTIVENIN MICRURUS FULVIUS	3	
ARAVA ORAL TABLET 10 MG	3	
ARCALYST	4	PA; SP; QL (4 EA per 28 days)
ASTAGRAF XL	4	SP
ATGAM	4	SP
AVSOLA	4	SP
AZASAN	3	
azathioprine oral	1	
azathioprine sodium	1	
BENLYSTA	4	PA; SP
BERINERT	4	PA; SP
BIVIGAM	4	PA; SP
CELLCEPT	4	SP

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Drug Name	Drug Tier	Notes
CELLCEPT INTRAVENOUS	4	SP
CIMZIA	4	PA; SP; QL (2 EA per 28 days)
CIMZIA STARTER KIT	4	PA; SP; QL (6 EA per 28 days)
CINRYZE	4	PA; SP
COSENTYX (300 MG DOSE)	4	PA; SP; QL (2 ML per 28 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; SP; QL (1 ML per 28 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN	4	PA; SP; QL (1 ML per 28 days)
CROFAB	3	
cyclosporine intravenous	1	
cyclosporine modified	1	
cyclosporine oral	1	
CYTOGAM	4	PA; SP
ENBREL MINI	4	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; SP; QL (8 ML per 28 days)
ENBREL SURECLICK	4	PA; SP; QL (8 ML per 28 days)
ENSPRYNG	4	PA; SP
ENTYVIO	4	PA; SP; QL (1 EA per 56 days)
ENVARUSUS XR	4	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	QL (124 EA per 31 days)
everolimus oral tablet 1 mg	1	QL (62 EA per 31 days)
FLEBOGAMMA DIF	4	PA; SP
GAMASTAN	4	PA; SP
GAMMAGARD	4	PA; SP
GAMMAGARD S/D LESS IGA	4	PA; SP
GAMMAKED	4	PA; SP
GAMMAPLEX	4	PA; SP
GAMUNEX-C	4	PA; SP
gengraf	1	
HAEGARDA	4	PA; SP
HEPAGAM B	3	
HIZENTRA	4	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	4	PA; SP; QL (3 EA per 28 days)

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Drug Name	Drug Tier	Notes
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	4	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START	4	PA; SP; QL (4 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	4	PA; SP; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (4 EA per 28 days)
HYPERRHO S/D	4	SP
HYQVIA	4	PA; SP
icatibant acetate	4	PA; SP
ILARIS	4	PA; SP
IMURAN	3	
INFLECTRA	4	PA; SP; QL (10 EA per 28 days)
INFLIXIMAB	4	PA; SP; QL (10 EA per 28 days)
KALBITOR	4	PA; SP
KEVZARA	4	PA; SP; QL (2.28 ML per 28 days)
KINERET	4	PA; SP; QL (18.76 ML per 28 days)
leflunomide oral	1	
LUPKYNIS	4	PA; SP; QL (180 EA per 30 days)
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
MICRHOGAM ULTRA-FILTERED PLUS	4	SP
mycophenolate mofetil hcl	1	
mycophenolate mofetil intravenous	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	4	SP
NEORAL	4	SP
NULOJIX	4	SP
OCTAGAM	4	PA; SP

Effective Date: 4/1/2023

Drug Name	Drug Tier	Notes
OLUMIANT	4	PA; SP; QL (30 EA per 30 days)
ORENCIA CLICKJECT	4	PA; SP; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS	4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	4	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	4	PA; SP; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	4	PA; SP; QL (2.8 ML per 30 days)
ORLADEYO	4	PA; SP; QL (30 EA per 30 days)
OTEZLA ORAL TABLET	4	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL (62 EA per 31 days)
PRIVIGEN	4	PA; SP
PROGRAF	4	SP
RAPAMUNE	4	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	4	PA; SP; QL (0.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	4	PA; SP; QL (1 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	4	PA; SP; QL (1.2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	4	PA; SP; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	4	PA; SP; QL (1.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	4	PA; SP; QL (2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	4	PA; SP; QL (2.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	4	PA; SP; QL (0.6 ML per 28 days)
REMICADE	4	PA; SP; QL (10 EA per 28 days)
RENFLEXIS	4	PA; SP
RHOGAM ULTRA-FILTERED PLUS	4	SP
RHOPHYLAC	4	SP
RIDAURA	3	
RINVOQ	4	PA; SP; QL (1 EA per 1 day)
RUCONEST	4	PA; SP
sajazir	4	PA; SP
SANDIMMUNE	4	SP
SIMPONI ARIA	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; SP; QL (1 ML per 28 days)

