

INDIANA Fee-for-Service (FFS) POC

Preferred Drug List

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List of Abbreviations

NC: Not Covered

NF: Non-Formulary

NP: Non-preferred drugs on a formulary are medications, often brand-name drugs with cheaper generic alternatives, that are not the most cost-effective or clinically advantageous for a particular condition, resulting in higher patient out-of-pocket costs, higher copays, and potentially requiring a prior authorization from the health plan before they are covered. These drugs are placed in higher, less-preferred tiers of the formulary and are often subject to additional utilization management requirements like step therapy or quantity limits.

P: Preferred agents on a formulary are prescription drugs selected by an insurance plan or healthcare system to be the first choice for a given condition due to a balance of clinical effectiveness, safety, and cost-efficiency. These medications are often placed on lower tiers, meaning they typically come with lower co-pays or fewer restrictions, encouraging their use over non-preferred alternatives.

AL: Age limits are restrictions placed on medications based on a patient's age. These limits are used to ensure safe and clinically appropriate use, which is typically based on Food and Drug Administration (FDA) guidelines.

Clinical Program Type: Clinical Program Type 001

PA: Prior authorization is a requirement to obtain approval from the health plan before providing a specific medication or service to a patient to ensure coverage. This process is a cost- and quality-control measure where the request is reviewed to confirm the medication or service is medically necessary, cost-effective, and adheres to evidence-based guidelines. If approved, the health plan will cover the cost; if denied, the patient must cover the expense or explore other options.

QL: Quantity limits are restrictions on the amount of a particular medication that will be covered within a specific period.

ST: Step therapy is a requirement that you first try and fail on a less expensive drug on the formulary before the health plan will cover a different, often more expensive, medication for your condition.

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

* Your plan may cover some drugs that are not listed. Refer to your pharmacy benefit summary for more information.

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Preferred Drug List

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	P	PA; ST; QL
<i>guanfacine hcl er</i>	P	PA; QL
INTUNIV	P	PA; QL
ONYDA XR	P	PA; ST; QL; AL
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***		
<i>atomoxetine hcl</i>	P	ST; QL
QELBREE	P	ST; QL; AL
STRATTERA	P	PA; ST; QL
*AMPHETAMINE MIXTURES***		
ADDERALL	P	PA; ST; QL; AL
ADDERALL XR	P	PA; ST; QL; AL
<i>amphetamine-dextroamphet er</i>	P	PA; ST; QL; AL
<i>amphetamine-dextroamphetamine</i>	P	PA; ST; QL; AL
<i>amphet-dextroamphet 3-bead er</i>	P	PA; ST; QL; AL
MYDAYIS	P	PA; ST; QL; AL
*AMPHETAMINES***		
ADZENYS XR-ODT	P	PA; ST; QL; AL
<i>amphetamine sulfate</i>	P	PA; ST; QL; AL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	P	PA; ST; QL; AL
<i>dextroamphetamine sulfate er</i>	P	PA; ST; QL; AL
<i>dextroamphetamine sulfate oral</i>	P	PA; ST; QL; AL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	P	PA; ST; QL; AL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	P	PA; ST; QL; AL
EVEKEO	P	PA; ST; QL; AL
<i>lisdexamfetamine dimesylate</i>	P	PA; ST; QL; AL
<i>methamphetamine hcl</i>	P	PA; ST; AL

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Drug Name	Drug Tier	Requirements / Limits
PROCENTRA	P	PA; ST; QL; AL
VYVANSE	P	PA; ST; QL; AL; Clinical Program Type
XELSTRYM	P	PA; ST; QL; AL
ZENZEDI	P	PA; ST; QL; AL
*ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS***		
ZEPBOUND	P	PA; ST; QL; AL
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
WEGOVY	NP	PA; ST; QL; AL
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI	P	PA; ST; QL; AL
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***		
WAKIX	P	PA; ST; QL; AL
*STIMULANT COMBINATIONS***		
AZSTARYS	P	PA; ST; QL; AL
*STIMULANTS - MISC.***		
APTENSIO XR	P	PA; ST; QL; AL
<i>armodafinil</i>	P	PA; ST; QL; AL
CONCERTA	P	PA; ST; QL; AL
COTEMPLA XR-ODT	P	PA; ST; QL; AL
DAYTRANA	P	PA; ST; QL; AL
<i>dexmethylphenidate hcl</i>	P	PA; ST; QL; AL
<i>dexmethylphenidate hcl er</i>	P	PA; ST; QL; AL
FOCALIN	P	PA; ST; QL; AL
FOCALIN XR	P	PA; ST; QL; AL
JORNAY PM	P	PA; ST; QL; AL
METHYLIN ORAL SOLUTION	P	PA; ST; QL; AL
<i>methylphenidate</i>	P	PA; ST; QL; AL
<i>methylphenidate hcl er</i>	P	PA; ST; QL; AL
<i>methylphenidate hcl er (cd)</i>	P	PA; ST; QL; AL
<i>methylphenidate hcl er (la)</i>	P	PA; ST; QL; AL
<i>methylphenidate hcl er (osm)</i>	P	PA; ST; QL; AL
<i>methylphenidate hcl er (xr)</i>	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral</i>	P	PA; ST; QL; AL
<i>modafinil oral</i>	P	PA; ST; QL; AL
NUVIGIL	P	PA; ST; QL; AL
PROVIGIL	P	PA; ST; QL; AL
QUILLICHEW ER	P	PA; ST; QL; AL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	P	PA; ST; QL; AL
RELEXXII	P	PA; ST; QL; AL
RITALIN	P	PA; ST; QL; AL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	P	PA; ST; QL; AL
AMEBICIDES		
*AMEBICIDES***		
SOLOSEC	NP	PA
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
OLUMIANT	P	PA
RINVOQ	P	PA
RINVOQ LQ	P	PA; ST; AL
XELJANZ ORAL SOLUTION	P	PA; ST; QL; AL
XELJANZ ORAL TABLET	P	PA; QL
XELJANZ XR	P	PA; QL
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA
ABRILADA (2 SYRINGE)	NP	PA
<i>adalimumab-aacf (2 pen)</i>	NP	PA
<i>adalimumab-aacf (2 syringe)</i>	NP	PA
<i>adalimumab-aacf(cdluc/hs strt)</i>	NP	PA
<i>adalimumab-aacf(ps/uv starter)</i>	NP	PA
<i>adalimumab-aaty (1 pen)</i>	NP	PA
<i>adalimumab-aaty (2 pen)</i>	NP	PA
<i>adalimumab-aaty (2 syringe)</i>	NP	PA
<i>adalimumab-aaty cdluc/hs start</i>	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>adalimumab-adaz</i>	NP	PA
<i>adalimumab-adbm (2 pen)</i>	NP	PA
<i>adalimumab-adbm (2 syringe)</i>	NP	PA
<i>adalimumab-adbm(cd/uc/hs strt)</i>	NP	PA
<i>adalimumab-adbm(psluv starter)</i>	NP	PA
<i>adalimumab-fkjp (2 pen)</i>	P	PA
<i>adalimumab-fkjp (2 syringe)</i>	P	PA
<i>adalimumab-ryvk (2 pen)</i>	NP	PA
<i>adalimumab-ryvk (2 syringe)</i>	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG	NP	PA
CYLTEZO (2 PEN)	NP	PA
CYLTEZO (2 SYRINGE)	NP	PA
CYLTEZO-CD/UC/HS STARTER	NP	PA
CYLTEZO-PSORIASIS/UV STARTER	NP	PA
HADLIMA	P	PA
HADLIMA PUSHTOUCH	P	PA
HULIO (2 PEN)	NP	PA
HULIO (2 SYRINGE)	NP	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	P	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	P	PA
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	PA
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	PA

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Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA
HYRIMOZ-CROHNS/UC STARTER	NP	PA
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA
HYRIMOZ-PED>=40KG CROHN START	NP	PA
HYRIMOZ-PLAQ PSOR/UVEIT START	NP	PA
IDACIO (2 PEN)	NP	PA
IDACIO (2 SYRINGE)	NP	PA
IDACIO-CROHNS/UC STARTER	NP	PA
IDACIO-PSORIASIS STARTER	NP	PA
SIMLANDI (1 PEN)	P	PA
SIMLANDI (1 SYRINGE)	P	PA
SIMLANDI (2 PEN)	P	PA
SIMLANDI (2 SYRINGE)	P	PA
SIMPONI ARIA	P	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
YUFLYMA (1 PEN)	NP	PA
YUFLYMA (2 PEN)	NP	PA
YUFLYMA (2 SYRINGE)	NP	PA
YUFLYMA-CD/UC/HS STARTER	NP	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
CELEBREX	P	Clinical Program Type
<i>celecoxib oral</i>	NP	PA
*INTERLEUKIN-1 BLOCKERS***		
ARCALYST	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
*INTERLEUKIN-1BETA BLOCKERS***		
ILARIS SUBCUTANEOUS SOLUTION	NP	PA
*INTERLEUKIN-6 RECEPTOR INHIBITORS***		
ACTEMRA	P	PA; ST
ACTEMRA ACTPEN	P	PA
KEVZARA	P	PA
TOFIDENCE	NP	PA
TYENNE	P	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA
<i>diclofenac-misoprostol oral tablet delayed release</i>	NP	PA
<i>ibuprofen-famotidine</i>	NP	PA
<i>naproxen-esomeprazole mg</i>	NP	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	P	PA
OTEZLA ORAL TABLET THERAPY PACK	P	PA
*SELECTIVE COSTIMULATION MODULATORS***		
ORENCIA CLICKJECT	P	PA
ORENCIA INTRAVENOUS	P	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI	P	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	PA

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA
ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
<i>acetaminophen-codeine</i>	P	PA; ST; QL; AL
ASCOMP-CODEINE	P	PA; ST; AL
<i>butalbital-apap-caff-cod</i>	P	PA; ST; QL; AL
<i>butalbital-asa-caff-codeine</i>	P	PA; ST; AL
FIORICET/CODEINE ORAL CAPSULE 50- 300-40-30 MG	NP	PA; ST; QL; AL
*DIHYDROCODEINE COMBINATIONS***		
<i>apap-caff-dihydrocodeine oral capsule</i>	NP	PA; ST; QL; AL
*HYDROCODONE COMBINATIONS***		
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	NP	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	P	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10- 300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	P	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	P	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	P	PA; QL
*OPIOID AGONISTS***		
<i>codeine sulfate oral tablet</i>	P	PA; ST; AL
CONZIP	NP	PA; ST; QL; AL
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	NP	PA
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	NP	PA
DILAUDID ORAL	NP	PA
<i>duramorph</i>	P	PA
<i>fentanyl</i>	P	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	NP	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	PA; ST; QL; AL
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	NP	PA; QL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	NP	PA; QL
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	NP	PA; QL
<i>hydromorphone hcl injection solution 0.2 mg/ml, 0.25 mg/0.5ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	P	PA
<i>hydromorphone hcl oral</i>	P	PA
<i>hydromorphone hcl pf</i>	P	PA
<i>hydromorphone hcl rectal</i>	P	PA
HYSINGLA ER	NP	PA; QL; Clinical Program Type
<i>levorphanol tartrate oral tablet 3 mg</i>	P	PA
<i>levorphanol tartrate tablet 2 mg oral</i>	P	
<i>levorphanol tartrate tablet 2 mg oral</i>	P	PA
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	P	PA
<i>meperidine hcl oral solution</i>	P	PA
<i>meperidine hcl oral tablet 50 mg</i>	P	PA
<i>methadone hcl injection</i>	NP	PA; QL
METHADONE HCL INTENSOL	NP	PA; QL
<i>methadone hcl oral concentrate</i>	NP	PA; QL
<i>methadone hcl oral solution</i>	NP	PA; QL
<i>methadone hcl oral tablet</i>	NP	PA; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	NP	PA; QL
METHADOSE SUGAR-FREE	NP	PA; QL
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	P	PA
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	P	PA
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	P	PA
<i>morphine sulfate er beads</i>	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	NP	PA; QL
<i>morphine sulfate er oral tablet extended release</i>	P	PA; QL
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	P	PA
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	P	PA
<i>morphine sulfate oral</i>	P	PA
<i>morphine sulfate rectal</i>	P	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE	NP	PA; QL
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	PA; QL
<i>oxycodone hcl oral capsule</i>	P	PA
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	P	PA
<i>oxycodone hcl oral solution</i>	P	PA
<i>oxycodone hcl oral tablet</i>	P	PA
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NP	PA; QL
<i>oxymorphone hcl</i>	NP	PA
<i>oxymorphone hcl er</i>	NP	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	NP	PA
ROXYBOND	NP	PA
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA; ST; QL; AL
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	NP	PA; ST; QL; AL
<i>tramadol hcl er</i>	NP	PA; ST; QL; AL
<i>tramadol hcl oral solution</i>	NP	PA; ST; QL; AL
<i>tramadol hcl oral tablet</i>	P	PA; ST; QL; AL
*OPIOID COMBINATIONS***		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P	PA; QL
<i>nalocet</i>	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	P	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	P	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA; QL
PROLATE ORAL TABLET	NP	PA; QL
*OPIOID PARTIAL AGONISTS***		
BELBUCA	NP	PA
BRIXADI	NP	PA; ST; QL; AL
BRIXADI (WEEKLY)	NP	PA; ST; QL; AL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	P	PA; ST; AL
<i>buprenorphine hcl sublingual</i>	P	ST; QL; AL
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	NP	PA; ST; QL; AL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	P	ST; QL; AL
<i>buprenorphine transdermal</i>	NP	PA; QL
<i>butorphanol tartrate injection</i>	P	PA; ST; QL; AL
<i>butorphanol tartrate nasal</i>	P	PA; ST; QL; AL
BUTRANS	P	PA; QL; Clinical Program Type
<i>nalbuphine hcl injection</i>	P	PA
<i>pentazocine-naloxone hcl</i>	P	PA; QL
SUBLOCADE	P	PA; ST; QL; AL
SUBOXONE SUBLINGUAL FILM	P	ST; QL; AL; Clinical Program Type
ZUBSOLV	P	ST; QL; AL
*TRAMADOL COMBINATIONS***		
<i>tramadol-acetaminophen</i>	P	PA; ST; QL; AL
ANDROGENS-ANABOLIC		
*ANDROGENS***		
AVEED	NP	PA
AZMIRO	NP	PA
<i>danazol oral</i>	NP	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	P	PA

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Drug Name	Drug Tier	Requirements / Limits
JATENZO	NP	PA; ST; QL; AL
<i>methitest</i>	NP	PA; QL
<i>methyltestosterone oral</i>	NP	PA; QL
NATESTO	NP	PA; ST; QL; AL
TESTIM	P	PA; ST; QL; AL; Clinical Program Type
TESTOPEL	NP	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	P	PA
<i>testosterone enanthate intramuscular solution</i>	NP	PA
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	NP	PA; ST; QL; AL
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	P	PA; ST; QL; AL
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%)</i>	P	PA; ST; QL; AL
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	NP	PA; ST; QL; AL
<i>testosterone transdermal solution</i>	NP	PA; ST; QL; AL
TLANDO	NP	PA; ST; QL; AL
UNDECATREX	NP	PA; ST; QL; AL
XYOSTED	NP	PA
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
<i>budesonide rectal</i>	NP	PA
UCERIS RECTAL	NP	PA; Clinical Program Type
ANTACIDS		
*ANTACIDS - CALCIUM SALTS***		
<i>antacid calcium</i>	P	
<i>antacid extra strength oral tablet chewable 750 mg</i>	P	
<i>antacid oral tablet chewable 750 mg</i>	P	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcium antacid</i>	P	
<i>calcium antacid extra strength</i>	P	
<i>calcium carbonate antacid oral suspension</i>	P	QL
CAL-GEST ANTACID	P	
<i>ft antacid extra strength</i>	P	
<i>ft antacid regular strength</i>	P	
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	P	
<i>gnp antacid oral tablet chewable 500 mg</i>	P	
<i>gnp antacid ultra strength</i>	P	
<i>smooth antacid extra strength</i>	P	
ANTIANXIETY AGENTS		
*ANTIANXIETY AGENTS - MISC.***		
BUCAPSOL	P	
<i>buspirone hcl oral</i>	P	QL
<i>hydroxyzine hcl intramuscular</i>	P	
<i>hydroxyzine hcl oral syrup</i>	P	QL
<i>hydroxyzine hcl oral tablet</i>	P	QL
<i>hydroxyzine pamoate oral</i>	P	QL
<i>meprobamate</i>	P	QL
*BENZODIAZEPINES***		
<i>alprazolam er</i>	P	PA; QL
ALPRAZOLAM INTENSOL	P	PA; QL
<i>alprazolam oral</i>	P	PA; QL
<i>alprazolam xr</i>	P	PA; QL
ATIVAN INJECTION	P	PA
ATIVAN ORAL	P	PA; QL
<i>chlordiazepoxide hcl</i>	P	PA; QL
<i>clorazepate dipotassium</i>	P	PA; QL
<i>diazepam injection</i>	P	PA
DIAZEPAM INTENSOL	P	PA; QL
<i>diazepam oral concentrate</i>	P	PA; QL
<i>diazepam oral solution 5 mg/5ml</i>	P	PA
<i>diazepam oral tablet</i>	P	PA; QL
<i>lorazepam injection</i>	P	PA
LORAZEPAM INTENSOL	P	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam oral concentrate 2 mg/ml</i>	P	PA
<i>lorazepam oral tablet</i>	P	PA; QL
LOREEV XR	P	PA; ST; QL; AL
<i>oxazepam</i>	P	PA; QL
XANAX	P	PA; QL
XANAX XR	P	PA; QL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-LIPOXYGENASE INHIBITORS***		
<i>zileuton er</i>	NP	PA
ZYFLO	NP	PA
*ADRENERGIC COMBINATIONS***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	QL; Clinical Program Type
ADVAIR HFA	P	QL; Clinical Program Type
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT	NP	PA; QL
AIRDUO RESPICLICK 113/14	NP	PA; QL
AIRDUO RESPICLICK 232/14	NP	PA; QL
AIRDUO RESPICLICK 55/14	NP	PA; QL
AIRSUPRA	NP	PA; ST; QL; AL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	ST; QL; Clinical Program Type
BEVESPI AEROSPHERE	NP	PA; ST; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; QL; Clinical Program Type
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; QL
BREYNA	NP	PA; ST; QL
BREZTRI AEROSPHERE	NP	PA; ST; QL
<i>budesonide-formoterol fumarate</i>	NP	PA; ST; QL
COMBIVENT RESPIMAT	P	QL

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Drug Name	Drug Tier	Requirements / Limits
DUAKLIR PRESSAIR	NP	PA; ST; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT	P	ST; QL
DULERA INHALATION AEROSOL 200-5 MCG/ACT	P	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	ST; QL; AL
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NP	PA; QL
<i>fluticasone-salmeterol inhalation aerosol</i>	NP	PA; QL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	NP	PA; QL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	P	QL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	NP	PA; QL
SYMBICORT	P	ST; QL; AL; Clinical Program Type
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	PA; ST; QL
<i>umeclidinium-vilanterol</i>	NP	PA; ST; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; QL
*ANTI-IGE MONOCLONAL ANTIBODIES***		
XOLAIR	P	PA; ST; AL
*BETA ADRENERGICS***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	NP	PA; ST; QL; AL
<i>albuterol sulfate inhalation</i>	P	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	P	
<i>albuterol sulfate oral tablet</i>	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>arformoterol tartrate</i>	NP	PA
BROVANA	NP	PA
<i>formoterol fumarate inhalation</i>	NP	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	NP	PA; QL
<i>levalbuterol tartrate</i>	NP	PA; ST; QL; AL
PERFOROMIST	NP	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; ST; QL; AL
PROAIR RESPICLICK	NP	PA; ST; QL; AL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	
STRIVERDI RESPIMAT	NP	PA
<i>terbutaline sulfate oral</i>	NP	PA
VENTOLIN HFA	P	ST; QL; AL; Clinical Program Type
XOPENEX HFA	P	ST; QL; AL; Clinical Program Type
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA	P	QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	ST; QL
<i>ipratropium bromide inhalation</i>	P	QL
SPIRIVA HANDIHALER	P	QL; Clinical Program Type
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	P	PA; ST; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	P	ST; QL
<i>tiotropium bromide</i>	NP	PA; ST; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; ST; QL
YUPELRI	NP	PA; ST; QL

