

# 2026 Medicare Part D Formulary

## List of Covered Drugs

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

Effective: May 1, 2026  
Updated: April 2, 2026  
Formulary ID 26444, Version 11  
and Formulary ID 26445, Version 11



This Formulary is effective May 1, 2026 and was last updated on April 2, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services. Visit [www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information) for the most up to date Formulary listing and more information on Medicare Part D drug coverage.

**For Medicare Advantage members:**

**855-833-3668** (TTY: 711)

October 1– March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday

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

Mass General Brigham Advantage Secure (HMO-POS)  
Mass General Brigham Advantage (PPO)  
Mass General Brigham Advantage Premier (PPO)  
Mass General Brigham Advantage Signature (PPO)

**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 refers to “we,” “us”, or “our,” it means Mass General Brigham Health Plan. When it refers to “plans” or “our plans,” it means the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), Mass General Brigham Advantage Premier (PPO), and Mass General Brigham Advantage Signature (PPO).

This document includes a list of the drugs (Formulary) for our plan which is current as of May 1, 2026. 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 co-payments/co-insurance may change on January 1, 2027 and from time to time during the year.

## What is the Mass General Brigham Health Plan Medicare Part D Formulary?

In this document, we use the terms Drug List and Formulary to mean the same thing. A Formulary is a list of covered drugs selected by Mass General Brigham Health Plan 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. Mass General Brigham Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Mass General Brigham Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Mass General Brigham Health Plan 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. Updates to the Formulary are posted monthly to our website at:

**[www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information).**

### **Changes that can affect you this year**

In the following cases, you will be affected by coverage changes during the year.

### **Immediate substitutions of certain new versions of brand name drugs and original biological products**

We may immediately remove a drug from our Formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our Formulary, we may decide to keep the brand name drug or original biological product on our Formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the Formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

### **Drugs removed from the market**

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our Formulary and later 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 remove a brand name drug from the Formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines.

If we remove drugs from our Formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Mass General Brigham Health Plan Medicare Part D Formulary?”

### **Changes that will not affect you if you are currently taking the drug**

Generally, if you are taking a drug on our 2026 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 May 1, 2026. To get updated information about the drugs covered by Mass General Brigham Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a change or changes to the Formulary during the year, the changes also will be posted at:

**[www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information)**.

The updated version of the comprehensive Formulary will be posted on this website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Click the link for “Rx Information” at the very top (in the blue bar)
- At the top of the page, you will see a headline for Part D and the PDF file for the Formulary will be linked below and updated monthly

Or you may request an errata sheet (a copy of the 2026 Formulary changes) by calling Mass General Brigham Health Plan Customer Service at the phone numbers on the back of your Member ID card.

## 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”. 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.

### **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 80. The index provides an alphabetical list of all 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?

Mass General Brigham Health Plan 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the Formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## 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**

Mass General Brigham Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval, Mass General Brigham Health Plan may not cover the drug.

### **Quantity limits**

For certain drugs, Mass General Brigham Health Plan limits the amount of the drug that Mass General Brigham Health Plan will cover. For example, Mass General Brigham Health Plan provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

### **Step therapy**

In some cases, Mass General Brigham Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan 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 restrictions 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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan Medicare Part D Formulary?” on this page for information about how to request an exception.

### **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 Mass General Brigham Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Mass General Brigham Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass General Brigham Health Plan.
- You can ask Mass General Brigham Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

### **How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?**

You can ask Mass General Brigham Health Plan 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.

**Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or limits a quantity limit on your drug. For example, for certain drugs, Mass General Brigham Health Plan 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, Mass General Brigham Health Plan will only approve your request for an exception if the alternative drugs included on the plan’s Formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or Formulary exception, including an exception to a coverage restriction.

### **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your

prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the Formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a Formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 up to a cumulative 31-day emergency supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

## For more information

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

If you have questions about Mass General Brigham Health Plan, 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>.

## The Mass General Brigham Health Plan Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about the drugs covered by Mass General Brigham Health Plan. If you have trouble finding your drug in the list, turn to the index that begins on page 80.

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

The information in the Requirements/Limits column tells you if Mass General Brigham Health Plan has any special requirements for coverage of your drug.

## Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

### **Prior Authorization (PA)**

For safety reasons and/or cost savings, Mass General Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval first, Mass General Health Plan may not cover the drug.

### **Quantity Limits (QL)**

For safety reasons and/or cost savings, for certain drugs Mass General Health Plan limits the amount of the drug that we will cover. For example, Mass General Brigham Health Plan provides one capsule per day for CAMZYOS. This limit may be applied to a standard one-month or three-month supply.

### **Step Therapy (ST)**

For safety reasons and/or cost savings, in some cases Mass General Brigham Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

### **Part B versus Part D drug coverage (BvD)**

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Mass General Brigham Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

### **NDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited to a 30-day supply.

### **IRA: Inflation Reduction Act**

Under the Inflation Reduction Act (IRA), certain vaccines are covered at \$0.

### **EC: Enhanced Coverage**

Mass General Brigham Health Plan provides enhanced coverage for select Medicare excluded drugs. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

## Additional Coverage

### Part B Vaccines:

Mass General Brigham Health Plan covers certain vaccines under Medicare Part B. These vaccines may also be obtained at most retail pharmacies.

- Covid-19 Vaccine
- Influenza (Flu) Vaccine
- Pneumococcal Vaccine

### Part B Diabetic Supplies:

Mass General Brigham Health Plan provides coverage for the following blood glucose meters, test strips, and continuous glucose monitors (CGM).

- Dexcom & FreeStyle Libre Medicare Eligible CGMs
- Accu-Chek and Freestyle Test Strips (Quantity Limit: 300 per 30 days)
- Accu-Chek and Freestyle Glucose Meters

### Excluded Drug Coverage:

Mass General Brigham Health Plan covers select Medicare excluded drugs. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your true out-of-pocket (TrOOP) costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Limitations to this coverage may apply.

## Enhanced coverage of Medicare - Excluded Drugs

Prescription Vitamins	
Drug Name	Coverage
cyanocobalamin solution (1000mcg/ml)	Tier 2
ergocalciferol (50000mcg capsule)	Tier 2
folic acid (1mg tablet)	Tier 2
cyanocobalamin nasal solution	Tier 4
phytonadione (5mg tablet)	Tier 2

Sexual Dysfunction	
Drug Name	Coverage
sildenafil citrate (25mg, 50mg, 100mg tablet)	Tier 2, QL (6 tabs / 30 days); Capped Benefit = 72 tablets every year
tadalafil (10mg, 20mg tablet)	Tier 3, QL (6 tabs / 30 days); Capped Benefit = 72 tablets every year

## Your costs in the initial coverage period

**Note:** If you qualify for Massachusetts Prescription Advantage Program (Massachusetts' State Pharmaceutical Assistance Program - SPAP) or Low Income Subsidy, the amounts below may be reduced.

### What you pay for a 30-day supply from a retail pharmacy:

Mass General Brigham Health Plan Medicare Advantage Plan Type	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
		Preferred Generic Drugs	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
<i>What you pay after deductible is met</i>						
<b>Mass General Brigham Advantage PPO*</b>	\$350 Tiers 3-5	\$0	\$5	\$47	25%	29%
<i>What you pay after deductible is met</i>						
<b>Mass General Brigham Advantage Secure HMO-POS*</b>	\$350 Tiers 3-5	\$0	\$5	\$47	25%	29%
<i>What you pay after deductible is met</i>						
<b>Mass General Brigham Advantage Premier PPO*</b>	\$350 Tiers 3-5	\$0	\$5	\$47	25%	29%
<i>What you pay after deductible is met</i>						
<b>Mass General Brigham Advantage Signature PPO*</b>	\$350 Tiers 3-5	\$0	\$5	\$47	25%	29%

\*Cost-share for prescription drugs filled at any network pharmacy is based on your level of "Extra Help."

## Tier descriptions

### **Tier 1–Preferred Generic Drugs–\$0 cost**

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

### **Tier 2–Generic Drugs**

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

### **Tier 3–Preferred Brand Name Drugs**

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

### **Tier 4–Non-Preferred Drugs**

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for Mass General Brigham Health Plan to cover them. If they are approved, they will be covered in Tier 4.

### **Tier 5–Specialty Drugs**

Tier 5 includes high-cost specialty generic and brand-name drugs that cost \$950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail and are excluded from the mail order program and tier exception process.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib caps 400mg</i>	3	QL(30 EA per 30 days)
<i>diclofenac epolamine ptch 1.3%</i>	4	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr tbec 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium er tb24 100mg</i>	2	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	4	
<i>diclofenac sodium external soln 1.5%</i>	3	QL(300 ML per 30 days)
<i>diflunisal tabs 500mg</i>	3	
EC-NAPROXEN TBEC 375MG	2	
<i>etodolac er tb24 400mg, 500mg, 600mg</i>	3	
<i>etodolac caps 200mg, 300mg</i>	3	
<i>etodolac tabs 400mg, 500mg</i>	3	
<i>flurbiprofen tabs 100mg</i>	2	
<i>ibuprofen susp 100mg/5ml</i>	3	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
IBU TABS 600MG, 800MG	1	
<i>ibu tabs 400mg</i>	1	
<i>indomethacin er cpcr 75mg</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>meloxicam tabs 15mg, 7.5mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	2	
NAPROXEN DR TBEC 500MG	2	
<i>naproxen dr tbec 375mg</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp 125mg/5ml</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tabs 600mg</i>	4	
<i>piroxicam caps 10mg, 20mg</i>	3	
<i>sulindac tabs 150mg, 200mg</i>	2	
<i>tolmetin sodium caps 400mg</i>	4	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	3	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	3	QL(10 EA per 30 days); PA
<i>levorphanol tartrate tabs 2mg, 3mg</i>	5	QL(240 EA per 30 days); NDS
<i>methadone hcl soln 5mg/5ml</i>	3	QL(450 ML per 30 days); PA

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Last Updated: 04/02/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tabs 10mg, 5mg</i>	3	QL(90 EA per 30 days); PA
<i>methadone hydrochloride soln 10mg/5ml</i>	3	QL(450 ML per 30 days); PA
<i>morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	QL(90 EA per 30 days); PA
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL(30 EA per 30 days); PA
<i>tramadol hcl er tb24 100mg, 200mg, 300mg (biphasic release)</i>	3	QL(30 EA per 30 days); PA
<i>tramadol hydrochloride er tb24 100mg, 200mg, 300mg</i>	3	QL(30 EA per 30 days); PA
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	3	QL(180 EA per 30 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	3	QL(2700 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	3	QL(180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	3	QL(360 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	3	QL(400 EA per 30 days)
<i>butorphanol tartrate soln 10mg/ml</i>	3	QL(7.5 ML per 30 days)
<i>endocet tabs 10mg;325mg</i>	3	QL(180 EA per 30 days)
<i>endocet tabs 7.5mg;325mg</i>	3	QL(240 EA per 30 days)
<i>endocet tabs 2.5mg;325mg, 5mg;325mg</i>	3	QL(360 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 10mg/15ml; 325mg/15ml</i>	4	QL(2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 2.5mg;325mg, 5mg;325mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 10mg;325mg</i>	3	QL(180 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 7.5mg; 325mg</i>	3	QL(180 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	3	QL(150 EA per 30 days)
<i>hydromorphone hcl liqd 1mg/ml</i>	4	QL(600 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	3	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	3	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>morphine sulfate tabs 15mg, 30mg</i>	3	QL(180 EA per 30 days)
<i>oxycodone hydrochloride caps 5mg</i>	4	QL(180 EA per 30 days)
<i>oxycodone hydrochloride conc 100mg/5ml</i>	4	QL(180 ML per 30 days)
<i>oxycodone hydrochloride soln 5mg/5ml</i>	4	QL(900 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	3	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg, 5mg</i>	3	QL(180 EA per 30 days)
<i>oxycodone/acetaminophen tabs 10mg; 325mg</i>	3	QL(180 EA per 30 days)
<i>oxycodone/acetaminophen tabs 7.5mg; 325mg</i>	3	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 2.5mg;325mg, 5mg;325mg</i>	3	QL(360 EA per 30 days)
<i>oxymorphone hydrochloride tabs 10mg, 5mg</i>	2	QL(180 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 37.5mg;325mg</i>	3	QL(240 EA per 30 days)

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<i>tramadol hydrochloride soln 5mg/ml</i>	3	QL(2400 ML per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 75mg</i>	3	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 25mg</i>	3	QL(240 EA per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine hydrochloride soln 4%</i>	3	QL(50 ML per 30 days); PA
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	3	QL(60 GM per 30 days); PA
<i>lidocaine oint 5%</i>	4	QL(50 GM per 30 days); PA
<i>lidocaine ptch 5%</i>	4	QL(90 EA per 30 days); PA
LIDOCAN PTCH 5%	4	QL(90 EA per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr tbec 333mg</i>	4	
<i>disulfiram tabs 250mg, 500mg</i>	3	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
VIVITROL INJ 380MG	5	NDS
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	
<i>lofexidine hydrochloride tabs 0.18mg</i>	5	QL(224 EA per 14 days); NDS
<b>Opioid Reversal Agents</b>		
KLOXXADO LIQD 8MG/0.1ML	3	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	2	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	3	
OPVEE SOLN 2.7MG/0.1ML	3	
ZURNAI INJ 1.5MG/0.5ML	4	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
NICOTROL INHALER INHA 10MG	4	
NICOTROL NS SOLN 10MG/ML	4	
TYRVAYA SOLN 0.03MG/ACT	4	
<i>varenicline starting month tbpk 0</i>	3	QL(106 EA per 365 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	3	QL(56 EA per 28 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	3	
ARIKAYCE SUSP 590MG/8.4ML	5	PA; NDS
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	3	

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<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	
<i>gentamicin sulfate crea 0.1%</i>	4	
<i>gentamicin sulfate inj 40mg/ml</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
HUMATIN CAPS 250MG	5	NDS
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	3	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>streptomycin sulfate inj 1gm</i>	5	NDS
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<b>Antibacterials, Other</b>		
<i>aztreonam inj 1gm</i>	3	
<i>aztreonam inj 2gm</i>	4	
CLEOCIN PHOSPHATE INJ 600MG/4ML	3	
CLINDACIN ETZ PLEDGETS SWAB 1%	2	
CLINDACIN-P SWAB 1%	2	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	1	
<i>clindamycin hydrochloride caps 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	3	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	3	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium inj 150mg</i>	5	NDS
<i>daptomycin inj 350mg, 500mg</i>	5	NDS
<i>fosfomycin tromethamine pack 3gm</i>	3	
IMPAVIDO CAPS 50MG	5	NDS
<i>linezolid inj 600mg/300ml</i>	3	
<i>linezolid susr 100mg/5ml</i>	5	QL(1800 ML per 30 days); NDS
<i>linezolid tabs 600mg</i>	4	QL(60 EA per 30 days)
<i>methenamine hippurate tabs 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole caps 375mg</i>	2	
<i>metronidazole inj 500mg/100ml</i>	3	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>metronidazole tabs 125mg</i>	3	
<i>nitrofurantoin macrocrystals caps 100mg, 25mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	3	
<i>nitrofurantoin susp 25mg/5ml, 50mg/5ml</i>	5	NDS
ORLYNVAH TABS 500MG; 500MG	5	QL(5 EA per 10 days); PA; NDS

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<i>tigecycline inj 50mg</i>	4	
<i>tinidazole tabs 250mg, 500mg</i>	3	
<i>trimethoprim tabs 100mg</i>	2	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm</i>	3	
<i>vancomycin hydrochloride caps 125mg, 250mg</i>	3	
<i>vancomycin hydrochloride inj 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	3	
<i>vancomycin hydrochloride oral solr 250mg/5ml, 25mg/ml</i>	3	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	3	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor caps 250mg, 500mg</i>	2	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml, 500mg/5ml</i>	2	
<i>cefadroxil tabs 1gm</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%, 3gm; 2%</i>	3	
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 500mg</i>	3	
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	3	
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	3	
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime inj 1gm, 2gm</i>	3	
<i>cefixime caps 400mg</i>	3	
<i>cefixime susr 100mg/5ml, 200mg/5ml</i>	3	
<i>cefixime tabs 400mg</i>	3	
<i>cefotetan inj 1gm, 2gm</i>	3	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil susr 100mg/5ml, 50mg/5ml</i>	3	
<i>cefpodoxime proxetil tabs 100mg, 200mg</i>	3	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	3	
<i>cefprozil tabs 250mg, 500mg</i>	3	
<i>ceftaroline fosamil inj 400mg, 600mg</i>	5	NDS
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	3	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr 125mg/5ml, 250mg/5ml</i>	3	
<i>cephalexin tabs 250mg, 500mg</i>	2	
TAZICEF INJ 1GM, 2GM, 6GM	3	
<i>tazicef inj 1gm</i>	3	
ZERBAXA INJ 1GM; 0.5GM	5	NDS
<b>Beta-lactam, Penicillins</b>		

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<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	3	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	3	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin caps 250mg, 500mg</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg, 875mg</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	3	
<i>ampicillin caps 500mg</i>	1	
<i>BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML</i>	4	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	3	
<i>nafcillin sodium inj 1gm, 2gm</i>	3	
<i>nafcillin sodium inj 10gm</i>	5	NDS
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	3	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 40000unit/ml, 0; 60000unit/ml</i>	3	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	3	
<i>penicillin g sodium inj 5000000unit</i>	5	NDS
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tabs 250mg, 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	3	
<b>Carbapenems</b>		
<i>ertapenem sodium inj 1gm</i>	3	
<i>imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg</i>	3	
<i>meropenem inj 1gm, 500mg</i>	3	
<b>Macrolides</b>		
<i>azithromycin inj 500mg</i>	3	
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	3	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml</i>	3	
<i>clarithromycin tabs 250mg, 500mg</i>	2	

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DIFICID SUSR 40MG/ML	5	NDS
E.E.S. 400 TABS 400MG	3	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythromycin base tabs 250mg, 500mg</i>	3	
<i>erythromycin dr cpep 250mg</i>	3	
<i>erythromycin dr tbec 250mg, 333mg, 500mg</i>	3	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate tabs 400mg</i>	3	
<i>erythromycin lactobionate inj 500mg</i>	3	
<i>fidaxomicin tabs 200mg</i>	5	NDS
<b>Quinolones</b>		
BAXDELA TABS 450MG	5	PA; NDS
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%, 400mg/200ml; 5%</i>	3	
<i>levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	3	
<i>levofloxacin inj 25mg/ml</i>	3	
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	4	
<i>ofloxacin tabs 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotn 10%</i>	3	
<i>sulfadiazine tabs 500mg</i>	5	NDS
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	4	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	3	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	2	
<i>doxycycline susr 25mg/5ml</i>	3	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hcl tabs 100mg, 75mg</i>	4	

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<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>minocycline hydrochloride tabs 50mg</i>	4	
MONDOXYNE NL CAPS 100MG	1	
NUZYRA INJ 100MG	5	NDS
NUZYRA TABS 150MG	5	NDS
<i>tetracycline hydrochloride caps 250mg, 500mg</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT SOLN 10MG/ML	5	PA; NDS
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	PA; NDS
EPIDIOLEX SOLN 100MG/ML	5	QL(600 ML per 30 days); PA; NDS
<i>felbamate susp 600mg/5ml</i>	4	
<i>felbamate tabs 400mg, 600mg</i>	3	
FINTEPLA SOLN 2.2MG/ML	5	QL(360 ML per 30 days); PA; NDS
<i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	3	
<i>lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 0</i>	2	
<i>lamotrigine starter kit/orange kit 0</i>	2	
<i>lamotrigine titration kit 0</i>	2	
<i>lamotrigine chew 25mg, 5mg</i>	2	
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tb24 500mg, 750mg</i>	2	
<i>levetiracetam soln 100mg/ml</i>	2	
<i>levetiracetam tabs 1000mg, 250mg, 500mg, 750mg</i>	2	
<i>levetiracetam tb3d 500mg disintegrating soluble</i>	4	QL(180 EA per 30 days)
<i>levetiracetam tb3d 250mg disintegrating soluble</i>	4	QL(360 EA per 30 days)
NAYZILAM SOLN 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>perampanel susp 0.5mg/ml</i>	5	QL(720 ML per 30 days); PA; NDS
<i>perampanel tabs 2mg</i>	4	QL(60 EA per 30 days); PA
<i>perampanel tabs 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	QL(30 EA per 30 days); PA; NDS
ROWEEPRA TABS 500MG	2	
SPRITAM TB3D 750MG	4	QL(120 EA per 30 days)
SPRITAM TB3D 500MG	4	QL(180 EA per 30 days)
SPRITAM TB3D 250MG	4	QL(360 EA per 30 days)
SPRITAM TB3D 1000MG	4	QL(90 EA per 30 days)
SUBVENITE STARTER KIT/BLUE KIT 25MG	2	
SUBVENITE STARTER KIT/GREEN KIT 0	2	
SUBVENITE STARTER KIT/ORANGE KIT 0	2	
SUBVENITE SUSP 10MG/ML	4	