Effective Date: 4/1/2023

Drug Name	Drug Tier	Notes
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; SP; QL (0.5 ML per 28 days)
SIMULECT	3	
sirolimus oral	1	
SKYRIZI (150 MG DOSE)	4	PA; SP
SKYRIZI INTRAVENOUS	4	PA; SP
SKYRIZI PEN	4	PA; SP; QL (0.013 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; SP; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; SP; QL (0.043 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL (0.013 ML per 1 day)
SOTYKTU	4	PA; SP; QL (30 EA per 30 days)
STELARA INTRAVENOUS	4	PA; SP; QL (104 ML per 30 fills)
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 ML per 42 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; SP; QL (0.5 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; SP; QL (1 ML per 56 days)
SYNAGIS	4	PA; SP
tacrolimus oral	1	
TALTZ	4	PA; SP; QL (0.04 ML per 1 day)
temsirolimus	4	PA; SP
THYMOGLOBULIN	3	
TORISEL	4	PA; SP
TREMFYA	4	PA; SP; QL (8 ML per 365 days)
TREXALL	2	
UPLIZNA	4	PA; SP
WINRHO SDF	4	SP
XELJANZ ORAL SOLUTION	4	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG	4	PA; SP; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	4	PA; SP; QL (30 EA per 30 days)
XELJANZ XR	4	PA; SP; QL (62 EA per 31 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	4	SP; QL (124 EA per 31 days)
ZORTRESS ORAL TABLET 1 MG	4	SP; QL (62 EA per 31 days)
Immunological Agents - Drugs for Vaccination		
ACAM2000	3	

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Drug Name	Drug Tier	Notes
ACTHIB	0	PV2; AL (Max 6 Years)
ADACEL	0	PV1
AFLURIA QUADRIVALENT	0	PV1
BEXSERO	0	PV1
BOOSTRIX	0	PV1
COMIRNATY	0	PV1; AL (Min 12 Years)
DAPTACEL	0	PV1
DENGVAXIA	0	PV1; AL (Min 9 Years and Max 16 Years)
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV1
ENGRIX-B	0	PV1
FLUAD QUADRIVALENT	0	PV2; AL (Min 65 Years)
FLUARIX QUADRIVALENT	0	PV1
FLUBLOK QUADRIVALENT	0	PV1
FLUCELVAX QUADRIVALENT	0	PV1
FLULAVAL QUADRIVALENT	0	PV1
FLUMIST QUADRIVALENT	0	PV2; AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV2; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV1
GARDASIL 9	0	PV2; AL (Min 9 Years and Max 26 Years)
HAVRIX	0	PV1
HEPLISAV-B	0	PV2; AL (Min 18 Years)
HIBERIX	0	PV2; AL (Max 6 Years)
INFANRIX	0	PV1
IPOL	0	PV2; AL (Max 17 Years)
JANSSEN COVID-19 VACCINE	0	PV1; AL (Min 18 Years)
JYNNEOS	3	
KINRIX	0	PV1
MENACTRA	0	PV1
MENQUADFI	0	PV1
MENVEO	0	PV1
M-M-R II	0	PV1
MODERNA COVID-19 BIVAL 6M-5Y	0	PV1; AL (Min 6 Months)
MODERNA COVID-19 BIVAL BOOSTER	0	PV1; AL (Min 6 Years)
MODERNA COVID-19 VAC (BOOSTER)	0	PV1
MODERNA COVID-19 VACC 6M-5Y	0	PV1; AL (Min 6 Months)
MODERNA COVID-19 VACCINE	0	PV1; AL (Min 12 Years)
NOVAVAX COVID-19 VACCINE	0	PV1; AL (Min 12 Years)
PEDIARIX	0	PV1

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Drug Name	Drug Tier	Notes
PEDVAX HIB	0	PV2; AL (Max 6 Years)
PENTACEL	0	PV1
PFIZER COVID-19 BIVAL 6MO-4YR	0	PV1; AL (Min 6 Months)
PFIZER COVID-19 VAC BIVAL 5-11	0	PV1; AL (Min 5 Years)
PFIZER COVID-19 VAC BIVALENT	0	PV1; AL (Min 12 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV1; AL (Min 5 Years and Max 11 Years)
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV1; AL (Min 6 Months)
PFIZER-BIONT COVID-19 VAC-TRIS	0	PV1; AL (Min 12 Years)
PFIZER-BIONTECH COVID-19 VACC	0	PV1; AL (Min 12 Years)
PNEUMOVAX 23	0	PV1
PREHEVBRIO	0	PV2; AL (Min 18 Years)
PREVNAR 13	0	PV1
PREVNAR 20	0	PV1
PRIORIX	0	PV1
PROQUAD	0	PV1
QUADRACEL	0	PV1
RECOMBIVAX HB	0	PV1
ROTARIX	0	PV2; AL (Max 8 Months)
ROTATEQ	0	PV2; AL (Max 8 Months)
SHINGRIX	0	PV2; AL (Min 19 Years)
SPIKEVAX COVID-19 VACCINE	0	PV1; AL (Min 12 Years)
TDVAX	0	PV1
TENIVAC	0	PV1
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV1
TRUMENBA	0	PV1
TWINRIX	0	PV1
VAQTA	0	PV1
VARIVAX	0	PV1
VAXELIS	0	PV1
VAXNEUVANCE	0	PV1
Inflammatory Bowel Disease Agents		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er	1	
budesonide oral	1	
CORTENEMA	3	
CORTIFOAM	2	
DELZICOL	2	