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Drug Name	Drug Tier	Requirements / Limits
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA	P	PA; ST; AL
FASENRA PEN	P	PA; ST; AL
NUCALA	P	PA; ST; AL
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR	NP	PA; ST; AL
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
<i>montelukast sodium oral packet</i>	NP	PA; ST
<i>montelukast sodium oral tablet</i>	P	
<i>montelukast sodium oral tablet chewable</i>	P	
SINGULAIR ORAL PACKET	NP	PA; ST
SINGULAIR ORAL TABLET	NP	PA
SINGULAIR ORAL TABLET CHEWABLE	NP	PA
<i>zafirlukast</i>	NP	PA
*STEROID INHALANTS***		
ALVESCO	NP	PA
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT	NP	PA
ARNUITY ELLIPTA	P	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	P	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX HFA	P	QL
<i>budesonide inhalation</i>	P	ST; QL; AL
<i>fluticasone furoate ellipta</i>	P	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate diskus</i>	P	
<i>fluticasone propionate hfa</i>	P	
PULMICORT	NP	PA; ST; QL; AL
PULMICORT FLEXHALER	P	
QVAR REDIHALER	P	
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS***		
TEZSPIRE	P	PA; ST; AL
ANTICOAGULANTS		
*DIRECT FACTOR XA INHIBITORS***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	P	QL
ELIQUIS ORAL TABLET	P	QL
<i>rivaroxaban oral suspension reconstituted</i>	NP	PA; ST; QL; AL
<i>rivaroxaban oral tablet</i>	NP	PA; QL
SAVAYSA	NP	PA; ST; QL
XARELTO ORAL SUSPENSION RECONSTITUTED	P	ST; QL; AL; Clinical Program Type
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	P	QL
XARELTO ORAL TABLET 2.5 MG	P	QL; Clinical Program Type
XARELTO STARTER PACK	P	QL
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE***		
<i>dabigatran etexilate mesylate</i>	NP	PA
PRADAXA ORAL CAPSULE	P	Clinical Program Type
PRADAXA ORAL PACKET	NP	PA; ST; AL
ANTICONSULSANTS		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***		
FYCOMPA ORAL SUSPENSION	NP	PA
FYCOMPA ORAL TABLET	NP	PA; Clinical Program Type
<i>perampanel</i>	NP	PA
*ANTICONSULSANTS - BENZODIAZEPINES***		
<i>clobazam</i>	P	QL
<i>clonazepam oral</i>	P	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>diazepam rectal</i>	P	QL
KLONOPIN	P	PA; QL
LIBERVANT	NP	PA; QL
NAYZILAM	P	QL
ONFI ORAL SUSPENSION	P	PA; QL
ONFI ORAL TABLET 10 MG, 20 MG	P	PA; QL
SYMPAZAN	P	QL
VALTOCO 10 MG DOSE	P	QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	P	QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	P	QL
VALTOCO 5 MG DOSE	P	QL
*ANTICONVULSANTS - MISC. ***		
APTIOM	NP	PA
BANZEL ORAL SUSPENSION	NP	PA
BANZEL ORAL TABLET 200 MG	NP	PA; Clinical Program Type
BANZEL ORAL TABLET 400 MG	NP	PA
BRIVIACT	NP	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	P	
<i>carbamazepine er oral tablet extended release 12 hour</i>	P	PA
<i>carbamazepine oral suspension</i>	P	PA
<i>carbamazepine oral tablet</i>	P	
<i>carbamazepine oral tablet chewable</i>	P	
CARBATROL	P	
DIACOMIT	NP	PA
ELEPSIA XR	NP	PA
EPIDIOLEX	NP	PA; ST
EPITOL	P	
EPRONTIA	P	PA; ST; QL; AL
<i>eslicarbazepine acetate</i>	NP	PA
FINTEPLA	NP	PA
<i>gabapentin oral capsule</i>	P	QL
<i>gabapentin oral solution</i>	P	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	P	QL
GABARONE	P	QL
KEPPRA	P	PA
KEPPRA XR	P	PA
<i>lacosamide intravenous</i>	NP	PA
<i>lacosamide oral solution</i>	NP	PA
<i>lacosamide oral tablet</i>	P	
LAMICTAL ODT ORAL KIT	P	PA; QL
LAMICTAL ODT ORAL TABLET DISPERSIBLE	P	PA
LAMICTAL ORAL TABLET	P	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	P	
LAMICTAL STARTER	P	PA; QL
LAMICTAL XR ORAL KIT	P	QL
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	PA
<i>lamotrigine er</i>	P	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	P	QL
<i>lamotrigine oral tablet</i>	P	
<i>lamotrigine oral tablet chewable</i>	P	
<i>lamotrigine oral tablet dispersible</i>	P	
<i>lamotrigine starter kit-blue</i>	P	QL
<i>lamotrigine starter kit-green</i>	P	QL
<i>lamotrigine starter kit-orange</i>	P	QL
<i>levetiracetam er</i>	P	
<i>levetiracetam intravenous</i>	P	
<i>levetiracetam oral solution</i>	P	
<i>levetiracetam oral tablet</i>	P	
<i>levetiracetam oral tablet disintegrating soluble</i>	NP	PA
LYRICA	P	PA; QL
MOTPOLY XR	NP	PA
MYSOLINE	NP	PA
NEURONTIN ORAL CAPSULE	P	QL
NEURONTIN ORAL SOLUTION	P	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
NEURONTIN ORAL TABLET	P	QL
<i>oxcarbazepine</i>	P	
<i>oxcarbazepine er</i>	P	PA
OXTELLAR XR	P	Clinical Program Type
<i>pregabalin oral</i>	P	QL
<i>primidone oral</i>	P	
QUDEXY XR	P	PA; QL
ROWEEPRA ORAL TABLET 500 MG	P	
<i>rufinamide</i>	NP	PA
SPRITAM	NP	PA
SUBVENITE	P	
SUBVENITE STARTER KIT-BLUE	P	QL
SUBVENITE STARTER KIT-GREEN	P	QL
SUBVENITE STARTER KIT-ORANGE	P	QL
TEGRETOL ORAL SUSPENSION	P	Clinical Program Type
TEGRETOL ORAL TABLET	P	
TEGRETOL-XR	P	Clinical Program Type
TOPAMAX	P	PA
TOPAMAX SPRINKLE	P	PA
<i>topiramate er oral capsule er 24 hour sprinkle</i>	P	QL
<i>topiramate er oral capsule extended release 24 hour</i>	P	PA; QL
<i>topiramate oral capsule sprinkle</i>	P	
<i>topiramate oral solution</i>	P	PA; ST; QL; AL
<i>topiramate oral tablet</i>	P	
TRILEPTAL ORAL SUSPENSION	P	
TRILEPTAL ORAL TABLET	P	PA
TROKENDI XR	P	QL; Clinical Program Type
VIMPAT	NP	PA
ZONISADE	NP	PA; ST; AL
<i>zonisamide oral</i>	P	ST
ZTALMY	NP	PA; QL
*CARBAMATES***		
<i>felbamate oral suspension</i>	P	
<i>felbamate oral tablet</i>	NP	PA
FELBATOL ORAL TABLET	P	Clinical Program Type

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Drug Name	Drug Tier	Requirements / Limits
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	NP	PA
XCOPRI (350 MG DAILY DOSE)	NP	PA
XCOPRI ORAL TABLET	NP	PA
XCOPRI ORAL TABLET THERAPY PACK	NP	PA; QL
*GABA MODULATORS***		
SABRIL	NP	PA
<i>tiagabine hcl</i>	P	
<i>vigabatrin</i>	NP	PA
VIGADRONE	NP	PA
VIGAFYDE	NP	PA
VIGPODER	NP	PA
*HYDANTOINS***		
CEREBYX	NP	PA
DILANTIN	P	
DILANTIN INFATABS	P	
DILANTIN-125	P	
<i>fosphenytoin sodium</i>	P	
PHENYTEK	P	
PHENYTOIN INFATABS	P	
<i>phenytoin oral suspension 125 mg/5ml</i>	P	
<i>phenytoin oral tablet chewable</i>	P	
<i>phenytoin sodium extended</i>	P	
<i>phenytoin sodium injection</i>	P	
*SUCCINIMIDES***		
CELONTIN	P	Clinical Program Type
<i>ethosuximide oral</i>	P	
<i>methsuximide</i>	NP	PA
ZARONTIN	NP	PA
*VALPROIC ACID***		
DEPAKOTE	P	PA
DEPAKOTE ER	P	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	P	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>divalproex sodium oral capsule delayed release sprinkle</i>	P	
<i>divalproex sodium oral tablet delayed release</i>	P	
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	P	
<i>valproic acid oral capsule</i>	P	
<i>valproic acid oral solution</i>	P	
ANTIDEPRESSANTS		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***		
<i>mirtazapine oral</i>	P	QL
REMERON ORAL TABLET 15 MG, 30 MG	P	PA; QL
REMERON SOLTAB	P	PA; QL
*ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS***		
AUVELITY	P	ST; QL; AL
*ANTIDEPRESSANTS - MISC.***		
APLENZIN	P	ST; QL
<i>bupropion hcl er (sr)</i>	P	QL
<i>bupropion hcl er (xl)</i>	P	QL
<i>bupropion hcl oral</i>	P	QL
FORFIVO XL	P	QL
WELLBUTRIN SR	P	QL
WELLBUTRIN XL	P	QL
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZURZUVAE	P	PA; ST; QL; AL
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
EMSAM	P	QL
MARPLAN	P	QL
NARDIL	P	QL
<i>phenelzine sulfate oral</i>	P	QL
<i>tranylcypromine sulfate</i>	P	QL
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE)	P	ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
SPRAVATO (84 MG DOSE)	P	ST; QL; AL
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
CELEXA ORAL TABLET	P	PA; QL
<i>citalopram hydrobromide oral capsule</i>	P	QL
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	P	QL
<i>citalopram hydrobromide oral tablet</i>	P	QL
<i>escitalopram oxalate oral solution</i>	P	QL
<i>escitalopram oxalate oral tablet</i>	P	QL
<i>fluoxetine hcl oral</i>	P	QL
<i>fluvoxamine maleate</i>	P	QL
<i>fluvoxamine maleate er</i>	P	QL
LEXAPRO ORAL TABLET	P	PA; QL
<i>paroxetine hcl</i>	P	ST; QL; AL
<i>paroxetine hcl er</i>	P	ST; QL; AL
PAXIL CR	P	PA; ST; QL; AL
PAXIL ORAL SUSPENSION	P	ST; QL; AL
PAXIL ORAL TABLET	P	PA; ST; QL; AL
PROZAC ORAL CAPSULE	P	PA; QL
<i>sertraline hcl oral</i>	P	QL
ZOLOFT	P	PA; QL
*SEROTONIN MODULATORS***		
<i>nefazodone hcl</i>	P	QL
RALDESY	P	QL
<i>trazodone hcl oral</i>	P	QL
TRINTELLIX	P	QL
VIIBRYD ORAL TABLET	P	QL
<i>vilazodone hcl</i>	P	QL
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
CYMBALTA	P	PA; QL
<i>desvenlafaxine er</i>	P	QL
<i>desvenlafaxine succinate er</i>	P	QL
DRIZALMA SPRINKLE	P	QL
<i>duloxetine hcl oral</i>	P	QL

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Drug Name	Drug Tier	Requirements / Limits
EFFEXOR XR	P	PA; QL
FETZIMA	P	QL
FETZIMA TITRATION	P	QL
PRISTIQ	P	PA; QL
<i>venlafaxine besylate er</i>	P	QL
<i>venlafaxine hcl</i>	P	QL
<i>venlafaxine hcl er</i>	P	QL
*TRICYCLIC AGENTS***		
<i>amitriptyline hcl oral</i>	P	QL
<i>amoxapine</i>	P	QL
ANAFRANIL	P	PA; QL
<i>clomipramine hcl oral</i>	P	QL
<i>desipramine hcl oral</i>	P	QL
<i>doxepin hcl oral capsule</i>	P	QL
<i>doxepin hcl oral concentrate</i>	P	QL
<i>imipramine hcl oral</i>	P	QL
<i>imipramine pamoate</i>	P	QL
<i>nortriptyline hcl oral</i>	P	QL
PAMELOR ORAL CAPSULE	P	PA; QL
<i>protriptyline hcl</i>	P	QL
<i>trimipramine maleate oral</i>	P	QL
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
<i>acarbose oral</i>	P	
<i>miglitol</i>	NP	PA
*BIGUANIDES***		
GLUMETZA	NP	PA
<i>metformin hcl er</i>	P	
<i>metformin hcl er (mod)</i>	P	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NP	PA
<i>metformin hcl oral solution</i>	NP	PA; ST; AL
<i>metformin hcl oral tablet</i>	P	
*DIABETIC OTHER***		
BAQSIMI ONE PACK	P	
BAQSIMI TWO PACK	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>glucagon emergency injection solution reconstituted</i>	NP	PA
GVOKE HYPOPEN 1-PACK	P	
GVOKE HYPOPEN 2-PACK	P	
GVOKE KIT	P	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	P	
ZEGALOGUE	P	
*DIIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
<i>alogliptin benzoate</i>	NP	PA; ST
JANUVIA	P	PA; ST
ONGLYZA	NP	PA; ST
<i>saxagliptin hcl</i>	NP	PA; ST
<i>sitagliptin</i>	NP	PA; ST
TRADJENTA	P	PA; ST
ZITUVIO	NP	PA; ST; Clinical Program Type
*DIIPEPTIDYL PEPTIDASE-4 INHIBITOR- BIGUANIDE COMBINATIONS***		
<i>alogliptin-metformin hcl</i>	NP	PA; ST
JANUMET	P	PA; ST
JANUMET XR	P	PA; ST
JENTADUETO	P	PA; ST
JENTADUETO XR	P	PA; ST
KOMBIGLYZE XR	NP	PA; ST
<i>saxagliptin-metformin er</i>	NP	PA; ST
<i>sitaglipt base-metform hcl er</i>	NP	PA; ST
<i>sitagliptin base-metformin hcl</i>	NP	PA; ST
ZITUVIMET	NP	PA; ST; Clinical Program Type
ZITUVIMET XR	NP	PA; ST; Clinical Program Type
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NP	PA; ST
*HUMAN INSULIN***		
ADMELOG INJECTION	NP	PA
ADMELOG SOLOSTAR	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NP	PA
APIDRA	NP	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA
BASAGLAR KWIKPEN	NP	PA
BASAGLAR TEMPO PEN	NP	PA
FIASP FLEXTOUCH	P	
FIASP INJECTION	P	
FIASP PENFILL	P	
FIASP PUMPCART	P	
HUMALOG INJECTION	NP	PA
HUMALOG JUNIOR KWIKPEN	NP	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	NP	PA
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	
HUMALOG MIX 75/25	NP	PA
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	P	
HUMALOG TEMPO PEN	NP	PA
HUMULIN 70/30	P	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	
HUMULIN N	P	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA
HUMULIN R	P	
HUMULIN R U-500 (CONCENTRATED)	P	

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	P	
<i>insulin asp prot & asp flexpen</i>	P	
<i>insulin aspart flexpen</i>	P	
<i>insulin aspart injection</i>	P	
<i>insulin aspart penfill</i>	P	
<i>insulin aspart prot & aspart</i>	P	
<i>insulin degludec</i>	NP	PA
<i>insulin degludec flextouch</i>	NP	PA
<i>insulin glargine max solostar</i>	NP	PA
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NP	PA
<i>insulin glargine-yfgn</i>	NP	PA
<i>insulin lispro (1 unit dial)</i>	P	
<i>insulin lispro injection</i>	P	
<i>insulin lispro junior kwikpen</i>	P	
<i>insulin lispro prot & lispro</i>	P	
LANTUS	P	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	
LEVEMIR	NP	PA
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA
LYUMJEV	NP	PA
LYUMJEV KWIKPEN	NP	PA
LYUMJEV TEMPO PEN	NP	PA
NOVOLIN 70/30	P	
NOVOLIN 70/30 FLEXPEN	P	
NOVOLIN 70/30 FLEXPEN RELION	NP	PA
NOVOLIN 70/30 RELION	P	
NOVOLIN N	P	
NOVOLIN N FLEXPEN	P	
NOVOLIN N FLEXPEN RELION	NP	PA
NOVOLIN N RELION	P	
NOVOLIN R	P	
NOVOLIN R FLEXPEN	P	

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Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R FLEXPEN RELION	NP	PA
NOVOLIN R RELION	P	
NOVOLOG 70/30 FLEXPEN RELION	NP	PA
NOVOLOG FLEXPEN RELION	NP	PA
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA
NOVOLOG INJECTION	NP	PA
NOVOLOG MIX 70/30	NP	PA
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA
NOVOLOG MIX 70/30 RELION	NP	PA
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA
NOVOLOG RELION INJECTION	NP	PA
REZVOGLAR KWIKPEN	NP	PA
SEMGLEE (YFGN)	NP	PA
TOUJEO MAX SOLOSTAR	NP	PA
TOUJEO SOLOSTAR	NP	PA
TRESIBA	P	
TRESIBA FLEXTOUCH	P	
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)***		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; ST; QL; AL
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
BYDUREON BCISE	NP	PA; ST; QL; AL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	PA; ST; QL; AL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	PA; ST; QL; AL
<i>exenatide</i>	NP	PA; ST; QL; AL
<i>liraglutide</i>	P	PA; ST; QL; AL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	P	PA; ST; QL; AL
OZEMPIC (2 MG/DOSE)	P	PA; ST; QL; AL
RYBELSUS	NP	PA; ST; QL; AL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA; ST; QL; AL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	PA; ST; QL; AL
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLIQUA	P	PA; ST; QL; AL
XULTOPHY	NP	PA; ST; QL; AL
*MEGLITINIDE ANALOGUES***		
<i>nateglinide</i>	NP	PA
<i>repaglinide</i>	P	
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***		
TRIJARDY XR	NP	PA
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI	NP	PA
QTERN	NP	PA
STEGLUJAN	NP	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
<i>dapagliflozin propanediol</i>	NP	PA
FARXIGA	P	Clinical Program Type
INVOKANA	NP	PA
JARDIANCE	P	
STEGLATRO	NP	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
<i>dapagliflozin pro-metformin er</i>	NP	PA
INVOKAMET	NP	PA
INVOKAMET XR	NP	PA
SEGLUROMET	NP	PA
SYNJARDY	P	

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Drug Name	Drug Tier	Requirements / Limits
SYNJARDY XR	NP	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	P	Clinical Program Type
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG	P	
*SULFONYLUREA-BIGUANIDE COMBINATIONS***		
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
*SULFONYLUREAS***		
<i>glimepiride</i>	P	
<i>glipizide er</i>	P	
<i>glipizide oral</i>	P	
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	P	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NP	PA
<i>glyburide micronized</i>	P	
<i>glyburide oral</i>	P	
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***		
DUETACT	NP	PA
<i>pioglitazone hcl-glimepiride</i>	NP	PA; ST
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA
<i>pioglitazone hcl-metformin hcl</i>	NP	PA; ST
*THIAZOLIDINEDIONES***		
ACTOS	NP	PA; QL
<i>pioglitazone hcl</i>	P	QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIPERISTALTIC AGENTS***		
<i>opium</i>	P	PA