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SUBVENITE TABS 100MG, 150MG, 200MG, 25MG	1	
<i>topiramate er cp24 100mg, 25mg, 50mg</i>	4	
<i>topiramate er cp24 200mg</i>	5	NDS
<i>topiramate cpsp 15mg, 25mg, 50mg</i>	3	
<i>topiramate soln 25mg/ml</i>	4	QL(480 ML per 30 days); PA
<i>topiramate tabs 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid caps 250mg</i>	2	
<i>valproic acid soln 250mg/5ml</i>	3	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide caps 250mg</i>	3	
<i>ethosuximide soln 250mg/5ml</i>	3	
<i>methsuximide caps 300mg</i>	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam susp 2.5mg/ml</i>	3	PA
<i>clobazam tabs 10mg, 20mg</i>	3	PA
<i>clonazepam odt tbdp 2mg</i>	3	QL(300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL(300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
DIACOMIT CAPS 500MG	5	QL(180 EA per 30 days); PA; NDS
DIACOMIT CAPS 250MG	5	QL(360 EA per 30 days); PA; NDS
DIACOMIT PACK 500MG	5	QL(180 EA per 30 days); PA; NDS
DIACOMIT PACK 250MG	5	QL(360 EA per 30 days); PA; NDS
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr csdr 125mg</i>	3	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tb24 250mg, 500mg</i>	3	
<i>gabapentin caps 100mg, 300mg, 400mg</i>	2	QL(180 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	3	QL(2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	3	QL(120 EA per 30 days)
<i>gabapentin tabs 600mg</i>	3	QL(180 EA per 30 days)
GABARONE TABS 100MG, 400MG	4	
<i>phenobarbital elix 20mg/5ml</i>	4	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL(120 EA per 30 days)
<i>pregabalin caps 225mg, 300mg</i>	3	QL(60 EA per 30 days)
<i>pregabalin caps 200mg</i>	3	QL(90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	3	QL(900 ML per 30 days)
<i>primidone tabs 125mg, 250mg, 50mg</i>	2	

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SYMPAZAN FILM 10MG, 20MG, 5MG	5	QL(60 EA per 30 days); PA; NDS
<i>tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
<i>vigabatrin pack 500mg</i>	5	QL(180 EA per 30 days); PA; NDS
<i>vigabatrin tabs 500mg</i>	5	QL(180 EA per 30 days); PA; NDS
VIGADRONE PACK 500MG	5	QL(180 EA per 30 days); PA; NDS
VIGADRONE TABS 500MG	5	QL(180 EA per 30 days); PA; NDS
VIGAFYDE SOLN 100MG/ML	5	QL(900 ML per 30 days); PA; NDS
VIGPODER PACK 500MG	5	QL(180 EA per 30 days); PA; NDS
ZTALMY SUSP 50MG/ML	5	QL(1100 ML per 30 days); PA; NDS
<b>Sodium Channel Agents</b>		
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	3	
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	3	
<i>carbamazepine chew 100mg, 200mg</i>	3	
<i>carbamazepine susp 100mg/5ml</i>	4	
<i>carbamazepine tabs 200mg</i>	2	
DILANTIN INFATABS CHEW 50MG	3	
DILANTIN CAPS 100MG, 30MG	3	
EPITOL TABS 200MG	2	
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide soln 10mg/ml</i>	4	QL(1200 ML per 30 days)
<i>lacosamide tabs 50mg</i>	4	QL(120 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
MOTPOLY XR CP24 100MG	4	QL(30 EA per 30 days)
MOTPOLY XR CP24 150MG	4	QL(60 EA per 30 days)
MOTPOLY XR CP24 200MG	5	QL(60 EA per 30 days); NDS
<i>oxcarbazepine er tb24 150mg, 300mg</i>	4	
<i>oxcarbazepine er tb24 600mg</i>	5	NDS
<i>oxcarbazepine susp 300mg/5ml</i>	4	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	3	
PHENYTEK CAPS 200MG, 300MG	2	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	2	

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<i>phenytoin chew 50mg</i>	3	
<i>phenytoin susp 125mg/5ml</i>	3	
<i>rufinamide susp 40mg/ml</i>	5	QL(2400 ML per 30 days); PA; NDS
<i>rufinamide tabs 200mg</i>	4	QL(480 EA per 30 days); PA
<i>rufinamide tabs 400mg</i>	5	QL(240 EA per 30 days); PA; NDS
XCOPRI TABS 100MG, 25MG, 50MG	5	QL(30 EA per 30 days); NDS
XCOPRI TABS 150MG, 200MG	5	QL(60 EA per 30 days); NDS
XCOPRI TBPK 12.5MG-25MG	4	QL(28 EA per 28 days)
XCOPRI TBPK 50MG-100MG; 150MG-200MG (28 TAB PACK)	5	QL(28 EA per 28 days); NDS
XCOPRI TBPK 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	QL(56 EA per 28 days); NDS
ZONISADE SUSP 100MG/5ML	4	QL(900 ML per 30 days); PA
<i>zonisamide caps 100mg, 25mg, 50mg</i>	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates tabs 1mg</i>	2	
LEQEMBI IQLIK INJ 360MG/1.8ML	5	QL(7.2 ML per 28 days); PA; NDS
<i>memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	4	
NAMZARIC CP24 10MG; 7MG	4	
<b>Cholinesterase Inhibitors</b>		
ADLARITY PTWK 10MG/DAY, 5MG/DAY	4	PA
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	3	
<i>donepezil hcl tbdp 10mg, 5mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er cp24 16mg, 24mg, 8mg</i>	3	
<i>galantamine hydrobromide soln 4mg/ml</i>	4	
<i>galantamine hydrobromide tabs 12mg, 4mg, 8mg</i>	3	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
<i>rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	3	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl titration pak tabs 0</i>	2	
<i>memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg</i>	3	
<i>memantine hydrochloride soln 2mg/ml</i>	3	
<i>memantine hydrochloride tabs 10mg, 5mg</i>	2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		

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APLENZIN TB24 174MG, 348MG, 522MG	5	ST; NDS
AUVELITY TBCR 105MG; 45MG	5	ST; NDS
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 100mg, 75mg</i>	2	
EXXUA TITRATION PACK TB24 18.2MG	5	QL(32 EA per 365 days); ST; NDS
EXXUA TB24 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST; NDS
<i>mirtazapine odt tbdp 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg</i>	2	
<i>perphenazine/amitriptyline tabs 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	3	
<i>quetiapine fumarate tabs 150mg</i>	3	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA; NDS
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST; NDS
MARPLAN TABS 10MG	4	
<i>phenelzine sulfate tabs 15mg</i>	3	
<i>tranylcypromine sulfate tabs 10mg</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide caps 30mg</i>	3	
<i>citalopram hydrobromide soln 10mg/5ml</i>	2	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tb24 100mg, 25mg, 50mg</i>	2	
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 40MG, 60MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg, 40mg</i>	3	QL(90 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	4	
<i>escitalopram oxalate tabs 10mg, 20mg, 5mg</i>	1	
FETZIMA TITRATION PACK C4PK 0	4	ST
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	4	ST
<i>fluoxetine dr cpdr 90mg</i>	2	
<i>fluoxetine hydrochloride caps 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	3	
<i>fluoxetine hydrochloride tabs 10mg, 20mg, 60mg</i>	4	
<i>fluvoxamine maleate er cp24 100mg, 150mg</i>	4	
<i>fluvoxamine maleate tabs 100mg, 25mg, 50mg</i>	2	
<i>nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i>	4	

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<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp 10mg/5ml</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
RALDESY SOLN 10MG/ML	4	
<i>sertraline hcl conc 20mg/ml</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
TRINTELLIX TABS 10MG, 20MG, 5MG	4	
<i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24 150mg, 225mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	3	
<i>vilazodone hydrochloride tabs 10mg, 20mg, 40mg</i>	3	
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg</i>	2	
<i>amoxapine tabs 100mg, 150mg, 25mg, 50mg</i>	3	
<i>clomipramine hydrochloride caps 25mg, 50mg, 75mg</i>	2	
<i>desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc 10mg/ml</i>	3	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>imipramine pamoate caps 100mg, 125mg, 150mg, 75mg</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl tabs 10mg, 5mg</i>	4	
<i>trimipramine maleate caps 100mg, 25mg, 50mg</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
COMPRO SUPP 25MG	3	
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
<i>meclizine hydrochloride tabs 25mg</i>	2	
<i>prochlorperazine maleate tabs 10mg, 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	3	

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<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	3	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride soln 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride tabs 12.5mg, 25mg, 50mg</i>	2	
<i>scopolamine pt72 1mg/3days</i>	4	QL(10 EA per 28 days)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg, 80mg</i>	4	B/D
<i>aprepitant caps 125mg</i>	5	B/D; NDS
<i>aprepitant cap therapy pack</i>	4	B/D
<i>dronabinol caps 10mg, 2.5mg, 5mg</i>	3	QL(60 EA per 30 days); B/D
EMEND SUSR 125MG/5ML	3	B/D
<i>granisetron hydrochloride tabs 1mg</i>	3	B/D
<i>ondansetron hcl soln 4mg/5ml</i>	3	B/D
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tbdp 16mg, 4mg, 8mg</i>	2	B/D
SANCUSO PTCH 3.1MG/24HR	5	NDS
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INJ 5MG/ML	4	B/D
<i>amphotericin b liposome inj 50mg</i>	5	B/D; NDS
<i>amphotericin b inj 50mg</i>	4	B/D
<i>casprofungin acetate inj 50mg, 70mg</i>	4	
<i>clotrimazole crea 1%</i>	3	
<i>clotrimazole soln 1%</i>	3	
<i>clotrimazole troc 10mg</i>	4	QL(150 EA per 30 days)
CRESEMBA CAPS 186MG, 74.5MG	5	NDS
<i>econazole nitrate crea 1%</i>	3	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tabs 100mg, 150mg, 200mg</i>	2	
<i>fluconazole tabs 50mg</i>	3	
<i>flucytosine caps 250mg, 500mg</i>	5	NDS
<i>griseofulvin microsize susp 125mg/5ml</i>	4	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps 100mg</i>	3	
<i>ketoconazole crea 2%</i>	2	
<i>ketoconazole sham 2%</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
<i>miconazole sodium/sodium chloride inj 150mg/150ml; 0.9%</i>	3	
<i>miconazole inj 100mg, 50mg</i>	4	
MICONAZOLE 3 SUPP 200MG	2	

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NYAMYC POWD 100000UNIT/GM	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
NYSTOP POWD 100000UNIT/GM	2	
<i>posaconazole dr tbec 100mg</i>	5	NDS
<i>posaconazole susp 40mg/ml</i>	5	QL(630 ML per 30 days); PA; NDS
<i>terbinafine hcl tabs 250mg</i>	1	QL(90 EA per 365 days)
<i>terconazole crea 0.4%, 0.8%</i>	3	
<i>terconazole supp 80mg</i>	3	
<i>voriconazole inj 200mg</i>	5	PA; NDS
<i>voriconazole susr 40mg/ml</i>	5	NDS
<i>voriconazole tabs 200mg, 50mg</i>	4	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>allopurinol tabs 200mg</i>	3	
<i>colchicine caps 0.6mg</i>	3	
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	3	
GLOPERBA SOLN 0.6MG/5ML	4	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	
<i>probenecid tabs 500mg</i>	2	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG INJ 140MG/ML, 70MG/ML	3	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC TBDP 75MG	3	QL(16 EA per 30 days); PA
QULIPTA TABS 10MG, 30MG, 60MG	3	QL(30 EA per 30 days); PA
UBRELVY TABS 100MG, 50MG	3	QL(16 EA per 30 days); PA
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL(8 ML per 30 days); NDS
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	3	QL(40 EA per 28 days); PA
<b>Prophylactic</b>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>almotriptan tabs 12.5mg</i>	4	QL(12 EA per 30 days)
<i>almotriptan tabs 6.25mg</i>	4	QL(18 EA per 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	3	QL(18 EA per 30 days)

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<i>frovatriptan succinate tabs 2.5mg</i>	4	QL(18 EA per 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	4	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg, 5mg</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	3	QL(12 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	3	QL(12 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	QL(6 ML per 30 days)
<i>sumatriptan succinate tabs 100mg, 25mg, 50mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan soln 20mg/act, 5mg/act</i>	3	QL(12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg, 5mg</i>	4	QL(18 EA per 30 days)
<i>zolmitriptan soln 2.5mg, 5mg</i>	3	QL(12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg</i>	4	QL(18 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er tbcr 180mg</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
VYVGART HYTRULO INJ 180MG/ML; 2000UNIT/ML	5	PA; NDS
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs 100mg, 25mg</i>	3	
<i>rifabutin caps 150mg</i>	4	
<b>Antituberculars</b>		
<i>cycloserine caps 250mg</i>	5	NDS
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	3	
<i>isoniazid syrp 50mg/5ml</i>	4	
<i>isoniazid tabs 100mg, 300mg</i>	1	
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	3	
<i>rifampin caps 150mg, 300mg</i>	3	
<i>rifampin inj 600mg</i>	4	
SIRTURO TABS 100MG, 20MG	5	PA; NDS
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA INJ 100MG/4ML	5	NDS
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	3	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	3	
<i>cyclophosphamide monohydrate inj 2gm/10ml</i>	5	NDS
<i>cyclophosphamide caps 25mg, 50mg</i>	3	B/D
<i>cyclophosphamide inj 1000mg/10ml, 1gm/5ml, 1gm, 2000mg/20ml, 2gm/10ml, 2gm, 500mg/2.5ml, 500mg/5ml, 500mg</i>	5	NDS
<i>cyclophosphamide tabs 25mg, 50mg</i>	3	B/D
LEUKERAN TABS 2MG	5	NDS

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<i>lomustine caps 10mg, 40mg</i>	4	
<i>lomustine caps 100mg</i>	5	NDS
MATULANE CAPS 50MG	5	NDS
<i>oxaliplatin inj 50mg/10ml</i>	3	
<i>oxaliplatin inj 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	5	NDS
PARAPLATIN INJ 1000MG/100ML	3	
VALCHLOR GEL 0.016%	5	QL(60 GM per 30 days); PA; NDS
VIVIMUSTA INJ 100MG/4ML	5	NDS
<b>Antiandrogens</b>		
<i>abiraterone acetate tabs 250mg, 500mg</i>	5	PA; NDS
ABIRTEGA TABS 250MG	4	PA
<i>bicalutamide tabs 50mg</i>	2	
ERLEADA TABS 240MG, 60MG	5	PA; NDS
EULEXIN CAPS 125MG	5	NDS
<i>nilutamide tabs 150mg</i>	5	NDS
NUBEQA TABS 300MG	5	PA; NDS
XTANDI CAPS 40MG	5	QL(120 EA per 30 days); PA; NDS
XTANDI TABS 40MG, 80MG	5	QL(120 EA per 30 days); PA; NDS
YONSA TABS 125MG	5	PA; NDS
<b>Antiangiogenic Agents</b>		
<i>lenalidomide caps 20mg, 25mg</i>	5	QL(21 EA per 28 days); PA; NDS
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 5mg</i>	5	QL(28 EA per 28 days); PA; NDS
<i>pomalidomide caps 1mg, 2mg, 3mg, 4mg</i>	5	QL(21 EA per 28 days); PA; NDS
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	QL(21 EA per 28 days); PA; NDS
THALOMID CAPS 100MG	5	QL(112 EA per 28 days); PA; NDS
THALOMID CAPS 50MG	5	QL(196 EA per 28 days); PA; NDS
<b>Antiestrogens/Modifiers</b>		
INLURIYO TABS 200MG	5	QL(56 EA per 28 days); PA; NDS
ORSERDU TABS 345MG, 86MG	5	PA; NDS
SOLTAMOX SOLN 10MG/5ML	5	NDS
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	
<i>toremifene citrate tabs 60mg</i>	5	NDS
<b>Antimetabolites</b>		
DROXIA CAPS 200MG, 300MG, 400MG	3	
<i>hydroxyurea caps 500mg</i>	2	
<i>mercaptopurine susp 2000mg/100ml</i>	5	NDS
<i>mercaptopurine tabs 50mg</i>	2	
TABLOID TABS 40MG	5	NDS
<b>Antineoplastics, Other</b>		

