



# CoxHealth Medicare Advantage (HMO)

## 2024 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated 04/24/2024. **Effective 05/01/2024**

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Insulin products are covered at a \$0 copay on tier 6.

For more recent information or other questions, please contact CoxHealth Medicare Advantage.

Contact us at 1-855-752-3796 (TTY users should call 711):

October 1 to March 31, Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m.

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

# CoxHealth Medicare Advantage (HMO)

## 2024 Formulary

### (List of Covered Drugs)

#### Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CoxHealth Medicare Advantage (HMO). When it refers to “plan” or “our plan,” it means CoxHealth Medicare Advantage (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

#### What is the CoxHealth Medicare Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

#### Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1st, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the introduction. Formulary ID: 24443, Ver. 11 Last Updated 04/24/2024 Effective Date: 05/01/2024

on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 24, 2024. To get updated information about the drugs covered by CoxHealth Medicare Advantage (HMO) please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formulary will be updated monthly and posted on our website.

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the introduction. Formulary ID: 24443, Ver. 11 Last Updated 04/24/2024 Effective Date: 05/01/2024

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 96. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

CoxHealth Medicare Advantage (HMO) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** CoxHealth Medicare Advantage (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CoxHealth Medicare Advantage (HMO) before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CoxHealth Medicare Advantage (HMO) limits the amount of the drug that we will cover. For example, CoxHealth Medicare Advantage (HMO) provides 30 tablets per 30 days for Afinitor. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CoxHealth Medicare Advantage (HMO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CoxHealth Medicare Advantage (HMO) formulary?" on page iv information about how to request an exception.

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the introduction. Formulary ID: 24443, Ver. 11 Last Updated 04/24/2024 Effective Date: 05/01/2024

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that CoxHealth Medicare Advantage (HMO) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?

You can ask CoxHealth Medicare Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CoxHealth Medicare Advantage (HMO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CoxHealth Medicare Advantage (HMO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the

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drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90-days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving, which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

- Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital;
- Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary;
- Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits;
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

## **For more information**

For more detailed information about your CoxHealth Medicare Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CoxHealth Medicare Advantage (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

## **CoxHealth Medicare Advantage (HMO) Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by CoxHealth Medicare Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 96.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMIRA) and generic drugs are listed in lower-case italics (e.g., *celecoxib*).

The information in the Requirements/Limits column tells you if CoxHealth Medicare Advantage (HMO) has any special requirements for coverage of your drug.

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Prescription Drugs are assigned one of six tier levels. CoxHealth Medicare Advantage covers both brand-name and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

**Tier 1 – Preferred Generic:** Generic or some brand drugs that are available at the lowest cost share.

**Tier 2 – Generic:** Generic or brand drugs that the plan offers at a higher cost than Tier 1 Preferred Generic.

**Tier 3 – Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug.

**Tier 4 – Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to than Tier 3 Preferred Brand.

**Tier 5 – Specialty:** Some injectable and other high-cost drugs.

**Tier 6 – Insulins:** Insulin products that help control blood sugar for people with diabetes.

The cost of your prescription depends on:

- Which tier your drug is on
- Whether you fill your drug at a network pharmacy
- Your current drug payment stage – please read your Evidence of Coverage (EOC) for more information

**The following table describes the symbols/abbreviations used in the Drug List Table**

ABBREVIATION/SYMBOL	DESCRIPTION
NMO	No Mail Order available for that drug
QL	Quantity Limit applies to your fill
PA	Prior Authorization is required before filling
BD	These drugs may be covered under Medicare Part B or D depending on the circumstance. Information may need to be submitted to describe the use and setting of the drug to make a the appropriate determination.
ST	Step Therapy requirement applies
E	Excluded drugs that are not normally covered in a Medicare Prescription Drug Plan, but we do allow. The amount you pay does not count towards your total drug costs. Additionally, if you are receiving “extra help”, you will not receive it for these drugs.

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**CoxHealth Plan (List of Covered Drugs)**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	
<i>abacavir sulfate oral tablet 300 mg</i>	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD; NMO
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	NMO; QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	NMO; QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO; QL (1 EA per 28 days)
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	NMO
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	NMO
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NMO; QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetic acid otic solution 2 %</i>	2	NMO
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD; NMO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA; NMO
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; NMO
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NMO; QL (35 ML per 28 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; NMO
<i>acyclovir external cream 5 %</i>	2	NMO; QL (5 GM per 4 days)
<i>acyclovir external ointment 5 %</i>	2	NMO; QL (30 GM per 30 days)
<i>acyclovir oral capsule 200 mg</i>	2	NMO
<i>acyclovir oral suspension 200 mg/5ml</i>	2	NMO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	NMO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BD; NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NMO
<i>adapalene external cream 0.1 %</i>	2	PA; NMO
<i>adefovir dipivoxil oral tablet 10 mg</i>	2	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	4	PA; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	4	PA; QL (1.5 ML per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; NMO; QL (60 EA per 30 days)
ALA SCALP EXTERNAL LOTION 2 %	2	NMO
<i>ala-cort external cream 2.5 %</i>	1	NMO
<i>albendazole oral tablet 200 mg</i>	5	NMO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (36 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	BD; QL (360 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	BD; QL (120 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	2	NMO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>alcohol prep pads pad 70 %</i>	1	NMO
ALECENSA ORAL CAPSULE 150 MG	5	PA; NMO; QL (240 EA per 30 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	2	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	PA; NMO
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	NMO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	NMO; QL (150 EA per 30 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
ALTRENO EXTERNAL LOTION 0.05 %	4	PA; NMO
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
ALYQ ORAL TABLET 20 MG	2	PA; QL (60 EA per 30 days)
AMABELZ ORAL TABLET 0.5-0.1 MG	2	
<i>amantadine hcl oral capsule 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	2	QL (91 EA per 84 days)
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>ammonium lactate external cream 12 %</i>	2	NMO
<i>ammonium lactate external lotion 12 %</i>	2	NMO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	2	NMO
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NMO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NMO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NMO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	NMO
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	BD; NMO
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BD; NMO
<i>ampicillin oral capsule 500 mg</i>	2	NMO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	NMO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	NMO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	NMO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	NMO
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
<i>anastrozole oral tablet 1 mg</i>	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; NMO; QL (60 ML per 30 days)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	NMO
<i>aprepitant oral capsule 125 mg</i>	2	BD; NMO; QL (2 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	BD; NMO; QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	2	BD; NMO; QL (6 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	BD; NMO; QL (4 EA per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	2	