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Drug Name	Drug Tier	Requirements / Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*OPIOID ANTAGONISTS***		
<i>ft naloxone hcl</i>	P	
<i>gnp naloxone hcl</i>	P	
KLOXXADO	P	
<i>nalmefene hcl</i>	P	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution cartridge</i>	P	
<i>naloxone hcl injection solution prefilled syringe</i>	P	
<i>naloxone hcl nasal</i>	P	
NARCAN	P	
OPVEE	P	
REXTOVY	P	
ZIMHI	P	
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
ANZEMET ORAL TABLET 50 MG	NP	PA; QL
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	NP	PA
<i>granisetron hcl oral</i>	NP	PA
<i>ondansetron hcl +rfid</i>	P	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	P	
<i>ondansetron hcl injection solution prefilled syringe</i>	P	
<i>ondansetron hcl oral solution</i>	P	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	P	QL
<i>ondansetron oral tablet dispersible 16 mg</i>	NP	PA; QL
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	P	QL
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	NP	PA; QL
<i>palonosetron hcl intravenous solution prefilled syringe</i>	NP	PA; QL
POSFREA	NP	PA; ST; QL

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Drug Name	Drug Tier	Requirements / Limits
SANCUSO	NP	PA; ST
SUSTOL	NP	PA
*ANTIEMETIC COMBINATIONS***		
AKYNZEO (READY-TO-USE)	NP	PA; ST
AKYNZEO (TO-BE-DILUTED)	NP	PA; ST
AKYNZEO ORAL	NP	PA; ST
BONJESTA	NP	PA; QL
DICLEGIS	P	QL; Clinical Program Type
<i>doxylamine-pyridoxine</i>	NP	PA; QL
*ANTIEMETICS - MISCELLANEOUS***		
<i>dronabinol</i>	NP	PA
MARINOL ORAL CAPSULE 2.5 MG	NP	PA
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***		
<i>aprepitant oral capsule 125 mg</i>	NP	PA; QL
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	P	QL
CINVANTI	NP	PA; QL
EMEND BIPACK	NP	PA; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	NP	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	NP	PA; ST; QL
EMEND TRIPACK	NP	PA; QL
<i>focinvez</i>	NP	PA; QL
<i>fosaprepitant dimeglumine</i>	P	QL
ANTIFUNGALS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)***		
BREXAFEMME	NP	PA; ST; QL; AL
*ANTIFUNGALS***		
<i>terbinafine hcl oral</i>	P	
*IMIDAZOLES***		
<i>ketoconazole oral</i>	P	
*TETRAZOLES***		
VIVJOA	NP	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
*TRIAZOLES***		
CRESEMBA	NP	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	NP	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG	NP	PA
<i>fluconazole oral suspension reconstituted</i>	P	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	P	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	P	QL
<i>itraconazole oral capsule</i>	P	
<i>itraconazole oral solution</i>	NP	PA; ST; AL
NOXAFIL ORAL PACKET	NP	PA; ST; AL
NOXAFIL ORAL SUSPENSION	NP	PA; ST
NOXAFIL ORAL TABLET DELAYED RELEASE	NP	PA; ST
<i>posaconazole oral</i>	NP	PA; ST
SPORANOX ORAL CAPSULE	NP	PA
SPORANOX ORAL SOLUTION	NP	PA; ST; AL
<i>tolsura</i>	NP	PA
VFEND ORAL SUSPENSION RECONSTITUTED	NP	PA; ST; AL
VFEND ORAL TABLET 50 MG	NP	PA
<i>voriconazole oral suspension reconstituted</i>	NP	PA; ST; AL
<i>voriconazole oral tablet</i>	NP	PA
ANTIHIISTAMINES		
*ANTIHIISTAMINES - NON-SEDATING***		
<i>12hr allergy relief</i>	P	
<i>24hr allergy relief</i>	P	
<i>all day allergy childrens oral solution 5 mg/5ml</i>	P	ST; QL; AL
<i>all day allergy oral tablet</i>	P	
<i>allergy childrens oral solution</i>	P	ST; QL; AL
<i>allergy childrens oral suspension</i>	P	ST; QL; AL
<i>allergy rel child (loratadine)</i>	P	ST; QL; AL
<i>allergy relief (cetirizine) oral tablet</i>	P	
<i>allergy relief (loratadine) oral tablet</i>	P	
<i>allergy relief cetirizine oral tablet 10 mg</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>allergy relief cetirizine oral tablet 5 mg</i>	P	ST; AL
<i>allergy relief childrens oral solution 1 mg/ml</i>	P	ST; QL; AL
<i>allergy relief oral tablet 10 mg, 180 mg</i>	P	
<i>cetirizine hcl allergy child</i>	P	ST; QL; AL
<i>cetirizine hcl childrens alrgy oral solution</i>	P	ST; QL; AL
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	P	ST; QL; AL
<i>cetirizine hcl oral solution</i>	P	ST; QL; AL
<i>cetirizine hcl oral tablet 10 mg</i>	P	
<i>cetirizine hcl oral tablet 5 mg</i>	P	ST; AL
<i>childrens loratadine oral solution</i>	P	ST; QL; AL
CLARINEX ORAL TABLET	NP	PA; ST
<i>cvs allergy relief oral tablet 10 mg</i>	P	
<i>desloratadine</i>	NP	PA; ST
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	P	
<i>ft all day allergy</i>	P	
<i>ft all day allergy 24 hour</i>	P	
<i>ft all day allergy childrens</i>	P	ST; QL; AL
<i>ft all day allergy relief</i>	P	
<i>ft allergy childrens</i>	P	ST; QL; AL
<i>ft allergy relief 12 hour</i>	P	
<i>ft allergy relief 24 hour</i>	P	
<i>ft allergy relief cetirizine</i>	P	
<i>ft allergy relief childrens oral solution</i>	P	ST; QL; AL
<i>ft allergy relief loratadine</i>	P	
<i>ft allergy relief oral tablet 10 mg, 180 mg</i>	P	
<i>gnp all day allergy</i>	P	
<i>gnp all day allergy childrens oral solution</i>	P	ST; QL; AL
<i>gnp allergy relief oral tablet 180 mg</i>	P	
<i>gnp fexofenadine hcl</i>	P	
<i>gnp loratadine childrens oral solution</i>	P	ST; QL; AL
<i>gnp loratadine oral solution</i>	P	ST; QL; AL
<i>gnp loratadine oral tablet</i>	P	
<i>gnp loratadine oral tablet dispersible</i>	P	
<i>goodsense all day allergy oral solution</i>	P	ST; QL; AL
<i>goodsense all day allergy oral tablet</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>goodsense aller-ease</i>	P	
<i>goodsense allergy relief child</i>	P	ST; QL; AL
<i>goodsense allergy relief oral tablet 10 mg</i>	P	
<i>hm loratadine</i>	P	
<i>levocetirizine dihydrochloride oral solution</i>	P	ST; QL
<i>levocetirizine dihydrochloride oral tablet</i>	P	
<i>loratadine childrens oral solution</i>	P	ST; QL; AL
<i>loratadine oral solution</i>	P	ST; QL; AL
<i>loratadine oral tablet</i>	P	
<i>loratadine oral tablet dispersible 10 mg</i>	P	
<i>qc allergy relief oral tablet 10 mg, 180 mg</i>	P	
<i>sm all day allergy</i>	P	
<i>sm all day allergy relief</i>	P	
<i>sm loratadine oral solution</i>	P	ST; QL; AL
*ANTIHISTAMINES - PIPERIDINES***		
<i>cyproheptadine hcl oral</i>	P	
ANTHYPERLIPIDEMICS		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET	NP	PA; ST
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL	NP	PA; ST
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS***		
EVKEEZA	NP	PA; ST; QL; AL
*ANTHYPERLIPIDEMICS - MISC.***		
<i>icosapent ethyl</i>	P	ST; QL; AL
<i>omega-3-acid ethyl esters</i>	P	
*BILE ACID SEQUESTRANTS***		
<i>cholestyramine light oral packet</i>	NP	PA
<i>cholestyramine light oral powder</i>	P	
<i>cholestyramine oral packet</i>	NP	PA
<i>cholestyramine oral powder</i>	P	
<i>colesevelam hcl</i>	P	
COLESTID ORAL GRANULES	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL TABLET	NP	PA
<i>colestipol hcl</i>	NP	PA
PREVALITE	P	
QUESTRAN	NP	PA
QUESTRAN LIGHT ORAL POWDER	NP	PA
WELCHOL	NP	PA
*FIBRIC ACID DERIVATIVES***		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	P	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	P	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	NP	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NP	PA
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	P	
<i>fenofibric acid oral capsule delayed release</i>	NP	PA
<i>gemfibrozil oral</i>	P	
LIPOFEN	NP	PA
LOPID	NP	PA
TRICOR	NP	PA
TRILIPIX	NP	PA
*HMG COA REDUCTASE INHIBITORS***		
ALTOPREV	NP	PA
ATORVALIQ	NP	PA; ST; AL
<i>atorvastatin calcium oral</i>	P	
CRESTOR	NP	PA
EZALLOR SPRINKLE	NP	PA
<i>fluvastatin sodium</i>	NP	PA
<i>fluvastatin sodium er</i>	NP	PA
LESCOL XL	NP	PA
LIPITOR	NP	PA
LIVALO	NP	PA
<i>lovastatin oral</i>	P	
<i>pitavastatin calcium</i>	NP	PA
<i>pravastatin sodium</i>	P	
<i>rosuvastatin calcium oral</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin oral tablet</i>	P	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NP	PA
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***		
<i>ezetimibe-simvastatin</i>	P	ST
VYTORIN	NP	PA; ST
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
<i>ezetimibe</i>	P	
ZETIA	NP	PA
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	NP	PA; ST; QL; AL
*NICOTINIC ACID DERIVATIVES***		
<i>niacin er (antihyperlipidemic)</i>	NP	PA; ST; AL
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA; ST; QL; AL
REPATHA	P	PA; ST; QL; AL
REPATHA PUSHTRONEX SYSTEM	P	PA; ST; QL; AL
REPATHA SURECLICK	P	PA; ST; QL; AL
*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS***		
LEQVIO	NP	PA; ST; QL; AL
ANTIHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
<i>amlodipine besy-benazepril hcl</i>	P	QL
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; QL
<i>trandolapril-verapamil hcl er</i>	NP	PA; QL
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>benazepril-hydrochlorothiazide</i>	P	
<i>captopril-hydrochlorothiazide</i>	NP	PA
<i>enalapril-hydrochlorothiazide</i>	P	
<i>fosinopril sodium-hctz</i>	NP	PA
<i>lisinopril-hydrochlorothiazide</i>	P	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
<i>quinapril-hydrochlorothiazide</i>	NP	PA
VASERETIC	NP	PA
ZESTORETIC	NP	PA
*ACE INHIBITORS***		
ACCUPRIL	NP	PA
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	NP	PA
<i>benazepril hcl oral</i>	P	
<i>captopril oral</i>	NP	PA
<i>enalapril maleate oral solution</i>	NP	PA; ST; AL
<i>enalapril maleate oral tablet</i>	P	
EPANED ORAL SOLUTION	NP	PA; ST; AL
<i>fosinopril sodium</i>	P	
<i>lisinopril oral</i>	P	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA
<i>moexipril hcl</i>	NP	PA
<i>perindopril erbumine</i>	NP	PA
QBRELIS	NP	PA; ST; AL
<i>quinapril hcl</i>	NP	PA
<i>ramipril</i>	P	
<i>trandolapril</i>	NP	PA
VASOTEC	NP	PA
ZESTRIL	NP	PA
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***		
<i>amlodipine besylate-valsartan</i>	NP	PA; ST
<i>amlodipine-olmesartan</i>	NP	PA; ST
AZOR	NP	PA; ST
EXFORGE	NP	PA; ST

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Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-amlodipine</i>	NP	PA; ST
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***		
ATACAND HCT	NP	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA
BENICAR HCT	NP	PA
<i>candesartan cilexetil-hctz</i>	NP	PA
DIOVAN HCT	NP	PA
EDARBYCLOR	P	
HYZAAR	NP	PA
<i>irbesartan-hydrochlorothiazide</i>	NP	PA
<i>losartan potassium-hctz</i>	P	
MICARDIS HCT	NP	PA
<i>olmesartan medoxomil-hctz</i>	NP	PA
<i>telmisartan-hctz</i>	NP	PA
<i>valsartan-hydrochlorothiazide</i>	P	
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
ATACAND	NP	PA; QL
AVAPRO	NP	PA; QL
BENICAR	NP	PA; QL
<i>candesartan cilexetil</i>	NP	PA; QL
COZAAR	NP	PA; QL
DIOVAN	NP	PA; QL
EDARBI	P	QL
<i>irbesartan</i>	P	QL
<i>losartan potassium oral</i>	P	QL
MICARDIS	NP	PA; QL
<i>olmesartan medoxomil oral</i>	P	QL
<i>telmisartan</i>	P	QL
<i>valsartan oral solution</i>	NP	PA; ST
<i>valsartan oral tablet</i>	P	QL
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***		
<i>amlodipine-valsartan-hctz</i>	NP	PA; ST

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Drug Name	Drug Tier	Requirements / Limits
EXFORGE HCT	NP	PA; ST
<i>olmesartan-amlodipine-hctz</i>	NP	PA; ST
TRIBENZOR	NP	PA; ST
*ANTIADRENERGICS - CENTRALLY ACTING***		
<i>clonidine</i>	P	PA; ST; QL; AL
<i>clonidine hcl oral</i>	P	PA; ST; QL; AL
<i>guanfacine hcl oral</i>	P	PA
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
<i>prazosin hcl oral</i>	P	
*BETA BLOCKER & DIURETIC COMBINATIONS***		
<i>atenolol-chlorthalidone</i>	P	
<i>bisoprolol-hydrochlorothiazide</i>	P	
<i>metoprolol-hydrochlorothiazide</i>	NP	PA
TENORETIC 100	NP	PA
TENORETIC 50	NP	PA
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
<i>metronidazole oral tablet</i>	P	
<i>tinidazole oral</i>	NP	PA; ST
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate injection</i>	P	
<i>benztropine mesylate oral</i>	P	
<i>trihexyphenidyl hcl</i>	P	
*ANTIPARKINSON DOPAMINERGICS***		
<i>amantadine hcl oral capsule</i>	P	
<i>amantadine hcl oral solution</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
<i>lithium</i>	P	
<i>lithium carbonate er</i>	P	
<i>lithium carbonate oral</i>	P	
LITHOBID	P	PA
*ANTIPSYCHOTICS - MISC.***		
CAPLYTA	P	PA; ST; QL; AL
EQUETRO	P	QL
GEODON INTRAMUSCULAR	P	PA; ST; AL
GEODON ORAL	P	PA; ST; QL; AL
LATUDA	P	PA; ST; QL; AL
<i>lurasidone hcl</i>	P	PA; ST; QL; AL
NUPLAZID ORAL CAPSULE	P	PA; QL
NUPLAZID ORAL TABLET 10 MG	P	PA; QL
VRAYLAR ORAL CAPSULE	P	PA; ST; QL; AL
<i>ziprasidone hcl</i>	P	PA; ST; QL; AL
<i>ziprasidone mesylate</i>	P	PA; ST; AL
*BENZISOXAZOLES***		
ERZOFRI	P	PA; ST; QL; AL
FANAPT	P	PA; ST; QL; AL
FANAPT TITRATION PACK A	P	PA; ST; QL; AL
FANAPT TITRATION PACK C ORAL TABLET	P	PA
INVEGA HAFYERA	P	PA; ST; QL; AL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	P	PA; ST; QL; AL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	PA; ST; QL; AL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	P	PA; ST; QL; AL
<i>paliperidone er</i>	P	PA; ST; QL; AL
PERSERIS	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	P	PA; ST; QL; AL; Clinical Program Type
RISPERDAL ORAL SOLUTION	P	PA; ST; QL; AL
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	PA; ST; QL; AL
<i>risperidone</i>	P	PA; ST; QL; AL
<i>risperidone microspheres er</i>	P	PA; ST; QL; AL
UZEDY	P	PA; ST; QL; AL
*BUTYROPHENONES***		
HALDOL DECANOATE	P	PA; ST; AL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	P	PA; ST; AL
<i>haloperidol lactate injection solution 5 mg/ml</i>	P	PA; ST; AL
<i>haloperidol lactate oral</i>	P	PA; ST; AL
<i>haloperidol oral</i>	P	PA; ST; QL; AL
*DIBENZODIAZEPINES***		
<i>clozapine</i>	P	PA; ST; QL; AL
CLOZARIL ORAL TABLET 100 MG, 25 MG	P	PA; ST; QL; AL
VERSACLOZ	P	PA; ST; QL; AL
*DIBENZO-OXEPINO PYRROLES***		
<i>asenapine maleate</i>	P	PA; ST; QL; AL
SAPHRIS	P	PA; ST; QL; AL
SECUADO	P	PA; ST; QL; AL
*DIBENZOTHIAZEPINES***		
<i>quetiapine fumarate</i>	P	PA; ST; QL; AL
<i>quetiapine fumarate er</i>	P	PA; ST; QL; AL
SEROQUEL	P	PA; ST; QL; AL
SEROQUEL XR	P	PA; ST; QL; AL
*DIBENZOXAZEPINES***		
<i>loxapine succinate oral</i>	P	PA; ST; QL; AL
*DIHYDROINDOLONES***		
<i>molindone hcl oral tablet 25 mg, 5 mg</i>	P	PA; ST; QL; AL
*MUSCARINIC AGENT - COMBINATIONS***		
COBENFY	P	PA; ST; QL; AL
COBENFY STARTER PACK	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
*PHENOTHIAZINES***		
<i>chlorpromazine hcl injection</i>	P	PA
<i>chlorpromazine hcl oral</i>	P	PA; QL
COMPRO	P	
<i>fluphenazine decanoate injection</i>	P	PA; ST; AL
<i>fluphenazine hcl injection</i>	P	PA; ST; AL
<i>fluphenazine hcl oral concentrate</i>	P	PA; ST; AL
<i>fluphenazine hcl oral elixir</i>	P	PA; ST; AL
<i>fluphenazine hcl oral tablet</i>	P	PA; ST; QL; AL
<i>perphenazine oral</i>	P	PA; ST; QL; AL
<i>prochlorperazine</i>	P	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	P	PA
<i>prochlorperazine maleate oral</i>	P	PA
<i>thioridazine hcl oral</i>	P	PA; ST; QL; AL
<i>trifluoperazine hcl oral</i>	P	PA; ST; QL; AL
*QUINOLINONE DERIVATIVES***		
ABILIFY ASIMTUFII	P	PA; ST; QL; AL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	P	PA; ST; QL; AL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	P	PA; ST; QL; AL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	P	PA; ST; QL; AL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	P	PA; ST; QL; AL
ABILIFY ORAL TABLET	P	PA; ST; QL; AL
<i>aripiprazole</i>	P	PA; ST; QL; AL
ARISTADA	P	PA; ST; QL; AL
ARISTADA INITIO	P	PA; ST; QL; AL
OPIPZA	P	PA; ST; QL; AL
REXULTI	P	PA; ST; QL; AL
*THIENBENZODIAZEPINES***		
<i>olanzapine intramuscular</i>	P	PA; ST; AL
<i>olanzapine oral</i>	P	PA; ST; QL; AL
ZYPREXA INTRAMUSCULAR	P	PA; ST; AL
ZYPREXA ORAL	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
ZYPREXA RELPREVV	P	PA; ST; QL; AL
ZYPREXA ZYDIS	P	PA; ST; QL; AL
*THIOXANTHENES***		
<i>thiothixene oral</i>	P	PA; ST; QL; AL
ANTIVIRALS		
*ANTIVIRAL COMBINATIONS***		
PAXLOVID (150/100)	P	ST; QL; AL
PAXLOVID (300/100 & 150/100)	P	ST; QL; AL
PAXLOVID (300/100)	P	ST; QL; AL
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL PACKET	P	PA; ST; QL; AL
EPCLUSA ORAL TABLET 200-50 MG	P	PA; ST; QL; AL
EPCLUSA ORAL TABLET 400-100 MG	NP	PA; ST; QL; AL
HARVONI ORAL PACKET	NP	PA; ST; QL; AL
HARVONI ORAL TABLET 45-200 MG	NP	PA; ST; QL; AL
HARVONI ORAL TABLET 90-400 MG	NP	PA; ST; QL; AL; Clinical Program Type
<i>ledipasvir-sofosbuvir</i>	NP	PA; ST; QL; AL
MAVYRET ORAL PACKET	P	PA; ST; QL; AL
MAVYRET ORAL TABLET	P	ST; QL; AL
<i>sofosbuvir-velpatasvir</i>	P	ST; QL; AL
VOSEVI	NP	PA; ST; QL; AL
ZEPATIER	P	ST; QL; AL
*HEPATITIS C AGENTS***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	P	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	
<i>ribavirin oral capsule</i>	P	
<i>ribavirin oral tablet 200 mg</i>	P	
SOVALDI	NP	PA; ST; QL; AL
*HERPES AGENTS - PURINE ANALOGUES***		
<i>acyclovir oral</i>	P	
<i>valacyclovir hcl oral</i>	P	ST
VALTREX	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
*HERPES AGENTS - THYMIDINE ANALOGUES***		
<i>famciclovir oral</i>	NP	PA
*INFLUENZA AGENTS***		
<i>rimantadine hcl</i>	NP	PA; ST; AL
*NEURAMINIDASE INHIBITORS***		
<i>oseltamivir phosphate oral</i>	P	
RAPIVAB	NP	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	P	
TAMIFLU ORAL CAPSULE	NP	PA
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NP	PA
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	NP	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	NP	PA
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
<i>carvedilol</i>	P	
<i>carvedilol phosphate er</i>	NP	PA; QL
<i>labetalol hcl oral</i>	P	
*BETA BLOCKERS CARDIO-SELECTIVE***		
<i>acebutolol hcl oral</i>	P	
<i>atenolol oral</i>	P	
<i>betaxolol hcl oral</i>	NP	PA
<i>bisoprolol fumarate oral</i>	P	
BYSTOLIC	NP	PA
KAPSPARGO SPRINKLE	NP	PA
LOPRESSOR ORAL TABLET	NP	PA
<i>metoprolol succinate er</i>	P	
<i>metoprolol tartrate oral</i>	P	
<i>nebivolol hcl</i>	P	
TENORMIN	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
TOPROL XL	NP	PA
*BETA BLOCKERS NON-SELECTIVE***		
BETAPACE AF	NP	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
HEMANGEOL	NP	PA; ST; AL
INDERAL LA	NP	PA
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	P	
<i>pindolol</i>	NP	PA
<i>propranolol hcl er</i>	P	
<i>propranolol hcl intravenous</i>	P	
<i>propranolol hcl oral</i>	P	
<i>sotalol hcl (af)</i>	P	
<i>sotalol hcl oral</i>	P	
SOTYLIZE	NP	PA; ST; AL
<i>timolol maleate oral</i>	NP	PA
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
<i>amlodipine besylate oral</i>	P	
CARDIZEM CD	NP	PA
CARDIZEM LA	P	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA
CARTIA XT	P	
<i>diltiazem hcl er beads</i>	P	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	P	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	P	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	P	
<i>diltiazem hcl intravenous solution</i>	P	
<i>diltiazem hcl oral</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>dilt-xr</i>	P	
<i>felodipine er</i>	P	
<i>isradipine</i>	NP	PA
KATERZIA	NP	PA; ST; AL
<i>levamlodipine maleate</i>	NP	PA
MATZIM LA	NP	PA
<i>nicardipine hcl oral</i>	NP	PA
<i>nifedipine er</i>	P	
<i>nifedipine er osmotic release</i>	P	
<i>nifedipine oral</i>	P	
<i>nimodipine oral capsule</i>	P	
<i>nisoldipine er</i>	NP	PA
NORLIQVA	P	PA; ST
NORVASC	NP	PA
NYMALIZE ORAL SOLUTION 6 MG/ML	NP	PA; ST; AL
PROCARDIA XL	NP	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA
TIADYL ER	P	
TIAZAC	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral</i>	P	
VERELAN PM	NP	PA
CARDIOVASCULAR AGENTS - MISC.		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB***		
<i>amlodipine-atorvastatin</i>	NP	PA; ST
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; ST