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AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA; NDS
BORUZU INJ 3.5MG/1.4ML	5	PA; NDS
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	5	NDS
<i>doxorubicin hydrochloride inj 2mg/ml</i>	3	B/D
<i>doxorubicin hydrochloride inj liposomal</i>	5	NDS
IBRANCE TABS 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA; NDS
INREBIC CAPS 100MG	5	PA; NDS
ITOVEBI TABS 9MG	5	QL(28 EA per 28 days); PA; NDS
ITOVEBI TABS 3MG	5	QL(56 EA per 28 days); PA; NDS
IWILFIN TABS 192MG	5	PA; NDS
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	QL(70 EA per 28 days); PA; NDS
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	QL(91 EA per 28 days); PA; NDS
KOMZIFTI CAPS 200MG	5	QL(90 EA per 30 days); PA; NDS
LAZCLUZE TABS 240MG, 80MG	5	PA; NDS
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA; NDS
LYSODREN TABS 500MG	5	NDS
MODEYSO CAPS 125MG	5	PA; NDS
OGSIVEO TABS 100MG, 150MG, 50MG	5	PA; NDS
OJEMDA SUSR 25MG/ML	5	PA; NDS
OJEMDA TABS 100MG	5	PA; NDS
ONUREG TABS 200MG, 300MG	5	PA; NDS
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA; NDS
VONJO CAPS 100MG	5	QL(120 EA per 30 days); PA; NDS
ZOLINZA CAPS 100MG	5	PA; NDS
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	3	
<i>letrozole tabs 2.5mg</i>	1	
<b>Enzyme Inhibitors</b>		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	QL(66 EA per 28 days); PA; NDS
<b>Molecular Target Inhibitors</b>		
ALECENSA CAPS 150MG	5	PA; NDS
ALUNBRIG TABS 30MG	5	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABS 180MG, 90MG	5	QL(30 EA per 30 days); PA; NDS
ALUNBRIG TBPK 0	5	QL(60 EA per 365 days); PA; NDS
AUGTYRO CAPS 160MG, 40MG	5	PA; NDS
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
BALVERSA TABS 3MG, 4MG, 5MG	5	PA; NDS
BOSULIF CAPS 100MG	5	QL(150 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAPS 50MG	5	QL(300 EA per 30 days); PA; NDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA; NDS
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA; NDS
BRAFTOVI CAPS 75MG	5	PA; NDS
BRUKINSA CAPS 80MG	5	PA; NDS
BRUKINSA TABS 160MG	5	PA; NDS
CABOMETYX TABS 20MG, 40MG, 60MG	5	QL(30 EA per 30 days); PA; NDS
CALQUENCE TABS 100MG	5	QL(60 EA per 30 days); PA; NDS
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA; NDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA; NDS
COMETRIQ KIT 0, 20MG	5	PA; NDS
COPIKTRA CAPS 15MG, 25MG	5	PA; NDS
COTELLIC TABS 20MG	5	PA; NDS
DANZITEN TABS 71MG, 95MG	5	QL(112 EA per 28 days); PA; NDS
<i>dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA; NDS
DAURISMO TABS 100MG, 25MG	5	PA; NDS
ENSACOVE CAPS 100MG, 25MG	5	PA; NDS
ERIVEDGE CAPS 150MG	5	PA; NDS
<i>erlotinib hydrochloride tabs 150mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	5	QL(90 EA per 30 days); PA; NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>everolimus tbso 2mg</i>	5	QL(150 EA per 30 days); PA; NDS
<i>everolimus tbso 5mg</i>	5	QL(60 EA per 30 days); PA; NDS
<i>everolimus tbso 3mg</i>	5	QL(90 EA per 30 days); PA; NDS
FOTIVDA CAPS 0.89MG, 1.34MG	5	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPS 1MG, 5MG	5	PA; NDS
GAVRETO CAPS 100MG	5	PA; NDS
<i>gefitinib tabs 250mg</i>	5	PA; NDS
GILOTRIF TABS 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA; NDS
GOMEKLI CAPS 1MG	5	QL(126 EA per 28 days); PA; NDS
GOMEKLI CAPS 2MG	5	QL(84 EA per 28 days); PA; NDS
GOMEKLI TBSO 1MG	5	QL(168 EA per 28 days); PA; NDS
HERNEXEOS TABS 60MG	5	PA; NDS
HYRNUO TABS 10MG	5	QL(120 EA per 30 days); PA; NDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA; NDS
IBTROZI CAPS 200MG	5	QL(90 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NDS
IDHIFA TABS 100MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate tabs 100mg</i>	4	QL(90 EA per 30 days); PA
<i>imatinib mesylate tabs 400mg</i>	5	QL(60 EA per 30 days); PA; NDS
IMBRUVICA CAPS 140MG	5	QL(120 EA per 30 days); PA; NDS
IMBRUVICA CAPS 70MG	5	QL(30 EA per 30 days); PA; NDS
IMBRUVICA SUSP 70MG/ML	5	QL(216 ML per 27 days); PA; NDS
IMBRUVICA TABS 140MG, 280MG, 420MG	5	QL(30 EA per 30 days); PA; NDS
IMKELDI SOLN 80MG/ML	5	QL(300 ML per 30 days); PA; NDS
INLYTA TABS 5MG	5	QL(120 EA per 30 days); PA; NDS
INLYTA TABS 1MG	5	QL(180 EA per 30 days); PA; NDS
INQOVI TABS 100MG; 35MG	5	QL(5 EA per 28 days); PA; NDS
JAKAFI TABS 10MG, 15MG, 20MG, 25MG, 5MG	5	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA; NDS
JAYPIRCA TABS 100MG	5	QL(60 EA per 30 days); PA; NDS
KISQALI TBPK 200MG DOSE	5	QL(21 EA per 28 days); PA; NDS
KISQALI TBPK 400MG DOSE	5	QL(42 EA per 28 days); PA; NDS
KISQALI TBPK 600MG DOSE	5	QL(63 EA per 28 days); PA; NDS
KOSELUGO CAPS 25MG	5	QL(120 EA per 30 days); PA; NDS
KOSELUGO CAPS 10MG	5	QL(240 EA per 30 days); PA; NDS
KOSELUGO CPSP 7.5MG	5	QL(180 EA per 30 days); PA; NDS
KOSELUGO CPSP 5MG	5	QL(360 EA per 30 days); PA; NDS
KRAZATI TABS 200MG	5	PA; NDS
<i>lapatinib ditosylate tabs 250mg</i>	5	QL(180 EA per 30 days); PA; NDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	QL(30 EA per 30 days); PA; NDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	QL(90 EA per 30 days); PA; NDS
LENVIMA 14 MG DAILY DOSE CPPK 0	5	QL(60 EA per 30 days); PA; NDS
LENVIMA 18 MG DAILY DOSE CPPK 0	5	QL(90 EA per 30 days); PA; NDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	QL(60 EA per 30 days); PA; NDS
LENVIMA 24 MG DAILY DOSE CPPK 0	5	QL(90 EA per 30 days); PA; NDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	QL(30 EA per 30 days); PA; NDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	QL(60 EA per 30 days); PA; NDS
LORBRENA TABS 100MG, 25MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 240MG	5	QL(120 EA per 30 days); PA; NDS
LUMAKRAS TABS 120MG	5	QL(240 EA per 30 days); PA; NDS
LUMAKRAS TABS 320MG	5	QL(90 EA per 30 days); PA; NDS
LYNPARZA TABS 100MG, 150MG	5	QL(120 EA per 30 days); PA; NDS
<i>lytgobi tbpk 4mg</i>	5	PA; NDS
MEKINIST SOLR 0.05MG/ML	5	PA; NDS
MEKINIST TABS 0.5MG, 2MG	5	PA; NDS
MEKTOVI TABS 15MG	5	PA; NDS
NERLYNX TABS 40MG	5	PA; NDS
<i>nilotinib d-tartrate caps 150mg, 200mg, 50mg</i>	5	PA; NDS
<i>nilotinib hydrochloride caps 150mg, 200mg, 50mg</i>	5	PA; NDS
NINLARO CAPS 2.3MG, 3MG, 4MG	5	QL(3 EA per 28 days); PA; NDS
ODOMZO CAPS 200MG	5	PA; NDS
OJJAARA TABS 100MG, 150MG, 200MG	5	QL(30 EA per 30 days); PA; NDS
<i>pazopanib hydrochloride tabs 200mg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>pazopanib hydrochloride tabs 400mg</i>	5	QL(60 EA per 30 days); PA; NDS
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	PA; NDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA; NDS
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA; NDS
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA; NDS
QINLOCK TABS 50MG	5	PA; NDS
RETEVMO TABS 120MG, 160MG, 40MG, 80MG	5	PA; NDS
REZLIDHIA CAPS 150MG	5	PA; NDS
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	QL(8 EA per 28 days); PA; NDS
ROZLYTREK CAPS 100MG, 200MG	5	PA; NDS
ROZLYTREK PACK 50MG	5	PA; NDS
RUBRACA TABS 200MG, 250MG, 300MG	5	QL(120 EA per 30 days); PA; NDS
RYDAPT CAPS 25MG	5	PA; NDS
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABS 40MG	5	QL(300 EA per 30 days); PA; NDS
SCEMBLIX TABS 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>sorafenib tosylate tabs 200mg</i>	5	QL(220 EA per 30 days); PA; NDS
STIVARGA TABS 40MG	5	PA; NDS
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	QL(30 EA per 30 days); PA; NDS
TABRECTA TABS 150MG, 200MG	5	QL(112 EA per 28 days); PA; NDS

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TAFINLAR CAPS 50MG, 75MG	5	PA; NDS
TAFINLAR TBSO 10MG	5	PA; NDS
TAGRISSE TABS 40MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
TALZENNA CAPS 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA; NDS
TALZENNA CAPS 0.25MG	5	QL(90 EA per 30 days); PA; NDS
TAZVERIK TABS 200MG	5	QL(240 EA per 30 days); PA; NDS
TEPMETKO TABS 225MG	5	PA; NDS
TIBSOVO TABS 250MG	5	PA; NDS
TORPENZ TABS 10MG, 2.5MG, 5MG, 7.5MG	5	QL(30 EA per 30 days); PA; NDS
TRUQAP TABS 160MG, 200MG	5	PA; NDS
TRUQAP TBPK 160MG, 200MG	5	PA; NDS
TUKYSA TABS 150MG, 50MG	5	PA; NDS
TURALIO CAPS 125MG	5	PA; NDS
VANFLYTA TABS 17.7MG, 26.5MG	5	PA; NDS
VENCLEXTA STARTING PACK TBPK 0	5	QL(42 EA per 28 days); PA; NDS
VENCLEXTA TABS 10MG	3	QL(112 EA per 28 days); PA
VENCLEXTA TABS 50MG	5	QL(112 EA per 28 days); PA; NDS
VENCLEXTA TABS 100MG	5	QL(180 EA per 30 days); PA; NDS
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	QL(56 EA per 28 days); PA; NDS
VIJOICE PACK 50MG	5	QL(140 EA per 28 days); PA; NDS
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NDS
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NDS
VITRAKVI CAPS 100MG, 25MG	5	PA; NDS
VITRAKVI SOLN 20MG/ML	5	PA; NDS
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA; NDS
XALKORI CAPS 200MG, 250MG	5	PA; NDS
XALKORI CPSP 150MG, 20MG, 50MG	5	PA; NDS
XOSPATA TABS 40MG	5	PA; NDS
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	QL(24 EA per 28 days); PA; NDS
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	QL(32 EA per 28 days); PA; NDS
XPOVIO TBPK 10MG	5	QL(16 EA per 28 days); PA; NDS
XPOVIO TBPK 80MG	5	QL(4 EA per 28 days); PA; NDS
<i>xpovio tbpk 40mg, 60mg</i>	5	QL(4 EA per 28 days); PA; NDS
<i>xpovio tbpk 40mg, 50mg</i>	5	QL(8 EA per 28 days); PA; NDS
ZEJULA TABS 200MG, 300MG	5	QL(30 EA per 30 days); PA; NDS
ZEJULA TABS 100MG	5	QL(90 EA per 30 days); PA; NDS
ZELBORAF TABS 240MG	5	PA; NDS
ZYDELIG TABS 100MG, 150MG	5	PA; NDS
ZYKADIA TABS 150MG	5	PA; NDS

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<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
HERCEPTIN HYLECTA INJ 10000UNIT/5ML; 600MG/5ML	5	PA; NDS
HERCEPTIN INJ 150MG	5	PA; NDS
HERZUMA INJ 150MG, 420MG	5	PA; NDS
KANJINTI INJ 150MG, 420MG	5	PA; NDS
MVASI INJ 100MG/4ML, 400MG/16ML	5	PA; NDS
OGIVRI INJ 150MG, 420MG	5	PA; NDS
TRAZIMERA INJ 150MG, 420MG	5	PA; NDS
TRUXIMA INJ 100MG/10ML, 500MG/50ML	5	PA; NDS
ZIRABEV INJ 100MG/4ML, 400MG/16ML	5	PA; NDS
<b>Retinoids</b>		
<i>bexarotene caps 75mg</i>	5	NDS
<i>bexarotene gel 1%</i>	5	PA; NDS
PANRETIN GEL 0.1%	5	QL(60 GM per 30 days); PA; NDS
<i>tretinoin caps 10mg</i>	5	NDS
<b>Treatment Adjuncts</b>		
<i>mesna tabs 400mg</i>	5	NDS
VORANIGO TABS 10MG, 40MG	5	PA; NDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs 200mg</i>	4	
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs 600mg</i>	4	
<b>Antiprotozoals</b>		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	4	
<i>atovaquone susp 750mg/5ml</i>	2	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	3	
COARTEM TABS 20MG; 120MG	4	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hydrochloride tabs 250mg</i>	2	
<i>nitazoxanide tabs 500mg</i>	5	QL(6 EA per 30 days); NDS
<i>pentamidine isethionate inj 300mg</i>	3	
<i>pentamidine isethionate inhalation solr 300mg</i>	3	B/D
<i>primaquine phosphate tabs 26.3mg</i>	3	
<i>pyrimethamine tabs 25mg</i>	5	NDS
<i>quinine sulfate caps 324mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tabs 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	3	
<i>trihexyphenidyl hydrochloride tabs 2mg, 5mg</i>	3	

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<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	3	
<i>entacapone tabs 200mg</i>	3	
NOURIANZ TABS 20MG, 40MG	5	QL(30 EA per 30 days); NDS
<i>tolcapone tabs 100mg</i>	5	NDS
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate caps 5mg</i>	3	
<i>bromocriptine mesylate tabs 2.5mg</i>	3	
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg</i>	3	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er cpcr 23.75mg; 95mg, 36.25mg; 145mg, 48.75mg; 195mg, 61.25mg; 245mg</i>	4	
<i>carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg</i>	2	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	3	
<i>carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tabs 25mg</i>	2	
CREXONT CPCR 35MG; 140MG, 52.5MG; 210MG, 70MG; 280MG, 87.5MG; 350MG	4	
INBRIJA CAPS 42MG	5	PA; NDS
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tabs 0.5mg, 1mg</i>	4	
<i>selegiline hcl caps 5mg</i>	3	
<i>selegiline hcl tabs 5mg</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate inj 25mg/ml</i>	4	
<i>fluphenazine hcl conc 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	4	

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<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate inj 5mg/ml</i>	3	
<i>haloperidol conc 2mg/ml</i>	3	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	3	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tabs 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	5	QL(2.4 ML per 56 days); NDS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	5	QL(3.2 ML per 56 days); NDS
ABILIFY MAINTENA INJ 300MG, 400MG	5	QL(1 EA per 28 days); NDS
<i>aripiprazole odt tbdp 15mg</i>	3	
<i>aripiprazole odt tbdp 10mg</i>	4	
<i>aripiprazole soln 1mg/ml</i>	3	
<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	3	
ARISTADA INITIO INJ 675MG/2.4ML	5	QL(2.4 ML per 42 days); NDS
ARISTADA INJ 441MG/1.6ML	5	QL(1.6 ML per 28 days); NDS
ARISTADA INJ 662MG/2.4ML	5	QL(2.4 ML per 28 days); NDS
ARISTADA INJ 882MG/3.2ML	5	QL(3.2 ML per 28 days); NDS
ARISTADA INJ 1064MG/3.9ML	5	QL(3.9 ML per 56 days); NDS
<i>asenapine maleate sl subl 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); ST
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA; NDS
ERZOFRI INJ 39MG/0.25ML	4	QL(0.25 ML per 28 days)
ERZOFRI INJ 78MG/0.5ML	5	QL(0.5 ML per 28 days); NDS
ERZOFRI INJ 117MG/0.75ML	5	QL(0.75 ML per 28 days); NDS
ERZOFRI INJ 156MG/ML	5	QL(1 ML per 28 days); NDS
ERZOFRI INJ 234MG/1.5ML	5	QL(1.5 ML per 28 days); NDS
ERZOFRI INJ 351MG/2.25ML	5	QL(2.25 ML per 28 days); NDS
FANAPT TITRATION PACK A TABS 0	4	QL(16 EA per 365 days); ST
FANAPT TITRATION PACK B TABS 0	4	QL(24 EA per 365 days); ST
FANAPT TITRATION PACK C TABS 0	4	QL(16 EA per 365 days); ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL(3.5 ML per 180 days); NDS
INVEGA HAFYERA INJ 1560MG/5ML	5	QL(5 ML per 180 days); NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25 ML per 28 days)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL(0.5 ML per 28 days); NDS
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL(0.75 ML per 28 days); NDS

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INVEGA SUSTENNA INJ 156MG/ML	5	QL(1 ML per 28 days); NDS
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL(1.5 ML per 28 days); NDS
INVEGA TRINZA INJ 273MG/0.88ML	5	QL(0.88 ML per 90 days); NDS
INVEGA TRINZA INJ 410MG/1.32ML	5	QL(1.32 ML per 90 days); NDS
INVEGA TRINZA INJ 546MG/1.75ML	5	QL(1.75 ML per 90 days); NDS
INVEGA TRINZA INJ 819MG/2.63ML	5	QL(2.63 ML per 90 days); NDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); PA; NDS
NUPLAZID CAPS 34MG	5	QL(60 EA per 30 days); PA; NDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA; NDS
<i>olanzapine odt tbdp 15mg, 20mg, 5mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 10mg</i>	3	QL(60 EA per 30 days)
<i>olanzapine inj 10mg</i>	4	QL(3 EA per 1 days)
<i>olanzapine tabs 15mg, 20mg, 7.5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tabs 10mg, 2.5mg, 5mg</i>	2	QL(60 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA; NDS
<i>paliperidone er tb24 1.5mg, 3mg, 6mg, 9mg</i>	4	
PERSERIS INJ 120MG, 90MG	5	QL(1 EA per 30 days); NDS
<i>quetiapine fumarate er tb24 150mg, 200mg, 300mg, 400mg, 50mg</i>	3	
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 300mg, 400mg, 50mg</i>	3	
REXULTI TABS 3MG, 4MG	5	QL(30 EA per 30 days); NDS
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL(60 EA per 30 days); NDS
<i>risperidone er inj 12.5mg, 25mg</i>	4	QL(2 EA per 28 days)
<i>risperidone er inj 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); NDS
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	3	
<i>risperidone soln 1mg/ml</i>	3	
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST; NDS
UZEDY INJ 50MG/0.14ML	5	QL(0.14 ML per 28 days); NDS
UZEDY INJ 75MG/0.21ML	5	QL(0.21 ML per 28 days); NDS
UZEDY INJ 100MG/0.28ML	5	QL(0.28 ML per 28 days); NDS
UZEDY INJ 125MG/0.35ML	5	QL(0.35 ML per 28 days); NDS
UZEDY INJ 150MG/0.42ML	5	QL(0.42 ML per 28 days); NDS
UZEDY INJ 200MG/0.56ML	5	QL(0.56 ML per 28 days); NDS
UZEDY INJ 250MG/0.7ML	5	QL(0.7 ML per 28 days); NDS
VRAYLAR CAPS 0.5MG, 0.75MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days); ST; NDS

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VRAYLAR CAPS 1.5MG	5	QL(60 EA per 30 days); ST; NDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate inj 20mg</i>	3	QL(6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL(2 EA per 28 days); PA
ZYPREXA RELPREVV INJ 405MG	5	QL(1 EA per 28 days); PA; NDS
ZYPREXA RELPREVV INJ 300MG	5	QL(2 EA per 28 days); PA; NDS
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 200mg, 25mg</i>	4	
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 100mg, 200mg</i>	4	
VERSACLOZ SUSP 50MG/ML	5	QL(600 ML per 30 days); PA; NDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen soln 10mg/5ml, 5mg/5ml</i>	3	
<i>baclofen susp 25mg/5ml</i>	5	NDS
<i>baclofen tabs 10mg, 15mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps 100mg, 25mg, 50mg</i>	4	
SOHONOS CAPS 1.5MG, 10MG, 1MG, 2.5MG, 5MG	5	PA; NDS
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY TABS 200MG	5	PA; NDS
PREVYMIS PACK 120MG, 20MG	5	QL(120 EA per 30 days); PA; NDS
PREVYMIS TABS 240MG, 480MG	5	QL(28 EA per 28 days); PA; NDS
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	NDS
<i>valganciclovir tabs 450mg</i>	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tabs 10mg</i>	4	
BARACLUDE SOLN 0.05MG/ML	5	NDS
<i>entecavir tabs 0.5mg, 1mg</i>	3	
<i>lamivudine tabs 100mg</i>	3	
VEMLIDY TABS 25MG	5	NDS
<b>Anti-hepatitis C (HCV) Agents</b>		
<i>ledipasvir/sofosbuvir tabs 90mg; 400mg</i>	5	PA; NDS
MAVYRET PACK 50MG; 20MG	5	PA; NDS
MAVYRET TABS 100MG; 40MG	5	PA; NDS
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	3	
<i>sofosbuvir/velpatasvir tabs 400mg; 100mg</i>	5	PA; NDS
VOSEVI TABS 400MG; 100MG; 100MG	5	PA; NDS

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<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
<i>biktarvy tabs 30mg; 120mg; 15mg, 50mg; 200mg; 25mg</i>	5	NDS
DOVATO TABS 50MG; 300MG	5	NDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	NDS
ISENTRESS HD TABS 600MG	5	QL(60 EA per 30 days); NDS
ISENTRESS CHEW 25MG	4	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NDS
ISENTRESS PACK 100MG	5	QL(60 EA per 30 days); NDS
ISENTRESS TABS 400MG	5	QL(60 EA per 30 days); NDS
JULUCA TABS 50MG; 25MG	5	NDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	NDS
TIVICAY PD TBSO 5MG	5	NDS
TIVICAY TABS 50MG	5	NDS
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO TABS 100MG; 300MG; 300MG	5	NDS
EDURANT PED TBSO 2.5MG	5	QL(180 EA per 30 days); NDS
EDURANT TABS 25MG	5	NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	NDS
<i>efavirenz tabs 600mg</i>	4	
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	NDS
<i>etravirine tabs 100mg, 200mg</i>	5	NDS
INTELENCE TABS 25MG	4	
<i>nevirapine er tb24 400mg</i>	4	
<i>nevirapine susp 50mg/5ml</i>	4	
<i>nevirapine tabs 200mg</i>	2	
PIFELTRO TABS 100MG	5	NDS
<i>rilpivirine hydrochloride tabs 25mg</i>	5	NDS
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	3	
<i>abacavir soln 20mg/ml</i>	3	
<i>abacavir tabs 300mg</i>	2	
CIMDUO TABS 300MG; 300MG	5	NDS
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL(30 EA per 30 days)

