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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution</i> <i>120-12 mg/5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-60 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) <i>weekly 10 mcg/hour, 15 mcg/hour, 20</i> <i>mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral</i> <i>capsule 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral</i> (Fioricet) <i>capsule 50-300-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>tablet 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (oxycodone- acetaminophen)	1	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg</i> (oxycodone- acetaminophen)	2	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i> (oxycodone- acetaminophen)	1	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone- acetaminophen)	1	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 1,200 mcg, 1,600 mcg, 400</i> <i>mcg, 600 mcg, 800 mcg</i>	5	QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 200 mcg</i>	2	QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> <i>100 mcg/hr, 12 mcg/hr, 25 mcg/hr,</i> <i>50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	1	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	1	QL (300 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	1	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	QL (224 per 28 days)
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days);
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	2	QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	2	QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	QL (240 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine-prilocaine topical cream</i> 2.5-2.5 %	1	QL (30 per 30 days)
<i>lidocan iii topical adhesive</i> (lidocaine) <i>patch,medicated 5 %</i>	2	QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	QL (90 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>buprenorphine hcl sublingual tablet 2</i> <i>mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual</i> (Suboxone) <i>film 12-3 mg</i>	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual</i> (Suboxone) <i>film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual</i> <i>tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone nasal spray, non-aerosol 4</i> (Narcan) <i>mg/actuation</i>	2	QL (4 per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i> <i>(56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5</i> (Xanax) <i>mg, 1 mg</i>	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10</i> <i>mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	QL (60 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	QL (235.2 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	QL (224 per 28 days)
<b>Antibacterials, Miscellaneous</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	QL (90 per 30 days)
<b>Macrolides</b>		
DIFICID ORAL TABLET 200 MG	5	QL (20 per 10 days)
<b>Tetracyclines</b>		
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 40 MG	5	QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	QL (28 per 28 days)
BOSULIF ORAL CAPSULE 100 MG	5	QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	QL (56 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COTELLIC ORAL TABLET 20 MG	5	QL (63 per 28 days)
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	QL (120 per 28 days)
DAURISMO ORAL TABLET 100 MG	5	QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	QL (60 per 30 days)
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	QL (9.5 per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	QL (112 per 28 days)
EXKIVITY ORAL CAPSULE 40 MG	5	QL (120 per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	QL (5 per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	5	QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	QL (90 per 30 days)
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	QL (8 per 21 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	QL (28 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	5	QL (180 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	QL (120 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	QL (180 per 30 days)
OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)	5	QL (24 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	QL (14 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	QL (90 per 30 days)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	QL (30 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	QL (300 per 30 days)
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STIVARGA ORAL TABLET 40 MG	5	QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	QL (30 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	QL (60 per 30 days)
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	QL (5 per 21 days)
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	QL (30 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA ORAL TABLET 10 MG	3	QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	5	QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTANDI ORAL TABLET 40 MG	5	QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	5	QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	QL (84 per 28 days)
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	QL (20 per 28 days)
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	QL (360 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	QL (180 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	1	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	QL (1080 per 30 days)
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine oral capsule, sprinkle, er</i> (Namenda XR) 24hr 14 mg, 21 mg, 28 mg, 7 mg	2	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24</i> (Exelon Patch) <i>hour 13.3 mg/24 hour, 4.6 mg/24</i> <i>hour, 9.5 mg/24 hour</i>	2	QL (30 per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 25</i> <i>mg, 50 mg</i>	2	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed</i> (Cymbalta) <i>release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended</i> (Effexor XR) <i>release 24hr 150 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended</i> (Effexor XR) <i>release 24hr 37.5 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg,</i> (Viibryd) <i>40 mg</i>	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	QL (14 per 14 days)
<b>Antidiabetic Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Antidiabetic Agents, Miscellaneous</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	QL (112 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
<b>Insulins</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	2	QL (30 per 28 days)

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	2	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	2	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	2	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	2	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	3	QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	3	QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	QL (180 per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	1	QL (170 per 30 days)
<i>ketoconazole topical cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (360 per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	QL (30 per 30 days)
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	QL (2 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer,</i> (Imitrex STATdose Pen) <i>suv</i>	2	QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose <i>cartridge 6 mg/0.5 ml</i> Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex) <i>solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
<i>aprepitant oral capsule 125 mg</i>	2	QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	QL (4 per 28 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	QL (60 per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	QL (10 per 30 days);
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>hydroxychloroquine oral tablet 100 mg</i>	1	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	QL (84 per 28 days)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	QL (60 per 30 days)
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	QL (150 per 30 days)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 per 42 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (1 per 26 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine oral tablet, disintegrating</i> <i>100 mg, 12.5 mg, 25 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating</i> <i>150 mg</i>	2	QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating</i> <i>200 mg</i>	2	QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32 per 70 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63 per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg,</i> (Latuda) <i>40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i> (Zyprexa) <i>10 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 3 mg, 9 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 6 mg</i>	2	QL (60 per 30 days)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	QL (1 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 per 30 days)