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Drug Name	Drug Tier	Requirements / Limits
*CARDIAC MYOSIN INHIBITORS***		
CAMZYOS	NP	PA; ST; QL; AL
*CARDIOVASCULAR SGLT2 INHIBITORS**		
INPEFA	NP	PA; ST
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; ST; AL
ENTRESTO ORAL TABLET	NP	PA; ST
sacubitril-valsartan	P	ST
*PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS***		
OPSYNVI	NP	PA; QL
*PROSTAGLANDIN VASODILATORS***		
ORENITRAM	NP	PA
ORENITRAM MONTH 1	NP	PA; QL
ORENITRAM MONTH 2	NP	PA; QL
ORENITRAM MONTH 3	NP	PA; QL
TYVASO	NP	PA
TYVASO DPI INSTITUTIONAL KIT	NP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	NP	PA
TYVASO REFILL KIT	NP	PA
TYVASO STARTER KIT	NP	PA
VENTAVIS	NP	PA
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***		
ADEMPAS	NP	PA; QL
*PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR***		
WINREVAIR	NP	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
<i>ambrisentan</i>	NP	PA; QL
<i>bosentan oral tablet</i>	P	PA; QL
LETAIRIS	NP	PA; QL
OPSUMIT	NP	PA; QL
TRACLEER ORAL TABLET	NP	PA; QL
TRACLEER ORAL TABLET SOLUBLE	P	PA; QL
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
ADCIRCA	NP	PA; QL
ALYQ	P	PA; QL
LIQREV	NP	PA; ST; QL; AL
REVATIO INTRAVENOUS	NP	PA; QL
REVATIO ORAL SUSPENSION RECONSTITUTED	NP	PA; ST; QL; AL
REVATIO ORAL TABLET	NP	PA; QL
<i>sildenafil citrate intravenous</i>	P	PA; QL
<i>sildenafil citrate oral suspension reconstituted</i>	P	PA; ST; QL; AL
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA; QL
<i>tadalafil (pah)</i>	P	PA; QL
TADLIQ	NP	PA; ST; QL; AL
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI	NP	PA
UPTRAVI TITRATION	NP	PA
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***		
CIALIS ORAL TABLET 5 MG	NP	PA; ST
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	NP	PA; ST
*SINUS NODE INHIBITORS**		
CORLANOR ORAL SOLUTION	P	PA; ST; QL; AL
CORLANOR ORAL TABLET	NP	PA; ST; QL; AL
<i>ivabradine hcl</i>	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***		
VERQUVO	NP	PA; ST; QL; AL
CEPHALOSPORINS		
*CEPHALOSPORINS - 3RD GENERATION***		
<i>cefdinir</i>	P	
<i>cefixime</i>	NP	PA
<i>cefpodoxime proxetil</i>	P	
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL ***		
AZURETTE	P	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	P	
KARIVA	P	
LO LOESTRIN FE	P	
PIMTREA	P	
SIMLIYA	P	
<i>viorele</i>	P	
VOLNEA	P	
*COMBINATION CONTRACEPTIVES - ORAL ***		
AFIRMELLE	P	
ALTAVERA	P	
<i>alyacen 1/35</i>	P	
APRI	P	
AUBRA EQ	P	
AUROVELA 1.5/30	P	
AUROVELA 1/20	P	
AUROVELA 24 FE	P	
AUROVELA FE 1.5/30	P	
AUROVELA FE 1/20	P	
AVERI	P	
AVIANE	P	
AYUNA	P	
BALCOLTRA	P	

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Drug Name	Drug Tier	Requirements / Limits
BALZIVA	P	
BEYAZ	P	PA
BLISOVI 24 FE	P	
BLISOVI FE 1.5/30	P	
BLISOVI FE 1/20	P	
<i>briellyn</i>	P	
CHARLOTTE 24 FE	P	
CHATEAL EQ	P	
CRYSELLE-28	P	
CYRED EQ	P	
DASETTA 1/35 (28)	P	
<i>drospiren-eth estrad-levomefol</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	
ELINEST	P	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	P	
ESTARYLLA	P	
<i>ethynodiol diac-eth estradiol</i>	P	
FALMINA	P	
FEIRZA 1.5/30	P	
FEIRZA 1/20	P	
FEMLYV	P	
FINZALA	P	
GALBRIELA	P	
GEMMILY	P	
HAILEY 1.5/30	P	
HAILEY 24 FE	P	
HAILEY FE 1.5/30	P	
HAILEY FE 1/20	P	
ISIBLOOM	P	
JASMIEL	P	
JOYEAUX	P	
JULEBER	P	
JUNEL 1.5/30	P	
JUNEL 1/20	P	
JUNEL FE 1.5/30	P	

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Drug Name	Drug Tier	Requirements / Limits
JUNEL FE 1/20	P	
JUNEL FE 24	P	
KAITLIB FE	P	
KELNOR 1/35	P	
KELNOR 1/50	P	
KURVELO	P	
LARIN 1.5/30	P	
LARIN 1/20	P	
LARIN 24 FE	P	
LARIN FE 1.5/30	P	
LARIN FE 1/20	P	
LAYOLIS FE	P	
LESSINA	P	
<i>levonorgest-eth estradiol-iron</i>	P	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	P	
LEVORA 0.15/30 (28)	P	
LOESTRIN 1.5/30 (21)	P	
LOESTRIN 1/20 (21)	P	
LOESTRIN FE 1.5/30	P	
LOESTRIN FE 1/20	P	
LORYNA	P	
LOW-OGESTREL	P	
LO-ZUMANDIMINE	P	
LUTERA	P	
<i>marlissa</i>	P	
MERZEE	P	
MIBELAS 24 FE	P	
MICROGESTIN 1.5/30	P	
MICROGESTIN 1/20	P	
MICROGESTIN FE 1.5/30	P	
MICROGESTIN FE 1/20	P	
MILI	P	
MINZOYA	P	
MONO-LINYAH	P	
NECON 0.5/35 (28)	P	

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Drug Name	Drug Tier	Requirements / Limits
NEXTSTELLIS	P	
NIKKI	P	
<i>norethin ace-eth estrad-fe oral capsule</i>	P	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	P	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	P	
<i>norethindrone acet-ethinyl est oral tablet</i>	P	
<i>norethin-eth estradiol-fe</i>	P	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	P	
NORTREL 0.5/35 (28)	P	
NORTREL 1/35 (21)	P	
NORTREL 1/35 (28)	P	
NYLIA 1/35	P	
OCELLA	P	
PHILITH	P	
PORTIA-28	P	
RECLIPSEN	P	
SAFYRAL	P	PA
SPRINTEC 28	P	
SRONYX	P	
SYEDA	P	
TARINA 24 FE	P	
TARINA FE 1/20 EQ	P	
TAYSOFY	P	
TAYTULLA	P	PA
TURQOZ	P	
TYBLUME ORAL TABLET CHEWABLE	P	
TYDEMY	P	
VALTYA 1/50	P	
VESTURA	P	
VIENVA	P	
VYFEMLA	P	
VYLIBRA	P	
WERA	P	

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Drug Name	Drug Tier	Requirements / Limits
WYMZYA FE	P	
XELRIA FE	P	
YASMIN 28	P	PA
YAZ	P	PA
ZOVIA 1/35 (28)	P	
ZUMANDIMINE	P	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL ***		
<i>norelgestromin-eth estradiol</i>	NP	PA; ST
TWIRLA	P	
XULANE	P	
ZAFEMY	NP	PA; ST
*COMBINATION CONTRACEPTIVES - VAGINAL ***		
ANNOVERA	P	
ELURYNG	P	
ENILLORING	P	
<i>etonogestrel-ethinyl estradiol</i>	P	
HALOETTE	P	
NUVARING	P	PA
*CONTINUOUS CONTRACEPTIVES - ORAL ***		
AMETHYST	P	
DOLISHALE	P	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	P	
*COPPER CONTRACEPTIVES - IUD ***		
PARAGARD INTRAUTERINE COPPER	P	QL
*EMERGENCY CONTRACEPTIVES ***		
ELLA	P	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL ***		
AMETHIA	P	
ASHLYNA	P	
CAMRESE	P	
CAMRESE LO	P	
DAYSEE	P	

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Drug Name	Drug Tier	Requirements / Limits
ICLEVIA	P	
INTROVALE	P	
JAIMIESS	P	
JOLESSA	P	
<i>levonorgest-eth est & eth est</i>	P	
<i>levonorgest-eth estrad 91-day</i>	P	
LOJAIMIESS	P	
RIVELSA	P	
ROSYRAH	P	
SETLAKIN	P	
SIMPESSE	P	
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA	P	
*PROGESTIN CONTRACEPTIVES - IMPLANTS***		
NEXPLANON	P	QL
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NP	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NP	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	P	
<i>medroxyprogesterone acetate intramuscular</i>	P	
*PROGESTIN CONTRACEPTIVES - IUD***		
KYLEENA	P	QL
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	P	QL
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	P	QL
SKYLA	P	QL
*PROGESTIN CONTRACEPTIVES - ORAL***		
CAMILA	P	
DEBLITANE	P	

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Drug Name	Drug Tier	Requirements / Limits
EMZAHH	P	
ERRIN	P	
HEATHER	P	
INCASSIA	P	
JENCYCLA	P	
LYLEQ	P	
MELEYA	P	
NORA-BE	P	
<i>norethindrone oral</i>	P	
ORQUIDEA	P	
SHAROBEL	P	
SLYND	P	
*TRIPHASIC CONTRACEPTIVES - ORAL ***		
<i>alyacen 7/7/7</i>	P	
ARANELLE	P	
DASETTA 7/7/7	P	
ENPRESSE-28	P	
LEENA	P	
LEVONEST	P	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	P	
<i>norethindron-ethinyl estrad-fe</i>	P	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	P	
NORTREL 7/7/7	P	
NYLIA 7/7/7	P	
TILIA FE	P	
TRI-ESTARYLLA	P	
TRI-LEGEST FE	P	
TRI-LINYAH	P	
TRI-LO-ESTARYLLA	P	
TRI-LO-MARZIA	P	
TRI-LO-MILI	P	
TRI-LO-SPRINTEC	P	
TRI-MILI	P	

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Drug Name	Drug Tier	Requirements / Limits
TRI-SPRINTEC	P	
TRIVORA (28)	P	
TRI-VYLIBRA	P	
TRI-VYLIBRA LO	P	
VELIVET	P	
XARAH FE	P	
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
<i>budesonide er oral tablet extended release 24 hour</i>	NP	PA
<i>budesonide oral</i>	P	
UCERIS ORAL	NP	PA
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - OPIOID***		
HYCODAN ORAL SOLUTION	NP	PA; ST; QL
HYCODAN ORAL TABLET	NP	PA; ST; QL
<i>hydrocodone bit-homatrop mbr</i>	P	PA; ST; QL
<i>hydromet oral solution</i>	P	PA; ST; QL
*ANTITUSSIVE-EXPECTORANT***		
<i>guaifenesin-codeine oral solution</i>	P	PA; ST; QL; AL
*DECONGESTANT & ANTIHISTAMINE***		
<i>allergy relief d oral tablet extended release 12 hour</i>	P	ST; QL
<i>allergy relief d-12</i>	P	ST; QL
<i>allergy relief d-24</i>	P	ST; QL
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	P	ST; QL
<i>allergy/congestion relief oral tablet extended release 12 hour</i>	P	ST; QL
<i>cetirizine-pseudoephedrine er</i>	P	ST; QL
CLARINEX-D 12 HOUR	NP	PA; ST; QL
<i>ft all day allergy-d</i>	P	ST; QL
<i>ft allergy d-12 hour</i>	P	ST; QL
<i>ft allergy relief-d</i>	P	ST; QL
<i>gnp all day allergy-d</i>	P	ST; QL
<i>gnp allergy & congestion</i>	P	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>gnp allergy/congestion relief</i>	P	ST; QL
<i>gnp loratadine-d 12hr</i>	P	ST; QL
<i>goodsense all day allergy-d</i>	P	ST; QL
<i>loratadine-d 12hr</i>	P	ST; QL
<i>loratadine-d 24hr</i>	P	ST; QL
<i>sm loratadine d 12hr</i>	P	ST; QL
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***		
<i>hydrocod poli-chlorphe poli er</i>	NP	PA; ST; QL; AL
<i>promethazine-codeine oral solution</i>	P	PA; ST; QL; AL
TUXARIN ER	NP	PA; ST; QL; AL
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
CLEOCIN-T EXTERNAL LOTION	NP	PA; ST; AL
CLINDACIN	NP	PA; ST; AL
CLINDACIN ETZ EXTERNAL SWAB	NP	PA; ST; AL
CLINDACIN-P	NP	PA; ST; AL
CLINDAGEL	NP	PA; ST; AL
<i>clindamycin phos (once-daily)</i>	P	ST; AL
<i>clindamycin phos (twice-daily)</i>	P	ST; AL
<i>clindamycin phosphate external foam</i>	NP	PA; ST; AL
<i>clindamycin phosphate external lotion</i>	P	ST; AL
<i>clindamycin phosphate external solution</i>	P	ST; AL
<i>clindamycin phosphate external swab</i>	P	ST; AL
<i>dapsone external</i>	NP	PA; ST; AL
<i>ery</i>	NP	PA; ST; AL
ERYGEL	NP	PA; ST; AL
<i>erythromycin external gel</i>	P	ST; AL
<i>erythromycin external solution</i>	P	ST; AL
KLARON	NP	PA; ST; AL
<i>sulfacetamide sodium (acne)</i>	NP	PA; ST; AL
*ACNE COMBINATIONS***		
ACANYA	NP	PA; ST; AL
<i>adapalene-benzoyl peroxide</i>	NP	PA; ST; AL
BENZAMYCIN	NP	PA; ST; AL
<i>benzoyl peroxide-erythromycin</i>	P	ST; AL

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Drug Name	Drug Tier	Requirements / Limits
<i>bp 10-1</i>	NP	PA; ST; AL
CABTREO	NP	PA; ST; AL
CLINDACIN ETZ EXTERNAL KIT	NP	PA; ST; AL
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	NP	PA; ST; AL
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	P	ST; AL
<i>clindamycin-tretinoin</i>	NP	PA; ST; AL
EPIDUO FORTE	NP	PA; ST; AL
NEUAC EXTERNAL GEL	P	ST; AL
ONEXTON	NP	PA; ST; AL
PLEXION	NP	PA; ST; AL
<i>sss 10-5</i>	NP	PA; ST; AL
<i>sulfacetamide sodium-sulfur external cream</i>	NP	PA; ST; AL
<i>sulfacetamide sodium-sulfur external liquid</i>	NP	PA; ST; AL
<i>sulfacetamide sodium-sulfur external lotion 9.8-4.8 %</i>	NP	PA; ST; AL
<i>sulfacetamide sodium-sulfur external suspension 8-4 %, 9-4.25 %</i>	NP	PA; ST; AL
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	NP	PA; ST; AL
SUMADAN	NP	PA; ST; AL
SUMADAN WASH	NP	PA; ST; AL
SUMAXIN	NP	PA; ST; AL
SUMAXIN CP	NP	PA; ST; AL
TWYNEO	NP	PA; ST; AL
ZIANA	P	ST; AL; Clinical Program Type
ZMA CLEAR	NP	PA; ST; AL
*ACNE PRODUCTS***		
ABSORICA	NP	PA; ST; AL
ABSORICA LD	NP	PA; ST; AL
<i>acne medication 10 external gel</i>	P	
<i>acne medication 5 external gel</i>	P	
<i>adapalene external cream</i>	NP	PA; ST; AL
<i>adapalene external gel 0.3 %</i>	NP	PA; ST; AL
<i>adapalene gel 0.1 % external (otc)</i>	P	
<i>adapalene gel 0.1 % external (otc)</i>	P	ST; AL