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<i>emtricitabine caps 200mg</i>	3	
EMTRIVA SOLN 10MG/ML	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	3	
<i>lamivudine soln 10mg/ml</i>	3	
<i>lamivudine tabs 150mg, 300mg</i>	3	
ODEFSEY TABS 200MG; 25MG; 25MG	5	NDS
<i>tenofovir disoproxil fumarate tabs 300mg</i>	3	
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	4	
TRIUMEQ TABS 600MG; 50MG; 300MG	5	NDS
VIREAD POWD 40MG/GM	5	NDS
VIREAD TABS 150MG, 200MG, 250MG	5	NDS
<i>zidovudine caps 100mg</i>	2	
<i>zidovudine syrp 50mg/5ml</i>	2	
<i>zidovudine tabs 300mg</i>	2	
<b>Anti-HIV Agents, Other</b>		
FUZEON INJ 90MG	5	NDS
<i>maraviroc tabs 150mg, 300mg</i>	5	NDS
RUKOBIA TB12 600MG	5	NDS
SELZENTRY SOLN 20MG/ML	5	NDS
SUNLENCA TABS 300MG	5	NDS
SUNLENCA TBPK 300MG	5	NDS
TYBOST TABS 150MG	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPS 250MG	5	NDS
<i>atazanavir sulfate caps 300mg</i>	4	
<i>atazanavir caps 150mg, 200mg</i>	4	
<i>darunavir tabs 600mg</i>	4	
<i>darunavir tabs 800mg</i>	5	NDS
EVOTAZ TABS 300MG; 150MG	5	NDS
<i>fosamprenavir calcium tabs 700mg</i>	5	NDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
<i>lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg</i>	4	
NORVIR PACK 100MG	4	
PREZCOBIX TABS 150MG; 675MG, 150MG; 800MG	5	NDS
PREZISTA SUSP 100MG/ML	5	NDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG	5	NDS
REYATAZ PACK 50MG	5	NDS
<i>ritonavir tabs 100mg</i>	3	
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	NDS
VIRACEPT TABS 250MG, 625MG	5	NDS
<b>Anti-influenza Agents</b>		
<i>amantadine hcl caps 100mg</i>	2	
<i>amantadine hcl soln 50mg/5ml</i>	2	

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<i>amantadine hcl tabs 100mg</i>	2	
<i>amantadine hydrochloride tabs 100mg</i>	2	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	2	
<i>oseltamivir phosphate susr 6mg/ml</i>	2	
RELENZA DISKHALER AEPB 5MG/BLISTER	3	QL(120 EA per 365 days)
<i>rimantadine hydrochloride tabs 100mg</i>	3	
XOFLUZA TBPK 40MG, 80MG	4	QL(1 EA per 7 days)
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	3	
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	3	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tabs 1gm, 500mg</i>	2	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO CAPS 200MG	4	QL(40 EA per 5 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl tabs 15mg</i>	1	
<i>buspirone hydrochloride tabs 10mg, 5mg</i>	1	
<i>buspirone hydrochloride tabs 30mg, 7.5mg</i>	3	
<b>Benzodiazepines</b>		
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL(60 EA per 30 days)
<i>alprazolam er tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg, 3.75mg, 7.5mg</i>	4	QL(180 EA per 30 days)
DIAZEPAM INTENSOL CONC 5MG/ML	3	QL(240 ML per 30 days)
<i>diazepam conc 5mg/ml</i>	3	QL(240 ML per 30 days)
<i>diazepam soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>diazepam tabs 10mg, 2mg, 5mg</i>	2	QL(120 EA per 30 days)
LORAZEPAM INTENSOL CONC 2MG/ML	3	QL(150 ML per 30 days)
<i>lorazepam tabs 0.5mg, 1mg, 2mg</i>	2	QL(150 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium carbonate er tbc 300mg, 450mg</i>	2	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	2	
<i>lithium soln 8meq/5ml</i>	4	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs 100mg, 25mg, 50mg</i>	2	
<i>glimepiride tabs 1mg, 2mg, 3mg, 4mg</i>	1	
<i>glipizide er tb24 10mg, 2.5mg, 5mg</i>	2	
<i>glipizide xl tb24 2.5mg</i>	2	

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<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg, 2.5mg, 5mg</i>	2	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	2	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	2	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	QL(30 EA per 30 days)
JANUMET XR TB24 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA TABS 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60 EA per 30 days)
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL(60 EA per 30 days)
<i>liraglutide inj 6mg/ml</i>	3	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln 500mg/5ml</i>	3	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol tabs 100mg, 25mg, 50mg</i>	1	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tabs 120mg, 60mg</i>	2	
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg, 4mg; 30mg</i>	2	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	2	
RYBELSUS TABS 14MG, 3MG, 7MG	3	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg, 1000mg; 5mg, 500mg; 5mg</i>	3	
<i>saxagliptin hydrochloride tabs 2.5mg, 5mg</i>	3	
<i>sitagliptin tabs 100mg, 25mg, 50mg</i>	3	QL(30 EA per 30 days)
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	QL(15 ML per 25 days)
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	NDS
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	NDS
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABS 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)

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TRADJENTA TABS 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TB24 10MG; 500MG	3	QL(30 EA per 30 days)
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 500MG	3	QL(60 EA per 30 days)
XULTOPHY 100/3.6 INJ 100UNIT/ML; 3.6MG/ML	3	QL(15 ML per 30 days)
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	5	NDS
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
<b>Insulins</b>		
ADMELOG SOLOSTAR INJ 100UNIT/ML	3	
ADMELOG INJ 100UNIT/ML	3	
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG TEMPO PEN INJ 100UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	5	NDS
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	5	NDS
HUMULIN R INJ 100UNIT/ML	3	

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<i>insulin aspart flexpen inj 100unit/ml</i>	3	
<i>insulin aspart penfill inj 100unit/ml</i>	3	
<i>insulin aspart inj 100unit/ml</i>	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG RELION INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	3	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TBPK 5MG	3	
ELIQUIS CPSP 0.15MG	3	
ELIQUIS TABS 2.5MG, 5MG	3	
ELIQUIS TBSO 0.5MG	3	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	3	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NDS
FRAGMIN INJ 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>heparin sodium/d5w inj 5%; 25000unit/250ml</i>	3	
<i>heparin sodium/nacl 0.45% inj 12500unit/250ml; 0.45%</i>	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
JANTOVEN TABS 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	
<i>rivaroxaban susr 1mg/ml</i>	3	
RIVAROXABAN TABS 2.5MG	3	
<i>warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	3	
XARELTO TABS 10MG, 15MG, 2.5MG, 20MG	3	

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<b>Blood Products and Modifiers, Other</b>		
ALVAIZ TABS 18MG	5	QL(180 EA per 30 days); PA; NDS
ALVAIZ TABS 9MG	5	QL(360 EA per 30 days); PA; NDS
ALVAIZ TABS 54MG	5	QL(60 EA per 30 days); PA; NDS
ALVAIZ TABS 36MG	5	QL(90 EA per 30 days); PA; NDS
<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	3	
FABHALTA CAPS 200MG	5	QL(60 EA per 30 days); PA; NDS
FULPHILA INJ 6MG/0.6ML	5	PA; NDS
LEUKINE INJ 250MCG	5	NDS
NEULASTA INJ 4MG/0.4ML, 6MG/0.6ML	5	PA; NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA; NDS
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA; NDS
RYZNEUTA INJ 20MG/ML	5	QL(2 ML per 28 days); PA; NDS
UDENYCA ONBODY INJ 6MG/0.6ML	5	PA; NDS
UDENYCA INJ 6MG/0.6ML	5	PA; NDS
VOYDEYA TABS 100MG	5	QL(180 EA per 30 days); PA; NDS
VOYDEYA TBPK 0	5	QL(180 EA per 30 days); PA; NDS
XOLREMDI CAPS 100MG	5	QL(120 EA per 30 days); PA; NDS
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	PA; NDS
<b>Hemostasis Agents</b>		
<i>tranexamic acid tabs 650mg</i>	3	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	3	
CABLIVI INJ 11MG	5	PA; NDS
<i>cilostazol tabs 100mg, 50mg</i>	2	
<i>clopidogrel tabs 75mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	3	
DOPTELET SPRINKLE CPSP 10MG	5	QL(60 EA per 30 days); PA; NDS
DOPTELET TABS 40 MG DAILY DOSE CARTON PACK	5	QL(10 EA per 5 days); PA; NDS
DOPTELET TABS 60 MG DAILY DOSE CARTON PACK	5	QL(15 EA per 5 days); PA; NDS
DOPTELET TABS 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>prasugrel hydrochloride tabs 10mg, 5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ticagrelor tabs 60mg, 90mg</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	3	
<i>droxidopa caps 100mg</i>	4	PA
<i>droxidopa caps 200mg, 300mg</i>	5	PA; NDS
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	3	
<i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	3	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride caps 1mg</i>	2	
<i>prazosin hydrochloride caps 2mg, 5mg</i>	3	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg</i>	1	
<i>irbesartan tabs 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tabs 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan soln 4mg/ml</i>	5	NDS
<i>valsartan tabs 160mg, 320mg, 40mg, 80mg</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tabs 100mg, 12.5mg, 25mg, 50mg</i>	1	
<i>enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tabs 15mg, 7.5mg</i>	2	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	2	
<i>quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril caps 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tabs 200mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digoxin inj 0.25mg/ml</i>	3	
<i>digoxin oral soln 0.05mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	3	
<i>disopyramide phosphate caps 100mg, 150mg</i>	4	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	3	
<i>mexiletine hydrochloride caps 150mg, 200mg, 250mg</i>	3	
MULTAQ TABS 400MG	3	
PACERONE TABS 200MG	2	

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PACERONE TABS 100MG, 400MG	3	
<i>propafenone hcl tabs 150mg, 225mg</i>	2	
<i>propafenone hydrochloride er cp12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tabs 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate tabs 200mg, 300mg</i>	2	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tabs 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride caps 200mg, 400mg</i>	2	
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tabs 10mg, 2.5mg, 5mg</i>	2	
<i>carvedilol phosphate er cp24 10mg, 20mg, 40mg, 80mg</i>	3	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	2	
<i>labetalol hydrochloride tabs 400mg</i>	3	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	3	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tabs 10mg, 5mg</i>	3	
<i>propranolol hcl soln 40mg/5ml</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>	3	
<i>propranolol hydrochloride soln 20mg/5ml</i>	3	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tb24 10mg, 2.5mg, 5mg</i>	2	
<i>isradipine caps 2.5mg, 5mg</i>	4	
<i>nicardipine hcl caps 20mg, 30mg</i>	4	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	
<i>nifedipine er tb24 30mg, 60mg, 90mg (osmotic release)</i>	3	
<i>nimodipine caps 30mg</i>	4	
<i>nimodipine soln 60mg/20ml</i>	5	NDS
NYMALIZE SOLN 6MG/ML	5	NDS
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARTIA XT CP24 120MG, 180MG, 240MG, 300MG	2	

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DILT-XR CP24 120MG, 180MG, 240MG	3	
<i>diltiazem hcl er cp12 120mg, 60mg, 90mg</i>	3	
<i>diltiazem hcl er cp24 beads 120mg, 180mg, 240mg, 300mg, 420mg</i>	3	
<i>diltiazem hcl er tb24 420mg</i>	3	
<i>diltiazem hcl tabs 30mg, 60mg</i>	1	
<i>diltiazem hydrochloride er cp24 coated beads 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 360mg</i>	3	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>diltiazem hydrochloride tabs 120mg, 90mg</i>	1	
MATZIM LA TB24 180MG, 240MG, 300MG, 360MG, 420MG	3	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	3	
TIADYLT ER CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	4	
<i>verapamil hcl er tbcr 120mg</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg, 360mg</i>	4	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24 100mg, 200mg, 300mg</i>	4	
<i>verapamil hydrochloride er tbcr 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr cp24 240mg, 360mg</i>	4	
<i>verapamil hydrochloride tabs 120mg</i>	1	
<i>verelan cp24 120mg</i>	3	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren tabs 150mg, 300mg</i>	2	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	2	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	2	
<i>atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg</i>	1	

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ATTRUBY TBPK 356MG	5	QL(112 EA per 28 days); PA; NDS
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	1	
CAMZYOS CAPS 10MG, 15MG, 2.5MG, 5MG	5	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	1	
CORLANOR SOLN 5MG/5ML	4	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg</i>	1	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	
<i>epinephrine inj 1mg/ml</i>	4	
FILSPARI TABS 200MG, 400MG	5	PA; NDS
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg</i>	2	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride tabs 37.5mg; 20mg</i>	3	
<i>ivabradine hydrochloride tabs 5mg, 7.5mg</i>	4	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	3	
<i>metyrosine caps 250mg</i>	5	NDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tbc 400mg</i>	2	
<i>ranolazine er tb12 1000mg, 500mg</i>	4	
<i>sacubitril/valsartan tabs 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	3	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	
<i>telmisartan/amlodipine tabs 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	2	

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<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	2	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 80mg, 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg, 25mg; 320mg</i>	2	
VYNDAMAX CAPS 61MG	5	QL(30 EA per 30 days); PA; NDS
<b>Diuretics, Loop</b>		
<i>bumetanide inj 0.25mg/ml</i>	3	
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	2	
<i>ethacrynic acid tabs 25mg</i>	4	
<i>furosemide inj 10mg/ml</i>	3	
<i>furosemide oral soln 10mg/ml, 40mg/5ml</i>	2	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
<i>torseamide tabs 100mg, 10mg, 20mg, 5mg</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tabs 5mg</i>	2	
<i>triamterene caps 100mg, 50mg</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	2	
<i>metolazone tabs 10mg, 2.5mg, 5mg</i>	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	3	
<i>fenofibrate caps 150mg, 50mg</i>	2	
<i>fenofibrate caps 130mg, 43mg</i>	3	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	3	
<i>gemfibrozil tabs 600mg</i>	1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	2	
<i>fluvastatin caps 20mg, 40mg</i>	2	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	3	QL(30 EA per 30 days); ST
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg</i>	1	

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<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
ZYPITAMAG TABS 2MG, 4MG	4	QL(30 EA per 30 days); ST
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light pack 4gm</i>	3	
<i>cholestyramine light powd 4gm/dose</i>	3	
<i>cholestyramine pack 4gm</i>	3	
<i>cholestyramine powd 4gm/dose</i>	3	
<i>colesevelam hydrochloride pack 3.75gm</i>	4	
<i>colesevelam hydrochloride tabs 625mg</i>	4	
<i>colestipol hydrochloride gran 5gm</i>	3	
<i>colestipol hydrochloride pack 5gm</i>	3	
<i>colestipol hydrochloride tabs 1gm</i>	3	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	
<i>ezetimibe tabs 10mg</i>	2	
<i>icosapent ethyl caps 0.5gm, 1gm</i>	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NDS
NEXLETOL TABS 180MG	4	PA
NEXLIZET TABS 180MG; 10MG	4	PA
<i>niacin er tbc 1000mg, 500mg, 750mg</i>	3	
<i>niacin tabs 500mg</i>	3	
NIACOR TABS 500MG	3	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	3	
PREVALITE PACK 4GM	3	
PREVALITE POWD 4GM/DOSE	3	
REDEMPLO INJ 25MG/0.5ML	5	QL(0.5 ML per 84 days); PA; NDS
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	PA
REPATHA SURECLICK INJ 140MG/ML	3	PA
REPATHA INJ 140MG/ML	3	PA
TRYNGOLZA INJ 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NDS
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone tabs 25mg, 50mg</i>	2	
KERENDIA TABS 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA
<i>spironolactone susp 25mg/5ml</i>	3	
<i>spironolactone tabs 100mg, 25mg, 50mg</i>	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
<i>dapagliflozin propanediol tabs 10mg, 5mg</i>	3	
FARXIGA TABS 10MG, 5MG	3	
JARDIANCE TABS 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABS 10MG	3	QL(60 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	

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<i>isosorbide mononitrate er tb24 120mg, 30mg, 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	
NITRO-BID OINT 2%	3	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	3	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABS 10MG, 2.5MG, 5MG	4	
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs 10mg, 2.5mg</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5 mg, 15mg, 30mg</i>	2	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 20mg</i>	2	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	2	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	2	QL(90 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i>	3	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>	3	QL(60 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>	3	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>	3	QL(60 EA per 30 days)
ZENZEDI TABS 10MG, 2.5MG, 5MG, 7.5MG	2	QL(180 EA per 30 days)
ZENZEDI TABS 30MG	2	QL(60 EA per 30 days)
ZENZEDI TABS 15MG, 20MG	2	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	3	QL(120 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine caps 40mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>clonidine hydrochloride er tb12 0.1mg</i>	2	
<i>dexmethylphenidate hcl tabs 5mg</i>	2	QL(120 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL(120 EA per 30 days)
<i>guanfacine hydrochloride er tb24 1mg, 2mg, 4mg</i>	3	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er tb24 3mg</i>	3	QL(60 EA per 30 days)

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<i>methylphenidate hydrochloride er (dif) tbc</i> 27mg, 36mg, 54mg	3	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tbc</i> 18mg, 27mg, 36mg, 54mg, 72mg	3	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc</i> 10mg, 20mg	3	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew</i> 10mg, 2.5mg, 5mg	3	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride soln</i> 10mg/5ml, 5mg/5ml	3	QL(900 ML per 30 days)
<i>methylphenidate hydrochloride tabs</i> 10mg, 5mg	2	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i> 20mg	2	QL(90 EA per 30 days)
ONYDA XR SUER 0.1MG/ML	4	
RELEXXII TBCR 18MG, 27MG, 36MG, 54MG, 72MG	3	QL(30 EA per 30 days)
<b>Central Nervous System, Other</b>		
AQNEURSA PACK 1GM	5	QL(112 EA per 28 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	PA; NDS
AUSTEDO XR TB24 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	PA; NDS
AUSTEDO TABS 12MG, 6MG, 9MG	5	PA; NDS
COBENFY STARTER PACK CPPK 20MG; 0	5	QL(56 EA per 28 days); PA; NDS
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA; NDS
DAYBUE STIX PACK 5000MG, 6000MG	5	QL(120 EA per 30 days); PA; NDS
DAYBUE STIX PACK 8000MG	5	QL(60 EA per 30 days); PA; NDS
<i>edaravone inj</i> 30mg/100ml, 60mg/100ml	5	PA; NDS
<i>gabapentin once-daily tabs</i> 450mg	4	QL(120 EA per 30 days); PA
<i>gabapentin once-daily tabs</i> 750mg, 900mg	4	QL(60 EA per 30 days); PA
HORIZANT TBCR 300MG, 600MG	4	
JOURNAVX TABS 50MG	4	QL(29 EA per 14 days); PA
LYNKUET CAPS 60MG	4	QL(60 EA per 30 days); PA
NUEDEXTA CAPS 20MG; 10MG	5	PA; NDS
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	PA; NDS
RADICAVA ORS SUSP 105MG/5ML	5	PA; NDS
<i>riluzole tabs</i> 50mg	4	
<i>tetrabenazine tabs</i> 12.5mg	4	QL(90 EA per 30 days); PA
<i>tetrabenazine tabs</i> 25mg	5	QL(120 EA per 30 days); PA; NDS
TIGLUTIK SUSP 50MG/10ML	5	NDS
VEOZAH TABS 45MG	4	QL(30 EA per 30 days); PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin er tb24</i> 165mg, 330mg, 82.5mg	4	QL(30 EA per 30 days)
SAVELLA TITRATION PACK MISC 0	4	QL(110 EA per 365 days); PA
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	4	QL(60 EA per 30 days); PA
<b>Multiple Sclerosis Agents</b>		

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AVONEX PEN INJ 30MCG/0.5ML	5	NDS
AVONEX INJ 30MCG/0.5ML	5	NDS
BAFIERTAM CPDR 95MG	5	QL(120 EA per 30 days); PA; NDS
BETASERON INJ 0.3MG	5	QL(14 EA per 28 days); PA; NDS
<i>cladribine tbpk 10mg</i>	5	NDS
<i>dalfampridine er tb12 10mg</i>	3	PA
<i>dimethyl fumarate starterpack cdpk 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate cpdr 120mg</i>	4	QL(14 EA per 7 days); PA
<i>dimethyl fumarate cpdr 240mg</i>	5	QL(60 EA per 30 days); PA; NDS
<i>fingolimod hydrochloride caps 0.5mg</i>	5	QL(28 EA per 28 days); PA; NDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL(30 ML per 30 days); PA; NDS
KESIMPTA INJ 20MG/0.4ML	5	QL(1.6 ML per 30 days); PA; NDS
MAVENCLAD TBPK 10MG	5	NDS
MAYZENT STARTER PACK TBPK 0.25MG X 7 TABLETS	4	
MAYZENT STARTER PACK TBPK 0.25MG X 12 TABLETS	5	NDS
MAYZENT TABS 0.25MG, 1MG, 2MG	5	NDS
REBIF REBIDOSE TITRATION PACK INJ 0	5	NDS
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	NDS
REBIF TITRATION PACK INJ 0	5	NDS
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	NDS
<i>teriflunomide tabs 14mg, 7mg</i>	5	PA; NDS
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>cevimeline hydrochloride caps 30mg</i>	3	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
CLINPRO 5000 PSTE 1.1%	2	
DENTAGEL GEL 1.1%	2	
<i>doxycycline hyclate tabs 20mg</i>	2	
FLUORIDEX DAILY DEFENSE PSTE 1.1%	2	
FLUORIDEX ENHANCED WHITENING PSTE 1.1%	2	
FLUORIMAX 5000 PSTE 1.1%	2	
<i>fraiche 5000 dental gel 1.1%</i>	2	
JUST RIGHT 5000 PSTE 1.1%	2	
KOURZEQ PSTE 0.1%	2	
<i>lidocaine hydrochloride viscous soln 2%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	
ORALONE DENTAL PASTE PSTE 0.1%	2	
PERIOGARD SOLN 0.12%	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	3	