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Drug Name	Drug Tier	Notes
DIPENTUM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	
PROCTOFOAM HC	3	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
ROWASA	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG	3	QL (1 EA per 28 days)
ACTONEL ORAL TABLET 35 MG	3	QL (4 EA per 28 days)
alendronate sodium oral solution	1	QL (300 ML per 28 days)
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (31 EA per 31 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
ATELVIA	3	QL (4 EA per 28 days)
calcitonin (salmon) nasal	1	QL (7.4 ML per 30 days)
FORTEO	4	PA; SP; QL (2.4 ML per 28 days)
FOSAMAX	3	QL (4 EA per 28 days)
ibandronate sodium intravenous	1	
ibandronate sodium oral	1	QL (1 EA per 28 days)
pamidronate disodium	4	SP
PROLIA	4	PA; SP
risedronate sodium oral tablet 150 mg	1	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg	1	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	1	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	1	QL (31 EA per 31 days)

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Drug Name	Drug Tier	Notes
risedronate sodium oral tablet delayed release	1	QL (4 EA per 28 days)
XGEVA	4	PA; SP
zoledronic acid	4	SP
Metabolic Bone Disease Agents - Other		
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl oral tablet 30 mg	4	PA; SP; QL (62 EA per 31 days)
cinacalcet hcl oral tablet 60 mg	4	PA; SP; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	4	PA; SP; QL (120 EA per 30 days)
doxercalciferol	1	
NATPARA	4	PA; SP
paricalcitol	1	
Miscellaneous Therapeutic Agents		
ACETADOTE	3	
acetylcysteine intravenous	1	
AEROCHAMBER MINI CHAMBER	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLOW VU	3	
AEROCHAMBER W/FLOWSIGNAL	3	
AEROGear ACTION ASTHMA KIT	3	
ALCOHOL PREP PADS PAD , 70 %	3	OTC
ALCOHOL PREP PADS SHEET 70 %	3	
ALL FLOW 1000 PFT FILTER DEVICE	3	
ALPHA-LIPOIC ACID INJECTION	3	
AMD FOAM DRESSING	3	
AMD FOAM DRESSING TOPSHEET	3	
AMINOPMRMS	3	
AMPHADASE	3	
ARTISS	3	
asilnasalrms	1	
AUM INSULIN SAFETY PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
AUM MINI INSULIN PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
AUM PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
AURA PORTANEB	3	
BACTERIOSTATIC WATER(BENZ ALC)	3	
bal in oil	1	

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Drug Name	Drug Tier	Notes
BD AUTOSHIELD DUO PEN NEEDLES	2	OTC; QL (200 EA per 30 days)
BD ECLIPSE LUER-LOK NEEDLE	3	OTC; QL (200 EA per 30 days)
BD ECLIPSE NEEDLE 25G X 1"	3	QL (200 EA per 30 days)
BD ECLIPSE NEEDLE 25G X 1-1/2" , 25G X 5/8"	3	OTC; QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	OTC; QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	3	OTC; QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 30 ML	3	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	2	OTC; QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	QL (200 EA per 30 days)
BENTLEY THE BEAR PED NEBULIZER	3	
BOTOX	4	PA; SP
BREATHE COMFORT CHAMBER/ADULT	3	OTC
BREATHE COMFORT CHAMBER/CHILD	3	OTC
BREATHE EASE LARGE	3	
BREATHE EASE MEDIUM	3	
BREATHE EASE SMALL	3	
BREATHERITE VALVED MDI CHAMBER	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
CALCIUM DISODIUM VERSENATE	3	
CAPTAIN EAGLE PED NEBULIZER	3	
CAREPOINT SYRINGE LUER LOCK 1 ML	3	QL (200 EA per 30 days)
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	3	OTC; QL (200 EA per 30 days)
CARETOUCH LUER LOCK 1 ML	3	OTC; QL (200 EA per 30 days)
CAYA	0	PV1
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
CLEVER CHOICE HOLDING CHAMBER	3	
CLEVER CHOICE WHIS AIR PED NEB	3	
CLEVER CHOICE WHISPER AIRE NEB	3	
COMP A-I-R NEBULIZER	3	
COMPACT SPACE CHAMBER	3	
COMPACT SPACE CHAMBER/LG MASK	3	
COMPACT SPACE CHAMBER/MED MASK	3	
COMPACT SPACE CHAMBER/SM MASK	3	
COMPRESSOR NEBULIZER	3	
CONDOMS	0	PV1; OTC
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	