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	QL (2 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension, extended</i> <i>rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 per 30 days)
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i>	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	QL (24 per 365 days)
BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG	5	QL (30 per 30 days)
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	5	QL (24 per 365 days)
<i>cabotegravir intramuscular (Apretude) suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	5	QL (24 per 365 days)
<i>lopinavir-ritonavir oral solution 400- (Kaletra) 100 mg/5 ml</i>	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 (Kaletra) mg</i>	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 (Kaletra) mg</i>	2	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
TRIUMEQ ORAL TABLET 600-50- 300 MG	5	QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antivirals, Miscellaneous</b>		
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<b>Hcv Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	QL (18 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	QL (20 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	QL (4 per 28 days)
<b>Platelet-Aggregation Inhibitors</b>		
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	QL (180 per 30 days)
<b>Angiotensin Ii Receptor Antagonists</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	3	QL (60 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 per 30 days)
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	QL (30 per 30 days)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 per 30 days)
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	QL (30 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	QL (210 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	5	QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	QL (14 per 7 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	QL (12 per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	QL (1.2 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	QL (1 per 28 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	QL (120 per 30 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
eluryng vaginal ring 0.12-0.015 mg/24 hr (etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
enilloring vaginal ring 0.12-0.015 mg/24 hr (etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr (EluRyng)	1	QL (1 per 28 days)
haloette vaginal ring 0.12-0.015 mg/24 hr (etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Iclevia)	1	QL (91 per 84 days)
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr (Xulane)	1	QL (3 per 28 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
xulane transdermal patch weekly 150-35 mcg/24 hr (norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr (norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<b>Dental And Oral Agents</b>		
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
acyclovir topical ointment 5 % (Zovirax)	2	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
PANRETIN TOPICAL GEL 0.1 %	5	QL (60 per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<b>Scabicides And Pediculicides</b>		
<i>permethrin topical cream 5 %</i> (Elimite)	1	QL (60 per 30 days)
<b>Devices</b>		
<b>Devices</b>		
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	1	QL (30 per 25 days)
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 per 4 days)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5	QL (10 per 42 days)
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	QL (60 per 30 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	2	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	QL (34 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	QL (30 per 30 days)
<b>Gastrointestinal Agents, Other</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	QL (84 per 28 days)
<b>Genitourinary Agents</b>		
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>trientine oral capsule 250 mg</i> (Syprine)	5	QL (240 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	QL (5 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	QL (2 per 28 days)
<b>Estrogens And Antiestrogens</b>		
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	QL (8 per 28 days);
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	QL (4 per 28 days);
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
<b>Pituitary</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	QL (30 per 30 days)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	QL (0.5 per 28 days)
ORILISSA ORAL TABLET 150 MG	5	QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	QL (56 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	QL (0.3 per 28 days)
<b>Progestins</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<b>Immunological Agents</b>		
<b>Immunological Agents</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	QL (2 per 28 days)
TAVNEOS ORAL CAPSULE 10 MG	5	QL (180 per 30 days)
<b>Vaccines</b>		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	6	QL (3 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	QL (2 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Inflammatory Bowel Disease Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	QL (120 per 30 days)
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	QL (2 per 28 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	QL (1.56 per 30 days)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	5	QL (180 per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	2	QL (30 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	QL (30 per 30 days)
VOWST ORAL CAPSULE	5	QL (12 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	QL (2.5 per 25 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	2	QL (30 per 30 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	2	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate- vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)	
<i>breyana inhalation hfa aerosol inhaler</i> <i>160-4.5 mcg/actuation, 80-4.5</i> <i>mcg/actuation</i>	(budesonide-formoterol)	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for</i> <i>nebulization 0.25 mg/2 ml, 0.5 mg/2</i> <i>ml</i>	(Pulmicort)	2	QL (120 per 30 days)
<i>budesonide inhalation suspension for</i> <i>nebulization 1 mg/2 ml</i>	(Pulmicort)	2	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa</i> <i>aerosol inhaler 160-4.5</i> <i>mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	1	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 110 mcg/actuation</i>		1	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 220 mcg/actuation</i>		1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 44 mcg/actuation</i>		1	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol</i> <i>inhalation blister with device 100-50</i> <i>mcg/dose, 250-50 mcg/dose, 500-50</i> <i>mcg/dose</i>	(Wixela Inhub)	1	QL (60 per 30 days)
<i>wixela inhub inhalation blister with</i> <i>device 100-50 mcg/dose, 250-50</i> <i>mcg/dose, 500-50 mcg/dose</i>	(fluticasone propion- salmeterol)	1	QL (60 per 30 days)
<b>Bronchodilators</b>			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (nda020503)	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (nda020983)	1	QL (36 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium-albuterol inhalation</i> <i>solution for nebulization 0.5 mg-3</i> <i>mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	QL (560 per 28 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	QL (1 per 21 days)
<b>Skeletal Muscle Relaxants</b>		
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	1	QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	1	QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	5	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	QL (360 per 30 days)
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	QL (240 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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VALTOCO.....	19	WINREVAIR .....	53	ZTALMY .....	19
<i>vancomycin</i> .....	8	<i>wixela inhub</i> .....	50	ZTLIDO .....	6
<i>varenicline</i> .....	6	<b>X</b>		ZURZUVAE.....	20
VEMLIDY .....	33	XALKORI .....	16	ZYDELIG .....	17
VENCLEXTA.....	16	XARELTO.....	35	ZYKADIA .....	17
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