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PREVIDENT 5000 BOOSTER PLUS PSTE 1.1%	3	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT 5000 KIDS PSTE 1.1%	3	
PREVIDENT 5000 ORTHO DEFENSE PSTE 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
SF GEL 1.1%	2	
SODIUM FLUORIDE 5000 PPM DRY MOUTH GEL 1.1%	2	
SODIUM FLUORIDE 5000 PPM PSTE 1.1%	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	2	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
ACCUTANE CAPS 10MG, 20MG, 30MG, 40MG	4	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	4	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	2	
AMNESTEEM CAPS 10MG, 20MG, 30MG, 40MG	4	
<i>azelaic acid gel 15%</i>	3	QL(50 GM per 30 days)
CLARAVIS CAPS 10MG, 20MG, 30MG, 40MG	4	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	4	QL(10.2 GM per 30 days)
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%, 1%</i>	3	
<i>metronidazole lotn 0.75%</i>	4	
<i>tazarotene crea 0.05%, 0.1%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
ZENATANE CAPS 10MG, 20MG, 30MG, 40MG	4	
<b>Dermatitis and Pruritus Agents</b>		
ADBRY INJ 150MG/ML, 300MG/2ML	5	QL(6 ML per 28 days); PA; NDS
ALA-CORT CREA 1%	1	
ALA-SCALP LOTN 2%	3	
<i>alclometasone dipropionate crea 0.05%</i>	4	QL(60 GM per 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL(60 GM per 30 days)
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn 12%</i>	2	
ANZUPGO CREA 20MG/GM	5	QL(60 GM per 30 days); PA; NDS

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<i>betamethasone dipropionate augmented crea 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	4	
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	
<i>betamethasone dipropionate crea 0.05%</i>	4	
<i>betamethasone dipropionate lotn 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	3	
<i>betamethasone valerate crea 0.1%</i>	2	QL(120 GM per 30 days)
<i>betamethasone valerate lotn 0.1%</i>	2	QL(120 ML per 30 days)
<i>betamethasone valerate oint 0.1%</i>	2	QL(120 GM per 30 days)
CLOBETASOL PROPIONATE E CREA 0.05%	3	QL(240 GM per 30 days)
<i>clobetasol propionate crea 0.05%</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam 0.05%</i>	3	QL(60 GM per 30 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate sham 0.05%</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL(200 ML per 30 days)
CLODAN SHAM 0.05%	4	QL(236 ML per 30 days)
<i>desonide crea 0.05%</i>	4	
<i>desonide oint 0.05%</i>	4	
<i>desoximetasone crea 0.05%, 0.25%</i>	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>doxepin hydrochloride crea 5%</i>	4	QL(90 GM per 30 days)
EUCRISA OINT 2%	4	PA
<i>fluocinolone acetonide body oil 0.01%</i>	3	
<i>fluocinolone acetonide scalp oil 0.01%</i>	3	
<i>fluocinolone acetonide topical oil 0.01%</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide emulsified base crea 0.05%</i>	3	
<i>fluocinonide crea 0.05%, 0.1%</i>	3	
<i>fluocinonide gel 0.05%</i>	4	
<i>fluocinonide oint 0.05%</i>	4	
<i>fluocinonide soln 0.05%</i>	3	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate crea 0.05%</i>	4	
<i>halobetasol propionate oint 0.05%</i>	4	
<i>hydrocortisone butyrate crea 0.1%</i>	4	
<i>hydrocortisone butyrate lotn 0.1%</i>	3	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	

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<i>hydrocortisone valerate crea 0.2%</i>	4	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone lotn 2%</i>	4	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	3	
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate soln 0.1%</i>	3	
<i>pimecrolimus crea 1%</i>	3	
<i>selenium sulfide lotn 2.5%</i>	2	
SPEVIGO INJ 150MG/ML, 300MG/2ML	5	PA; NDS
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
TRIDERM CREA 0.5%	2	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene crea 0.005%</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	4	
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>fluorouracil crea 0.5%</i>	3	
<i>fluorouracil crea 5%</i>	3	QL(40 GM per 30 days)
<i>fluorouracil soln 2%, 5%</i>	3	QL(10 ML per 30 days)
<i>imiquimod pump crea 3.75%</i>	4	QL(15 GM per 30 days)
<i>imiquimod crea 5%</i>	4	QL(24 EA per 30 days)
<i>imiquimod crea 3.75%</i>	4	QL(28 EA per 30 days)
KLISYRI OINT 1%	5	PA; NDS
<i>methoxsalen caps 10mg</i>	5	NDS
<i>nystatin/triamcinolone acetonide crea 100000unit/gm; 1mg/gm</i>	3	
<i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>	3	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	3	
OTEZLA XR TB24 75MG	5	QL(30 EA per 30 days); PA; NDS

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OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TBPK 0	5	QL(41 EA per 28 days); PA; NDS
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
<i>podofilox gel 0.5%</i>	4	
<i>podofilox soln 0.5%</i>	3	
REGRANEX GEL 0.01%	5	QL(30 GM per 30 days); NDS
SANTYL OINT 250UNIT/GM	4	QL(180 GM per 30 days)
<i>silver sulfadiazine crea 1%</i>	2	
SSD CREA 1%	2	
<b>Pediculicides/Scabicides</b>		
CROTAN LOTN 10%	3	
<i>ivermectin crea 1%</i>	4	
<i>malathion lotn 0.5%</i>	4	
<i>permethrin crea 5%</i>	3	
PRURADIK LOTN 10%	3	
<b>Topical Anti-infectives</b>		
<i>acyclovir crea 5%</i>	3	
<i>acyclovir oint 5%</i>	3	
<i>ciclopirox nail lacquer soln 8%</i>	3	QL(6.6 ML per 30 days)
<i>ciclopirox olamine crea 0.77%</i>	2	QL(90 GM per 30 days)
<i>ciclopirox sham 1%</i>	3	QL(120 ML per 30 days)
<i>ciclopirox susp 0.77%</i>	3	QL(60 ML per 30 days)
<i>clindamycin phosphate (once-daily) gel 1% (once-daily)</i>	3	QL(75 ML per 30 days)
<i>clindamycin phosphate (twice-daily) gel 1% (twice-daily)</i>	3	QL(75 GM per 30 days)
<i>clindamycin phosphate lotn 1%</i>	3	QL(60 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	3	QL(60 ML per 30 days)
ERY PADS 2%	2	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin crea 2%</i>	3	QL(180 GM per 30 days)
<i>mupirocin oint 2%</i>	2	QL(220 GM per 30 days)
SULFAMYLON CREA 85MG/GM	4	
ZELSUVMI GEL 10.3%	5	QL(31 GM per 30 days); PA; NDS
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		

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AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tbso 200mg</i>	5	PA; NDS
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 6/5 INJ 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	4	B/D
CLINIMIX 8/10 INJ 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
CLINIMIX 8/14 INJ 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
CLINISOL SF 15% INJ 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	3	B/D
<i>dextrose 5% /electrolyte #48 viaflex inj 24meq/l; 5%; 23meq/l; 3meq/l; 3meq/l; 20meq/l; 25meq/l</i>	4	
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	3	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	3	
<i>dextrose 10% inj 10%</i>	3	

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<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	3	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	3	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	3	
<i>dextrose 5%/sodium chloride 0.3% inj 5%; 0.3%</i>	3	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	3	
<i>dextrose 5% inj 5%</i>	3	
<i>dextrose 50% inj 50%</i>	3	
<i>dextrose 70% inj 70%</i>	3	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	3	
<i>fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
<i>glucose (dextrose) 50% inj 50%</i>	3	
<i>glucose (dextrose) 70% inj 70%</i>	3	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	3	
KLOR-CON 10 TBCR 10MEQ	1	
KLOR-CON 8 TBCR 8MEQ	1	
KLOR-CON M10 TBCR 10MEQ	1	
KLOR-CON M15 TBCR 15MEQ	2	
KLOR-CON M20 TBCR 20MEQ	1	
KLOR-CON PACK 20MEQ	1	
<i>lactated ringers inj 20mg/100ml; 30mg/100ml; 600mg/100ml; 310mg/100ml</i>	3	
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 3gm/100ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	3	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
PLASMA-LYTE 148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	3	B/D

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<i>potassium chloride er cpcr 10meq, 8meq</i>	2	
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	1	
<i>potassium chloride er tbcr 15meq</i>	2	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	3	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	3	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	3	
<i>potassium chloride pack 20meq</i>	1	
<i>potassium chloride pack 40meq</i>	5	NDS
<i>potassium chloride oral soln 10%, 20%</i>	2	
<i>potassium citrate er tbcr 1080mg, 15meq, 540mg</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	5	B/D; NDS
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
<i>sodium chloride 0.45% inj 0.45%</i>	3	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	3	
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
<i>sodium fluoride soln 0.5mg/ml</i>	2	
<i>sodium fluoride tabs 0.5mg</i>	2	
TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	

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TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET CAPS 100MG	5	NDS
CUVRIOR TABS 300MG	5	PA; NDS
<i>deferasirox pack 180mg, 360mg, 90mg</i>	5	PA; NDS
<i>deferasirox tabs 90mg</i>	3	PA
<i>deferasirox tabs 180mg, 360mg</i>	4	PA
<i>deferasirox tbso 125mg</i>	3	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA; NDS
<i>deferiprone tabs 1000mg, 500mg</i>	5	PA; NDS
<i>penicillamine caps 250mg</i>	5	NDS
<i>penicillamine tabs 250mg</i>	5	NDS
<i>tolvaptan tabs 15mg, 30mg</i>	5	NDS
<i>tolvaptan tbpk 0, 15mg</i>	5	NDS
<i>trientine hydrochloride caps 250mg, 500mg</i>	5	NDS
<b>Phosphate Binders</b>		
<i>calcium acetate caps 667mg</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>lanthanum carbonate chew 1000mg, 500mg, 750mg</i>	4	
<i>sevelamer carbonate pack 0.8gm, 2.4gm</i>	4	
<i>sevelamer carbonate tabs 800mg</i>	3	
<i>sevelamer hydrochloride tabs 400mg, 800mg</i>	3	
<b>Potassium Binders</b>		
KIONEX SUSP 15GM/60ML	3	
LOKELMA PACK 10GM, 5GM	3	
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	3	
SPS COMBINATION SUSP 15GM/60ML, 15GM/60ML	3	
VELTASSA PACK 16.8GM, 1GM, 25.2GM, 8.4GM	3	
<b>Vitamins</b>		

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<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	3	
<b>Enhanced Covered Drugs</b>		
<b>Prescription Vitamins</b>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>cyanocobalamin nasal soln 500mcg/0.1ml</i>	4	EC
<i>folic acid tabs 1mg</i>	2	EC
<i>phytonadione tabs 5mg</i>	2	EC
<i>vitamin d caps 50000unit</i>	2	EC
<b>Sexual Dysfunction</b>		
<i>sildenafil citrate tabs 100mg, 50mg</i>	2	QL(6 EA per 30 days); EC;
<i>sildenafil tabs 25mg</i>	2	QL(6 EA per 30 days); EC;
<i>tadalafil tabs 10mg, 20mg</i>	3	QL(6 EA per 30 days); EC;
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
CONSTULOSE SOLN 10GM/15ML	2	
ENULOSE SOLN 10GM/15ML	2	
GENERLAC SOLN 10GM/15ML	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone caps 24mcg, 8mcg</i>	3	
MOVANTIK TABS 12.5MG, 25MG	3	QL(30 EA per 30 days); PA
RELISTOR INJ 8MG/0.4ML	5	QL(12 ML per 30 days); PA; NDS
RELISTOR INJ 12MG/0.6ML	5	QL(18 ML per 30 days); PA; NDS
RELISTOR TABS 150MG	5	QL(90 EA per 30 days); PA; NDS
<b>Anti-Diarrheal Agents</b>		
<i>alose tron hydrochloride tabs 0.5mg</i>	4	
<i>alose tron hydrochloride tabs 1mg</i>	5	NDS
<i>loperamide hydrochloride caps 2mg</i>	2	
XERMELO TABS 250MG	5	QL(90 EA per 30 days); PA; NDS
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl soln 10mg/5ml</i>	3	
<i>dicyclomine hydrochloride caps 10mg</i>	2	
<i>dicyclomine hydrochloride tabs 20mg</i>	3	
<i>glycopyrrolate soln 1mg/5ml</i>	3	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	4	
<b>Gastrointestinal Agents, Other</b>		
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	5	PA; NDS
BYLVAY CAPS 1200MCG, 400MCG	5	PA; NDS
<i>chenodal tabs 250mg</i>	5	QL(90 EA per 30 days); PA; NDS
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	

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CTEXLI TABS 250MG	5	QL(90 EA per 30 days); PA; NDS
GATTEX INJ 5MG	5	PA; NDS
GAVILYTE-C SOLR 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	2	
GAVILYTE-G SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	2	
GAVILYTE-N/FLAVOR PACK SOLR 420GM; 1.48GM; 5.72GM; 11.2GM	2	
LIVDELZI CAPS 10MG	5	QL(30 EA per 30 days); PA; NDS
LIVMARLI SOLN 19MG/ML, 9.5MG/ML	5	PA; NDS
LIVMARLI TABS 30MG	5	QL(30 EA per 30 days); PA; NDS
LIVMARLI TABS 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>metoclopramide hcl soln 5mg/5ml</i>	3	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
OICALIVA TABS 10MG, 5MG	5	QL(30 EA per 30 days); PA; NDS
PEG-3350/ELECTROLYTES/ASCORBATE SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol tabs 250mg, 500mg</i>	4	
VOQUEZNA TABS 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPS 0	5	PA; NDS
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	5	PA; NDS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	3	
<i>famotidine susr 40mg/5ml</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps 150mg, 300mg</i>	4	
<b>Protectants</b>		
<i>misoprostol tabs 100mcg, 200mcg</i>	2	
<i>sucralfate susp 1gm/10ml</i>	3	
<i>sucralfate tabs 1gm</i>	2	
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole cpdr 30mg, 60mg</i>	3	
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	4	

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<i>esomeprazole magnesium pack 10mg, 2.5mg, 20mg, 40mg, 5mg</i>	4	
<i>lansoprazole cpdr 15mg, 30mg</i>	2	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg, 40mg; 1100mg</i>	4	
<i>omeprazole/sodium bicarbonate pack 20mg; 1680mg, 40mg; 1680mg</i>	5	NDS
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	
<i>rabeprazole sodium tbec 20mg</i>	3	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INJ 1000MG, 500MG	5	PA; NDS
<i>betaine anhydrous powd 0</i>	5	NDS
CERDELGA CAPS 84MG	5	PA; NDS
CEREZYME INJ 400UNIT	5	PA; NDS
CHOLBAM CAPS 250MG, 50MG	5	PA; NDS
CRENESSITY CAPS 100MG, 25MG, 50MG	5	PA; NDS
CRENESSITY SOLN 50MG/ML	5	PA; NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON CAPS 150MG, 50MG	4	PA
DAYBUE SOLN 200MG/ML	5	QL(3600 ML per 30 days); PA; NDS
<i>dichlorphenamide tabs 50mg</i>	5	PA; NDS
DOJOLVI LIQD 100%	5	NDS
EVRYSDI SOLR 0.75MG/ML	5	PA; NDS
EVRYSDI TABS 5MG	5	PA; NDS
FABRAZYME INJ 35MG, 5MG	5	PA; NDS
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	5	PA; NDS
HARLIKU TABS 2MG	5	QL(30 EA per 30 days); PA; NDS
JAVYGTOR PACK 100MG, 500MG	5	PA; NDS
JAVYGTOR TABS 100MG	5	PA; NDS
JOENJA TABS 70MG	5	QL(60 EA per 30 days); PA; NDS
KEVEYIS TABS 50MG	5	PA; NDS
<i>l-glutamine pack 5gm</i>	5	NDS
LUMIZYME INJ 50MG	5	PA; NDS
<i>miglustat caps 100mg</i>	5	QL(90 EA per 30 days); PA; NDS

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MIPLYFFA CAPS 124MG, 47MG, 62MG, 93MG	5	QL(90 EA per 30 days); PA; NDS
<i>nitisinone caps 10mg, 20mg, 2mg, 5mg</i>	5	PA; NDS
OLPRUVA THPK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	5	PA; NDS
OPFOLDA CAPS 65MG	4	QL(8 EA per 28 days)
ORFADIN SUSP 4MG/ML	5	PA; NDS
ORMALVI TABS 50MG	5	PA; NDS
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML	5	PA; NDS
PROLASTIN-C INJ 1000MG/20ML	5	PA; NDS
PYRUKYND TAPER PACK TBPK 0	5	QL(14 EA per 14 days); PA; NDS
PYRUKYND TAPER PACK TBPK 5MG	5	QL(7 EA per 7 days); PA; NDS
PYRUKYND TABS 20MG, 50MG, 5MG	5	QL(56 EA per 28 days); PA; NDS
REVCIVI INJ 2.4MG/1.5ML	5	NDS
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	5	PA; NDS
<i>sapropterin dihydrochloride tabs 100mg</i>	5	PA; NDS
SEPHIENCE PACK 1000MG, 250MG	5	PA; NDS
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	PA; NDS
<i>sodium phenylbutyrate tabs 500mg</i>	5	PA; NDS
SUCRAID SOLN 8500UNIT/ML	5	NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	4	
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	NDS
VYNDAQEL CAPS 20MG	5	QL(120 EA per 30 days); PA; NDS
WAINUA INJ 45MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NDS
WELIREG TABS 40MG	5	PA; NDS
XURIDEN PACK 2GM	5	QL(120 EA per 30 days); PA; NDS
YARGESA CAPS 100MG	5	QL(90 EA per 30 days); PA; NDS
<i>zelvysia pack 100mg, 500mg</i>	5	PA; NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er tb24 15mg, 7.5mg</i>	3	
<i>fesoterodine fumarate er tb24 4mg, 8mg</i>	4	QL(30 EA per 30 days)
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	4	QL(300 ML per 28 days)
MYRBETRIQ TB24 25MG, 50MG	3	QL(30 EA per 30 days)

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<i>oxybutynin chloride er tb24 10mg, 15mg, 5mg</i>	1	
<i>oxybutynin chloride soln 5mg/5ml</i>	3	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>solifenacin succinate tabs 10mg, 5mg</i>	3	
<i>tolterodine tartrate er cp24 2mg, 4mg</i>	4	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	3	
<i>tropium chloride er cp24 60mg</i>	3	
<i>tropium chloride tabs 20mg</i>	3	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er tb24 10mg</i>	2	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg</i>	3	
<i>dutasteride caps 0.5mg</i>	2	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg, 8mg</i>	3	
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg</i>	2	
ELMIRON CAPS 100MG	5	NDS
<i>tiopronin dr tbec 100mg, 300mg</i>	5	NDS
<i>tiopronin tabs 100mg</i>	5	NDS
<i>vanrafia tabs 0.75mg</i>	5	QL(30 EA per 30 days); PA; NDS
VENXXIVA TBEC 100MG, 300MG	5	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
AGAMREE SUSP 40MG/ML	5	PA; NDS
CORTROPHIN INJ 40UNIT/0.5ML, 80UNIT/ML	5	PA; NDS
<i>deflazacort susp 22.75mg/ml</i>	5	PA; NDS
<i>deflazacort tabs 18mg, 30mg, 36mg, 6mg</i>	5	PA; NDS
DEXAMETHASONE INTENSOL CONC 1MG/ML	4	
<i>dexamethasone elix 0.5mg/5ml</i>	3	
<i>dexamethasone soln 0.5mg/5ml</i>	3	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs 0.1mg</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>jaythari susp 22.75mg/ml</i>	5	PA; NDS
<i>jaythari tabs 18mg, 30mg, 36mg, 6mg</i>	5	PA; NDS
<i>kymbee tabs 18mg, 30mg, 36mg, 6mg</i>	5	PA; NDS