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APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NMO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NMO; QL (60 EA per 30 days)
APTIVUS ORAL CAPSULE 250 MG	5	NMO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	NMO
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	NMO; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	NMO; QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NMO; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NMO; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NMO; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NMO; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NMO; QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 EA per 30 days)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	2	QL (91 EA per 84 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (13 GM per 30 days)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	QL (60 EA per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	NMO
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	2	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	NMO
<i>atropine sulfate ophthalmic solution 1 %</i>	4	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AUGTYRO ORAL CAPSULE 40 MG	5	PA; NMO; QL (240 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NMO; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; NMO; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; NMO; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; NMO; QL (42 EA per 28 days)
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO; QL (1 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	BD
<i>azelastine hcl nasal solution 0.1 %</i>	2	NMO; QL (30 ML per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	NMO
<i>azithromycin oral tablet 600 mg</i>	2	NMO
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	NMO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	NMO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	NMO
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO
BALVERSA ORAL TABLET 3 MG	5	PA; NMO; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA; NMO; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA; NMO; QL (28 EA per 28 days)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	NMO
BAXDELA ORAL TABLET 450 MG	5	PA; NMO; QL (28 EA per 14 days)
<i>bcg vaccine injection solution reconstituted 50 mg</i>	3	NMO
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	NMO; QL (30 EA per 30 days)

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<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	NMO
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	2	ST; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO
<i>betaine oral powder</i>	5	NMO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>betamethasone valerate external cream 0.1 %</i>	2	NMO
<i>betamethasone valerate external foam 0.12 %</i>	2	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	2	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	2	NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO; QL (15 EA per 30 days)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	

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<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	NMO
<i>bexarotene external gel 1 %</i>	5	PA; NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
<i>bicalutamide oral tablet 50 mg</i>	2	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	NMO
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200- 25 MG	5	NMO
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	QL (2.5 ML per 25 days)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 LF-MCG/0.5	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	NMO
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; NMO; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NMO; QL (180 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	

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<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 EA per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	NMO
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	3	NMO
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	2	NMO
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	3	NMO
BRONCHITOL INHALATION CAPSULE 40 MG	5	NMO; QL (560 EA per 28 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	BD; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	BD; QL (60 ML per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	NMO
<i>budesonide rectal foam 2 mg</i>	2	NMO
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (30.6 GM per 30 days)
<i>bumetanide injection solution 0.25 mg/ml</i>	2	NMO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	NMO; QL (4 EA per 28 days)

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<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	NMO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	NMO
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	NMO; QL (5 ML per 28 days)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
<i>cabergoline oral tablet 0.5 mg</i>	2	NMO
CABLIVI INJECTION KIT 11 MG	5	PA; NMO; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; NMO; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>calcipotriene external cream 0.005 %</i>	2	NMO; QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	NMO; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	NMO; QL (120 ML per 30 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	QL (3.7 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	BD
<i>calcitriol oral solution 1 mcg/ml</i>	2	BD
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
CALQUENCE ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)

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CALQUENCE ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAMILA ORAL TABLET 0.35 MG	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NMO; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	NMO
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	NMO
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; NMO
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	

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<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	NMO
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	2	NMO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	2	NMO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NMO
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	NMO
<i>cefadroxil oral capsule 500 mg</i>	2	NMO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	NMO
<i>cefadroxil oral tablet 1 gm</i>	2	NMO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	NMO
<i>cefdinir oral capsule 300 mg</i>	2	NMO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	NMO
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	NMO
<i>cefixime oral capsule 400 mg</i>	2	NMO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>cefepime sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	NMO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	NMO

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<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	NMO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	NMO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	NMO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NMO
<i>cephalexin oral capsule 750 mg</i>	2	NMO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	NMO
CERDELGA ORAL CAPSULE 84 MG	5	PA; NMO
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NMO; QL (120 EA per 30 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO
<i>chloroquine phosphate oral tablet 250 mg</i>	2	QL (50 EA per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	QL (25 EA per 30 days)
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>ciclopirox external gel 0.77 %</i>	2	NMO; QL (300 GM per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox external shampoo 1 %</i>	2	NMO; QL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	2	NMO; QL (19.8 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	NMO; QL (180 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	2	NMO; QL (180 ML per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
CIMDUO ORAL TABLET 300-300 MG	5	NMO
<i>cimetidine oral tablet 200 mg</i>	2	NMO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; NMO
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	5	PA; NMO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	BD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NMO; QL (20 EA per 30 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	NMO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	NMO
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	NMO; QL (7.5 ML per 7 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NMO
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML	4	NMO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	NMO

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<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	NMO
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-3.75 %, 1.2-5 %</i>	2	NMO
<i>clindamycin phosphate external foam 1 %</i>	2	NMO; QL (100 GM per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	NMO; QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	NMO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml</i>	2	NMO
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	2	NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	NMO
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	4	BD; NMO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	2	NMO
<i>clobetasol propionate emulsion external foam 0.05 %</i>	2	NMO
<i>clobetasol propionate external cream 0.05 %</i>	2	NMO
<i>clobetasol propionate external foam 0.05 %</i>	2	NMO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate external gel 0.05 %</i>	2	NMO
<i>clobetasol propionate external lotion 0.05 %</i>	2	NMO
<i>clobetasol propionate external ointment 0.05 %</i>	2	NMO
<i>clobetasol propionate external shampoo 0.05 %</i>	2	NMO
<i>clobetasol propionate external solution 0.05 %</i>	2	NMO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	NMO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>clotrimazole external cream 1 %</i>	2	NMO
<i>clotrimazole external solution 1 %</i>	2	NMO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	NMO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO; QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	NMO; QL (90 ML per 30 days)
<i>clozapine oral tablet 100 mg</i>	2	NMO; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	NMO; QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	2	PA; NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	2	PA; NMO; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	NMO

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<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>colchicine oral capsule 0.6 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	4	NMO; QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	BD; NMO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (112 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (112 EA per 28 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO
<i>constulose oral solution 10 gm/15ml</i>	2	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; NMO; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; NMO; QL (12 ML per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (56 EA per 28 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; QL (600 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NMO
COTELLIC ORAL TABLET 20 MG	5	PA; NMO; QL (63 EA per 28 days)