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Drug Name	Drug Tier	Notes
CURITY IODOFORM PACKING STRIP	3	
CYANOKIT	3	
CYTOTINE ORAL POWDER	3	
deferoxamine mesylate	4	SP
DEFLUX METAL NEEDLE	3	QL (200 EA per 30 days)
DESFERAL	4	SP
dexmedetomidine hcl in nacl intravenous solution	1	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
DIASCREEN 10	3	OTC
DIASCREEN 1B	3	OTC
DIASCREEN 1G	3	OTC
DIASCREEN 1K	3	OTC
DIASCREEN 2GK	3	OTC
DIASCREEN 2GP	3	OTC
DIASCREEN 3	3	OTC
DIASCREEN 4NL	3	OTC
DIASCREEN 4OBL	3	OTC
DIASCREEN 4PH	3	OTC
DIASCREEN 5	3	OTC
DIASCREEN 6	3	OTC
DIASCREEN 7	3	OTC
DIASCREEN 8	3	OTC
DIASCREEN 9	3	OTC
DIASCREEN LIQUID URINE CONTROL	3	OTC
DIGIFAB	3	
DILUENT FOR LEFAMULIN	3	
diluent for treprostinil	4	SP
DOJOLVI	3	PA
DROPLET MICRON	3	OTC; QL (200 EA per 30 days)
DROPSAFE ALCOHOL PREP	3	OTC
DUODOTE	3	
DUROLANE	4	PA; SP
DYSPORT	4	PA; SP
EASIVENT	3	
EASY GLIDE LUER LOCK SYRINGE	3	OTC; QL (200 EA per 30 days)
EASY GLIDE SLIP LOCK SYRINGE	3	OTC; QL (200 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	3	OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
EASYPOINT NEEDLE	3	OTC; QL (200 EA per 30 days)
EASYPOINT NEEDLE	3	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	OTC; QL (200 EA per 30 days)
ENCARE	0	PV1; OTC; QL (12 EA per 23 days)
ENDARI	4	PA; SP
ENU NUTRITIONAL SHAKE	3	
ergoloid mesylates oral	1	
EUA PATIENT ASSESSMENT	3	
EUFLEXXA	4	PA; SP
EXCILON AMD DRAIN SPONGES	3	
FC2 FEMALE CONDOM	0	PV1; OTC; QL (12 EA per 30 days)
FEMCAP	0	PV1
FIBERSOURCE HN	3	
FLEXICHAMBER	3	
FLEXICHAMBER ADULT MASK/SMALL	3	
FLEXICHAMBER CHILD MASK/LARGE	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
flumazenil intravenous	1	
FLYP NEBULIZER	3	
fomepizole	1	
formaldehyde external solution 37 %	1	
GEL-ONE	4	PA; SP
GELSYN-3	4	PA; SP
GIVLAARI	4	PA; SP
glutaraldehyde external	1	
GLYTACTIN BETTERMILK 15	3	
GLYTACTIN BETTERMILK DE-LITE	3	
GLYTACTIN BUILD 10PE	3	
GLYTACTIN BUILD 20/20 PKU	3	
GLYTACTIN RESTORE 10	3	
GLYTACTIN RESTORE 5	3	
GLYTACTIN RESTORE LITE 10PE	3	
GLYTACTIN RTD 10	3	
GLYTACTIN RTD LITE 15	3	
GLYTACTIN SWIRL 15	3	
GLYTACTIN SWIRL 15PE	3	
HCU EASY	3	
HCU EXPRESS 15 PLUS+	3	