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Drug Name	Drug Tier	Requirements / Limits
AKLIEF	NP	PA; ST; AL
ALTRENO	NP	PA; ST; AL
AMNESTEEM	P	ST; AL
ARAZLO	NP	PA; ST; AL
ATRALIN	NP	PA; ST; AL
<i>benzoyl peroxide external gel 10 %, 5 %</i>	P	
<i>benzoyl peroxide external liquid 10 %</i>	P	
<i>benzoyl peroxide wash external liquid</i>	P	
CLARAVIS	P	ST; AL
DIFFERIN CLEANSER	P	
DIFFERIN EXTERNAL CREAM	P	ST; AL; Clinical Program Type
DIFFERIN EXTERNAL GEL 0.3 %	P	ST; AL; Clinical Program Type
FABIOR	NP	PA; ST; AL
<i>gnp adapalene</i>	P	
<i>isotretinoin oral</i>	NP	PA; ST; AL
RETIN-A	P	ST; AL; Clinical Program Type
RETIN-A MICRO	NP	PA; ST; AL
RETIN-A MICRO PUMP	NP	PA; ST; AL
<i>tazarotene external foam</i>	NP	PA; ST; AL
<i>tretinoin external</i>	NP	PA; ST; AL
<i>tretinoin microsphere</i>	NP	PA; ST; AL
<i>tretinoin microsphere pump</i>	NP	PA; ST; AL
WINLEVI	NP	PA; ST; AL
ZENATANE	P	ST; AL
*ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS***		
LITFULO	P	PA
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
<i>clotrimazole-betamethasone</i>	P	
<i>miconazole-zinc oxide-petrolat</i>	NP	PA
MYCOZYL HC	NP	PA
<i>nystatin-triamcinolone</i>	P	
VUSION	NP	PA
*ANTIFUNGALS - TOPICAL ***		
<i>athletes foot (terbinafine)</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>athletes foot powder spray external aerosol powder 1 %</i>	P	
CICLODAN EXTERNAL SOLUTION	P	
<i>ciclopirox external gel</i>	NP	PA
<i>ciclopirox external shampoo</i>	NP	PA
<i>ciclopirox external solution</i>	P	
<i>ciclopirox olamine external cream</i>	P	
<i>ciclopirox olamine external suspension</i>	NP	PA
<i>ciclopirox treatment</i>	NP	PA
<i>ft antifungal external cream 1 %</i>	P	
<i>ft athletes foot (terbinafine)</i>	P	
<i>gnp terbinafine hydrochloride</i>	P	
<i>gnp tolnaftate</i>	P	
KLAYESTA	P	
MYCOZYL AL	NP	PA
<i>naftifine hcl external cream</i>	NP	PA
<i>naftifine hcl external gel 2 %</i>	NP	PA
NAFTIN EXTERNAL GEL	NP	PA
NYAMYC	P	
<i>nystatin external</i>	P	
NYSTOP	P	
<i>terbinafine hcl external</i>	P	
<i>tolnaftate external cream</i>	P	
<i>tolnaftate external powder</i>	P	
*ANTI-INFLAMMATORY AGENTS - TOPICAL ***		
<i>arthritis pain reliever external</i>	P	
<i>diclofenac epolamine external</i>	NP	PA; ST; QL
<i>diclofenac sodium external gel 1 %</i>	P	
<i>diclofenac sodium external solution</i>	NP	PA; ST
<i>ft arthritis pain</i>	P	
<i>gnp arthritis pain external</i>	P	
<i>gnp diclofenac sodium</i>	P	
<i>goodsense arthritis pain external</i>	P	
PENNSAID EXTERNAL	P	Clinical Program Type

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Drug Name	Drug Tier	Requirements / Limits
*ANTIPSORIATICS - SYSTEMIC***		
<i>acitretin</i>	P	PA
BIMZELX	NP	PA
COSENTYX	P	PA
COSENTYX (300 MG DOSE)	P	PA
COSENTYX SENSOREADY (300 MG)	P	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	P	PA
COSENTYX UNOREADY	P	PA
ILUMYA	NP	PA
<i>methoxsalen rapid</i>	NP	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
PYZCHIVA SUBCUTANEOUS	NP	PA
SELARSDI SUBCUTANEOUS	NP	PA
SILIQ	P	PA
SKYRIZI PEN	NP	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
SOTYKTU	NP	PA; ST
SPEVIGO	NP	PA; ST; AL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	NP	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
STEQEYMA SUBCUTANEOUS	NP	PA
TALTZ	P	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	NP	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	NP	PA
<i>ustekinumab subcutaneous</i>	NP	PA
<i>ustekinumab-aekn</i>	NP	PA
<i>ustekinumab-ttwe subcutaneous</i>	NP	PA
YESINTEK SUBCUTANEOUS	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
*ANTIPSORIATICS***		
<i>calcipotriene external cream</i>	P	
<i>calcipotriene external foam</i>	NP	PA
<i>calcipotriene external ointment</i>	NP	PA
<i>calcipotriene external solution</i>	P	
<i>calcitriol external</i>	NP	PA
SORILUX	NP	PA
<i>tazarotene external cream 0.05 %</i>	NP	PA
<i>tazarotene external cream 0.1 %</i>	P	
<i>tazarotene external gel</i>	NP	PA
VECTICAL	P	Clinical Program Type
VTAMA	NP	PA
*ANTISEBORRHEIC PRODUCTS***		
<i>sodium sulfacetamide wash</i>	NP	PA; ST; AL
<i>sulfacetamide sodium (cleans)</i>	P	ST; AL
<i>sulfacetamide sodium external liquid</i>	NP	PA; ST; AL
*ANTIVIRAL TOPICAL COMBINATIONS***		
XERESE	P	QL
*ANTIVIRALS - TOPICAL ***		
<i>acyclovir external cream</i>	P	
<i>acyclovir external ointment</i>	NP	PA
DENAVIR	NP	PA
<i>docosanol external</i>	NP	PA
<i>ft docosanol</i>	NP	PA
<i>gnp docosanol</i>	NP	PA
<i>penciclovir</i>	NP	PA
ZOVIRAX EXTERNAL	NP	PA
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS***		
CIBINQO	NP	PA; ST; AL
OPZELURA	P	PA; ST; QL; AL
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
ADBRY	P	PA; ST; AL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA; ST; AL

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Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	P	PA; ST; AL
EBGLYSS	NP	PA; ST; AL
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL ***		
<i>antifungal (clotrimazole)</i>	P	
<i>antifungal clotrimazole</i>	P	
<i>antifungal external cream 2 %</i>	P	
<i>antifungal external powder</i>	P	
<i>athletes foot (clotrimazole)</i>	P	
<i>athletes foot powder spray external aerosol powder 2 %</i>	P	
<i>clotrimazole anti-fungal</i>	P	
<i>clotrimazole external cream</i>	P	
<i>clotrimazole external solution</i>	P	
DESENEX EXTERNAL CREAM 2 %	P	
<i>econazole nitrate external cream</i>	NP	PA
ERTACZO	NP	PA
<i>ft antifungal external cream 2 %</i>	P	
<i>ft athletes foot (clotrimaz)</i>	P	
<i>gnp athletes foot external cream</i>	P	
<i>gnp miconazorb af</i>	P	
JUBLIA	P	
<i>ketoconazole external cream</i>	P	
<i>ketoconazole external foam</i>	NP	PA
<i>ketoconazole external shampoo 2 %</i>	P	
KETODAN EXTERNAL FOAM	NP	PA
<i>luliconazole</i>	NP	PA
LUZU	NP	PA
<i>miconazole nitrate external cream</i>	P	
MICOTRIN AC	P	
MICOTRIN AP	P	
MYCOZYL AC	P	
MYCOZYL AP	P	
<i>oxiconazole nitrate</i>	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
OXISTAT EXTERNAL LOTION	NP	PA
<i>tm-clotrimazole</i>	P	
TRIMAZOLE	P	
*INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC***		
NEMLUVIO	P	PA; ST; AL
*LOCAL ANESTHETICS - TOPICAL ***		
<i>lidocaine external patch 5 %</i>	P	QL
LIDOCAN	P	QL
LIDODERM	P	QL
LIDOTRAL 1	NP	PA; QL
QUTENZA	NP	PA; ST; QL
QUTENZA (2 PATCH)	NP	PA; ST; QL
QUTENZA (4 PATCH)	NP	PA; ST; QL
TRIDACAINE	P	QL
TRIDACAINE II	P	QL
TRIDACAINE III	P	QL
TRIDACAINE XL	P	QL
ZTLIDO	P	ST; QL
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL ***		
ELIDEL	NP	PA; ST; AL
<i>pimecrolimus</i>	P	PA; ST; AL
<i>tacrolimus external ointment</i>	P	PA; ST; AL
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL ***		
<i>tavaborole</i>	NP	PA
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL ***		
EUCRISA	P	PA; ST; AL
ZORYVE	NP	PA; ST; QL; AL
*SCABICIDE COMBINATIONS***		
VANALICE	NP	PA; QL
*SCABICIDES & PEDICULICIDES***		
CROTAN	NP	PA; QL
ELIMITE	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>malathion external</i>	NP	PA; QL
NATROBA	P	QL; Clinical Program Type
<i>permethrin external cream</i>	P	QL
<i>spinosad</i>	NP	PA; QL
*TOPICAL STEROID COMBINATIONS***		
<i>calcipotriene-betameth diprop</i>	NP	PA
DUOBRII	NP	PA
ENSTILAR	P	
TACLONEX EXTERNAL SUSPENSION	P	Clinical Program Type
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO	NP	PA; QL
ACCU-CHEK GUIDE TEST STRIP IN VITRO	NP	PA; QL
ACCU-CHEK GUIDE TEST STRIP IN VITRO	P	QL
ACCU-CHEK SMARTVIEW	NP	PA; QL
ACCUTREND GLUCOSE	NP	PA; QL
ADVANCE INTUITION TEST	NP	PA; QL
ADVANCE MICRO-DRAW TEST	NP	PA; QL
ADVOCATE REDI-CODE IN VITRO	NP	PA; QL
ADVOCATE REDI-CODE+ TEST	NP	PA; QL
ADVOCATE TEST	NP	PA; QL
AGAMATRIX AMP TEST	NP	PA; QL
AGAMATRIX JAZZ TEST	NP	PA; QL
AGAMATRIX PRESTO TEST	NP	PA; QL
ASSURE 3 TEST	NP	PA; QL
ASSURE 4 TEST	NP	PA; QL
ASSURE II	NP	PA; QL
ASSURE II CHECK	NP	PA; QL
ASSURE PLATINUM	NP	PA; QL
ASSURE PRISM MULTI TEST	NP	PA; QL
ASSURE PRO TEST	NP	PA; QL
BIOTEL CARE TEST STRIPS	NP	PA; QL
<i>blood glucose test</i>	NP	PA; QL
<i>blood glucose test strips 333</i>	NP	PA; QL
BLULINK GLUCOSE TEST	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
CAREONE BLOOD GLUCOSE TEST	NP	PA; QL
CARESENS N GLUCOSE TEST	NP	PA; QL
CARETOUCH TEST	NP	PA; QL
CLEVER CHEK AUTO-CODE TEST	NP	PA; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO	NP	PA; QL
CLEVER CHEK TEST	NP	PA; QL
CLEVER CHOICE AUTO-CODE TEST	NP	PA; QL
CLEVER CHOICE MICRO TEST	NP	PA; QL
CLEVER CHOICE NO CODING	NP	PA; QL
CLEVER CHOICE TALK SYSTEM IN VITRO	NP	PA; QL
CONTOUR NEXT TEST	NP	PA; QL
CONTOUR PLUS TEST	NP	PA; QL
CONTOUR TEST	NP	PA; QL
COOL BLOOD GLUCOSE TEST STRIPS	NP	PA; QL
CVS ADVANCED GLUCOSE TEST	NP	PA; QL
<i>cvs glucose meter test strips</i>	NP	PA; QL
<i>cvs true metrix glucose test</i>	NP	PA; QL
D-CARE BLOOD GLUCOSE	NP	PA; QL
DIATHRIVE BLOOD GLUCOSE TEST	NP	PA; QL
DIATHRIVE GLUCOSE TEST	NP	PA; QL
DIATHRIVE+ GLUCOSE TEST	NP	PA; QL
<i>diatrue plus test</i>	NP	PA; QL
DUO-CARE TEST	NP	PA; QL
EASY MAX BLOOD GLUCOSE TEST	NP	PA; QL
<i>easy plus ii glucose test</i>	NP	PA; QL
EASY STEP TEST	NP	PA; QL
<i>easy talk blood glucose test</i>	NP	PA; QL
<i>easy talk plus ii test strips</i>	NP	PA; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	NP	PA; QL
EASY TOUCH TEST	NP	PA; QL
<i>easy trak blood glucose test</i>	NP	PA; QL
<i>easy trak ii glucose test</i>	NP	PA; QL
EASYGLUCO IN VITRO	NP	PA; QL
EASYMAX 15 TEST	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
EASYMAX TEST	NP	PA; QL
EASYPRO BLOOD GLUCOSE TEST	NP	PA; QL
EASYPRO PLUS IN VITRO	NP	PA; QL
<i>element compact test</i>	NP	PA; QL
ELEMENT TEST	NP	PA; QL
EMBRACE BLOOD GLUCOSE TEST	NP	PA; QL
EMBRACE EVO BLOOD GLUCOSE TEST	NP	PA; QL
EMBRACE PRO GLUCOSE TEST	NP	PA; QL
EMBRACE TALK GLUCOSE TEST	NP	PA; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	NP	PA; QL
<i>eq blood glucose test</i>	NP	PA; QL
EVOLUTION AUTOCODE IN VITRO	NP	PA; QL
FIFTY50 GLUCOSE TEST 2.0	NP	PA; QL
FORA 6 CONNECT IN VITRO	NP	PA; QL
FORA 6 CONNECT/GTEL TEST	NP	PA; QL
FORA BLOOD GLUCOSE TEST	NP	PA; QL
FORA D15G BLOOD GLUCOSE TEST	NP	PA; QL
FORA D20 BLOOD GLUCOSE TEST	NP	PA; QL
FORA D40/G31 BLOOD GLUCOSE	NP	PA; QL
FORA G20 BLOOD GLUCOSE TEST	NP	PA; QL
FORA G30/PREM V10 GLUCOSE TEST	NP	PA; QL
FORA GD20 TEST	NP	PA; QL
FORA GD50 BLOOD GLUCOSE TEST	NP	PA; QL
FORA GTEL BLOOD GLUCOSE TEST	NP	PA; QL
FORA TN'G ADVANCE PRO IN VITRO	NP	PA; QL
FORA TN'G/TN'G VOICE	NP	PA; QL
FORA V10 BLOOD GLUCOSE TEST	NP	PA; QL
FORA V12 BLOOD GLUCOSE TEST	NP	PA; QL
FORA V20 BLOOD GLUCOSE TEST	NP	PA; QL
FORA V30A BLOOD GLUCOSE TEST	NP	PA; QL
FORACARE GD40 TEST	NP	PA; QL
FORACARE PREMIUM V10 TEST	NP	PA; QL
FORACARE TEST N GO TEST	NP	PA; QL
FREESTYLE INSULINX TEST	NP	PA; QL
FREESTYLE LITE TEST	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE PRECISION NEO TEST	NP	PA; QL
FREESTYLE TEST	NP	PA; QL
<i>ge100 blood glucose test</i>	NP	PA; QL
GENULTIMATE TEST	NP	PA; QL
<i>ght test</i>	NP	PA; QL
GLUCO PERFECT 3 TEST	NP	PA; QL
GLUCOCARD 01 SENSOR PLUS	NP	PA; QL
GLUCOCARD EXPRESSION TEST	NP	PA; QL
GLUCOCARD SHINE TEST	NP	PA; QL
GLUCOCARD VITAL TEST	NP	PA; QL
GLUCOCARD X-SENSOR	NP	PA; QL
GLUCOCOM TEST	NP	PA; QL
GLUCONAVII BLOOD GLUCOSE TEST	NP	PA; QL
<i>glucose meter test</i>	NP	PA; QL
<i>gnp easy touch glucose test</i>	NP	PA; QL
GNP TRUE METRIX GLUCOSE STRIPS	NP	PA; QL
GNP TRUETRACK SMART SYSTEM IN VITRO	NP	PA; QL
GNP TRUETRACK TEST STRIPS	NP	PA; QL
GOJJI BLOOD GLUCOSE TEST	NP	PA; QL
GOJJI BLOOD TEST STRIP/LANCETS	NP	PA; QL
<i>goodsense blood glucose in vitro</i>	NP	PA; QL
HW EMBRACE PRO GLUCOSE TEST	NP	PA; QL
HW EMBRACE TALK GLUCOSE TEST	NP	PA; QL
IGLUCOSE TEST STRIPS	NP	PA; QL
IHEALTH BLOOD GLUCOSE TEST STR	NP	PA; QL
IN TOUCH BLOOD GLUCOSE TEST	NP	PA; QL
INFINITY BLOOD GLUCOSE TEST	NP	PA; QL
INFINITY VOICE IN VITRO STRIP	NP	PA; QL
<i>kroger blood glucose test</i>	NP	PA; QL
KROGER HEALTHPRO GLUCOSE TEST	NP	PA; QL
<i>kroger premium glucose test</i>	NP	PA; QL
<i>liberty test</i>	NP	PA; QL
<i>meijer blood glucose test</i>	NP	PA; QL
<i>meijer essential glucose test</i>	NP	PA; QL
MEIJER TRUETEST TEST	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MEIJER TRUETRACK TEST	NP	PA; QL
MICRODOT TEST	NP	PA; QL
MM BLULINK GLUCOSE TEST	NP	PA; QL
MM EASY TOUCH GLUCOSE	NP	PA; QL
MYGLUCOHEALTH TEST	NP	PA; QL
NEUTEK 2TEK TEST	NP	PA; QL
NOVA MAX GLUCOSE TEST	NP	PA; QL
ON CALL EXPRESS BLOOD GLUCOSE	NP	PA; QL
<i>one drop test</i>	NP	PA; QL
ONETOUCH ULTRA BLUE TEST	NP	PA; QL
ONETOUCH ULTRA IN VITRO STRIP	NP	PA; QL
ONETOUCH ULTRA TEST	NP	PA; QL
ONETOUCH VERIO IN VITRO STRIP	NP	PA; QL
OPTIUMEZ TEST	NP	PA; QL
PHARMACIST CHOICE AUTOCODE	NP	PA; QL
<i>pharmacist choice no coding</i>	NP	PA; QL
PIP BLOOD GLUCOSE TEST STRIP	NP	PA; QL
POCKETCHEM EZ TEST	NP	PA; QL
PRECISION XTRA BLOOD GLUCOSE	NP	PA; QL
<i>premium blood glucose test</i>	NP	PA; QL
<i>pro voice v8/v9 glucose</i>	NP	PA; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO	NP	PA; QL
PTS PANELS EGLU TEST	NP	PA; QL
QUICK TOUCH BLOOD GLUCOSE TEST	NP	PA; QL
QUICKTEK TEST	NP	PA; QL
QUINTET AC BLOOD GLUCOSE TEST	NP	PA; QL
QUINTET BLOOD GLUCOSE TEST	NP	PA; QL
REFUAH PLUS BLOOD GLUCOSE TEST	NP	PA; QL
RELION BLOOD GLUCOSE TEST	NP	PA; QL
RELION CONFIRM/MICRO TEST	NP	PA; QL
RELION GLUCOSE TEST STRIPS	NP	PA; QL
RELION PREMIER TEST	NP	PA; QL
RELION PRIME TEST	NP	PA; QL
RELION TRUE METRIX TEST STRIPS	P	QL
RELION ULTIMA TEST	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
REXALL BLOOD GLUCOSE TEST	NP	PA; QL
RIGHTEST GS100 BLOOD GLUCOSE	NP	PA; QL
RIGHTEST GS300 BLOOD GLUCOSE	NP	PA; QL
RIGHTEST GS550 BLOOD GLUCOSE	NP	PA; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	NP	PA; QL
RIGHTEST GT333 GLUCOSE TEST	NP	PA; QL
SMART SENSE PREMIUM TEST	NP	PA; QL
SMART SENSE VALUE TEST	NP	PA; QL
SMARTTEST BLOOD GLUCOSE TEST	NP	PA; QL
SOLUS V2 TEST	NP	PA; QL
SUPREME TEST	NP	PA; QL
<i>tgt blood glucose test</i>	NP	PA; QL
<i>true focus blood glucose strip</i>	NP	PA; QL
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	NP	PA; QL
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	P	QL
TRUE METRIX PRO BLOOD GLUCOSE	NP	PA; QL
TRUETEST TEST	NP	PA; QL
TRUETRACK TEST	NP	PA; QL
UNISTRIPI1 GENERIC	NP	PA; QL
<i>verasens blood glucose test</i>	NP	PA; QL
VIVAGUARD INO TEST STRIPS	NP	PA; QL
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON	P	
PERTZYE	NP	PA; ST
VIOKACE	NP	PA; ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P	