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CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BD
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	NMO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
<i>cvs gauze sterile pad 2"x2"</i>	1	NMO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	NMO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BD; NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	BD; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BD
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BD
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	NMO
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	NMO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
CYSTAROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO; QL (60 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NMO
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NMO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
<i>darunavir oral tablet 600 mg, 800 mg</i>	5	NMO
DAURISMO ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA; NMO; QL (3600 ML per 30 days)
DEBLITANE ORAL TABLET 0.35 MG	1	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NMO
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA; NMO
<i>deflazacort oral tablet 18 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>deflazacort oral tablet 30 mg, 36 mg, 6 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	2	NMO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	4	NMO; QL (0.65 ML per 84 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NMO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	
<i>desonide external cream 0.05 %</i>	2	NMO
<i>desonide external lotion 0.05 %</i>	2	NMO
<i>desonide external ointment 0.05 %</i>	2	NMO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	NMO; QL (120 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	2	NMO; QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	NMO; QL (120 GM per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	NMO

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<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	NMO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	NMO
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BD; NMO
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	4	NMO
DIACOMIT ORAL CAPSULE 250 MG	5	PA; NMO; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; NMO; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; NMO; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	NMO; QL (120 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	NMO
<i>diazoxide oral suspension 50 mg/ml</i>	2	
<i>diclofenac epolamine external patch 1.3 %</i>	4	PA; NMO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	2	NMO; QL (1000 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	2	PA; NMO; QL (100 GM per 28 days)
<i>diclofenac sodium external solution 1.5 %</i>	2	NMO; QL (300 ML per 30 days)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	NMO

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<i>diclofenac sodium oral tablet delayed release 25 mg</i>	2	QL (150 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	2	QL (120 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	NMO
<i>dicyclomine hcl oral capsule 10 mg</i>	2	NMO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	NMO
<i>dicyclomine hcl oral tablet 20 mg</i>	2	NMO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; NMO; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; NMO; QL (20 EA per 10 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	2	NMO; QL (180 GM per 30 days)
<i>diflunisal oral tablet 500 mg</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	2	NMO
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO; QL (8 ML per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	ST
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	5	PA; NMO; QL (60 EA per 30 days)

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DIPENTUM ORAL CAPSULE 250 MG	5	ST; NMO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	NMO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	NMO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	BD; NMO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA; NMO; QL (60 EA per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL (8 EA per 28 days)
DOVATO ORAL TABLET 50-300 MG	5	NMO
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	NMO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	NMO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; NMO; QL (60 EA per 30 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (30 EA per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; NMO; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; NMO; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; NMO; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NMO; QL (8 ML per 28 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	NMO; QL (170 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
EDURANT ORAL TABLET 25 MG	5	NMO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	NMO
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	5	PA; NMO; QL (30 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; NMO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	NMO; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
ELMIRON ORAL CAPSULE 100 MG	4	NMO; QL (90 EA per 30 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	2	QL (1 EA per 28 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	BD; NMO; QL (6 EA per 28 days)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NMO; QL (91 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	NMO
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>enalapril maleate oral solution 1 mg/ml</i>	2	ST; QL (1200 ML per 30 days)

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<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENDARI ORAL PACKET 5 GM	5	PA; NMO; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG	2	NMO; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	2	NMO; QL (360 EA per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	2	NMO; QL (240 EA per 30 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BD; NMO
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	2	QL (1 EA per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	NMO; QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	NMO; QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	NMO; QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	NMO; QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	NMO; QL (36 ML per 30 days)
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
<i>entacapone oral tablet 200 mg</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 EA per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>enulose oral solution 10 gm/15ml</i>	2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; NMO
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	NMO; QL (4 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	NMO; QL (4 EA per 30 days)
EPITOL ORAL TABLET 200 MG	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
<i>ergoloid mesylates oral tablet 1 mg</i>	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	NMO; QL (40 EA per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; NMO; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
ERRIN ORAL TABLET 0.35 MG	1	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	2	NMO
<i>ery external pad 2 %</i>	2	NMO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	2	NMO
<i>erythromycin external gel 2 %</i>	2	NMO; QL (180 GM per 30 days)
<i>erythromycin external solution 2 %</i>	2	NMO; QL (180 ML per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	NMO; QL (3.5 GM per 4 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	QL (30 EA per 30 days)

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<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (60 EA per 30 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estazolam oral tablet 1 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	NMO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	NMO
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	QL (1 EA per 28 days)
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NMO
EUCRISA EXTERNAL OINTMENT 2 %	4	NMO
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	5	PA; NMO; QL (2.34 ML per 30 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD; NMO
<i>everolimus oral tablet 10 mg</i>	5	PA; NMO; QL (56 EA per 28 days)

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<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA; NMO; QL (112 EA per 28 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
<i>exemestane oral tablet 25 mg</i>	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA; NMO
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	3	NMO; QL (8.3 ML per 14 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 EA per 30 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	NMO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; NMO; QL (60 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NMO; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; NMO; QL (1 ML per 28 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; QL (30 EA per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	QL (1 EA per 84 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	

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<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>fenoprofen calcium oral tablet 600 mg</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; NMO; QL (10 EA per 30 days)
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NMO
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	3	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO; QL (28 EA per 28 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
FIASP INJECTION SOLUTION 100 UNIT/ML	6	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NMO
<i>finasteride oral tablet 5 mg</i>	1	
<i>fingolimod hcl oral capsule 0.5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; NMO
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA; NMO; QL (18 ML per 30 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA; NMO; QL (2 EA per 28 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; NMO; QL (1 EA per 28 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	4	NMO
<i>flavoxate hcl oral tablet 100 mg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	

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<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BD; NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	NMO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	NMO; QL (50 ML per 25 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	NMO
<i>fluocinonide external cream 0.05 %</i>	2	NMO
<i>fluocinonide external gel 0.05 %</i>	2	NMO
<i>fluocinonide external ointment 0.05 %</i>	2	NMO
<i>fluocinonide external solution 0.05 %</i>	2	NMO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	4	NMO
<i>fluorouracil external cream 0.5 %</i>	5	NMO
<i>fluorouracil external cream 5 %</i>	2	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	NMO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	NMO
<i>fluticasone propionate external cream 0.05 %</i>	2	NMO

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<i>fluticasone propionate external ointment 0.005 %</i>	2	NMO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	NMO; QL (16 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	NMO; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	NMO; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	NMO; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	NMO; QL (18 ML per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	5	PA; NMO
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
<i>furosemide injection solution 10 mg/ml</i>	2	BD; NMO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO