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MEDROL TABS 2MG	4	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 25mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	4	
<i>prednisolone soln 15mg/5ml</i>	2	
<i>prednisolone tabs 5mg</i>	3	
PREDNISONE INTENSOL CONC 5MG/ML	4	
<i>prednisone soln 5mg/5ml</i>	4	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tbpk 10mg, 5mg</i>	3	
<i>pyquvi susp 22.75mg/ml</i>	5	PA; NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate soln 0.01%</i>	3	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	2	
EGRIFTA SV INJ 2MG	5	PA; NDS
EGRIFTA WR INJ 11.6MG	5	PA; NDS
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NDS
GENOTROPIN INJ 12MG, 5MG	5	PA; NDS
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA; NDS
INCRELEX INJ 40MG/4ML	5	PA; NDS
ISTURISA TABS 1MG, 5MG	5	PA; NDS
NGENLA INJ 24MG/1.2ML, 60MG/1.2ML	5	PA; NDS
NORDITROPIN FLEXPIN INJ 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	5	PA; NDS
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA; NDS
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA; NDS
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA; NDS
OMNITROPE INJ 10MG/1.5ML, 5.8MG, 5MG/1.5ML	5	PA; NDS
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NDS
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	5	PA; NDS
ZOMACTON INJ 10MG, 5MG	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<i>danazol caps 100mg, 200mg, 50mg</i>	4	
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML	3	PA

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<i>methyltestosterone caps 10mg</i>	5	NDS
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	3	PA
<i>testosterone enanthate inj 200mg/ml</i>	3	PA
<i>testosterone pump gel 1%, 1.62%</i>	4	QL(300 GM per 30 days); PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	QL(300 GM per 30 days); PA
<i>testosterone soln 30mg/act</i>	4	QL(180 ML per 30 days); PA
UNDECATREX CAPS 200MG	5	QL(120 EA per 30 days); PA; NDS
<b>Estrogens</b>		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	2	
<i>abigale tabs 1mg; 0.5mg</i>	2	
ALTAVERA TABS 30MCG; 0.15MG	2	
ALYACEN 1/35 TABS 35MCG; 1MG	2	
APRI TABS 0.15MG; 30MCG	2	
ARANELLE TABS 0; 0	2	
ASHLYNA TABS 0; 0	2	
AUBRA EQ TABS 20MCG; 0.1MG	2	
AVIANE TABS 20MCG; 0.1MG	2	
AZURETTE TABS 0; 0	2	
BALZIVA TABS 35MCG; 0.4MG	2	
BLISOVI FE 1.5/30 TABS 30MCG; 75MG; 1.5MG	2	
BRIELLYN TABS 35MCG; 0.4MG	2	
<i>conjugated estrogens tabs 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	
CRYSSELLE-28 TABS 30MCG; 0.3MG	2	
CRYSSELLE TABS 30MCG; 0.3MG	2	
CYRED EQ TABS 0.15MG; 30MCG	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
DOTTI PTTW 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg, 3mg; 0.03mg</i>	2	
ELURYNG RING 0.015MG/24HR; 0.12MG/24HR	2	
ENILLORING RING 0.015MG/24HR; 0.12MG/24HR	2	
ENPRESSE-28 TABS 0; 0	2	
ENSKYCE TABS 0.15MG; 0.03MG	2	
ESTARYLLA TABS 35MCG; 0.25MG	2	
<i>estradiol valerate inj 10mg/ml, 20mg/ml, 40mg/ml</i>	3	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	2	
<i>estradiol crea 0.1mg/gm</i>	3	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1mg/gm</i>	3	

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<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	3	
<i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tabs 0.5mg, 1mg, 2mg</i>	1	
<i>estradiol vaginal tabs 10mcg</i>	3	
ESTRING RING 7.5MCG/24HR	3	
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg, 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
FALMINA TABS 20MCG; 0.1MG	2	
<i>femlyv tbdp 0.02mg; 1mg</i>	2	
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	
FYAVOLV TABS 2.5MCG; 0.5MG, 5MCG; 1MG	3	
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	2	
HAILEY FE 1/20 TABS 20MCG; 75MG; 1MG	2	
HALOETTE RING 0.015MG/24HR; 0.12MG/24HR	2	
ICLEVIA TABS 0.03MG; 0.15MG	2	
IMVEXXY MAINTENANCE PACK INST 10MCG, 4MCG	3	PA
IMVEXXY STARTER PACK INST 10MCG, 4MCG	3	PA
INTROVALE TABS 0.03MG; 0.15MG	2	
ISIBLOOM TABS 0.15MG; 30MCG	2	
JASMIEL TABS 3MG; 0.02MG	2	
JINTELI TABS 5MCG; 1MG	3	
JULEBER TABS 0.15MG; 30MCG	2	
JUNEL 1.5/30 TABS 30MCG; 1.5MG	2	
JUNEL 1/20 TABS 20MCG; 1MG	2	
JUNEL FE 1.5/30 TABS 30MCG; 75MG; 1.5MG	2	
JUNEL FE 1/20 TABS 20MCG; 75MG; 1MG	2	
JUNEL FE 24 TABS 20MCG; 75MG; 1MG	2	
KARIVA TABS 0; 0	2	
KELNOR 1/35 TABS 35MCG; 1MG	2	
KELNOR 1/50 TABS 50MCG; 1MG	2	
KURVELO TABS 0.03MG; 0.15MG	2	
LARIN 1.5/30 TABS 30MCG; 1.5MG	2	
LARIN 1/20 TABS 20MCG; 1MG	2	
LARIN FE 1.5/30 TABS 30MCG; 75MG; 1.5MG	2	
LARIN FE 1/20 TABS 20MCG; 75MG; 1MG	2	
LEENA TABS 0; 0	2	
LESSINA TABS 20MCG; 0.1MG	2	
LEVONEST TABS 0; 0	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
LEVORA 0.15/30-28 TABS 0.03MG; 0.15MG	2	
LOESTRIN 1.5/30-21 TABS 30MCG; 1.5MG	2	
LOESTRIN 1/20-21 TABS 20MCG; 1MG	2	
LOESTRIN FE 1.5/30 TABS 30MCG; 75MG; 1.5MG	2	
LOESTRIN FE 1/20 TABS 20MCG; 75MG; 1MG	2	
<i>lojaimiess tabs 0; 0</i>	2	
LORYNA TABS 3MG; 0.02MG	2	
LOW-OGESTREL TABS 30MCG; 0.3MG	2	
<i>luizza 1.5/30 tabs 30mcg; 1.5mg</i>	2	
<i>luizza 1/20 tabs 20mcg; 1mg</i>	2	
LUTERA TABS 20MCG; 0.1MG	2	
LYLLANA PTTW 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	
MARLISSA TABS 0.03MG; 0.15MG	2	
MENEST TABS 0.3MG, 0.625MG, 1.25MG, 2.5MG	4	
MICROGESTIN 1.5/30 TABS 30MCG; 1.5MG	2	
MICROGESTIN 1/20 TABS 20MCG; 1MG	2	
MICROGESTIN FE 1.5/30 TABS 30MCG; 75MG; 1.5MG	2	
MICROGESTIN FE 1/20 TABS 20MCG; 75MG; 1MG	2	
MILI TABS 35MCG; 0.25MG	2	
MIMVEY TABS 1MG; 0.5MG	2	
NECON 0.5/35-28 TABS 35MCG; 0.5MG	2	
NIKKI TABS 3MG; 0.02MG	2	
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg, 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i>	2	
NORTREL 0.5/35 (28) TABS 35MCG; 0.5MG	2	
NORTREL 1/35 TABS 35MCG; 1MG	2	
NORTREL 7/7/7 TABS 35MCG; 0	2	
NYLIA 1/35 TABS 35MCG; 1MG	2	
NYLIA 7/7/7 TABS 35MCG; 0	2	
OCELLA TABS 3MG; 0.03MG	2	
PIMTREA TABS 0; 0	2	
PORTIA-28 TABS 0.03MG; 0.15MG	2	
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABS 0.625MG; 5MG	4	

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PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
RECLIPSEN TABS 0.15MG; 0.03MG	2	
<i>rosyrah tabs 0; 0</i>	2	
SETLAKIN TABS 0.03MG; 0.15MG	2	
SIMLIYA TABS 0; 0	2	
SPRINTEC 28 TABS 35MCG; 0.25MG	2	
SRONYX TABS 20MCG; 0.1MG	2	
SYEDA TABS 3MG; 0.03MG	2	
TARINA FE 1/20 EQ TABS 20MCG; 75MG; 1MG	2	
TILIA FE TABS 0; 75MG; 1MG	2	
TRI-ESTARYLLA TABS 0; 0	2	
TRI-LEGEST FE TABS 0; 75MG; 1MG	2	
TRI-LO-ESTARYLLA TABS 0; 0	2	
TRI-LO-MARZIA TABS 0; 0	2	
TRI-LO-MILI TABS 0; 0	2	
TRI-LO-SPRINTEC TABS 0; 0	2	
TRI-MILI TABS 0; 0	2	
TRI-SPRINTEC TABS 0; 0	2	
TRI-VYLIBRA LO TABS 0; 0	2	
TRI-VYLIBRA TABS 0; 0	2	
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	2	
<i>valtya 1/35 tabs 35mcg; 1mg</i>	2	
VELIVET TABS 0; 0	2	
VESTURA TABS 3MG; 0.02MG	2	
VIENVA TABS 20MCG; 0.1MG	2	
VIORELE TABS 0; 0	2	
VYFEMLA TABS 35MCG; 0.4MG	2	
VYLIBRA TABS 35MCG; 0.25MG	2	
WERA TABS 35MCG; 0.5MG	2	
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	2	
XULANE PTWK 35MCG/24HR; 150MCG/24HR	3	
YUVAFEM TABS 10MCG	3	
ZAFEMY PTWK 35MCG/24HR; 150MCG/24HR	3	
ZOVIA 1/35 TABS 35MCG; 1MG	2	
ZUMANDIMINE TABS 3MG; 0.03MG	2	
<b>Progestins</b>		
CAMILA TABS 0.35MG	2	
CRINONE GEL 4%, 8%	4	PA
DEBLITANE TABS 0.35MG	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	
ERRIN TABS 0.35MG	2	
<i>gallifrey tabs 5mg</i>	2	
INCASSIA TABS 0.35MG	2	

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Drug Name	Drug Tier	Requirements/Limits
KYLEENA IUD 19.5MG	3	
LILETTA IUD 20.1MCG/DAY	3	
LYLEQ TABS 0.35MG	2	
LYZA TABS 0.35MG	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	3	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml, 625mg/5ml</i>	3	
<i>megestrol acetate tabs 20mg, 40mg</i>	3	
MIRENA IUD 21MCG/DAY	3	
NEXPLANON INJ 68MG	3	
NORA-BE TABS 0.35MG	2	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	2	
<i>progesterone caps 100mg, 200mg</i>	2	
SHAROBEL TABS 0.35MG	2	
SKYLA IUD 13.5MG	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE TABS 20MG; 0.45MG	4	
OSPHENA TABS 60MG	4	PA
<i>raloxifene hydrochloride tabs 60mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
ARMOUR THYROID TABS 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	3	
<i>levo-t tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
<i>liomny tabs 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium tabs 25mcg, 50mcg, 5mcg</i>	2	
NIVA THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
NP THYROID 120 TABS 120MG	3	
NP THYROID 15 TABS 15MG	3	
NP THYROID 30 TABS 30MG	3	
NP THYROID 60 TABS 60MG	3	

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NP THYROID 90 TABS 90MG	3	
REZDIFFRA TABS 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
UNITHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	
YORVIPATH INJ 168MCG/0.56ML	5	QL(1.12 ML per 28 days); PA; NDS
YORVIPATH INJ 294MCG/0.98ML	5	QL(1.96 ML per 28 days); PA; NDS
YORVIPATH INJ 420MCG/1.4ML	5	QL(2.8 ML per 28 days); PA; NDS
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b><i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i></b>		
<i>cabergoline tabs 0.5mg</i>	2	
ELIGARD INJ 22.5MG, 30MG, 45MG, 7.5MG	4	PA
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG/VIAL	5	PA; NDS
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	PA; NDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	PA; NDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	PA; NDS
LUPRON DEPOT (4-MONTH) INJ 30MG	5	PA; NDS
LUPRON DEPOT (6-MONTH) INJ 45MG	5	PA; NDS
<i>mifepristone tabs 300mg</i>	5	QL(120 EA per 30 days); PA; NDS
MYCAPSSA CPDR 20MG	5	PA; NDS
MYFEMBREE TABS 1MG; 0.5MG; 40MG	5	QL(28 EA per 28 days); PA; NDS
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA; NDS
ORGOVYX TABS 120MG	5	PA; NDS
ORIAHNN CPPK 300MG; 1MG; 0.5MG	5	QL(56 EA per 28 days); PA; NDS
PALSONIFY TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
RECORLEV TABS 150MG	5	QL(240 EA per 30 days); PA; NDS
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NDS
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; NDS
SYNAREL SOLN 2MG/ML	5	NDS
TRELSTAR MIXJECT INJ 11.25MG, 22.5MG, 3.75MG	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b><i>Antithyroid Agents</i></b>		

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<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE INJ 500UNIT	5	PA; NDS
<i>icatibant acetate inj 30mg/3ml</i>	5	QL(27 ML per 30 days); PA; NDS
SAJAZIR INJ 30MG/3ML	5	QL(27 ML per 30 days); PA; NDS
<b>Immunoglobulins</b>		
ALYGLO INJ 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D; NDS
BIVIGAM INJ 10%, 5GM/50ML	5	B/D; NDS
FLEBOGAMMA DIF INJ 10GM/200ML, 20GM/400ML, 5GM/100ML	5	B/D; NDS
GAMASTAN INJ 0	4	PA
GAMMAGARD LIQUID ERC INJ 10GM/100ML, 5GM/50ML	5	B/D; NDS
GAMMAGARD LIQUID INJ 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	B/D; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM, 5GM	5	B/D; NDS
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	B/D; NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D; NDS
GAMUNEX-C INJ 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D; NDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	B/D; NDS
PANZYGA INJ 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	B/D; NDS
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D; NDS
QIVIGY INJ 10GM/100ML, 5GM/50ML	5	B/D; NDS
<b>Immunological Agents, Other</b>		
ARCALYST INJ 220MG	5	PA; NDS
BENLYSTA INJ 200MG/ML	5	QL(8 ML per 28 days); PA; NDS
CIBINQO TABS 100MG, 200MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJ 300MG/2ML	5	QL(10 ML per 28 days); PA; NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA; NDS
EBGLYSS INJ 250MG/2ML	5	QL(8 ML per 28 days); PA; NDS

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KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA; NDS
KINERET INJ 100MG/0.67ML	5	QL(30 ML per 28 days); PA; NDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NDS
RHAPSIDO TABS 25MG	5	QL(60 EA per 30 days); PA; NDS
RINVOQ LQ SOLN 1MG/ML	5	QL(360 ML per 30 days); PA; NDS
RINVOQ TB24 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NDS
SKYRIZI PEN INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA; NDS
STELARA INJ 130MG/26ML	5	PA; NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NDS
STEQEYMA INJ 45MG/0.5ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJ 90MG/ML	5	QL(3 ML per 84 days); PA; NDS
TAVNEOS CAPS 10MG	5	QL(180 EA per 30 days); PA; NDS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML	5	QL(4 ML per 28 days); PA; NDS
TREMFYA INJ 200MG/2ML	5	QL(2 ML per 28 days); PA; NDS
TREMFYA INJ 100MG/ML	5	QL(2 ML per 56 days); PA; NDS
TYENNE INJ 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NDS
<i>ustekinumab inj 130mg/26ml</i>	5	PA; NDS
<i>ustekinumab inj 45mg/0.5ml, 90mg/ml</i>	5	QL(1 ML per 28 days); PA; NDS
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	PA; NDS
WEZLANA INJ 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA; NDS
XELJANZ XR TB24 11MG, 22MG	5	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLN 1MG/ML	5	QL(480 ML per 24 days); PA; NDS
XELJANZ TABS 10MG, 5MG	5	QL(60 EA per 30 days); PA; NDS
XOLAIR INJ 150MG	5	QL(8 EA per 28 days); PA; NDS
XOLAIR INJ 150MG/ML, 300MG/2ML, 75MG/0.5ML	5	QL(8 ML per 28 days); PA; NDS
ZILBRYSQ INJ 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	5	PA; NDS
<b>Immunostimulants</b>		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA; NDS
BESREMI INJ 500MCG/ML	5	PA; NDS
PEGASYS INJ 180MCG/ML	5	PA; NDS

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<b>Immunosuppressants</b>		
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJ 20MG/0.2ML	5	QL(4 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
<i>adalimumab-aaty cd/uc/hs starter inj 80mg/0.8ml</i>	5	QL(3 EA per 28 days); PA; NDS
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D; NDS
AZASAN TABS 100MG, 75MG	3	B/D
<i>azathioprine tabs 100mg, 50mg, 75mg</i>	3	B/D
<i>cyclosporine modified caps 100mg, 25mg, 50mg</i>	3	B/D
<i>cyclosporine modified soln 100mg/ml</i>	3	B/D
<i>cyclosporine caps 100mg, 25mg</i>	3	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 180 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	5	QL(6 EA per 180 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJ 40MG/0.8ML	5	QL(6 EA per 180 days); PA; NDS
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
ENBREL MINI INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D; NDS
<i>everolimus tabs 0.25mg</i>	4	QL(60 EA per 30 days); B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); B/D; NDS
GENGRAF CAPS 100MG, 25MG	3	B/D
GENGRAF SOLN 100MG/ML	3	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL(3 EA per 180 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL(3 EA per 180 days); PA; NDS
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
<i>infliximab inj 100mg</i>	5	PA; NDS
JYLAMVO SOLN 2MG/ML	4	PA
<i>leflunomide tabs 10mg, 20mg</i>	3	QL(30 EA per 30 days)
LUPKYNIS CAPS 7.9MG	5	PA; NDS
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	PA

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<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	3	PA
<i>mycophenolate mofetil caps 250mg</i>	2	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D; NDS
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D
<i>mycophenolic acid dr tbec 180mg, 360mg</i>	4	B/D
MYHIBBIN SUSP 200MG/ML	5	B/D; NDS
OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PEGASYS INJ 180MCG/0.5ML	5	PA; NDS
PROGRAF PACK 0.2MG, 1MG	4	B/D
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REMICADE INJ 100MG	5	PA; NDS
RENFLIXIS INJ 100MG	5	PA; NDS
REZUROCK TABS 200MG	5	QL(60 EA per 30 days); PA; NDS
<i>sirolimus soln 1mg/ml</i>	4	B/D
<i>sirolimus tabs 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL TABS 10MG, 15MG, 5MG, 7.5MG	4	
VOYXACT INJ 400MG/2ML	5	QL(8 ML per 28 days); PA; NDS
XATMEP SOLN 2.5MG/ML	4	PA
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	5	QL(3 EA per 28 days); PA; NDS
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	5	QL(4 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
YUFLYMA CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL(3 EA per 180 days); PA; NDS
<b>Vaccines</b>		
ABRYSVO INJ 120MCG/0.5ML	3	IRA
ACTHIB INJ 0	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	IRA
AREXVY INJ 120MCG/0.5ML	3	IRA
<i>bcg vaccine inj 50mg</i>	3	IRA
BEXSERO INJ 0.5ML	3	IRA
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	IRA
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJ 0	3	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	3	B/D; IRA
GARDASIL 9 INJ 0.5ML	3	IRA
HAVRIX INJ 720ELU/0.5ML	3	

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HAVRIX INJ 1440UNIT/ML	3	IRA
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D; IRA
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D; IRA
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	IRA
IXCHIQ INJ 0	3	IRA
IXIARO INJ 0	3	IRA
JYNNEOS INJ 0.5ML	3	IRA
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	IRA
MENQUADFI INJ 0.5ML	3	IRA
MENVEO INJ 0	3	IRA
MRESVIA INJ 50MCG/0.5ML	3	IRA
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	3	IRA
PENMENVY INJ 0; 0	3	IRA
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJ 0; 0; 0	3	IRA
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	3	B/D; IRA
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D; IRA
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	QL(1 ML per 999 days); IRA
SHINGRIX INJ 50MCG/0.5ML	3	QL(2 EA per 999 days); IRA
STAMARIL INJ 0	3	IRA
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	IRA
TENIVAC INJ 2LFU; 5LFU	3	IRA
TICOVAC INJ 1.2MCG/0.25ML	3	
TICOVAC INJ 2.4MCG/0.5ML	3	IRA
TRUMENBA INJ 0.5ML	3	IRA
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	IRA
TYPHIM VI INJ 25MCG/0.5ML	3	IRA
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	IRA