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Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*BISPHOSPHONATES***		
ACTONEL ORAL TABLET 150 MG, 35 MG	NP	PA; ST
<i>alendronate sodium oral solution</i>	NP	PA; ST; AL
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	P	
ATELVIA	NP	PA
BINOSTO	NP	PA
FOSAMAX ORAL TABLET 70 MG	NP	PA
FOSAMAX PLUS D	NP	PA
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	NP	PA; QL
<i>ibandronate sodium oral</i>	P	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	P	PA; ST
<i>risedronate sodium oral tablet delayed release</i>	NP	PA
*CALCITONINS***		
<i>calcitonin (salmon) injection</i>	NP	PA; ST
<i>calcitonin (salmon) nasal</i>	P	
MIACALCIN INJECTION	NP	PA; ST
*CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR***		
XPHOZAH	NP	PA; ST
*GNRH/LHRH ANTAGONISTS***		
ORILISSA	P	PA; ST; QL; AL
*GROWTH HORMONES***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	P	PA; ST; AL
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P	PA; ST; AL
HUMATROPE INJECTION CARTRIDGE	NP	PA; ST; AL
NGENLA	NP	PA; ST; AL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	PA; ST; AL

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Drug Name	Drug Tier	Requirements / Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	NP	PA; ST; AL
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	NP	PA; ST; AL
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	NP	PA; ST; AL
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; ST; AL
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA; ST; AL
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	P	PA; ST; AL
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	P	PA; ST; AL
SOGROYA	P	PA; ST; AL
ZOMACTON	NP	PA; ST; AL
*HYPERAMMONEMIA TREATMENT - AGENTS***		
CARBAGLU ORAL TABLET SOLUBLE	P	PA; QL; Clinical Program Type
<i>carglumic acid oral tablet soluble</i>	NP	PA; QL
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX	NP	PA; ST; AL
*NATRIURETIC PEPTIDES***		
VOXZOGO	NP	PA; ST; AL
*NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS***		
VEOZAH	NP	PA; ST; QL; AL
*PARATHYROID HORMONE AND DERIVATIVES***		
BONSITY	NP	PA; ST; AL
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	P	PA; ST; AL; Clinical Program Type
<i>teriparatide subcutaneous solution pen- injector 560 mcg/2.24ml</i>	NP	PA; ST; AL

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Drug Name	Drug Tier	Requirements / Limits
TYMLOS	NP	PA; ST; AL
*RANK LIGAND (RANKL) INHIBITORS***		
JUBBONTI	NP	PA; ST; QL; AL
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; ST; QL; AL
WYOST	NP	PA; ST; QL; AL
XGEVA	NP	PA; ST; QL; AL
*SCLEROSTIN INHIBITORS***		
EVENITY	NP	PA; ST; AL
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
EVISTA	NP	PA
OSPHENA	NP	PA
<i>raloxifene hcl</i>	P	
*UREA CYCLE DISORDER - AGENTS***		
BUPHENYL ORAL POWDER 3 GM/TSP	NP	PA; QL
BUPHENYL ORAL TABLET	NP	PA; QL
OLPRUVA (2 GM DOSE)	NP	PA; QL
OLPRUVA (3 GM DOSE)	NP	PA; QL
OLPRUVA (4 GM DOSE)	NP	PA; QL
OLPRUVA (5 GM DOSE)	NP	PA; QL
OLPRUVA (6 GM DOSE)	NP	PA; QL
OLPRUVA (6.67 GM DOSE)	NP	PA; QL
PHEBURANE	P	PA; QL
RAVICTI	NP	PA; ST; QL; AL
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	P	PA; QL
<i>sodium phenylbutyrate oral tablet</i>	P	PA; QL
ESTROGENS		
*ESTROGEN & PROGESTIN***		
ABIGALE	P	
ABIGALE LO	P	
ACTIVELLA ORAL TABLET 1-0.5 MG	NP	PA
ANGELIQ	P	
BIJUVA	NP	PA
CLIMARA PRO	P	
COMBIPATCH	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet</i>	P	
FYAVOLV	P	
JINTELI	P	
MIMVEY	P	
<i>norethindrone-eth estradiol</i>	NP	PA
PREMPHASE	NP	PA
PREMPRO	P	
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***		
MYFEMBREE	P	PA; ST; QL; AL
ORIAHNN	P	PA; ST; QL; AL
*ESTROGENS***		
CLIMARA	NP	PA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	NP	PA
DEPO-ESTRADIOL	P	
DIVIGEL	NP	PA
DOTTI	NP	PA
ELESTRIN	NP	PA
ESTRACE ORAL	NP	PA
<i>estradiol oral</i>	P	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	NP	PA
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	P	
<i>estradiol transdermal patch twice weekly</i>	NP	PA
<i>estradiol transdermal patch weekly</i>	P	
<i>estradiol valerate intramuscular</i>	P	
EVAMIST	P	
LYLLANA	NP	PA
MENEST	P	
MENOSTAR	NP	PA
MINIVELLE	P	Clinical Program Type
PREMARIN INJECTION	P	
PREMARIN ORAL	P	
VIVELLE-DOT	P	Clinical Program Type

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Drug Name	Drug Tier	Requirements / Limits
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE	NP	PA
FLUOROQUINOLONES		
*FLUOROQUINOLONES***		
BAXDELA ORAL	NP	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	NP	PA; ST; QL; AL
CIPRO ORAL TABLET 250 MG, 500 MG	NP	PA; QL
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	P	QL
<i>levofloxacin oral solution</i>	NP	PA; ST; QL; AL
<i>levofloxacin oral tablet</i>	P	QL
<i>moxifloxacin hcl oral</i>	P	QL
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	NP	PA; QL
GASTROINTESTINAL AGENTS - MISC.		
*5-HT4 RECEPTOR AGONISTS***		
MOTEGRITY	NP	PA; ST; Clinical Program Type
<i>prucalopride succinate</i>	NP	PA; ST
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
TRULANCE	NP	PA; ST
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***		
AMITIZA	NP	PA; ST
<i>lubiprostone</i>	P	ST
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
LINZESS	P	ST
*IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR***		
IBSRELA	NP	PA; ST
*INFLAMMATORY BOWEL AGENTS***		
APRISO	P	Clinical Program Type
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
<i>balsalazide disodium</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
CANASA	NP	PA
COLAZAL	NP	PA
DIPENTUM	P	
LIALDA	NP	PA
<i>mesalamine er</i>	NP	PA
<i>mesalamine oral capsule delayed release</i>	P	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	P	
<i>mesalamine oral tablet delayed release 800 mg</i>	NP	PA
<i>mesalamine rectal</i>	P	
<i>mesalamine-cleanser</i>	P	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	P	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	P	Clinical Program Type
ROWASA RECTAL	NP	PA
SFROWASA	P	
<i>sulfasalazine oral</i>	P	
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS	P	PA
ENTYVIO PEN	P	PA
*INTERLEUKIN ANTAGONISTS***		
OMVOH	NP	PA
OMVOH (300 MG DOSE)	NP	PA
OTULFI INTRAVENOUS	NP	PA
PYZCHIVA INTRAVENOUS	NP	PA
SELARSDI INTRAVENOUS	NP	PA
SKYRIZI INTRAVENOUS	NP	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA
STELARA INTRAVENOUS	NP	PA
STEQEYMA INTRAVENOUS	NP	PA
TREMFYA INTRAVENOUS	NP	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	NP	PA
TREMFYA-CD/UC INDUCTION	NP	PA
<i>ustekinumab intravenous</i>	NP	PA
<i>ustekinumab-ttwe intravenous</i>	NP	PA
YESINTEK INTRAVENOUS	NP	PA
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***		
MOVANTIK	NP	PA; ST; QL
RELISTOR ORAL	NP	PA; ST; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	P	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA
SYMPROIC	NP	PA; ST; QL
*PHOSPHATE BINDER AGENTS***		
AURYXIA	NP	PA; Clinical Program Type
<i>calcium acetate (phos binder)</i>	P	
<i>calcium acetate oral tablet 667 mg</i>	P	
<i>ferric citrate oral</i>	NP	PA
FOSRENOL ORAL PACKET	NP	PA; ST; AL
<i>lanthanum carbonate</i>	NP	PA
REVELA	NP	PA
<i>sevelamer carbonate</i>	P	
<i>sevelamer hcl</i>	NP	PA
VELPHORO	NP	PA
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)***		
VELSIPITY	NP	PA
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***		
AVSOLA	P	PA
CIMZIA (2 SYRINGE)	P	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	P	PA
CIMZIA-STARTER	P	PA
INFLECTRA	NP	PA
<i>infliximab</i>	P	PA