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FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NMO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NMO; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NMO; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NMO; QL (14 EA per 28 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	BD; NMO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	BD; NMO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	BD; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NMO; QL (1.5 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO; QL (1.5 ML per 365 days)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	NMO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	NMO
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BD
<i>gentamicin sulfate external cream 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	NMO
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; NMO; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; NMO; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; NMO; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; NMO; QL (12 ML per 28 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; NMO
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	2	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	NMO
<i>glucagon emergency injection kit 1 mg</i>	3	NMO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	

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<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	BD; NMO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NMO
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	NMO
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	NMO
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	NMO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	NMO
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; NMO; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; NMO; QL (20 EA per 30 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	2	NMO
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	2	QL (1 EA per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	NMO

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<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NMO
HEATHER ORAL TABLET 0.35 MG	1	
HEMADY ORAL TABLET 20 MG	4	NMO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	BD; NMO
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BD; NMO
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NMO; QL (150 ML per 30 days)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NMO
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	6	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	6	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NMO; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	NMO
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	2	NMO; QL (236 ML per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	NMO; QL (120 ML per 30 days)
<i>hydrocortisone external cream 1 %</i>	1	NMO
<i>hydrocortisone external lotion 2.5 %</i>	2	NMO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	NMO
<i>hydrocortisone valerate external cream 0.2 %</i>	2	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	NMO
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	NMO; QL (240 ML per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	QL (90 EA per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	2	NMO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	NMO

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<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO
HYFTOR EXTERNAL GEL 0.2 %	5	PA; NMO
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO; QL (21 EA per 28 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	NMO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	2	PA; QL (90 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NMO; QL (18 ML per 30 days)
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	QL (91 EA per 84 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	4	NMO
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA; NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; NMO; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; NMO; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; NMO; QL (28 EA per 28 days)
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	NMO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>imiquimod external cream 5 %</i>	2	NMO; QL (24 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BD; NMO
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NMO; QL (84 EA per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO; QL (300 EA per 30 days)
INCASSIA ORAL TABLET 0.35 MG	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	NMO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	2	QL (60 EA per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	QL (240 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	QL (120 EA per 30 days)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NMO
INLYTA ORAL TABLET 1 MG	5	PA; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; NMO; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	6	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	6	
<i>insulin aspart injection solution 100 unit/ml</i>	6	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	6	
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	6	
<i>insulin syringes 28g x 1/2" 0.5 ml</i>	2	NMO
INSULIN SYRINGES 29G 0.3 ML, 29G X 1/2" 1 ML	2	NMO
INTELENCE ORAL TABLET 25 MG	4	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
INTROVALE ORAL TABLET 0.15-0.03 MG	2	QL (91 EA per 84 days)

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INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	NMO; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	NMO; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NMO; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NMO; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NMO; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	NMO; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NMO; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NMO; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NMO; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NMO; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NMO; QL (2.63 ML per 84 days)
INVELTYS OPHTHALMIC SUSPENSION 1 %	4	NMO
IPOL INJECTION INJECTABLE	3	NMO
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (15 ML per 10 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; QL (540 ML per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
ISENTRESS HD ORAL TABLET 600 MG	5	NMO
ISENTRESS ORAL PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NMO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	

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ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BD; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BD; NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	PA; NMO
<i>itraconazole oral solution 10 mg/ml</i>	2	PA; NMO
<i>ivermectin oral tablet 3 mg</i>	2	PA; NMO
IWILFIN ORAL TABLET 192 MG	5	PA; NMO
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JASMIEL ORAL TABLET 3-0.02 MG	2	
JAYPIRCA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; NMO; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JOENJA ORAL TABLET 70 MG	5	PA; NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JULUCA ORAL TABLET 50-25 MG	5	NMO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	2	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG	5	PA; NMO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NMO; QL (90 EA per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NMO; QL (45 EA per 30 days)
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NMO; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	5	PA; NMO; QL (56 EA per 28 days)
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	NMO
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NMO; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NMO; QL (56 EA per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 ML per 30 days)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO; QL (1.2 ML per 28 days)
<i>ketoconazole external cream 2 %</i>	2	NMO; QL (180 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	NMO; QL (360 ML per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	NMO
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	NMO; QL (10 ML per 25 days)
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	NMO; QL (20 EA per 30 days)
KEVEYIS ORAL TABLET 50 MG	5	PA; NMO; QL (120 EA per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NMO
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (63 EA per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO; QL (91 EA per 28 days)
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	NMO; QL (4 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; NMO; QL (300 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; NMO; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA; NMO; QL (180 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	4	NMO
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	3	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose oral solution 10 gm/15ml</i>	2	
LAGEVRIO ORAL CAPSULE 200 MG	1	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	2	NMO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (60 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	5	NMO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; NMO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	QL (2.5 ML per 25 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO

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LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	NMO
LEUKERAN ORAL TABLET 2 MG	5	NMO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	4	PA; NMO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	PA; NMO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO

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<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	NMO
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	2	NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	2	QL (91 EA per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lidocaine external ointment 5 %</i>	2	NMO; QL (90 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	NMO
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	NMO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	NMO; QL (30 GM per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	2	PA; NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA; NMO
<i>linezolid oral tablet 600 mg</i>	2	PA; NMO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
LOKELMA ORAL PACKET 10 GM	3	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	3	QL (30 EA per 30 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA; NMO; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; NMO; QL (80 EA per 28 days)
<i>loperamide hcl oral capsule 2 mg</i>	2	NMO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	NMO; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	NMO; QL (150 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (90 EA per 30 days)
LORYNA ORAL TABLET 3-0.02 MG	2	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	NMO
LOTEMAX SM OPHTHALMIC GEL 0.38 %	3	NMO
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	2	NMO
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	4	ST; NMO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	NMO
<i>lovastatin oral tablet 10 mg</i>	1	QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	

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<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 EA per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NMO; QL (228 EA per 14 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; NMO; QL (90 EA per 30 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; NMO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; NMO
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 EA per 30 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; NMO; QL (30 EA per 30 days)
LYLEQ ORAL TABLET 0.35 MG	1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL (8 EA per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NMO
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (112 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (140 EA per 28 days)
LYZA ORAL TABLET 0.35 MG	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	NMO
<i>malathion external lotion 0.5 %</i>	2	NMO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NMO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
MATULANE ORAL CAPSULE 50 MG	5	PA; NMO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (20 EA per 180 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (8 EA per 180 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (10 EA per 180 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (12 EA per 180 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (14 EA per 180 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (16 EA per 180 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (18 EA per 180 days)
MAVYRET ORAL PACKET 50-20 MG	5	PA; NMO; QL (140 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO; QL (84 EA per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; NMO; QL (112 EA per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NMO; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; NMO; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; NMO; QL (7 EA per 180 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	NMO