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Drug Name	Drug Tier	Notes
HCU EXPRESS 20 PLUS+	3	
HOMACTIN AA PLUS ORAL LIQUID	3	
HYALGAN	4	PA; SP
HYLENEX	3	
IGALMI	3	QL (60 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES	3	OTC; QL (200 EA per 30 days)
INSPIREASE RESERVOIR BAGS	3	
INSULIN PEN NEEDLES	3	OTC; QL (200 EA per 30 days)
INSULIN PEN NEEDLES	3	QL (200 EA per 30 days)
IV STABILIZER FOR LUMOXITI	3	
J-TIP KIT W/VIAL ADAPTERS	3	QL (200 EA per 30 days)
KERENDIA	2	PA; QL (30 EA per 30 days)
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
KETOVIE	3	
KETOVIE 4:1	3	
KETOVIE PEPTIDE	3	
K-Y ME & YOU EXTRA LUBRICATED	0	PV1; OTC
K-Y ME & YOU INTENSE	0	PV1; OTC
MEDNEB NEB-WITH DISPO NEB KIT	3	
methergine	1	
methylergonovine maleate	1	
MICROAIR VIBRATING MESH NEBUL	3	
MICROCHAMBER	3	
MICRONEB	3	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	3	QL (200 EA per 30 days)
MONOVISC	4	PA; SP
MSUD EASY	3	
MYOBLOC	4	PA; SP
NEB-RITE4	3	
NEBULIZER PED FROG	3	
NEBULIZER PED FROG KIT	3	
NEBULIZER SYSTEM ALL-IN-ONE	3	
NEOKE RA LIPOIC	3	
NEXAVIR	3	
NITHIODOTE	3	
NORM-JECT LUER SLIP SYRINGE	3	QL (200 EA per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE	2	OTC; QL (200 EA per 30 days)
NOVOFINE PEN NEEDLE	2	OTC; QL (200 EA per 30 days)

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Drug Name	Drug Tier	Notes
NOVOFINE PLUS PEN NEEDLE	2	OTC; QL (200 EA per 30 days)
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA; QL (1 EA per 365 days); AL (Min 18 Years)
OMNIPOD 5 G6 POD (GEN 5)	3	PA; QL (0.34 EA per 1 day); AL (Min 18 Years)
OMNIPOD CLASSIC PODS (GEN 3)	3	PA; QL (0.34 EA per 1 day); AL (Min 18 Years)
OMNIPOD DASH INTRO (GEN 4)	3	PA; QL (1 EA per 365 days); AL (Min 18 Years)
OMNIPOD DASH PDM (GEN 4)	3	PA; QL (1 EA per 365 days); AL (Min 18 Years)
OMNIPOD DASH PODS (GEN 4)	3	PA; QL (0.34 EA per 1 day); AL (Min 18 Years)
OMNIPOD POD PALS	3	PA; OTC; QL (0.34 EA per 1 day); AL (Min 18 Years)
ONE FLOW SPIROMETER DEVICE	3	
OPTICHAMBER DIAMOND	3	
OPTICHAMBER DIAMOND-LG MASK	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
OPTIONS GYNOL II CONTRACEPTIVE	0	PV1; OTC; QL (85.5 GM per 23 days)
ORALAIR	3	PA
ORALAIR ADULT STARTER PACK	3	PA
ORALAIR CHILDRENS STARTER PACK	3	
ORTHOVISC	4	PA; SP
PANDA MASK LARGE	3	OTC
PANDA MASK MEDIUM	3	OTC
PANDA MASK SMALL	3	OTC
PARI PRONEB MAX LC PLUS	3	
PARI PRONEB MAX LC SPRINT	3	
PARI TREK S COMBO PACK	3	
PEDIATRIC COMPRESSOR NEBULIZER	3	
PEDIATRIC PANDA MASK	3	OTC
PEDMARK	3	
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PHOTREXA-PHOTREXA VISCOUS KIT	3	
PIP PEN NEEDLES 31G X 5MM	3	OTC; QL (200 EA per 30 days)
PIP PEN NEEDLES 32G X 4MM	3	OTC; QL (200 EA per 30 days)
PKU EASY	3	
PKU EASY MICROTABS	3	