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VARIVAX INJ 1350PFU/0.5ML	3	IRA
VAXCHORA SUSR 0	3	IRA
VIMKUNYA INJ 40MCG/0.8ML	3	IRA
VIVOTIF CPDR 0	3	IRA
YF-VAX INJ 0	3	IRA
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium caps 750mg</i>	4	
<i>mesalamine dr cpdr 400mg</i>	4	
<i>mesalamine dr tbec 1.2gm, 800mg</i>	4	
<i>mesalamine er cp24 0.375gm</i>	4	
<i>mesalamine er cpcr 500mg</i>	4	
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine supp 1000mg</i>	4	
<i>sulfasalazine tabs 500mg</i>	2	
<i>sulfasalazine tbec 500mg</i>	2	
<b>Glucocorticoids</b>		
<i>budesonide er tb24 9mg</i>	5	NDS
<i>budesonide cpep 3mg</i>	3	
<i>budesonide foam 2mg</i>	4	
EOHILIA SUSP 2MG/10ML	5	PA; NDS
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	3	
PROCTO-MED HC CREA 2.5%	2	
PROCTOSOL HC CREA 2.5%	2	
PROCTOZONE-HC CREA 2.5%	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium soln 70mg/75ml</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>calcitonin salmon inj 200unit/ml</i>	5	NDS
<i>calcitonin-salmon soln 200unit/act</i>	3	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	3	
<i>cinacalcet hydrochloride tabs 30mg, 60mg, 90mg</i>	4	
<i>doxercalciferol caps 0.5mcg, 1mcg, 2.5mcg</i>	4	
EVENITY INJ 105MG/1.17ML	5	PA; NDS
<i>ibandronate sodium tabs 150mg</i>	2	
JUBBONTI INJ 60MG/ML	4	PA
OSENVELT INJ 120MG/1.7ML	5	PA; NDS
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	4	
RAYALDEE CPCR 30MCG	5	NDS
<i>risedronate sodium dr tbec 35mg</i>	3	

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<i>risedronate sodium tabs 150mg, 30mg, 35mg, 5mg</i>	3	
STOBOCLO INJ 60MG/ML	4	PA
<i>teriparatide inj 560mcg/2.24ml</i>	5	PA; NDS
WYOST INJ 120MG/1.7ML	5	PA; NDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads pads 70%</i>	2	PA
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc</i>	2	PA
<i>bd insulin syringe safetyglide/1ml/29g x 1/2" misc</i>	2	PA
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc</i>	2	PA
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm misc</i>	2	PA
<i>bd pen needle/original/ultra-fine/29g x 12.7mm misc</i>	2	PA
<i>curity gauze pads 2"x2" 12 ply pads</i>	2	PA
INTRALIPID INJ 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine soln 1gm/10ml</i>	4	
<i>levocarnitine tabs 330mg</i>	4	
NUTRILIPID INJ 20GM/100ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	4	QL(1 EA per 365 days); PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	4	QL(15 EA per 30 days); PA
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	4	QL(1 EA per 365 days); PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	4	QL(15 EA per 30 days); PA
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	4	QL(1 EA per 365 days); PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	4	QL(15 EA per 30 days); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	4	QL(15 EA per 30 days); PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	4	QL(1 EA per 365 days); PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	4	QL(1 EA per 365 days); PA
OMNIPOD DASH PODS (GEN 4) MISC	4	QL(15 EA per 30 days); PA
OMNIPOD GO 10 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
OMNIPOD GO 15 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
OMNIPOD GO 20 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
OMNIPOD GO 25 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
OMNIPOD GO 30 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
OMNIPOD GO 35 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
OMNIPOD GO 40 UNITS/DAY KIT	4	QL(1 EA per 30 days); PA
PAXLOVID TBP (300MG-100MG DAY 1; 150MG-100MG DAYS 2-5)	5	QL(11 EA per 5 days); NDS
PAXLOVID TBP (150MG-100MG)	5	QL(20 EA per 5 days); NDS
PAXLOVID TBP (300MG-100MG)	5	QL(30 EA per 5 days); NDS
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
RIVFLOZA INJ 128MG/0.8ML	5	QL(1.6 ML per 28 days); PA; NDS
SKYCLARYS CAPS 50MG	5	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9% soln 0.9%</i>	2	

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<i>sterile water for irrigation soln 0</i>	2	
V-GO 20 KIT	4	QL(30 EA per 30 days); PA
V-GO 30 KIT	4	QL(30 EA per 30 days); PA
V-GO 40 KIT	4	QL(30 EA per 30 days); PA
VYKAT XR TB24 150MG, 25MG, 75MG	5	PA; NDS
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	3	
CYSTADROPS SOLN 0.37%	5	PA; NDS
CYSTARAN SOLN 0.44%	5	PA; NDS
<i>dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	3	
ENSPRYNG INJ 120MG/ML	5	PA; NDS
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	2	
<i>proparacaine hcl soln 0.5%</i>	2	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	4	
SIMBRINZA SUSP 0.2%; 1%	4	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	2	
TOBRADEX ST SUSP 0.05%; 0.3%	3	
TOBRADEX OINT 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	3	

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XIIDRA SOLN 5%	4	
ZYLET SUSP 0.5%; 0.3%	3	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl soln 0.05%</i>	2	
<i>bepotastine besilate soln 1.5%</i>	4	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl soln 0.05%</i>	4	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
ZERVIAE SOLN 0.24%	4	
<b>Ophthalmic Anti-Infectives</b>		
AZASITE SOLN 1%	4	
<i>bacitracin oint 500unit/gm</i>	4	
BESIVANCE SUSP 0.6%	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin soln 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	3	
<i>sulfacetamide sodium soln 10%</i>	3	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln 1%</i>	4	
XDEMVI SOLN 0.25%	5	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium soln 0.07%, 0.075%</i>	4	
<i>bromfenac soln 0.09%</i>	4	
<i>dexamethasone sodium phosphate soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate emul 0.05%</i>	3	
EYSUVIS SUSP 0.25%	4	
FLAREX SUSP 0.1%	4	
<i>fluorometholone susp 0.1%</i>	2	
<i>flurbiprofen sodium soln 0.03%</i>	2	
ILEVRO SUSP 0.3%	3	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	3	
LOTEMAX SM GEL 0.38%	3	
LOTEMAX OINT 0.5%	3	
<i>loteprednol etabonate gel 0.5%</i>	3	
<i>loteprednol etabonate susp 0.2%, 0.5%</i>	3	
<i>prednisolone acetate susp 1%</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	

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<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl soln 0.5%</i>	3	
<i>carteolol hcl soln 1%</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol hemihydrate soln 0.5%</i>	4	
<i>timolol maleate ophthalmic gel forming solg 0.25%, 0.5%</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er cp12 500mg</i>	3	
<i>acetazolamide tabs 125mg, 250mg</i>	2	
<i>apraclonidine soln 0.5%</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%</i>	3	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide susp 1%</i>	4	
<i>dorzolamide hydrochloride soln 2%</i>	2	
<i>methazolamide tabs 25mg, 50mg</i>	4	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	3	
RHOPRESSA SOLN 0.02%	4	
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
<i>bimatoprost soln 0.03%</i>	2	
<i>latanoprost soln 0.005%</i>	1	
LUMIGAN SOLN 0.01%	3	
<i>travoprost soln 0.004%</i>	3	
VYZULTA SOLN 0.024%	4	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid soln 2%</i>	2	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	4	
FLAC OIL 0.01%	3	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic soln 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml</i>	3	B/D
<i>budesonide susp 1mg/2ml</i>	4	B/D
<i>flunisolide soln 0.025%</i>	3	QL(75 ML per 30 days)

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<i>fluticasone propionate diskus aepb 50mcg/act</i>	3	QL(180 EA per 30 days)
<i>fluticasone propionate diskus aepb 100mcg/act, 250mcg/act</i>	3	QL(240 EA per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(16 GM per 30 days)
<i>mometasone furoate susp 50mcg/act</i>	4	QL(34 GM per 30 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	4	QL(2 EA per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	4	QL(3 EA per 30 days)
XHANCE EXHU 93MCG/ACT	4	QL(32 ML per 30 days)
<b>Antihistamines</b>		
<i>azelastine hydrochloride soln 0.1%, 0.15%</i>	2	QL(60 ML per 30 days)
<i>cetirizine hydrochloride soln 5mg/5ml</i>	2	
<i>cyproheptadine hcl syrp 2mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tabs 4mg</i>	2	
<i>desloratadine tabs 5mg</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps 100mg, 25mg, 50mg</i>	3	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	3	
<i>levocetirizine dihydrochloride tabs 5mg</i>	3	
<i>olopatadine hcl soln 0.6%</i>	3	QL(30.5 GM per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium chew 4mg, 5mg</i>	3	
<i>montelukast sodium pack 4mg</i>	4	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	3	
<i>zileuton er tb12 600mg</i>	5	NDS
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AERS 17MCG/ACT	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(30 ML per 30 days)
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(60 ML per 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	4	QL(4 GM per 30 days)
<i>tiotropium bromide caps 18mcg</i>	4	QL(30 EA per 30 days)
YUPELRI NEBU 175MCG/3ML	5	B/D; NDS
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aers 180mcg/act x 6.7gm (generic of proventil hfa)</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 180mcg/act x 8.5gm (generic of proair hfa)</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aers 180mcg/act x 18gm (generic of ventolin hfa)</i>	2	QL(36 GM per 30 days)

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<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	B/D
<i>albuterol sulfate syrps 2mg/5ml</i>	2	
<i>albuterol sulfate tabs 2mg, 4mg</i>	3	
<i>arformoterol tartrate nebu 15mcg/2ml</i>	3	B/D
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebu 20mcg/2ml</i>	4	B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 1.25mg/3ml</i>	3	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	3	B/D
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebu 1.25mg/0.5ml</i>	3	B/D
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL(60 GM per 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	
<b>Cystic Fibrosis Agents</b>		
ALYFTREK TABS 125MG; 50MG; 10MG	5	QL(56 EA per 28 days); PA; NDS
ALYFTREK TABS 50MG; 20MG; 4MG	5	QL(84 EA per 28 days); PA; NDS
CAYSTON SOLR 75MG	5	PA; NDS
KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NDS
KALYDECO TABS 150MG	5	QL(60 EA per 30 days); PA; NDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	QL(56 EA per 28 days); PA; NDS
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLN 2.5MG/2.5ML	5	B/D; NDS
TOBI PODHALER CAPS 28MG	5	PA; NDS
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	B/D; NDS
TRIKAFTA TBPK 100MG; 0; 50MG, 50MG; 0; 25MG	5	QL(84 EA per 28 days); PA; NDS
TRIKAFTA THPK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL(84 EA per 28 days); PA; NDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>elixophyllin elix 80mg/15ml</i>	4	
OHTUVAYRE SUSP 3MG/2.5ML	5	QL(150 ML per 30 days); B/D; NDS
<i>roflumilast tabs 250mcg, 500mcg</i>	3	
<i>theophylline er tb12 100mg, 200mg, 300mg, 450mg</i>	3	
<i>theophylline er tb24 400mg, 600mg</i>	3	
<i>theophylline elix 80mg/15ml</i>	4	
<i>theophylline soln 80mg/15ml</i>	3	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA; NDS
ALYQ TABS 20MG	5	QL(60 EA per 30 days); PA; NDS

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<i>ambrisentan tabs 10mg, 5mg</i>	5	PA; NDS
<i>bosentan tabs 125mg, 62.5mg</i>	5	PA; NDS
<i>bosentan tbso 32mg</i>	5	PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	PA; NDS
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA; NDS
<i>sildenafil citrate susr 10mg/ml</i>	5	QL(180 ML per 30 days); PA; NDS
<i>sildenafil citrate tabs 20mg</i>	3	QL(360 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	4	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK TBPK 0	5	PA; NDS
UPTRAVI TABS 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA; NDS
WINREVAIR INJ 0, 45MG, 60MG	5	PA; NDS
<b>Pulmonary Fibrosis Agents</b>		
JASCAYD TABS 18MG, 9MG	5	QL(60 EA per 30 days); PA; NDS
OFEV CAPS 100MG, 150MG	5	QL(60 EA per 30 days); PA; NDS
<i>pirfenidone caps 267mg</i>	5	QL(270 EA per 30 days); PA; NDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NDS
<i>pirfenidone tabs 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA; NDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine soln 10%, 20%</i>	2	B/D
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT	3	QL(10.7 GM per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREYNA AERO 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	3	QL(30.9 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(10.7 GM per 30 days)
BRINSUPRI TABS 10MG, 25MG	5	QL(30 EA per 30 days); PA; NDS
BRONCHITOL CAPS 40MG	5	QL(560 EA per 28 days); NDS
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL(30.6 GM per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	4	QL(8 GM per 30 days)
FASENRA PEN INJ 30MG/ML	5	QL(1 ML per 28 days); PA; NDS
FASENRA INJ 10MG/0.5ML	5	QL(0.5 ML per 28 days); PA; NDS

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FASENRA INJ 30MG/ML	5	QL(1 ML per 28 days); PA; NDS
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol hfa aero 115mcg/act; 21mcg/act, 230mcg/act; 21mcg/act, 45mcg/act; 21mcg/act</i>	3	QL(12 GM per 30 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(1 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
TRYVIO TABS 12.5MG	4	PA
WIXELA INHUB AEPB 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	2	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	3	
<i>methocarbamol tabs 500mg, 750mg</i>	3	
<b>Sleep Disorder Agents</b>		
<b><i>Sleep Promoting Agents</i></b>		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	4	QL(30 EA per 30 days)
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	3	QL(30 EA per 30 days)
<i>flurazepam hydrochloride caps 15mg, 30mg</i>	3	QL(30 EA per 30 days)
HETLIOZ LQ SUSP 4MG/ML	5	QL(150 ML per 30 days); PA; NDS
<i>ramelteon tabs 8mg</i>	3	QL(30 EA per 30 days)
<i>tasimelteon caps 20mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>temazepam caps 22.5mg, 30mg, 7.5mg</i>	3	QL(30 EA per 30 days)
<i>temazepam caps 15mg</i>	3	QL(60 EA per 30 days)
<i>triazolam tabs 0.125mg, 0.25mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon caps 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate er tbc 12.5mg, 6.25mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tabs 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tabs 100mg</i>	4	QL(30 EA per 30 days); PA

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<i>modafinil tabs 200mg</i>	4	QL(60 EA per 30 days); PA
<i>sodium oxybate soln 500mg/ml</i>	5	QL(540 ML per 30 days); PA; NDS
SUNOSI TABS 150MG, 75MG	3	QL(30 EA per 30 days); PA

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BETASERON	43	<i>buspirone hcl</i>	30
<i>betaxolol hcl</i>	36	<i>buspirone hydrochloride</i>	30
<i>betaxolol hcl</i>	74	<i>butorphanol tartrate</i>	2
<i>bethanechol chloride</i>	57	BYLVAY	53
BEVESPI AEROSPHERE	77	BYLVAY (PELLETS)	53
<i>bexarotene</i>	23	<i>cabergoline</i>	64
BEXSERO	68	CABLIVI	34
<i>bicalutamide</i>	17	CABOMETYX	19
BICILLIN L-A	6	<i>calcipotriene</i>	46
<i>biktarvy</i>	28	<i>calcitonin salmon</i>	70
<i>bimatoprost</i>	74	<i>calcitonin-salmon</i>	70
<i>bisoprolol fumarate</i>	36	<i>calcitriol</i>	46
<i>bisoprolol fumarate/hydrochlorothiazide</i>	38	<i>calcitriol</i>	70
BIVIGAM	65	<i>calcium acetate</i>	52
BLISOVI FE 1.5/30	59	CALQUENCE	19
BOOSTRIX	68	CAMILA	62
BORUZU	18	CAMZYOS	38
<i>bosentan</i>	77	<i>candesartan cilexetil</i>	35
BOSULIF	18	<i>candesartan</i>	38
BRAFTOVI	19	<i>cilexetil/hydrochlorothiazide</i>	
BREO ELLIPTA	77	CAPLYTA	25
BREYNA	77	CAPRELSA	19
BREZTRI AEROSPHERE	77	<i>captopril</i>	35
BRIELLYN	59	<i>captopril/hydrochlorothiazide</i>	38
<i>brimonidine tartrate</i>	74	<i>carbamazepine</i>	10
<i>brimonidine tartrate/timolol maleate</i>	72	<i>carbamazepine er</i>	10
BRINSUPRI	77	<i>carbidopa</i>	24
<i>brinzolamide</i>	74	<i>carbidopa/levodopa</i>	24
BRIVIACT	8	<i>carbidopa/levodopa er</i>	24
<i>bromfenac</i>	73	<i>carbidopa/levodopa odt</i>	24
<i>bromfenac sodium</i>	73	<i>carbidopa/levodopa/entacapone</i>	24
<i>bromocriptine mesylate</i>	24	<i>carboplatin</i>	16
BRONCHITOL	77	<i>carglumic acid</i>	48
BRUKINSA	19	<i>carteolol hcl</i>	74
<i>budesonide</i>	70	CARTIA XT	36
<i>budesonide</i>	74	<i>carvedilol</i>	36
<i>budesonide er</i>	70	<i>carvedilol phosphate er</i>	36
<i>budesonide/formoterol fumarate</i>	77	<i>caspofungin acetate</i>	14
<i>dihydrate</i>		CAYSTON	76
<i>bumetanide</i>	39	<i>cefaclor</i>	5
<i>buprenorphine</i>	1	<i>cefadroxil</i>	5
<i>buprenorphine hcl</i>	3	<i>cefazolin</i>	5
<i>buprenorphine hcl/naloxone hcl</i>	3	<i>cefazolin sodium</i>	5
<i>buprenorphine hydrochloride/naloxone</i>	3	<i>cefazolin sodium/dextrose</i>	5
<i>hydrochloride</i>		<i>cefazolin/dextrose</i>	5
<i>bupropion hydrochloride</i>	12	<i>cefdinir</i>	5
<i>bupropion hydrochloride er (sr)</i>	3	<i>cefepime</i>	5
<i>bupropion hydrochloride er (sr)</i>	12	<i>cefixime</i>	5

Drug Name	Page #	Drug Name	Page #
<i>cefotetan</i>	5	<i>clindamycin hydrochloride</i>	4
<i>cefoxitin sodium</i>	5	<i>clindamycin palmitate hydrochloride</i>	4
<i>cefpodoxime proxetil</i>	5	<i>clindamycin phosphate</i>	4
<i>cefprozil</i>	5	<i>clindamycin phosphate</i>	47
<i>ceftaroline fosamil</i>	5	<i>clindamycin phosphate (once-daily)</i>	47
<i>ceftazidime</i>	5	<i>clindamycin phosphate (twice-daily)</i>	47
<i>ceftriaxone sodium</i>	5	<i>clindamycin phosphate/benzoyl peroxide</i>	44
<i>cefuroxime axetil</i>	5	<i>clindamycin phosphate/dextrose</i>	4
<i>cefuroxime sodium</i>	5	<i>clindamycin/benzoyl peroxide</i>	44
<i>celecoxib</i>	1	CLINIMIX 4.25%/DEXTROSE 10%	48
<i>cephalexin</i>	5	CLINIMIX 4.25%/DEXTROSE 5%	48
CERDELGA	55	CLINIMIX 5%/DEXTROSE 15%	49
CEREZYME	55	CLINIMIX 5%/DEXTROSE 20%	49
<i>cetirizine hydrochloride</i>	75	CLINIMIX 6/5	49
<i>cevimeline hydrochloride</i>	43	CLINIMIX 8/10	49
CHEMET	52	CLINIMIX 8/14	49
<i>chenodal</i>	53	CLINISOL SF 15%	49
<i>chlorhexidine gluconate</i>	43	CLINPRO 5000	43
<i>chloroquine phosphate</i>	23	<i>clobazam</i>	9
<i>chlorpromazine hydrochloride</i>	24	<i>clobetasol propionate</i>	45
<i>chlorthalidone</i>	39	CLOBETASOL PROPIONATE E	45
CHOLBAM	55	CLODAN	45
<i>cholestyramine</i>	40	<i>clomipramine hydrochloride</i>	13
<i>cholestyramine light</i>	40	<i>clonazepam</i>	9
CIBINQO	65	<i>clonazepam odt</i>	9
<i>ciclopirox</i>	47	<i>clonidine</i>	35
<i>ciclopirox nail lacquer</i>	47	<i>clonidine hydrochloride</i>	35
<i>ciclopirox olamine</i>	47	<i>clonidine hydrochloride er</i>	41
<i>cilostazol</i>	34	<i>clopidogrel</i>	34
CIMDUO	28	<i>clorazepate dipotassium</i>	30
<i>cimetidine</i>	54	<i>clotrimazole</i>	14
<i>cinacalcet hydrochloride</i>	70	<i>clotrimazole/betamethasone dipropionate</i>	46
CINRYZE	65	<i>clozapine</i>	27
<i>ciprofloxacin hcl</i>	7	<i>clozapine odt</i>	27
<i>ciprofloxacin hydrochloride</i>	7	COARTEM	23
<i>ciprofloxacin hydrochloride</i>	73	COBENFY	42
<i>ciprofloxacin i.v.-in d5w</i>	7	COBENFY STARTER PACK	42
<i>ciprofloxacin/dexamethasone</i>	74	<i>colchicine</i>	15
<i>cisplatin</i>	16	<i>colesevelam hydrochloride</i>	40
<i>citalopram hydrobromide</i>	12	<i>colestipol hydrochloride</i>	40
<i>cladribine</i>	43	<i>colistimethate sodium</i>	4
CLARAVIS	44	COMBIVENT RESPIMAT	77
<i>clarithromycin</i>	6	COMETRIQ	19
<i>clarithromycin er</i>	6	COMPRO	13
CLENPIQ	53	<i>conjugated estrogens</i>	59
CLEOCIN PHOSPHATE	4	CONSTULOSE	53
CLINDACIN ETZ PLEDGETS	4	COPIKTRA	19
CLINDACIN-P	4		
<i>clindamycin hcl</i>	4		