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<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	NMO; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	NMO; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	NMO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	NMO
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; NMO; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; NMO; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
MENACTRA INTRAMUSCULAR SOLUTION	3	NMO
MENQUADFI INTRAMUSCULAR SOLUTION	3	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	NMO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine oral tablet delayed release 800 mg</i>	2	NMO
<i>mesalamine rectal suppository 1000 mg</i>	2	NMO
MESNEX ORAL TABLET 400 MG	5	NMO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)

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<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	NMO; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	NMO
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	NMO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	BD; NMO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	BD; NMO
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BD; NMO
<i>methoxsalen rapid oral capsule 10 mg</i>	5	PA; NMO
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	NMO
<i>methsuximide oral capsule 300 mg</i>	4	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BD; NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	NMO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metronidazole external cream 0.75 %</i>	2	NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	2	NMO
<i>metronidazole external lotion 0.75 %</i>	2	NMO
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	NMO
<i>metronidazole vaginal gel 0.75 %</i>	2	NMO
<i>metyrosine oral capsule 250 mg</i>	5	NMO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>miconazole 3 vaginal suppository 200 mg</i>	2	NMO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone oral tablet 300 mg</i>	5	PA; NMO; QL (112 EA per 28 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY ORAL TABLET 1-0.5 MG	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NMO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>molindone hcl oral tablet 10 mg</i>	2	QL (240 EA per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	2	QL (270 EA per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	2	QL (120 EA per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	NMO
<i>mometasone furoate external ointment 0.1 %</i>	2	NMO
<i>mometasone furoate external solution 0.1 %</i>	2	NMO
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO; QL (34 GM per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	NMO; QL (180 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	NMO; QL (700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	NMO; QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	4	NMO; QL (180 EA per 30 days)

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<i>morphine sulfate oral tablet 30 mg</i>	4	NMO; QL (120 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	3	PA; NMO; QL (2 ML per 28 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	NMO; QL (30 EA per 30 days)
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	NMO
MULPLETA ORAL TABLET 3 MG	5	PA; NMO; QL (7 EA per 7 days)
MULTAQ ORAL TABLET 400 MG	3	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	4	BD; NMO
<i>mupirocin external ointment 2 %</i>	1	NMO; QL (220 GM per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	3	NMO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	

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<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	NMO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	NMO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	NMO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	NMO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	NMO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	NMO; QL (4 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	2	NMO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; NMO; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; QL (30 EA per 30 days)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	NMO; QL (9 EA per 30 days)
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; NMO; QL (10 EA per 30 days)
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	NMO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	NMO

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<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	NMO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	NMO
NERLYNX ORAL TABLET 40 MG	5	PA; NMO; QL (180 EA per 30 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3	QL (30 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	2	NMO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	
NICOTROL INHALATION INHALER 10 MG	4	NMO; QL (1008 EA per 90 days)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
<i>nilutamide oral tablet 150 mg</i>	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO; QL (3 EA per 28 days)
<i>nitazoxanide oral tablet 500 mg</i>	5	NMO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NMO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO; QL (120 EA per 30 days)

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<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NMO
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NMO
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	QL (3 EA per 28 days)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	

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<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
NORVIR ORAL PACKET 100 MG	4	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	6	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	6	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	
NOXAFIL ORAL PACKET 300 MG	5	PA; NMO
NUBEQA ORAL TABLET 300 MG	5	PA; NMO; QL (120 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NMO; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO; QL (3 EA per 28 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)

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NURTEC ORAL TABLET DISPERSIBLE 75 MG	4	PA; NMO; QL (18 EA per 30 days)
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	NMO; QL (60 GM per 30 days)
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	
<i>nystatin external cream 100000 unit/gm</i>	2	NMO; QL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	2	NMO; QL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	2	NMO; QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	NMO; QL (900 ML per 30 days)
<i>nystatin oral tablet 500000 unit</i>	2	NMO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	NMO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	NMO; QL (60 GM per 30 days)
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	BD; NMO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	PA
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO
ODOMZO ORAL CAPSULE 200 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	NMO
<i>ofloxacin otic solution 0.3 %</i>	2	NMO
OGSIVEO ORAL TABLET 50 MG	5	PA; NMO; QL (180 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)

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<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	2	NMO; QL (30.5 GM per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NMO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	2	ST; QL (30 EA per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	BD; NMO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD; NMO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO; QL (14 EA per 28 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; NMO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NMO
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO
ORLISSA ORAL TABLET 150 MG	5	PA; NMO; QL (28 EA per 28 days)
ORLISSA ORAL TABLET 200 MG	5	PA; NMO; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NMO; QL (56 EA per 28 days)

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ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO; QL (120 EA per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NMO; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA; NMO
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	NMO; QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	NMO; QL (48 EA per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	NMO; QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	NMO; QL (540 ML per 180 days)
OSPHENA ORAL TABLET 60 MG	3	
OTEZLA ORAL TABLET 30 MG	5	PA; NMO
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; NMO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	4	QL (90 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	5	NMO; QL (120 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	NMO; QL (120 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	NMO; QL (1300 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	NMO; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	NMO; QL (180 EA per 30 days)

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<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	NMO; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	NMO; QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	NMO; QL (180 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	5	PA; NMO
PANRETIN EXTERNAL GEL 0.1 %	5	PA; NMO; QL (180 GM per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	BD
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO; QL (14 EA per 21 days)
PEN NEEDLES 29G X 12MM	2	NMO
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NMO
<i>peniclovir external cream 1 %</i>	4	NMO
<i>penicillamine oral capsule 250 mg</i>	5	PA; NMO
<i>penicillamine oral tablet 250 mg</i>	5	PA; NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NMO
PENNSAID EXTERNAL SOLUTION 2 %	5	PA; NMO; QL (224 GM per 28 days)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NMO
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	BD; NMO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	2	NMO
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	NMO