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Drug Name	Drug Tier	Notes
PKU EXPRESS 15 PLUS+	3	
PKU EXPRESS 20 PLUS+	3	
POCKET SPACER	3	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML	3	
PRO COMFORT SPACER ADULT	3	OTC
PRO COMFORT SPACER CHILD	3	OTC
PRO COMFORT SPACER INFANT	3	OTC
PROCARE SPACER/ADULT MASK	3	OTC
PROCARE SPACER/CHILD MASK	3	OTC
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	
PURE COMFORT SPACER CHAMBER	3	OTC
RADIOGARDASE	3	
RAYA SURE PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
SAFETY PEN NEEDLES	3	OTC; QL (200 EA per 30 days)
saline bacteriostatic	1	
SALINE-PHENOL	3	
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	3	OTC; QL (200 EA per 30 days)
sodium chloride bacteriostatic	1	
sodium nitrite intravenous	1	
sodium saccharin powder	1	
sodium thiosulfate intravenous	1	
SORBITOL IRRIGATION	3	
sorbitol-mannitol	1	
SPARKY THE DOG PED NEBULIZER	3	
STERILE DILUENT FLOLAN PH 12	4	SP
sterile diluent/epoprostenol	4	SP
sterile water for injection	1	
SUPARTZ FX	4	PA; SP
SYNVISC	4	PA; SP
SYNVISC ONE	4	PA; SP
SYRINGE LUER LOCK 30 ML	3	QL (200 EA per 30 days)
SYRINGE LUER SLIP 1 ML	3	QL (200 EA per 30 days)
TACHOSIL	3	
TELFAM AND ISLAND DRESSING	3	
TELFAM AND NON-ADHERENT	3	
THYROGEN	4	SP

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Drug Name	Drug Tier	Notes
TISSEEL	3	
TODAY SPONGE	0	PV1; OTC; QL (12 EA per 23 days)
TRILURON	4	PA; SP
TYLACTIN BUILD 20PE TYR	3	
TYLACTIN RESTORE 5PE	3	
TYR EASY	3	
TYR EXPRESS 15 PLUS+	3	
TYR EXPRESS 20 PLUS+	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV1; OTC; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV1; OTC; QL (17 GM per 23 days)
vcf vaginal contraceptive vaginal gel	0	PV1; OTC; QL (2.7 GM per 23 days)
VERIFINE INSULIN PEN NEEDLE	3	OTC; QL (200 EA per 30 days)
VILACTIN AA PLUS	3	
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	3	
WIDE-SEAL DIAPHRAGM 60	0	PV1
WIDE-SEAL DIAPHRAGM 65	0	PV1
WIDE-SEAL DIAPHRAGM 70	0	PV1
WIDE-SEAL DIAPHRAGM 75	0	PV1
WIDE-SEAL DIAPHRAGM 80	0	PV1
WIDE-SEAL DIAPHRAGM 85	0	PV1
WIDE-SEAL DIAPHRAGM 90	0	PV1
WIDE-SEAL DIAPHRAGM 95	0	PV1
XEOMIN	4	PA; SP
XIAFLEX	4	PA; SP
ZOKINVY	4	PA; SP; QL (120 EA per 30 days)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ALOMIDE	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bepotastine besilate	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	

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Drug Name	Drug Tier	Notes
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	QL (15 ML per 30 days)
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX SM	2	
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX	3	
MAXITROL	3	
MITOSOL	3	
moxifloxacin hcl (2x day)	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	3	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	

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Drug Name	Drug Tier	Notes
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
TRIESENCE	3	
trifluridine	1	
UPNEEQ	3	PA
VIGAMOX	3	
ZIRGAN	3	
ZYMAXID	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
COSOPT	3	
COSOPT PF	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	3	
methazolamide oral	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
SIMBRINZA	3	
tafluprost (pf)	1	

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Drug Name	Drug Tier	Notes
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	1	
TRUSOPT	3	
ZIOPTAN	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
AKTEN	3	
ALCAINE	3	
ALTACAINE	3	
altafrin	1	
AMVISC	3	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitra-neomycin-polymyxin-hc	1	
BSS	3	
BSS PLUS	3	
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	4	PA; SP; QL (20 ML per 28 days)
CYSTARAN	4	PA; SP
EYLEA	4	PA; SP
HEALON PRO	3	
HEALON5 PRO	3	
homatropaire	1	
ISOPTO ATROPINE	3	
LACRISERT	3	
LUCENTIS	4	PA; SP
MIOCHOL-E	3	
MIOSTAT	3	
neomycin-bacitracin zn-polymyx	1	
neo-polycin	1	

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Drug Name	Drug Tier	Notes
neo-polycin hc	1	
OMIDRIA	3	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	2	PA
SYFOVRE	3	
tetracaine hcl ophthalmic	1	
TROPICAMIDE-PHENYLEPHRINE	3	
VISIONBLUE	3	
VISUDYNE	4	PA; SP
XIIDRA	2	
ZYLET	2	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
12 hour allergy-d	1	OTC
all day allergy d	1	OTC
allergy (cetirizine)	1	OTC
allergy 24hour indoor/outdoor	1	OTC
allergy childrens oral syrup	1	OTC
allergy rel child (loratadine)	1	OTC
allergy relief (cetirizine)	1	OTC
allergy relief (loratadine)	1	OTC
allergy relief cetirizine	1	OTC
allergy relief childrens 24-hr	1	OTC