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Drug Name	Drug Tier	Requirements / Limits
REMICADE	NP	PA
RENFLEXIS	NP	PA
ZYMFENTRA (1 PEN)	NP	PA
ZYMFENTRA (2 PEN)	NP	PA
ZYMFENTRA (2 SYRINGE)	NP	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
<i>dutasteride oral</i>	P	
<i>finasteride oral tablet 5 mg</i>	P	
PROSCAR	NP	PA
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***		
<i>alfuzosin hcl er</i>	P	
FLOMAX	NP	PA
RAPAFLO	NP	PA; ST
<i>silodosin</i>	NP	PA; ST
<i>tamsulosin hcl</i>	P	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***		
<i>dutasteride-tamsulosin hcl</i>	NP	PA; ST
HEMATOLOGICAL AGENTS - MISC.		
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA	P	QL; Clinical Program Type
<i>ticagrelor</i>	NP	PA; QL
*PHOSPHODIESTERASE III INHIBITORS***		
<i>cilostazol</i>	P	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
<i>aspirin-dipyridamole er</i>	P	
*THIENOPYRIDINE DERIVATIVES***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	P	QL
<i>clopidogrel bisulfate oral tablet 75 mg</i>	P	
EFFIENT	NP	PA
PLAVIX ORAL TABLET 75 MG	NP	PA
<i>prasugrel hcl</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
HEMATOPOIETIC AGENTS		
*ERYTHROID MATURATION AGENTS***		
REBLOZYL	NP	PA; QL
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	P	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	P	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	NP	PA
PROCRIT	NP	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	PA
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
FULPHILA	P	
FYLNETRA	P	
GRANIX	NP	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	P	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	P	
NIVESTYM	NP	PA
NYVEPRIA	NP	PA
<i>releuko subcutaneous</i>	P	
ROLVEDON	NP	PA
STIMUFEND	NP	PA
UDENYCA	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
UDENYCA ONBODY	NP	PA
ZARXIO	NP	PA
ZIEXTENZO	NP	PA
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED	NP	PA; ST
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*BARBITURATE HYPNOTICS***		
<i>phenobarbital oral elixir</i>	P	
<i>phenobarbital oral tablet</i>	P	
<i>phenobarbital sodium injection</i>	P	
*BENZODIAZEPINE HYPNOTICS***		
DORAL	P	PA; QL
<i>estazolam</i>	P	PA; QL
<i>flurazepam hcl</i>	P	PA; QL
HALCION	P	PA; QL
<i>midazolam hcl (pf)</i>	P	
<i>midazolam hcl (pf) +rfid</i>	P	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	P	
<i>midazolam hcl oral</i>	P	PA
<i>quazepam</i>	P	PA; QL
RESTORIL	P	PA; QL
<i>temazepam</i>	P	PA; QL
<i>triazolam</i>	P	PA; QL
*HYPNOTICS - TRICYCLIC AGENTS***		
<i>doxepin hcl oral tablet</i>	P	QL
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
AMBIEN	P	PA; QL
AMBIEN CR	P	PA; QL
EDLUAR	P	QL
<i>eszopiclone</i>	P	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zaleplon</i>	P	QL
<i>zolpidem tartrate</i>	P	QL
<i>zolpidem tartrate er</i>	P	QL
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA	P	ST; QL; AL
DAYVIGO	P	ST; QL; AL
QUVIVIQ	P	ST; QL; AL
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***		
IGALMI	P	PA; ST; QL; AL
*SELECTIVE MELATONIN RECEPTOR AGONISTS***		
HETLIOZ	P	PA; ST; QL; AL; Clinical Program Type
HETLIOZ LQ	P	PA; ST; QL; AL
<i>ramelteon</i>	P	QL
ROZEREM	P	PA; QL
<i>tasimelteon</i>	P	PA; ST; QL; AL
MACROLIDES		
*AZITHROMYCIN***		
<i>azithromycin oral packet</i>	P	
<i>azithromycin oral suspension reconstituted</i>	P	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	P	QL
ZITHROMAX ORAL PACKET	NP	PA
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NP	PA; QL
ZITHROMAX TRI-PAK	NP	PA; QL
ZITHROMAX Z-PAK	NP	PA; QL
*CLARITHROMYCIN***		
<i>clarithromycin er</i>	P	
<i>clarithromycin oral</i>	P	
*ERYTHROMYCINS***		
E.E.S. 400 ORAL TABLET	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
E.E.S. GRANULES	NP	PA; ST; AL
ERYPED 200	NP	PA; ST; AL
ERYPED 400	NP	PA; ST; AL
ERY-TAB	NP	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG	NP	PA
<i>erythromycin base oral capsule delayed release particles</i>	P	
<i>erythromycin base oral tablet</i>	NP	PA
<i>erythromycin base oral tablet delayed release</i>	NP	PA
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	P	ST; AL
<i>erythromycin ethylsuccinate oral tablet</i>	NP	PA
<i>erythromycin oral</i>	NP	PA
*FIDAXOMICIN***		
DIFICID	NP	PA; ST; AL
<i>fidaxomicin</i>	NP	PA; ST; AL
MEDICAL DEVICES AND SUPPLIES		
*GLUCOSE MONITORING TEST SUPPLIES***		
ACCU-CHEK AVIVA PLUS	NP	PA
ACCU-CHEK GUIDE	NP	PA
ACCU-CHEK GUIDE ME	NP	PA
ADVANCE INTUITION METER	NP	PA
ADVANCE INTUITION MONITOR	NP	PA
ADVANCE MICRO-DRAW METER	NP	PA
ADVOCATE BLOOD GLUCOSE MONITOR	NP	PA
ADVOCATE BLOOD GLUCOSE SYSTEM	NP	PA
ADVOCATE REDI-CODE	NP	PA
ADVOCATE REDI-CODE+	NP	PA
AGAMATRIX JAZZ WIRELESS 2	NP	PA
AGAMATRIX PRESTO	NP	PA
ASSURE 3 METER	NP	PA
ASSURE 4 METER	NP	PA
ASSURE PLATINUM METER	NP	PA
ASSURE PRISM MULTI METER	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
ASSURE PRO BLOOD GLUCOSE METER	NP	PA
BD LATITUDE DIABETES	NP	PA
BD LOGIC BLOOD GLUCOSE MONITOR	NP	PA
BIOTEL CARE BLOOD GLUCOSE	NP	PA
BIOTEL CARE BLOOD GLUCOSE SYST	NP	PA
<i>blood glucose monitor system</i>	NP	PA
<i>blood glucose monitoring 333</i>	NP	PA
<i>blood glucose system pak</i>	NP	PA
BLULINK GLUCOSE MONITORING SYS	NP	PA
CAREONE BLOOD GLUCOSE SYSTEM	NP	PA
CARESENS N FELIZ	NP	PA
CARESENS N FELIZ BT	NP	PA
CARESENS N GLUCOSE SYSTEM	NP	PA
CARESENS N PLUS BT	NP	PA
CARESENS N VOICE SYSTEM	NP	PA
CARETOUCH MONITOR SYSTEM	NP	PA
CLEVER CHEK AUTO-CODE SYSTEM	NP	PA
CLEVER CHEK AUTO-CODE VOICE	NP	PA
CLEVER CHEK SYSTEM	NP	PA
CLEVER CHOICE AUTO-CODE SYSTEM	NP	PA
CLEVER CHOICE MICRO SYSTEM	NP	PA
CLEVER CHOICE MINI SYSTEM	NP	PA
CLEVER CHOICE TALK SYSTEM	NP	PA
CONTOUR BLOOD GLUCOSE SYSTEM KIT	NP	PA
CONTOUR MONITOR DEVICE	NP	PA
CONTOUR NEXT EZ	NP	PA
CONTOUR NEXT GEN MONITOR KIT	NP	PA
CONTOUR NEXT LINK	NP	PA
CONTOUR NEXT MONITOR	NP	PA
CONTOUR NEXT ONE KIT	NP	PA
CONTOUR PLUS BLUE	NP	PA
COOL MONITOR	NP	PA
COOL MONITOR KIT	NP	PA
CVS BLOOD GLUCOSE METER	NP	PA
D-CARE GLUCOMETER	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
DEXCOM G6 RECEIVER DEVICE	NP	PA; QL
DEXCOM G6 RECEIVER DEVICE	P	QL
DEXCOM G6 SENSOR	NP	PA
DEXCOM G6 SENSOR	P	QL
DEXCOM G6 TRANSMITTER	NP	PA
DEXCOM G6 TRANSMITTER	P	QL
DEXCOM G7 RECEIVER DEVICE	NP	PA; QL
DEXCOM G7 RECEIVER DEVICE	P	QL
DEXCOM G7 SENSOR	NP	PA; QL
DEXCOM G7 SENSOR	P	QL
DIATHRIVE BLOOD GLUCOSE METER	NP	PA
DIATHRIVE+ GLUCOSE MONITOR	NP	PA
<i>diatrue plus blood glucose</i>	NP	PA
EASY MAX T1 GLUCOSE SYSTEM	NP	PA
<i>easy plus ii glucose system</i>	NP	PA
EASY STEP GLUCOSE MONITOR DEVICE	NP	PA
<i>easy talk blood glucose system device</i>	NP	PA
EASY TOUCH GLUCOSE SYSTEM	NP	PA
EASY TOUCH HEALTHPRO GLUCOSE	NP	PA
<i>easy trak blood glucose system device</i>	NP	PA
<i>easy trak ii blood glucose sys</i>	NP	PA
EASYGLUCO	NP	PA
EASYMAX NG BLOOD GLUCOSE	NP	PA
EASYMAX V BLOOD GLUCOSE DEVICE	NP	PA
EASYPRO BLOOD GLUCOSE MONITOR	NP	PA
EASYPRO PLUS	NP	PA
ELEMENT AUTOCODE SYSTEM	NP	PA
<i>element compact glucose system</i>	NP	PA
<i>element compact v glucose sys</i>	NP	PA
ELEMENT PLUS	NP	PA
EMBRACE BLOOD GLUCOSE MONITOR	NP	PA
EMBRACE EVO GLUCOSE MONITOR	NP	PA
EMBRACE EVO GLUCOSE MONITORING	NP	PA
EMBRACE PRO GLUCOSE METER	NP	PA
EMBRACE TALK BLOOD GLUCOSE	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK MONITORING SYSTEM	NP	PA
EMBRACE WAVE BLOOD GLUCOSE	NP	PA
EMBRACE WAVE GLUCOSE METER	NP	PA
ENLITE GLUCOSE SENSOR	NP	PA
EVERSENSE 365 SENSOR/HOLDER	NP	PA
EVERSENSE 365 SMART TRANSMIT	NP	PA
EVERSENSE E3 SENSOR/HOLDER	NP	PA
EVERSENSE E3 SMART TRANSMITTER	NP	PA
EVERSENSE SENSOR/HOLDER	NP	PA
EVERSENSE SMART TRANSMITTER	NP	PA
EVOLUTION AUTOCODE	NP	PA
FIFTY50 GLUCOSE METER 2.0	NP	PA
FORA G20 BLOOD GLUCOSE SYSTEM	NP	PA
FORA G30A BLOOD GLUCOSE SYSTEM	NP	PA
FORA GD20 BLOOD GLUCOSE SYSTEM	NP	PA
FORA GD50 BLOOD GLUCOSE SYSTEM	NP	PA
FORA GTEL BLOOD GLUCOSE SYSTEM	NP	PA
FORA PREMIUM V10 BLE SYSTEM	NP	PA
FORA TEST N' GO MONITOR	NP	PA
FORA TN'G VOICE	NP	PA
FORA V10 BLOOD GLUCOSE SYSTEM	NP	PA
FORA V10/V12/D10/D20 TEST	NP	PA
FORA V12 BLOOD GLUCOSE SYSTEM	NP	PA
FORA V20 BLOOD GLUCOSE SYSTEM	NP	PA
FORA V30A BLOOD GLUCOSE SYSTEM	NP	PA
FORACARE GD40 MONITOR	NP	PA
FORACARE PREMIUM V10	NP	PA
FORACARE TEST N GO MONITOR	NP	PA
FREESTYLE FREEDOM LITE	NP	PA
FREESTYLE LIBRE 14 DAY READER	NP	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	NP	PA
FREESTYLE LIBRE 2 PLUS SENSOR	NP	PA; QL
FREESTYLE LIBRE 2 READER	NP	PA; QL
FREESTYLE LIBRE 2 SENSOR	NP	PA
FREESTYLE LIBRE 3 PLUS SENSOR	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 PLUS SENSOR	NP	PA; QL
FREESTYLE LIBRE 3 READER	NP	PA; QL
FREESTYLE LIBRE 3 SENSOR	NP	PA
FREESTYLE LIBRE READER	NP	PA; QL
FREESTYLE LITE	NP	PA
FREESTYLE PRECISION NEO SYSTEM	NP	PA
<i>ge100 blood glucose system</i>	NP	PA
<i>ght blood glucose monitor</i>	NP	PA
GLUCO PERFECT 3 METER	NP	PA
GLUCOCARD 01 BLOOD GLUCOSE	NP	PA
GLUCOCARD 01-MINI GLUCOSE	NP	PA
GLUCOCARD EXPRESSION MONITOR	NP	PA
GLUCOCARD SHINE	NP	PA
GLUCOCARD SHINE CONNEX	NP	PA
GLUCOCARD SHINE EXPRESS	NP	PA
GLUCOCARD SHINE XL	NP	PA
GLUCOCARD VITAL MONITOR	NP	PA
GLUCOCARD X-METER	NP	PA
GLUCOCOM BLOOD GLUCOSE MONITOR	NP	PA
GLUCOCOM MONITOR	NP	PA
GLUCONAVII BLOOD GLUCOSE SYS	NP	PA
GNP EASY TOUCH GLUCOSE METER	NP	PA
GNP TRUE METRIX AIR METER	NP	PA
GNP TRUE METRIX GLUCOSE METER	NP	PA
<i>goodsense blood glucose</i>	NP	PA
GUARDIAN 4 GLUCOSE SENSOR	NP	PA
GUARDIAN 4 TRANSMITTER	NP	PA
GUARDIAN CONNECT TRANSMITTER	NP	PA
GUARDIAN LINK 3 TRANSMITTER	NP	PA
GUARDIAN REAL-TIME REPLACE PED	NP	PA; QL
GUARDIAN SENSOR (3)	NP	PA
<i>guardian sensor 3</i>	NP	PA
HEALTHPRO BLOOD GLUCOSE MONITO	NP	PA
HM EMBRACE TALK SYSTEM	NP	PA
HW EMBRACE PRO GLUCOSE METER	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
HW EMBRACE TALK BLOOD GLUCOSE	NP	PA
IGLUCOSE MONITORING SYSTEM	NP	PA
IN TOUCH DEVICE	NP	PA
INFINITY BLOOD GLUCOSE SYSTEM	NP	PA
INFINITY VOICE	NP	PA
<i> Kroger blood glucose kit w/device</i>	NP	PA
<i> Kroger premium blood glucose</i>	NP	PA
<i> liberty blood glucose meter</i>	NP	PA
<i> meijer blood glucose</i>	NP	PA
<i> meijer essential blood glucose</i>	NP	PA
<i> meijer premium blood glucose</i>	NP	PA
MEIJER TRUE2GO BLOOD GLUCOSE	NP	PA
MEIJER TRUERESULT GLUCOSE SYS	NP	PA
MEIJER TRUETRACK GLUCOSE SYS	NP	PA
MICRODOT BLOOD GLUCOSE SYSTEM	NP	PA
MINILINK REAL-TIME TRANSMITTER	NP	PA
MINIMED 630G GUARDIAN PRESS	NP	PA
MM BLOOD GLUCOSE SYSTEM	NP	PA
MM BLULINK GLUCOSE MONIT SYS	NP	PA
MM EASY TOUCH GLUCOSE METER	NP	PA
MYGLUCOHEALTH BLOOD GLUCOSE	NP	PA
NOVA MAX BLOOD GLUCOSE SYSTEM	NP	PA
ON CALL EXPRESS MONITORING SYS	NP	PA
<i> one drop blood glucose monitor</i>	NP	PA
ONETOUCH ULTRA 2	NP	PA
ONETOUCH VERIO FLEX SYSTEM	NP	PA
ONETOUCH VERIO REFLECT	NP	PA
PARADIGM REAL-TIME TRANSMITTER	NP	PA
PHARMACIST CHOICE AUTOCODE SYS	NP	PA
PHARMACIST CHOICE MINI SYSTEM	NP	PA
PIP BLOOD GLUCOSE MONITORING	NP	PA
POCKETCHEM EZ SYSTEM	NP	PA
PRECISION XTRA KIT W/DEVICE	NP	PA
<i> pro voice v8 glucose system</i>	NP	PA
<i> pro voice v9 glucose system</i>	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
PRODIGY AUTOCODE BLOOD GLUCOSE	NP	PA
PRODIGY NO CODING BLOOD GLUC	NP	PA
PRODIGY POCKET BLOOD GLUCOSE KIT	NP	PA
PRODIGY VOICE BLOOD GLUCOSE	NP	PA
QUICK TOUCH BLOOD GLUCOSE	NP	PA
QUICKTEK	NP	PA
QUICKTEK/METER	NP	PA
QUINTET AC BLOOD GLUCOSE	NP	PA
QUINTET BLOOD GLUCOSE SYSTEM	NP	PA
REFUAH PLUS MONITORING SYSTEM	NP	PA
RELION CONFIRM GLUCOSE MONITOR	NP	PA
RELION MICRO	NP	PA
RELION PREMIER BLU MONITOR	NP	PA
RELION PREMIER CLASSIC	NP	PA
RELION PREMIER COMPACT SYSTEM	NP	PA
RELION PREMIER VOICE MONITOR	NP	PA
RELION PRIME MONITOR	NP	PA
RELION TRUE MET AIR GLUC METER	NP	PA
RELION ULTIMA GLUCOSE SYSTEM	NP	PA
REXALL BLOOD GLUCOSE SYSTEM	NP	PA
RIGHTEST GM100 BLOOD GLUCOSE	NP	PA
RIGHTEST GM300 BLOOD GLUCOSE	NP	PA
RIGHTEST GM550 BLOOD GLUCOSE	NP	PA
RIGHTEST GT333 BLOOD GLUCOSE	NP	PA
SIMPLERA SENSOR	NP	PA; QL
SIMPLERA SYNC SENSOR	NP	PA; QL
SIMPLERA SYSTEM	NP	PA; QL
SMART SENSE PREMIUM SYSTEM	NP	PA
SMART SENSE VALUE GLUCOSE SYS	NP	PA
SMARTEST EJECT	NP	PA
SMARTEST EJECT STARTER	NP	PA
SMARTEST PERSONA STARTER	NP	PA
SMARTEST PRONTO STARTER	NP	PA
SMARTEST PROTEGE	NP	PA
SMARTEST PROTEGE STARTER	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
SOLUS V2 BLOOD GLUCOSE SYSTEM	NP	PA
TEMPO WELCOME	NP	PA
<i>tgt blood glucose monitoring</i>	NP	PA
TRUE FOCUS BLOOD GLUCOSE METER	NP	PA
TRUE METRIX AIR GLUCOSE METER	NP	PA
TRUE METRIX GO GLUCOSE METER	NP	PA
TRUE METRIX METER	NP	PA
TRUERESULT BLOOD GLUCOSE	NP	PA
TRUETRACK BLOOD GLUCOSE	NP	PA
TRUETRACK SMART SYSTEM	NP	PA
<i>verasens blood glucose meter</i>	NP	PA
<i>verasens blood glucose system</i>	NP	PA
VIVAGUARD INO GLUCOSE METER	NP	PA
VIVAGUARD INO SMART GLUC METER	NP	PA
MIGRAINE PRODUCTS		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC	P	PA; ST; QL; AL
QULIPTA	P	PA; ST; QL; AL
UBRELVY	P	PA; ST; QL; AL
ZAVZPRET	NP	PA; ST; QL; AL
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
AIMOVIG	P	PA; ST; QL; AL
AJOVY	P	PA; ST; QL; AL
EMGALITY	P	PA; ST; QL; AL
EMGALITY (300 MG DOSE)	P	PA; ST; QL; AL
VYEPTI	NP	PA; ST; QL; AL
*MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
ELYXYB	P	PA; ST; QL; AL
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS***		
<i>sumatriptan-naproxen sodium</i>	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
<i>almotriptan malate</i>	NP	PA; QL
<i>eletriptan hydrobromide</i>	NP	PA; QL
FROVA	NP	PA; QL
<i>frovatriptan succinate</i>	NP	PA; QL
IMITREX ORAL	NP	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NP	PA; QL
MAXALT ORAL TABLET 10 MG	NP	PA; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NP	PA; QL
<i>naratriptan hcl</i>	NP	PA; QL
RELPAX	NP	PA; QL; Clinical Program Type
<i>rizatriptan benzoate</i>	P	QL
<i>sumatriptan nasal</i>	P	QL
<i>sumatriptan succinate oral</i>	P	QL
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	P	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	P	QL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	P	QL
TOSYMRA	NP	PA
ZEMBRACE SYMTOUCH	NP	PA; QL
<i>zolmitriptan nasal</i>	NP	PA; QL
<i>zolmitriptan oral</i>	NP	PA; QL
ZOMIG	NP	PA; QL
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
REYVOW	NP	PA; ST; QL; AL
MINERALS & ELECTROLYTES		
*CALCIUM***		
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	P	
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	P	
<i>cvs calcium carbonate</i>	P	
<i>oyster shell calcium oral tablet 1250 (500 ca) mg</i>	P	
<i>true oyster shell calcium</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
*POTASSIUM REMOVING AGENTS***		
KIONEX COMBINATION	NP	PA
LOKELMA	P	
<i>sodium polystyrene sulfonate oral powder</i>	P	
SPS (SODIUM POLYSTYRENE SULF)	P	
VELTASSA	P	
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
AMRIX	NP	PA; ST; Clinical Program Type
<i>baclofen oral solution</i>	NP	PA; ST
<i>baclofen oral suspension</i>	NP	PA; ST
<i>baclofen oral tablet</i>	P	
<i>carisoprodol oral</i>	NP	PA; QL
<i>chlorzoxazone oral</i>	P	
<i>cyclobenzaprine hcl er</i>	NP	PA; ST
<i>cyclobenzaprine hcl oral</i>	P	
FEXMID	NP	PA
FLEQSUVY	NP	PA; ST
LYVISPAH	P	PA; ST
<i>metaxalone</i>	NP	PA
<i>methocarbamol injection solution 1000 mg/10ml</i>	P	
<i>methocarbamol oral</i>	P	
<i>orphenadrine citrate er</i>	P	
<i>orphenadrine citrate injection</i>	P	

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Drug Name	Drug Tier	Requirements / Limits
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	NP	PA
SOMA	NP	PA; QL
TANLOR	NP	PA
<i>tizanidine hcl oral capsule</i>	NP	PA
<i>tizanidine hcl oral tablet</i>	P	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	NP	PA
ZANAFLEX ORAL TABLET	NP	PA
*DIRECT MUSCLE RELAXANTS***		
DANTRIUM ORAL CAPSULE 25 MG	NP	PA
<i>dantrolene sodium oral</i>	NP	PA
*MUSCLE RELAXANT COMBINATIONS***		
NORGESIC	NP	PA
<i>norgesic forte</i>	NP	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NP	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	NP	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*ANTIHISTAMINE-STEROID***		
<i>azelastine-fluticasone</i>	NP	PA
DYMISTA	P	Clinical Program Type
RYALTRIS	NP	PA
*NASAL ANTICHOLINERGICS***		
<i>ipratropium bromide nasal</i>	P	
*NASAL ANTIHISTAMINES***		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	P	
<i>azelastine hcl nasal solution 0.15 %</i>	NP	PA
<i>olopatadine hcl nasal</i>	NP	PA
*NASAL STEROIDS***		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	NP	PA
<i>fluticasone propionate nasal</i>	P	
<i>mometasone furoate nasal</i>	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
OMNARIS	P	
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
ZETONNA	NP	PA
OPHTHALMIC AGENTS		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB***		
SIMBRINZA	P	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
<i>brimonidine tartrate-timolol</i>	NP	PA
COMBIGAN	P	Clinical Program Type
COSOPT	NP	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA
<i>dorzolamide hcl-timolol mal</i>	P	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	P	
*BETA-BLOCKERS - OPHTHALMIC***		
<i>betaxolol hcl ophthalmic</i>	NP	PA
BETIMOL OPHTHALMIC SOLUTION 0.25 %	NP	PA
BETIMOL OPHTHALMIC SOLUTION 0.5 %	NP	PA; Clinical Program Type
BETOPTIC-S	P	
<i>carteolol hcl</i>	P	
ISTALOL	NP	PA
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	P	
<i>timolol hemihydrate</i>	NP	PA
<i>timolol maleate (once-daily)</i>	P	
TIMOLOL MALEATE OCUDOSE	P	
<i>timolol maleate ophthalmic gel forming solution</i>	NP	PA
<i>timolol maleate ophthalmic solution</i>	P	
<i>timolol maleate pf</i>	P	
TIMOPTIC OCUDOSE	NP	PA
*CHOLINERGIC AGONISTS***		
TYRVAYA	NP	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA	P	PA; ST; QL
*MIOTICS - CHOLINESTERASE INHIBITORS***		
PHOSPHOLINE IODIDE	NP	PA
*MIOTICS - DIRECT ACTING***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	P	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	NP	PA; ST; QL; AL
VUITY	NP	PA; ST; QL; AL
*OPHTHALMIC ANTIALLERGIC***		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	
<i>azelastine hcl ophthalmic</i>	P	
<i>bepotastine besilate</i>	NP	PA
BEPREVE	P	Clinical Program Type
<i>epinastine hcl</i>	NP	PA
<i>eye itch relief ophthalmic solution 0.035 %</i>	P	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	P	
ZADITOR OPHTHALMIC SOLUTION 0.035 %	NP	PA
ZERVATE	NP	PA
*OPHTHALMIC ANTIBIOTICS***		
AZASITE	P	
<i>bacitracin ophthalmic</i>	NP	PA
BESIVANCE	P	
CILOXAN OPHTHALMIC OINTMENT	P	
<i>ciprofloxacin hcl ophthalmic</i>	P	
<i>erythromycin ophthalmic</i>	P	
<i>gatifloxacin ophthalmic</i>	NP	PA
<i>gentamicin sulfate ophthalmic solution</i>	P	
<i>moxifloxacin hcl ophthalmic solution</i>	P	ST; AL
OCUFLOX	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin ophthalmic</i>	P	
<i>tobramycin ophthalmic</i>	P	
TOBREX OPHTHALMIC OINTMENT	P	
VIGAMOX	NP	PA; ST; AL
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>neomycin-bacitracin zn-polymyx</i>	NP	PA
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	NP	PA
NEO-POLYCIN	NP	PA
POLYCIN	P	
<i>polymyxin b-trimethoprim</i>	P	
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
AZOPT	P	Clinical Program Type
<i>brinzolamide</i>	NP	PA
<i>dorzolamide hcl ophthalmic</i>	P	
*OPHTHALMIC IMMUNOMODULATORS***		
CEQUA	NP	PA; QL
<i>cyclosporine ophthalmic</i>	NP	PA; ST; QL
RESTASIS	P	PA; ST; QL; Clinical Program Type
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; ST; QL
VERKAZIA	NP	PA; QL
VEVYE	NP	PA; QL
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
ROCKLATAN	P	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
ACULAR	NP	PA
ACULAR LS	NP	PA
ACUVAIL	NP	PA
<i>bromfenac sodium (once-daily)</i>	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac sodium ophthalmic solution 0.07 % , 0.075 %</i>	NP	PA
BROMSITE	NP	PA
<i>diclofenac sodium ophthalmic</i>	P	
<i>flurbiprofen sodium</i>	P	
ILEVRO	NP	PA
<i>ketorolac tromethamine ophthalmic</i>	P	
NEVANAC	P	
PROLENSA	P	Clinical Program Type
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA	P	
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
ALPHAGAN P	P	Clinical Program Type
<i>apraclonidine hcl</i>	P	
<i>brimonidine tartrate ophthalmic solution 0.1 % , 0.15 %</i>	NP	PA
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	P	
IOPIDINE OPHTHALMIC SOLUTION 1 %	P	
*OPHTHALMIC STEROID COMBINATIONS***		
<i>bacitra-neomycin-polymyxin-hc</i>	NP	PA
MAXITROL OPHTHALMIC OINTMENT	NP	PA
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	NP	PA
<i>neomycin-polymyxin-dexameth</i>	P	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	NP	PA
NEO-POLYCIN HC	NP	PA
<i>sulfacetamide-prednisolone ophthalmic solution</i>	P	
TOBRADEX OPHTHALMIC OINTMENT	P	
TOBRADEX ST	P	
<i>tobramycin-dexamethasone</i>	P	
ZYLET	P	