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<i>permethrin external cream 5 %</i>	2	NMO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NMO; QL (1 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	NMO
PIFELTRO ORAL TABLET 100 MG	5	NMO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>pimecrolimus external cream 1 %</i>	2	NMO; QL (100 GM per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	NMO
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO; QL (56 EA per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NMO; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NMO; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; NMO; QL (90 EA per 30 days)

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<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	BD; NMO
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; NMO; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NMO; QL (1 ML per 28 days)
<i>podofilox external solution 0.5 %</i>	2	NMO
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NMO; QL (21 EA per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; NMO
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; NMO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	2	BD; NMO
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	BD; NMO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic suspension 1 %</i>	4	NMO
<i>prednisolone oral solution 15 mg/5ml</i>	2	BD; NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	NMO
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	BD; NMO
<i>prednisone oral solution 5 mg/5ml</i>	2	BD; NMO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BD; NMO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	NMO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	BD; NMO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>pretomanid oral tablet 200 mg</i>	4	NMO; QL (30 EA per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (28 EA per 28 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO
PREZISTA ORAL TABLET 150 MG	5	NMO
PREZISTA ORAL TABLET 75 MG	4	
PRIFTIN ORAL TABLET 150 MG	4	NMO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	NMO
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	QL (2 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	NMO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	NMO
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	NMO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	NMO; QL (1 ML per 180 days)
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (90 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NMO; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NMO; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	NMO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	NMO
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	NMO
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	

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<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
<i>pyrazinamide oral tablet 500 mg</i>	2	NMO
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	NMO
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	NMO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	NMO
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NMO
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; NMO; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; NMO
QBRELIS ORAL SOLUTION 1 MG/ML	5	ST; NMO; QL (1200 ML per 30 days)
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; NMO; QL (42 EA per 7 days)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD; NMO
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet 60 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	2	QL (60 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	2	QL (120 EA per 30 days)
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA; NMO
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	3	QL (60 EA per 30 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
RECTIV RECTAL OINTMENT 0.4 %	4	NMO; QL (30 GM per 30 days)
REGANEX EXTERNAL GEL 0.01 %	5	PA; NMO; QL (30 GM per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	NMO; QL (60 EA per 180 days)
RELISTOR ORAL TABLET 150 MG	5	PA; NMO; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; NMO; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; NMO; QL (11.2 ML per 28 days)

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<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (6 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (6 ML per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; NMO; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; NMO; QL (4 ML per 28 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	NMO; QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	NMO; QL (60 EA per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	NMO
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; NMO; QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	5	PA; NMO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	QL (2.5 ML per 25 days)
<i>ribavirin oral capsule 200 mg</i>	2	NMO
<i>ribavirin oral tablet 200 mg</i>	2	NMO
RIDAURA ORAL CAPSULE 3 MG	5	NMO
<i>rifabutin oral capsule 150 mg</i>	2	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	NMO
<i>riluzole oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>rimantadine hcl oral tablet 100 mg</i>	2	NMO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)

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<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	QL (4 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	NMO; QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	NMO; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	QL (120 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA; NMO; QL (0.5 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; NMO; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; NMO; QL (1 ML per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	QL (2.5 ML per 25 days)
<i>roflumilast oral tablet 250 mcg</i>	3	QL (28 EA per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	3	QL (30 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	

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<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
ROTARIX ORAL SUSPENSION	3	NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NMO
ROTATEQ ORAL SOLUTION	3	NMO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; NMO; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; NMO; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA; NMO; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	NMO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (224 EA per 28 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	4	ST; QL (360 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	4	ST; QL (270 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	4	ST; QL (300 EA per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NMO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO; QL (55 EA per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; NMO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	NMO; QL (10 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; NMO; QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide external lotion 2.5 %</i>	2	NMO
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NMO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NMO
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	QL (91 EA per 84 days)
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NMO; QL (2 EA per 365 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	NMO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>sirolimus oral solution 1 mg/ml</i>	5	BD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	BD
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
SLYND ORAL TABLET 4 MG	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	NMO

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<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; NMO; QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; NMO
<i>sodium polystyrene sulfonate oral powder</i>	2	NMO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	5	PA; NMO; QL (56 EA per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (30 ML per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	PA; NMO
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>spironolactone oral suspension 25 mg/5ml</i>	4	ST; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	PA; QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)
SPS ORAL SUSPENSION 15 GM/60ML	2	NMO
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SSD EXTERNAL CREAM 1 %	4	NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO; QL (84 EA per 28 days)
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	NMO
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	4	QL (4 GM per 28 days)
<i>sucralfate oral tablet 1 gm</i>	2	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	NMO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	NMO
<i>sulfadiazine oral tablet 500 mg</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NMO
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	4	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>sumatriptan nasal solution 20 mg/act</i>	2	NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	NMO; QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	NMO; QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	NMO; QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	NMO; QL (4 ML per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NMO
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
SUTAB ORAL TABLET 1479-225-188 MG	3	NMO
SYEDA ORAL TABLET 3-0.03 MG	2	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NMO; QL (56 EA per 28 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	PA; NMO; QL (10.8 ML per 28 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	PA; NMO; QL (10.8 ML per 28 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST; NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	ST; QL (60 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	NMO
SYNDROS ORAL SOLUTION 5 MG/ML	5	PA; NMO; QL (120 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TABLOID ORAL TABLET 40 MG	4	PA; NMO
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	NMO; QL (100 GM per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	BD
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; NMO; QL (900 EA per 30 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	4	QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; NMO; QL (30 EA per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; NMO; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO; QL (2 ML per 28 days)

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TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NMO; QL (4 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA; NMO
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; NMO
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; NMO; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (90 EA per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; NMO; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	2	
<i>tazarotene external cream 0.1 %</i>	2	PA; NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; NMO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD; NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NMO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	NMO; QL (30 EA per 30 days)
TENCON ORAL TABLET 50-325 MG	2	NMO; QL (180 EA per 30 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	NMO
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	NMO
<i>terconazole vaginal suppository 80 mg</i>	2	NMO
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	2	PA; QL (180 ML per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; NMO; QL (112 EA per 28 days)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	5	PA; NMO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	

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<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
TIBSOVO ORAL TABLET 250 MG	5	PA; NMO; QL (60 EA per 30 days)
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	NMO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	NMO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>tiopronin oral tablet 100 mg</i>	5	PA; NMO
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; NMO; QL (224 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	5	BD; NMO; QL (224 ML per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD; NMO; QL (280 ML per 56 days)
<i>tobramycin ophthalmic solution 0.3 %</i>	2	NMO
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	2	NMO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	NMO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; NMO