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Drug Name	Drug Tier	Notes
allergy relief childrens oral solution	1	OTC
allergy relief childrens oral syrup	1	OTC
allergy relief d-12	1	OTC
allergy relief oral capsule 10 mg	1	OTC
allergy relief oral tablet 10 mg	1	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	1	OTC
allergy relief/nasal decongest oral tablet extended release 12 hour	1	OTC
allergy relief-d oral tablet extended release 12 hour	1	OTC
azelastine hcl nasal	1	QL (60 ML per 30 days)
azelastine-fluticasone	1	QL (23 GM per 30 days)
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl childrens alrgy	1	OTC
cetirizine hcl oral solution 1 mg/ml	1	
cetirizine hcl oral tablet	1	OTC
cetirizine hcl oral tablet chewable 10 mg	1	OTC
cetirizine-pseudoephedrine er	1	OTC
clemastine fumarate oral tablet 2.68 mg	1	
CUROSURF	3	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
flunisolide nasal	1	QL (25 ML per 30 days)
fluticasone propionate nasal	1	QL (16 GM per 30 days)
GILPHEX TR ORAL TABLET 10-388 MG	3	
goodsense all day allergy-d	1	OTC
guaiaatussin ac	1	OTC
guaifenesin ac	1	OTC
guaifenesin-codeine	1	OTC
HYCODAN	3	
hydrocod poli-chlorphe poli er	1	
hydrocodone bit-homatrop mbr	1	
hydromet	1	
HYPERSAL	3	
INFASURF	3	
ipratropium bromide nasal solution 0.03 %	1	QL (30 ML per 30 days)
ipratropium bromide nasal solution 0.06 %	1	QL (15 ML per 30 days)

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Drug Name	Drug Tier	Notes
loratadine childrens	1	OTC
loratadine oral syrup	1	OTC
loratadine oral tablet	1	OTC
loratadine oral tablet dispersible	1	OTC
loratadine-d 12hr	1	OTC
loratadine-d 24hr	1	OTC
maxi-tuss ac	1	OTC
mometasone furoate nasal	1	QL (34 GM per 30 days)
nebusal inhalation nebulization solution 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
olopatadine hcl nasal	1	QL (30.5 GM per 30 days)
PATANASE	3	QL (30.5 GM per 30 days)
PHENERGAN	3	
promethazine hcl injection	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine vc/codeine	1	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenyleph-codeine	1	
promethegan	1	
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
QNASL	3	PA; QL (10.6 GM per 30 days)
QNASL CHILDRENS	3	PA; QL (10.6 GM per 30 days)
RYCLORA	3	
sm all day allergy childrens oral solution 1 mg/ml	1	OTC
sodium chloride inhalation	1	
SURVANTA	3	
TUZISTRA XR	3	
wal-itin d	1	OTC
wal-zyr allergy childrens	1	OTC
wal-zyr childrens oral solution 5 mg/5ml	1	OTC
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; SP; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; SP; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL (6 EA per 28 days)
ZETONNA	3	PA; QL (6.1 GM per 30 days)

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Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADRENALIN INJECTION	3	
ADVAIR DISKUS	2	QL (60 EA per 30 days)
ADVAIR HFA	2	QL (12 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL (13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL (17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL (2 GM per 30 days)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	QL (120 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (120 EA per 30 days)
albuterol sulfate oral	1	
aminophylline	1	
ANORO ELLIPTA	2	QL (60 EA per 30 days)
ARALAST NP	4	PA; SP
arformoterol tartrate	1	QL (120 ML per 30 days)
ARNUIITY ELLIPTA	2	QL (60 EA per 30 days)
ATROVENT HFA	2	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days)
BREO ELLIPTA	2	QL (60 EA per 30 days)
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days)
budesonide inhalation	1	
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
cromolyn sodium inhalation	1	QL (240 ML per 30 days)
DALIRESP	3	
elixophyllin	1	
epinephrine (anaphylaxis)	1	
epinephrine injection solution auto-injector	1	
FLOVENT DISKUS	2	QL (60 EA per 30 days)
FLOVENT HFA	2	QL (21.2 GM per 30 days)
formoterol fumarate inhalation	1	QL (120 ML per 30 days)
GLASSIA	4	PA; SP
ipratropium bromide inhalation	1	QL (300 ML per 30 days)