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Drug Name	Drug Tier	Requirements / Limits
*OPHTHALMIC STEROIDS***		
ALREX	P	Clinical Program Type
<i>dexamethasone sodium phosphate ophthalmic</i>	P	
<i>difluprednate</i>	NP	PA
DUREZOL	P	Clinical Program Type
EYSUVIS	NP	PA; QL
FLAREX	P	
<i>fluorometholone ophthalmic</i>	NP	PA
FML FORTE	NP	PA
FML LIQUIFILM	P	Clinical Program Type
INVELTYS	NP	PA
LOTEMAX OPHTHALMIC GEL	P	Clinical Program Type
LOTEMAX OPHTHALMIC OINTMENT	P	
LOTEMAX OPHTHALMIC SUSPENSION	NP	PA
LOTEMAX SM	NP	PA
<i>loteprednol etabonate ophthalmic gel</i>	NP	PA
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	NP	PA
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	P	
MAXIDEX	NP	PA
PRED FORTE	NP	PA
PRED MILD	P	
<i>prednisolone acetate ophthalmic</i>	P	
<i>prednisolone sodium phosphate ophthalmic</i>	P	
*OPHTHALMIC SULFONAMIDES***		
<i>sulfacetamide sodium ophthalmic solution</i>	P	
*OPHTHALMICS MISC. - OTHER***		
MIEBO	NP	PA; QL
*PROSTAGLANDINS - OPHTHALMIC***		
<i>bimatoprost ophthalmic</i>	NP	PA
IYUZEH	NP	PA; ST
<i>latanoprost ophthalmic</i>	P	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	P	

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Drug Name	Drug Tier	Requirements / Limits
<i>tafluprost (pf)</i>	NP	PA
TRAVATAN Z	P	Clinical Program Type
<i>travoprost (bak free)</i>	NP	PA
VYZULTA	NP	PA
XALATAN	NP	PA
XELPROS	NP	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	NP	PA; Clinical Program Type
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
<i>acetic acid otic</i>	P	
*OTIC ANTI-INFECTIVES***		
<i>ciprofloxacin hcl otic</i>	NP	PA
<i>ofloxacin otic</i>	P	
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***		
CIPRO HC	P	
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-fluocinolone pf</i>	NP	PA
CORTISPORIN-TC	P	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	P	
<i>neomycin-polymyxin-hc otic suspension</i>	P	
*OTIC STEROIDS***		
DERMOTIC	NP	PA
<i>fluocinolone acetonide otic</i>	P	
<i>hydrocortisone-acetic acid</i>	NP	PA
PROGESTINS		
*PROGESTINS***		
GALLIFREY	P	
<i>medroxyprogesterone acetate oral</i>	P	
<i>norethindrone acetate oral</i>	P	
<i>progesterone intramuscular</i>	P	
<i>progesterone oral</i>	P	
PROMETRIUM	NP	PA
PROVERA	P	

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Drug Name	Drug Tier	Requirements / Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ANTI-CATAPLECTIC AGENTS***		
<i>sodium oxybate</i>	P	PA; ST; QL; AL
XYREM	P	PA; ST; QL; AL
*ANTI-CATAPLECTIC COMBINATIONS***		
XYWAV	P	PA; ST; QL; AL
*ANTIDEMENTIA AGENT COMBINATIONS***		
<i>memantine hcl-donepezil hcl</i>	P	PA; QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	P	QL; Clinical Program Type
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	P	QL
*BENZODIAZEPINES & TRICYCLIC AGENTS***		
<i>chlordiazepoxide-amitriptyline</i>	P	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***		
ADLARITY	P	ST; QL; AL
ARICEPT	P	PA; QL
<i>donepezil hcl</i>	P	QL
EXELON TRANSDERMAL	P	QL
<i>galantamine hydrobromide</i>	P	QL
<i>galantamine hydrobromide er</i>	P	QL
<i>rivastigmine</i>	P	QL
<i>rivastigmine tartrate</i>	P	QL
ZUNVEYL	P	QL
*FIBROMYALGIA AGENT - SNRIS***		
SAVELLA	P	
SAVELLA TITRATION PACK	P	QL
*MOVEMENT DISORDER DRUG THERAPY***		
AUSTEDO	P	PA; ST; QL; AL
AUSTEDO XR	P	PA; ST; QL; AL
AUSTEDO XR PATIENT TITRATION	P	PA; ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA	P	PA; ST; QL; AL
tetrabenazine	P	PA; ST; QL; AL
XENAZINE	NP	PA; ST; QL; AL
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
AUBAGIO	NP	PA; QL
teriflunomide	P	PA; QL
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
MAVENCLAD (10 TABS)	NP	PA; QL
MAVENCLAD (4 TABS)	NP	PA; QL
MAVENCLAD (5 TABS)	NP	PA; QL
MAVENCLAD (6 TABS)	NP	PA; QL
MAVENCLAD (7 TABS)	NP	PA; QL
MAVENCLAD (8 TABS)	NP	PA; QL
MAVENCLAD (9 TABS)	NP	PA; QL
*MULTIPLE SCLEROSIS AGENTS - COMBINATIONS***		
OCREVUS ZUNOVO	P	PA; QL
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	PA; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	PA; QL
BETASERON SUBCUTANEOUS KIT	P	PA; QL
PLEGRIDY INTRAMUSCULAR	NP	PA; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; QL
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	PA; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA; QL
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES***		
BRIUMVI	NP	PA; QL
KESIMPTA	P	PA; QL
LEMTRADA	NP	PA; QL
OCREVUS	P	PA; QL
TYSABRI	P	PA; QL
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
BAFIERTAM	P	PA; QL
<i>dimethyl fumarate oral</i>	P	PA; QL
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	P	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA
VUMERITY	NP	PA; ST; QL
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***		
AMPYRA	P	PA; QL
<i>dalfampridine er</i>	P	PA; QL
*MULTIPLE SCLEROSIS AGENTS***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	PA; QL; Clinical Program Type
<i>glatiramer acetate</i>	NP	PA; QL
GLATOPA	NP	PA; QL
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
<i>memantine hcl er</i>	P	QL
<i>memantine hcl oral</i>	P	QL

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Drug Name	Drug Tier	Requirements / Limits
NAMENDA TITRATION PAK	P	QL
*PHENOTHIAZINES & TRICYCLIC AGENTS***		
perphenazine-amitriptyline	P	PA; ST; AL
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***		
fluoxetine hcl (pmdd) oral tablet	P	QL
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***		
ergoloid mesylates oral	P	QL
pimozide	P	PA; ST; QL; AL
*SMOKING DETERRENTS***		
bupropion hcl er (smoking det)	P	ST; QL
cvs nicotine mouth/throat gum 4 mg	P	ST; QL; AL
ft nicotine	P	ST; QL; AL
ft nicotine mini	P	ST; QL; AL
gnp nicotine	P	ST; QL; AL
gnp nicotine mini	P	ST; QL; AL
gnp nicotine polacrilex	P	ST; QL; AL
goodsense nicotine	P	ST; QL; AL
hm nicotine polacrilex mouth/throat lozenge 2 mg	P	ST; QL; AL
nicotine	P	ST; QL; AL
nicotine mini	P	ST; QL; AL
nicotine polacrilex mini	P	ST; QL; AL
nicotine polacrilex mouth/throat	P	ST; QL; AL
nicotine step 1	P	ST; QL; AL
nicotine step 2	P	ST; QL; AL
nicotine step 3	P	ST; QL; AL
NICOTROL	NP	PA; ST; QL; AL
NICOTROL NS	NP	PA; ST; QL; AL
sm nicotine mouth/throat	P	ST; QL; AL
sm nicotine polacrilex mouth/throat gum	P	ST; QL; AL
sm nicotine polacrilex mouth/throat lozenge 4 mg	P	ST; QL; AL
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	P	ST; QL; AL

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Drug Name	Drug Tier	Requirements / Limits
<i>varenicline tartrate (starter)</i>	P	ST; QL; AL
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	P	ST; AL
<i>varenicline tartrate(continue)</i>	P	ST; AL
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
<i> fingolimod hcl</i>	P	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	P	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	NP	PA; QL
MAYZENT	NP	PA; QL
MAYZENT STARTER PACK	NP	PA; QL
PONVORY	NP	PA; QL
PONVORY STARTER PACK	NP	PA; QL
TASCENSO ODT	P	PA; ST; QL; AL
ZEPOSIA	P	PA; QL
ZEPOSIA 7-DAY STARTER PACK	P	PA; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	P	PA; QL
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS***		
LYBALVI	P	PA; ST; QL; AL
*THIENBENZODIAZEPINES & SSRIS***		
<i>olanzapine-fluoxetine hcl</i>	P	PA; ST; QL; AL
SYMBYAX ORAL CAPSULE 6-25 MG	P	PA; ST; QL; AL
*VASOMOTOR SYMPTOM AGENTS - SSRIS***		
<i>paroxetine mesylate</i>	P	ST
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINE RGICS		
*ANTICHOLINERGIC COMBINATIONS***		
<i>belladonna alkaloids-opium</i>	NP	PA
*H-2 ANTAGONISTS***		
<i>acid controller</i>	P	QL
<i>acid reducer maximum strength oral tablet 20 mg</i>	P	QL
<i>acid reducer oral tablet 10 mg</i>	P	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine oral</i>	P	QL
<i>famotidine maximum strength</i>	P	QL
<i>famotidine oral suspension reconstituted</i>	NP	PA; ST; AL
<i>famotidine oral tablet</i>	P	QL
<i>famotidine orig st</i>	P	QL
<i>ft acid reducer max strength</i>	P	QL
<i>ft acid reducer oral tablet</i>	P	QL
<i>gnp acid reducer max st</i>	P	QL
<i>gnp acid reducer oral tablet 10 mg</i>	P	QL
<i>heartburn relief max st oral tablet 20 mg</i>	P	QL
<i>heartburn relief oral tablet 10 mg</i>	P	QL
<i>nizatidine oral capsule</i>	P	QL
PEPCID ORAL TABLET	NP	PA; QL
*MISC. ANTI-ULCER***		
CARAFATE ORAL SUSPENSION	NP	PA; ST; AL
CARAFATE ORAL TABLET	NP	PA
<i>sucralfate oral suspension</i>	P	ST; AL
<i>sucralfate oral tablet</i>	P	
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***		
KONVOMEF	NP	PA; ST; QL
<i>omeprazole-sodium bicarbonate</i>	NP	PA; ST; QL
ZEGERID	NP	PA; ST; QL
*PROTON PUMP INHIBITORS***		
DEXILANT	P	QL; Clinical Program Type
<i>dexlansoprazole</i>	NP	PA; ST; QL
<i>esomeprazole magnesium oral capsule delayed release</i>	P	QL
<i>esomeprazole magnesium oral packet</i>	NP	PA; ST; QL
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	NP	PA
<i>lansoprazole oral capsule delayed release</i>	P	ST; QL
<i>lansoprazole oral tablet delayed release dispersible</i>	NP	PA; ST; QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	NP	PA; ST; QL
NEXIUM ORAL PACKET	P	QL; Clinical Program Type

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole oral capsule delayed release</i>	P	QL
<i>pantoprazole sodium intravenous</i>	NP	PA
<i>pantoprazole sodium oral packet</i>	NP	PA; ST; QL
<i>pantoprazole sodium oral tablet delayed release</i>	P	QL
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NP	PA; ST; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NP	PA; ST; QL
PRILOSEC ORAL PACKET	NP	PA; ST; QL
PROTONIX INTRAVENOUS	NP	PA
PROTONIX ORAL PACKET	P	ST; QL; Clinical Program Type
PROTONIX ORAL TABLET DELAYED RELEASE	NP	PA; QL
<i>rabeprazole sodium oral tablet delayed release</i>	NP	PA; ST; QL
*ULCER ANTI-INFECTIVE WI BISMUTH COMBINATIONS***		
<i>bis subcit-metronid-tetracyc</i>	NP	PA
<i>bismuth/metronidaz/tetracyclin</i>	NP	PA
PYLERA	P	Clinical Program Type
*ULCER ANTI-INFECTIVE WI PROTON PUMP INHIBITORS***		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	NP	PA
TALICIA	NP	PA
*ULCER ANTI-INFECTIVE-PCAB COMBINATIONS***		
VOQUEZNA DUAL PAK	NP	PA
VOQUEZNA TRIPLE PAK	P	
*ULCER DRUGS - PROSTAGLANDINS***		
CYTOTEC	NP	PA
<i>misoprostol oral</i>	P	
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***		
<i>darifenacin hydrobromide er</i>	NP	PA
DETROL	NP	PA

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Drug Name	Drug Tier	Requirements / Limits
DETROL LA	NP	PA
<i>fesoterodine fumarate er</i>	P	
<i>oxybutynin chloride er</i>	P	
<i>oxybutynin chloride oral solution</i>	P	
<i>oxybutynin chloride oral tablet</i>	P	
OXYTROL	P	
<i>solifenacin succinate</i>	P	
<i>tolterodine tartrate</i>	P	
<i>tolterodine tartrate er</i>	P	
TOVIAZ	NP	PA
<i>trospium chloride</i>	NP	PA
<i>trospium chloride er</i>	NP	PA
VESICARE	NP	PA
VESICARE LS	NP	PA; ST; AL
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***		
GEMTESA	NP	PA; ST
<i>mirabegron er</i>	NP	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	NP	PA; ST; AL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	P	Clinical Program Type
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
<i>bethanechol chloride oral</i>	P	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
<i>flavoxate hcl</i>	NP	PA
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>3 day vaginal</i>	P	QL
<i>7 day vaginal</i>	P	QL
<i>clotrimazole vaginal cream 1 %</i>	P	QL
<i>ft 7 day vaginal</i>	P	QL
<i>ft clotrimazole</i>	P	QL
<i>ft clotrimazole 3</i>	P	QL
<i>ft miconazole 3 comb pack-supp</i>	NP	PA; QL

* Your plan may cover some drugs that are not listed. Refer to your pharmacy benefit summary for more information.

Drug Name	Drug Tier	Requirements / Limits
<i>ft miconazole 3 combo pack</i>	NP	PA; QL
<i>ft miconazole 7</i>	P	QL
<i>ft tioconazole-1</i>	P	QL
<i>gnp clotrimazole 3</i>	P	QL
<i>gnp miconazole 1</i>	NP	PA; QL
<i>gnp miconazole 3</i>	NP	PA; QL
<i>gnp miconazole 7</i>	P	QL
GYNAZOLE-1	NP	PA
<i>miconazole 3 combo pack</i>	NP	PA; QL
<i>miconazole 3 combo-supp</i>	NP	PA; QL
<i>miconazole 3 vaginal suppository</i>	NP	PA
<i>miconazole 7 vaginal cream</i>	P	QL
<i>miconazole 7 vaginal suppository</i>	NP	PA; QL
<i>miconazole nitrate combo pack</i>	NP	PA; QL
MONISTAT 1	P	QL
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	NP	PA; QL
<i>sm clotrimazole vaginal</i>	P	QL
<i>sm miconazole 3</i>	NP	PA; QL
<i>sm miconazole 3 applicator</i>	NP	PA; QL
<i>sm tioconazole-1</i>	P	QL
<i>terconazole vaginal cream</i>	P	
<i>terconazole vaginal suppository</i>	NP	PA
<i>tioconazole-1</i>	P	QL
*MISCELLANEOUS VAGINAL PRODUCTS***		
INTRAROSA	NP	PA
*VAGINAL ANTI-INFECTIVES***		
CLEOCIN VAGINAL CREAM	P	Clinical Program Type
CLEOCIN VAGINAL SUPPOSITORY	NP	PA
<i>clindamycin phosphate vaginal</i>	NP	PA
CLINDESSE	NP	PA
<i>metronidazole vaginal</i>	P	
NUVESSA	P	
VANDAZOLE	NP	PA
XACIATO	P	ST

* Your plan may cover some drugs that are not listed. Refer to your pharmacy benefit summary for more information.

Drug Name	Drug Tier	Requirements / Limits
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***		
PHEXXI	P	QL
*VAGINAL ESTROGENS***		
ESTRACE VAGINAL CREAM 0.01 %	NP	PA
<i>estradiol vaginal cream 0.01 %</i>	NP	PA
<i>estradiol vaginal tablet</i>	NP	PA
ESTRING VAGINAL RING 7.5 MCG/24HR	P	
FEMRING	NP	PA
IMVEXXY MAINTENANCE PACK	NP	PA
IMVEXXY STARTER PACK	NP	PA
PREMARIN VAGINAL	P	
VAGIFEM VAGINAL TABLET 10 MCG	P	Clinical Program Type
YUVAFEM	NP	PA
*VAGINAL PROGESTINS***		
CRINONE	NP	PA
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA
<i>epinephrine injection solution auto-injector</i>	P	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	NP	PA
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	NP	PA
NEFFY	NP	PA

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WIXELA INHUB.....	18	ZANAFLEX.....	97	ZUMANDIMINE.....	58
WYMZYA FE.....	58	ZARONTIN.....	25	ZUNVEYL.....	104
WYOST.....	78	ZARXIO.....	85	ZURZUVAE.....	26
XACIATO.....	112	ZAVZPRET.....	94	ZYFLO.....	17
XALATAN.....	103	ZEGALOGUE.....	29	ZYLET.....	101
XANAX.....	17	ZEGERID.....	109	ZYMFENTRA (1 PEN).....	83
XANAX XR.....	17	ZEMBRACE SYMTOUCH.....	95	ZYMFENTRA (2 PEN).....	83
XARAH FE.....	61	ZENATANE.....	64	ZYMFENTRA (2 SYRINGE).....	83
XARELTO.....	21	ZENPEP.....	75	ZYPITAMAG.....	41
XARELTO STARTER PACK.....	21	ZENZEDI.....	6	ZYPREXA.....	47
XCOPRI.....	25	ZEPATIER.....	48	ZYPREXA RELPREVV.....	48
XCOPRI (250 MG DAILY		ZEPBOUND.....	6	ZYPREXA ZYDIS.....	48
DOSE).....	25	ZEPOSIA.....	108		
XCOPRI (350 MG DAILY		ZEPOSIA 7-DAY STARTER			
DOSE).....	25	PACK.....	108		
XELJANZ.....	7	ZEPOSIA STARTER KIT.....	108		
XELJANZ XR.....	7	ZERVIAE.....	99		
XELPROS.....	103	ZESTORETIC.....	42		
XELRIA FE.....	58	ZESTRIL.....	42		
XELSTRYM.....	6	ZETIA.....	41		
XENAZINE.....	105	ZETONNA.....	98		
XERESE.....	67	ZIANA.....	63		
XGEVA.....	78	ZIEXTENZO.....	85		
XIGDUO XR.....	34	<i>zileuton er</i>	17		
XIIDRA.....	99	ZIMHI.....	35		
XOFLUZA (40 MG DOSE).....	49	ZIOPTAN.....	103		
XOFLUZA (80 MG DOSE).....	49	<i>ziprasidone hcl</i>	45		
XOLAIR.....	18	<i>ziprasidone mesylate</i>	45		
XOPENEX HFA.....	19	ZITHROMAX.....	86		
XPHOZAH.....	76	ZITHROMAX TRI-PAK.....	86		
XULANE.....	58	ZITHROMAX Z-PAK.....	86		