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<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NMO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	QL (2.5 ML per 25 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRECTOR ORAL TABLET 250 MG	4	NMO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA; NMO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA; NMO; QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	4	PA; NMO; QL (1 EA per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; NMO
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; NMO

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<i>tretinoin oral capsule 10 mg</i>	5	NMO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	NMO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external ointment 0.025 %</i>	1	NMO
<i>triamcinolone acetonide external ointment 0.05 %, 0.1 %, 0.5 %</i>	2	NMO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	NMO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NMO; QL (240 EA per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	NMO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; NMO; QL (56 EA per 28 days)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	

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TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
<i>trimethoprim oral tablet 100 mg</i>	1	NMO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; QL (30 EA per 30 days)
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	NMO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NMO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>trospium chloride oral tablet 20 mg</i>	2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; NMO
TUKYSA ORAL TABLET 150 MG	5	PA; NMO; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; NMO; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; NMO; QL (120 EA per 30 days)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
TYBOST ORAL TABLET 150 MG	4	QL (30 EA per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO; QL (1.56 ML per 30 days)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	NMO
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; NMO; QL (16 EA per 30 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NMO
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	NMO
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST; NMO; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST; NMO; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST; NMO; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST; NMO; QL (10 EA per 30 days)
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	NMO
<i>vancomycin hcl oral capsule 125 mg</i>	2	NMO; QL (56 EA per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	NMO; QL (112 EA per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	2	NMO
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; NMO; QL (56 EA per 28 days)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	2	NMO; QL (106 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	NMO; QL (336 EA per 365 days)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO; QL (2 EA per 365 days)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VELPHORO ORAL TABLET CHEWABLE 500 MG	3	
VEMLIDY ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; NMO; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; NMO; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; NMO; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; NMO; QL (42 EA per 28 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VEREGEN EXTERNAL OINTMENT 15 %	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA; NMO; QL (540 ML per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (56 EA per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	2	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	4	PA; QL (9 ML per 30 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
<i>vigabatrin oral packet 500 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
VIGPODER ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA; NMO
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NMO
VIREAD ORAL POWDER 40 MG/GM	5	NMO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; NMO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO; QL (28 EA per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA; NMO; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NMO; QL (120 EA per 30 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 ML per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WELIREG ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; NMO; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; NMO; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; NMO; QL (120 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NMO; QL (51 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD; NMO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	NMO; QL (56 EA per 365 days)
XDEMVI OPHTHALMIC SOLUTION 0.25 %	4	PA; NMO
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NMO
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NMO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; NMO

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XERMELO ORAL TABLET 250 MG	5	PA; NMO; QL (90 EA per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	3	ST; NMO; QL (32 ML per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	NMO
XIFAXAN ORAL TABLET 550 MG	4	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL (60 EA per 30 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	NMO; QL (4 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	NMO; QL (2 EA per 180 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NMO; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; NMO; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NMO; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO; QL (8 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; NMO; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO; QL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; NMO; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO; QL (32 EA per 28 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	3	NMO; QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	3	NMO; QL (120 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	3	NMO; QL (240 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (60 EA per 30 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	QL (3 EA per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 28 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO; QL (120 EA per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	3	QL (2 ML per 28 days)
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	NMO
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
YUVAFEM VAGINAL TABLET 10 MCG	2	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	QL (3 EA per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	NMO; QL (30 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; NMO; QL (30 EA per 30 days)

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ZELBORAF ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	NMO
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	3	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 50 mg/5ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; NMO; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; NMO; QL (22.68 ML per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	4	NMO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	NMO; QL (6 EA per 28 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NMO
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	NMO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	NMO; QL (6 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	NMO; QL (30 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; NMO; QL (1100 ML per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	3	PA; NMO; QL (90 EA per 30 days)

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ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; NMO; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; NMO; QL (14 EA per 14 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO; QL (84 EA per 28 days)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	NMO
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO; QL (2 EA per 28 days)
<b>EXCLUDED DRUG</b>		
<b>Excluded Drug</b>		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	E; QL (6 EA per 30 days)
<b>NON-FRF</b>		
<b>Non-Frf</b>		
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	NMO
<i>alcohol prep pads external 70 %</i>	2	NMO
<i>alcohol prep pads external pad 6-70 % , 70 %</i>	2	NMO
<i>alcohol prep pads pad , 70 %</i>	2	NMO
ALCOHOL PREP PADS PAD 70 %	2	NMO
<i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i>	2	NMO
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	2	NMO
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	2	NMO
<i>aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm</i>	2	NMO
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	NMO
<i>aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	NMO
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	2	NMO
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	NMO
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	2	NMO
BD AUTOSHIELD DUO 30G X 5 MM	2	NMO

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BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	NMO
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	NMO
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	NMO
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	NMO
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	NMO
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	NMO
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	2	NMO
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	NMO
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	NMO
DROPLET MICRON 34G X 3.5 MM	2	NMO
<i>drug mart unifine pentips plus 32g x 4 mm</i>	2	NMO
<i>eql short pen needle 31g x 8 mm</i>	2	NMO
<i>eql ultra short pen needle 31g x 6 mm</i>	2	NMO
<i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>	2	NMO
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	2	NMO
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	NMO
<i>goodsense clickfine pen needle 31g x 5 mm</i>	2	NMO
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	NMO
<i>healthwise unifine pentips 32g x 4 mm</i>	2	NMO
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES , 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, 29G X 5/16" 1 ML, 29G X 7/16" 0.3 ML, 29G X 7/16" 0.5 ML, 29G X 7/16" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 3/8" 0.3 ML, 30G X 3/8" 0.5 ML, 30G X 3/8" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 30G X 7/16" 0.3 ML, 30G X 7/16" 0.5 ML, 30G X 7/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 3/8" 0.3 ML, 31G X 3/8" 0.5 ML, 31G X 3/8" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	2	NMO
<i>insulin syringes 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 28g x 5/16" 0.5 ml, 28g x 5/16" 1 ml, 29g 0.3 ml, 29g 0.5 ml, 29g 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g 0.5 ml, 30g 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml, u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	2	NMO
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM	2	NMO
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	2	NMO
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	NMO
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
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MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	2	NMO
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NOVOFINE 31 31G X 6 MM	2	NMO
NOVOFINE AUTOCOVER 30G X 8 MM	2	NMO
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	NMO
NOVOFINE PEN NEEDLE 32G X 6 MM	2	NMO
NOVOFINE PLUS 32G X 4 MM	2	NMO
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	NMO
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	6	
NOVOTWIST 30G X 8 MM , 32G X 5 MM	2	NMO
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	NMO
PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 13MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	2	NMO
<i>pen needles 29g x 12.7mm , 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	NMO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	2	NMO
<i>qc unifine pentips 32g x 4 mm</i>	2	NMO
<i>today's health short pen needle 31g x 8 mm</i>	2	NMO
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	NMO
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	NMO
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	2	NMO
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	2	NMO
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	2	NMO
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	2	NMO
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	NMO
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	NMO
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	NMO
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	NMO
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	NMO