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Drug Name	Drug Tier	Notes
ipratropium-albuterol	1	QL (540 ML per 30 days)
isoproterenol hcl injection	1	
levalbuterol hcl inhalation	1	QL (270 ML per 30 days)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL (30 GM per 30 days)
montelukast sodium oral	1	
OFEV	4	PA; SP; QL (60 EA per 30 days)
PERFOROMIST	3	QL (120 ML per 30 days)
pirfenidone oral tablet 267 mg	4	PA; SP; QL (270 EA per 30 days)
pirfenidone oral tablet 534 mg	4	PA; SP; QL (3 EA per 1 day)
pirfenidone oral tablet 801 mg	4	PA; SP; QL (93 EA per 31 days)
PROAIR DIGIHALER	2	QL (2 EA per 30 days)
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
PROLASTIN-C	4	PA; SP
PULMICORT FLEXHALER	2	
QVAR REDIHALER	2	QL (21.2 GM per 30 days)
roflumilast	1	
SCLEROSOL INTRAPLEURAL	3	
SEREVENT DISKUS	2	QL (60 EA per 30 days)
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
STERILE TALC POWDER	3	
STERITALC	3	
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	3	QL (8 GM per 30 days)
SYMBICORT	2	QL (10.2 GM per 30 days)
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
THEO-24	3	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL (120 EA per 30 days)
zafirlukast	1	
ZEMAIRA	4	PA; SP
zileuton er	1	
ZYFLO	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	4	SP; QL (224 ML per 28 days)
BRONCHITOL	3	PA; QL (600 EA per 30 days)

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Drug Name	Drug Tier	Notes
BRONCHITOL TOLERANCE TEST	3	QL (10 EA per 1 lifetime)
CAYSTON	4	PA; SP; QL (84 ML per 28 days)
KALYDECO	4	PA; SP; QL (60 EA per 30 days)
KITABIS PAK	4	SP; QL (280 ML per 28 days)
ORKAMBI ORAL PACKET	4	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	4	PA; SP; QL (112 EA per 28 days)
PULMOZYME	4	PA; SP; QL (150 ML per 30 days)
TOBI PODHALER	4	SP; QL (62 EA per 31 days)
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL (224 ML per 28 days)
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL (280 ML per 28 days)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL (280 ML per 28 days)
TRIKAFTA	4	PA; SP; QL (93 EA per 31 days)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	4	PA; SP; QL (90 EA per 30 days)
alyq	4	PA; SP; QL (60 EA per 30 days)
ambrisentan	4	PA; SP; QL (30 EA per 30 days)
bosentan	4	PA; SP; QL (60 EA per 30 days)
epoprostenol sodium	4	PA; SP
OPSUMIT	4	PA; SP; QL (30 EA per 30 days)
ORENITRAM	4	PA; SP
sildenafil citrate intravenous	4	SP; QL (225 ML per 31 days)
sildenafil citrate oral suspension reconstituted	4	SP; QL (224 ML per 30 days)
sildenafil citrate oral tablet 20 mg	4	SP; QL (90 EA per 30 days)
tadalafil (pah)	4	PA; SP; QL (60 EA per 30 days)
TRACLEER 32 MG	4	PA; SP; QL (112 EA per 28 days)
TYVASO	4	PA; SP; QL (81.2 ML per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	4	PA; SP; QL (240 EA per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL (120 EA per 30 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	4	PA; SP; QL (392 EA per 365 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; SP; QL (504 EA per 365 days)
TYVASO REFILL	4	PA; SP; QL (81.2 ML per 28 days)
TYVASO STARTER	4	PA; SP; QL (81.2 ML per 28 days)
UPTRAVI	4	PA; SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	

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Drug Name	Drug Tier	Notes
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM	3	
dantrolene sodium intravenous	1	
dantrolene sodium oral	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
orphenadrine citrate injection	1	
revonto	1	
ROBAXIN	3	
RYANODEX	3	
SOMA	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL TABLET	3	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	1	PA; QL (2 EA per 1 day)
BELSOMRA	3	ST; QL (30 EA per 30 days)
eszopiclone	1	QL (30 EA per 30 days)
modafinil	1	PA; QL (2 EA per 1 day)
ramelteon	1	QL (30 EA per 30 days)
SODIUM OXYBATE	4	PA; SP; QL (540 ML per 30 days)
SUNOSI	2	PA
temazepam	1	QL (30 EA per 30 days)
WAKIX	3	PA
XYREM	4	PA; SP; QL (540 ML per 30 days)
XYWAV	4	PA; SP; QL (540 ML per 30 days)
zaleplon	1	QL (30 EA per 30 days)
zolpidem tartrate	1	QL (30 EA per 30 days)
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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bika'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azlaagóó. Ata' halne'é la' bich'í' ha desdizh nínízingo, kojí' béesh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)