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TIVICAY PD.....	80	TRINTELLIX.....	83	VALTOCO 20 MG DOSE.....	84
<i>tizanidine hcl</i> .....	80	TRI-NYMYO.....	83	VALTOCO 5 MG DOSE.....	84
TOBI PODHALER.....	80	TRI-SPRINTEC.....	83	<i>vancomycin hcl</i> .....	84, 85
<i>tobramycin</i> .....	80	TRIUMEQ.....	83	VANFLYTA.....	85
<i>tobramycin sulfate</i> .....	80	TRIUMEQ PD.....	83	VAQTA.....	85
<i>tobramycin-dexamethasone</i> .....	80	TRIVORA (28).....	83	<i>varenicline tartrate</i> .....	85
<i>today's health short pen needle</i>		TRI-VYLIBRA.....	83	<i>varenicline tartrate (starter)</i> .....	85
.....	95	TRI-VYLIBRA LO.....	83	VARIVAX.....	85
<i>tolterodine tartrate</i> .....	80	TRIZIVIR.....	83	VELIVET.....	85
<i>tolterodine tartrate er</i> .....	80	TROPHAMINE.....	83	VELPHORO.....	85
<i>topiramate</i> .....	80	<i>trospium chloride</i> .....	83	VEMLIDY.....	85

VENCLEXTA.....	85	WELIREG.....	87	XULTOPHY.....	89
VENCLEXTA STARTING PACK ..	85	WIXELA INHUB.....	87	XURIDEN .....	89
<i>venlafaxine besylate er</i> .....	85	<b>X</b>		XYOSTED .....	89
<i>venlafaxine hcl</i> .....	85	XALKORI.....	87	<b>Y</b>	
<i>venlafaxine hcl er</i> .....	85	XARELTO .....	87	YF-VAX .....	89
<i>verapamil hcl</i> .....	85	XARELTO STARTER PACK.....	87	YONSA.....	89
<i>verapamil hcl er</i> .....	85	XATMEP.....	87	YUVAFEM.....	89
VEREGEN .....	85	XCOPRI.....	87	<b>Z</b>	
VERIFINE INSULIN PEN NEEDLE		XCOPRI (250 MG DAILY DOSE)	87	ZAFEMY.....	89
.....	95	XCOPRI (350 MG DAILY DOSE)	87	<i>zafirlukast</i> .....	89
VERIFINE INSULIN SYRINGE ....	95	XDEMVI.....	87	<i>zaleplon</i> .....	89
VERIFINE PLUS PEN NEEDLE ...	95	XELJANZ.....	87	ZARXIO .....	89
VERQUVO .....	86	XELJANZ XR.....	87	ZEJULA .....	89
VERSACLOZ.....	86	XERMELO .....	88	ZELBORAF .....	90
VERZENIO .....	86	XGEVA.....	88	ZENATANE.....	90
VESTURA .....	86	XHANCE .....	88	ZENPEP.....	90
VICTOZA .....	86	XIFAXAN.....	88	<i>zidovudine</i> .....	90
VIENVA.....	86	XIGDUO XR .....	88	ZIEXTENZO .....	90
<i>vigabatrin</i> .....	86	XIIDRA.....	88	ZILBRYSQ.....	90
VIGADRONE.....	86	XOFLUZA (40 MG DOSE) .....	88	ZIMHI .....	90
VIGPODER .....	86	XOFLUZA (80 MG DOSE) .....	88	<i>ziprasidone hcl</i> .....	90
VIJOICE .....	86	XOLAIR.....	88	<i>ziprasidone mesylate</i> .....	90
<i>vilazodone hcl</i> .....	86	XOSPATA.....	88	ZIRGAN.....	90
VIRACEPT.....	86	XPOVIO (100 MG ONCE		ZOKINVY.....	90
VIREAD .....	86	WEEKLY) .....	88	ZOLINZA .....	90
VITRAKVI .....	86	XPOVIO (40 MG ONCE WEEKLY)		<i>zolmitriptan</i> .....	90
VIZIMPRO .....	86	.....	88	<i>zolpidem tartrate</i> .....	90
VONJO.....	86	XPOVIO (40 MG TWICE WEEKLY)		<i>zolpidem tartrate er</i> .....	90
<i>voriconazole</i> .....	86	.....	88	ZONISADE .....	90
VOSEVI .....	86	XPOVIO (60 MG ONCE WEEKLY)		<i>zonisamide</i> .....	90
VRAYLAR .....	86	.....	89	ZOVIA 1/35 (28) .....	90
VUMERITY .....	86	XPOVIO (60 MG TWICE WEEKLY)		ZTALMY.....	90
VYFEMLA.....	87	.....	89	ZTLIDO .....	90
VYLIBRA.....	87	XPOVIO (80 MG ONCE WEEKLY)		ZURZUVAE.....	91
VYNDAMAX .....	87	.....	89	ZYDELIG.....	91
VYNDAQEL.....	87	XPOVIO (80 MG TWICE WEEKLY)		ZYKADIA .....	91
VYZULTA.....	87	.....	89	ZYLET.....	91
<b>W</b>		XTAMPZA ER.....	89	ZYPITAMAG.....	91
<i>warfarin sodium</i> .....	87	XTANDI .....	89	ZYPREXA RELPREVV.....	91
<i>wegmans unifine pentips plus</i>	95	XULANE.....	89		

# CoxHealth Medicare Advantage (HMO)

This formulary was updated 04/24/2024. **Effective 05/01/2024.**

For more recent information or other questions, please contact CoxHealth Medicare Advantage.

The formulary may change at any time.

Contact us at 1-855-752-3796 (TTY users should call 711):

October 1 to March 31, Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m.

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

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