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CORLANOR	38	<i>darifenacin hydrobromide er</i>	56
CORTROPHIN	57	<i>darunavir</i>	29
COSENTYX	65	<i>dasatinib</i>	19
COSENTYX SENSOREADY PEN	65	DAURISMO	19
COSENTYX UNOREADY	65	DAYBUE	55
COTELLIC	19	DAYBUE STIX	42
CRENESSITY	55	DEBLITANE	62
CREON	55	<i>deferasirox</i>	52
CRESEMBA	14	<i>deferiprone</i>	52
CREXONT	24	<i>deflazacort</i>	57
CRINONE	62	DELSTRIGO	28
<i>cromolyn sodium</i>	55	<i>demeclocycline hcl</i>	7
<i>cromolyn sodium</i>	73	DENGVAXIA	68
<i>cromolyn sodium</i>	76	DENTAGEL	43
CROTAN	47	DEPO-SUBQ PROVERA 104	62
CRYSSELLE	59	DEPO-TESTOSTERONE	58
CRYSSELLE-28	59	DESCOVY	28
CTEXLI	54	<i>desipramine hydrochloride</i>	13
<i>curity gauze pads 2"x2" 12 ply</i>	71	<i>desloratadine</i>	75
CUVRIOR	52	<i>desmopressin acetate</i>	58
<i>cyanocobalamin</i>	53	<i>desogestrel/ethinyl estradiol</i>	59
<i>cyclobenzaprine hydrochloride</i>	78	<i>desonide</i>	45
<i>cyclophosphamide</i>	16	<i>desoximetasone</i>	45
<i>cyclophosphamide monohydrate</i>	16	<i>desvenlafaxine er</i>	12
<i>cycloserine</i>	16	<i>dexamethasone</i>	57
<i>cyclosporine</i>	67	DEXAMETHASONE INTENSOL	57
<i>cyclosporine modified</i>	67	<i>dexamethasone sodium phosphate</i>	73
CYLTEZO	67	<i>dexlansoprazole</i>	54
CYLTEZO STARTER PACKAGE FOR	67	<i>dexmethylphenidate hcl</i>	41
CROHNS DISEASE/UC/HS		<i>dexmethylphenidate hydrochloride</i>	41
CYLTEZO STARTER PACKAGE FOR	67	<i>dextroamphetamine sulfate</i>	41
PSORIASIS		<i>dextrose 5% /electrolyte #48 viaflex</i>	49
CYLTEZO STARTER PACKAGE FOR	67	<i>dextrose 10%</i>	49
PSORIASIS/UEITIS		<i>dextrose 10%/sodium chloride 0.2%</i>	49
<i>cyproheptadine hcl</i>	75	<i>dextrose 10%/sodium chloride 0.45%</i>	49
<i>cyproheptadine hydrochloride</i>	75	<i>dextrose 2.5%/sodium chloride 0.45%</i>	50
CYRED EQ	59	<i>dextrose 5%</i>	50
CYSTADROPS	72	<i>dextrose 5%/lactated ringers</i>	50
CYSTAGON	55	<i>dextrose 5%/sodium chloride 0.2%</i>	50
CYSTARAN	72	<i>dextrose 5%/sodium chloride 0.3%</i>	50
<i>dabigatran etexilate</i>	33	<i>dextrose 5%/sodium chloride 0.45%</i>	50
<i>dalfampridine er</i>	43	<i>dextrose 5%/sodium chloride 0.9%</i>	50
<i>danazol</i>	58	<i>dextrose 50%</i>	50
<i>dantrolene sodium</i>	27	<i>dextrose 70%</i>	50
DANZITEN	19	<i>dextrose/sodium chloride</i>	50
<i>dapagliflozin propanediol</i>	40	DIACOMIT	9
<i>dapsone</i>	16	<i>diazepam</i>	9
DAPTACEL	68	<i>diazepam</i>	30
<i>daptomycin</i>	4	DIAZEPAM INTENSOL	30

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<i>diazoxide</i>	32	<i>doxercalciferol</i>	70
<i>dichlorphenamide</i>	55	<i>doxorubicin hydrochloride</i>	18
<i>diclofenac epolamine</i>	1	<i>doxorubicin hydrochloride liposomal</i>	18
<i>diclofenac potassium</i>	1	<i>doxycycline</i>	7
<i>diclofenac sodium</i>	1	<i>doxycycline hyclate</i>	7
<i>diclofenac sodium</i>	46	<i>doxycycline hyclate</i>	43
<i>diclofenac sodium</i>	73	<i>doxycycline monohydrate</i>	7
<i>diclofenac sodium dr</i>	1	DRIZALMA SPRINKLE	12
<i>diclofenac sodium er</i>	1	<i>dronabinol</i>	14
<i>diclofenac sodium/misoprostol</i>	1	<i>drospirenone/ethinyl estradiol</i>	59
<i>dicloxacillin sodium</i>	6	DROXIA	17
<i>dicyclomine hcl</i>	53	<i>droxidopa</i>	35
<i>dicyclomine hydrochloride</i>	53	DUAVEE	63
DIFICID	7	<i>duloxetine hydrochloride dr</i>	12
<i>diflunisal</i>	1	DUPIXENT	65
<i>difluprednate</i>	73	<i>dutasteride</i>	57
<i>digoxin</i>	35	<i>dutasteride/tamsulosin hydrochloride</i>	57
<i>dihydroergotamine mesylate</i>	15	E.E.S. 400	7
DILANTIN	10	EBGLYSS	65
DILANTIN INFATABS	10	EC-NAPROXEN	1
<i>diltiazem hcl</i>	37	<i>econazole nitrate</i>	14
<i>diltiazem hcl er</i>	37	<i>edaravone</i>	42
<i>diltiazem hydrochloride</i>	37	EDURANT	28
<i>diltiazem hydrochloride er</i>	37	EDURANT PED	28
DILT-XR	37	<i>efavirenz</i>	28
<i>dimethyl fumarate</i>	43	<i>efavirenz/emtricitabine/tenofovir</i>	28
<i>dimethyl fumarate starterpack</i>	43	<i>disoproxil fumarate</i>	
<i>dipyridamole</i>	34	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	28
<i>disopyramide phosphate</i>	35	EGRIFTA SV	58
<i>disulfiram</i>	3	EGRIFTA WR	58
<i>divalproex sodium dr</i>	9	<i>eletriptan hydrobromide</i>	15
<i>divalproex sodium er</i>	9	ELIGARD	64
<i>dofetilide</i>	35	ELIQUIS	33
DOJOLVI	55	ELIQUIS STARTER PACK	33
<i>donepezil hcl</i>	11	<i>elixophyllin</i>	76
<i>donepezil hydrochloride</i>	11	ELMIRON	57
DOPTELET	34	ELURYNG	59
DOPTELET SPRINKLE	34	EMEND	14
<i>dorzolamide hcl/timolol maleate</i>	72	EMGALITY	15
<i>dorzolamide hydrochloride</i>	74	EMSAM	12
<i>dorzolamide hydrochloride/timolol maleate pf</i>	72	<i>emtricitabine</i>	29
DOTTI	59	<i>emtricitabine/rilpivirine/tenofovir</i>	28
DOVATO	28	<i>disoproxil fumarate</i>	
<i>doxazosin mesylate</i>	57	<i>emtricitabine/tenofovir disoproxil fumarate</i>	28
<i>doxepin hcl</i>	13	<i>emtricitabine/tenofovir disoproxil fumarate</i>	28
<i>doxepin hydrochloride</i>	13	EMTRIVA	29
<i>doxepin hydrochloride</i>	45	<i>enalapril maleate</i>	35
<i>doxepin hydrochloride</i>	78		

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<i>enalapril maleate/hydrochlorothiazide</i>	38	<i>eszopiclone</i>	78
ENBREL	67	<i>ethacrynic acid</i>	39
ENBREL MINI	67	<i>ethambutol hydrochloride</i>	16
ENBREL SURECLICK	67	<i>ethosuximide</i>	9
<i>endocet</i>	2	<i>ethynodiol diacetate/ethinyl estradiol</i>	60
ENGERIX-B	68	<i>etodolac</i>	1
ENILLORING	59	<i>etodolac er</i>	1
<i>enoxaparin sodium</i>	33	<i>etonogestrel/ethinyl estradiol</i>	60
ENPRESSE-28	59	<i>etravirine</i>	28
ENSACOVE	19	EUCRISA	45
ENSKYCE	59	EULEXIN	17
ENSPRYNG	72	EVENITY	70
<i>entacapone</i>	24	<i>everolimus</i>	19
<i>entecavir</i>	27	<i>everolimus</i>	67
ENTRESTO	38	EVOTAZ	29
ENULOSE	53	EVRYSDI	55
ENVARUSUS XR	67	<i>exemestane</i>	18
EOHILIA	70	EXXUA	12
EPIDIOLEX	8	EXXUA TITRATION PACK	12
<i>epinastine hcl</i>	73	EYSUVIS	73
<i>epinephrine</i>	38	<i>ezetimibe</i>	40
<i>epinephrine</i>	76	<i>ezetimibe/simvastatin</i>	40
EPITOL	10	FABHALTA	34
<i>eplerenone</i>	40	FABRAZYME	55
<i>ergoloid mesylates</i>	11	FALMINA	60
<i>ergotamine tartrate/caffeine</i>	15	<i>famciclovir</i>	30
ERIVEDGE	19	<i>famotidine</i>	54
ERLEADA	17	FANAPT	25
<i>erlotinib hydrochloride</i>	19	FANAPT TITRATION PACK A	25
ERRIN	62	FANAPT TITRATION PACK B	25
<i>ertapenem sodium</i>	6	FANAPT TITRATION PACK C	25
ERY	47	FARXIGA	40
ERYTHROCIN LACTOBIONATE	7	FASENRA	77
<i>erythromycin</i>	47	FASENRA PEN	77
<i>erythromycin</i>	73	<i>febuxostat</i>	15
<i>erythromycin base</i>	7	<i>felbamate</i>	8
<i>erythromycin dr</i>	7	<i>felodipine er</i>	36
<i>erythromycin ethylsuccinate</i>	7	<i>femlyv</i>	60
<i>erythromycin lactobionate</i>	7	FEMRING	60
<i>erythromycin/benzoyl peroxide</i>	44	<i>fenofibrate</i>	39
ERZOFRI	25	<i>fenofibrate micronized</i>	39
<i>escitalopram oxalate</i>	12	<i>fenofibric acid dr</i>	39
<i>eslicarbazepine acetate</i>	10	<i>fentanyl</i>	1
<i>esomeprazole magnesium</i>	54	<i>fesoterodine fumarate er</i>	56
ESTARYLLA	59	FETZIMA	12
<i>estradiol</i>	59	FETZIMA TITRATION PACK	12
<i>estradiol valerate</i>	59	FIASP	32
<i>estradiol/norethindrone acetate</i>	59	FIASP FLEXTOUCH	32
ESTRING	60	FIASP PENFILL	32

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<i>fidaxomicin</i>	7	<i>fosamprenavir calcium</i>	29
FILSPARI	38	<i>fosfomycin tromethamine</i>	4
<i>finasteride</i>	57	<i>fosinopril sodium</i>	35
<i> fingolimod hydrochloride</i>	43	<i>fosinopril sodium/hydrochlorothiazide</i>	38
FINTEPLA	8	FOTIVDA	19
FIRMAGON	64	FRAGMIN	33
FLAC	74	<i>fraiche 5000 dental</i>	43
FLAREX	73	<i>frovatriptan succinate</i>	16
FLEBOGAMMA DIF	65	FRUZAQLA	19
<i>flecainide acetate</i>	35	FULPHILA	34
<i>fluconazole</i>	14	<i>furosemide</i>	39
<i>fluconazole in sodium chloride</i>	14	FUZEON	29
<i>flucytosine</i>	14	FYAVOLV	60
<i>fludrocortisone acetate</i>	57	<i>gabapentin</i>	9
<i>flunisolide</i>	74	<i>gabapentin once-daily</i>	42
<i>fluocinolone acetonide</i>	45	GABARONE	9
<i>fluocinolone acetonide</i>	74	<i>galantamine hydrobromide</i>	11
<i>fluocinolone acetonide body</i>	45	<i>galantamine hydrobromide er</i>	11
<i>fluocinolone acetonide scalp</i>	45	<i>galbriela</i>	60
<i>fluocinolone acetonide topical</i>	45	<i>gallifrey</i>	62
<i>fluocinonide</i>	45	GAMASTAN	65
<i>fluocinonide emulsified base</i>	45	GAMMAGARD LIQUID	65
<i>fluoride</i>	50	GAMMAGARD LIQUID ERC	65
FLUORIDEX DAILY DEFENSE	43	GAMMAGARD S/D IGA LESS THAN	65
FLUORIDEX ENHANCED WHITENING	43	1MCG/ML	
FLUORIMAX 5000	43	GAMMAKED	65
<i>fluorometholone</i>	73	GAMMAPLEX	65
<i>fluorouracil</i>	46	GAMUNEX-C	65
<i>fluoxetine dr</i>	12	GARDASIL 9	68
<i>fluoxetine hydrochloride</i>	12	<i>gatifloxacin</i>	73
<i>fluphenazine decanoate</i>	24	GATTEX	54
<i>fluphenazine hcl</i>	24	GAVILYTE-C	54
<i>fluphenazine hydrochloride</i>	24	GAVILYTE-G	54
<i>flurazepam hydrochloride</i>	78	GAVILYTE-N/FLAVOR PACK	54
<i>flurbiprofen</i>	1	GAVRETO	19
<i>flurbiprofen sodium</i>	73	<i>gefitinib</i>	19
<i>fluticasone propionate</i>	45	<i>gemfibrozil</i>	39
<i>fluticasone propionate</i>	75	GEMTESA	56
<i>fluticasone propionate diskus</i>	75	GENERLAC	53
<i>fluticasone propionate/salmeterol</i>	78	GENGRAF	67
<i>fluticasone propionate/salmeterol diskus</i>	78	GENOTROPIN	58
<i>fluticasone propionate/salmeterol hfa</i>	78	GENOTROPIN MINIQUICK	58
<i>fluvastatin</i>	39	<i>gentamicin sulfate</i>	4
<i>fluvastatin sodium er</i>	39	<i>gentamicin sulfate</i>	73
<i>fluvoxamine maleate</i>	12	<i>gentamicin sulfate pediatric</i>	3
<i>fluvoxamine maleate er</i>	12	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
<i>folic acid</i>	53	GENVOYA	28
<i>fondaparinux sodium</i>	33	GILOTRIF	19
<i>formoterol fumarate</i>	76	<i>glatiramer acetate</i>	43

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<i>glipizide</i>	31	HUMALOG MIX 75/25 KWIKPEN	32
<i>glipizide er</i>	30	HUMALOG TEMPO PEN	32
<i>glipizide xl</i>	30	HUMATIN	4
<i>glipizide/metformin hydrochloride</i>	31	HUMATROPE	58
GLOPERBA	15	HUMIRA	67
<i>glucagon emergency kit for low blood sugar</i>	32	HUMIRA PEN	67
<i>glucose (dextrose) 50%</i>	50	HUMIRA PEN-CD/UC/HS STARTER	67
<i>glucose (dextrose) 70%</i>	50	HUMIRA PEN-PS/UV STARTER	67
<i>glyburide</i>	31	HUMULIN 70/30	32
<i>glyburide micronized</i>	31	HUMULIN 70/30 KWIKPEN	32
<i>glyburide/metformin hydrochloride</i>	31	HUMULIN N	32
<i>glycerol phenylbutyrate</i>	55	HUMULIN N KWIKPEN	32
<i>glycopyrrolate</i>	53	HUMULIN R	32
GLYXAMBI	31	HUMULIN R U-500 (CONCENTRATED)	32
GOMEKLI	19	HUMULIN R U-500 KWIKPEN	32
<i>granisetron hydrochloride</i>	14	<i>hydralazine hydrochloride</i>	41
<i>griseofulvin microsize</i>	14	<i>hydrochlorothiazide</i>	39
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>guanfacine hydrochloride</i>	35	<i>hydrocodone/acetaminophen</i>	2
<i>guanfacine hydrochloride er</i>	41	<i>hydrocodone/ibuprofen</i>	2
GVOKE HYPOPEN 1-PACK	32	<i>hydrocortisone</i>	46
GVOKE HYPOPEN 2-PACK	32	<i>hydrocortisone</i>	57
GVOKE KIT	32	<i>hydrocortisone</i>	70
GVOKE PFS	32	<i>hydrocortisone butyrate</i>	45
HAILEY FE 1/20	60	<i>hydrocortisone valerate</i>	46
<i>halobetasol propionate</i>	45	<i>hydrocortisone/acetic acid</i>	74
HALOETTE	60	<i>hydromorphone hcl</i>	2
<i>haloperidol</i>	25	<i>hydroxychloroquine sulfate</i>	23
<i>haloperidol decanoate</i>	25	<i>hydroxyurea</i>	17
<i>haloperidol lactate</i>	25	<i>hydroxyzine hcl</i>	75
HARLIKU	55	<i>hydroxyzine hydrochloride</i>	75
HAVRIX	68	<i>hydroxyzine pamoate</i>	75
<i>heparin sodium</i>	33	HYRNUO	19
<i>heparin sodium/d5w</i>	33	<i>ibandronate sodium</i>	70
<i>heparin sodium/nacl 0.45%</i>	33	IBRANCE	18
HEPLISAV-B	69	IBRANCE	19
HERCEPTIN	23	IBTROZI	19
HERCEPTIN HYLECTA	23	IBU	1
HERNEXEOS	19	<i>ibuprofen</i>	1
HERZUMA	23	<i>icatibant acetate</i>	65
HETLIOZ LQ	78	ICLEVIA	60
HIBERIX	69	ICLUSIG	20
HORIZANT	42	<i>icosapent ethyl</i>	40
HUMALOG	32	IDHIFA	20
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HUMALOG KWIKPEN	32	<i>imatinib mesylate</i>	20
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<i>imipramine pamoate</i>	13	<i>isradipine</i>	36
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<i>imiquimod pump</i>	46	ITOVEBI	18
IMKELDI	20	<i>itraconazole</i>	14
IMOVAX RABIES (H.D.C.V.)	69	<i>ivabradine hydrochloride</i>	38
IMPAVIDO	4	<i>ivermectin</i>	23
IMVEXXY MAINTENANCE PACK	60	<i>ivermectin</i>	47
IMVEXXY STARTER PACK	60	IWILFIN	18
INBRIJA	24	IXCHIQ	69
INCASSIA	62	IXIARO	69
INCRELEX	58	JAKAFI	20
INCRUSE ELLIPTA	75	JANTOVEN	33
<i>indapamide</i>	39	JANUMET	31
<i>indomethacin</i>	1	JANUMET XR	31
<i>indomethacin er</i>	1	JANUVIA	31
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<i>infliximab</i>	67	JASCAYD	77
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INLYTA	20	JAVYGTOR	55
INQOVI	20	JAYPIRCA	20
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<i>insulin aspart flexpen</i>	33	JENTADUETO XR	31
<i>insulin aspart penfill</i>	33	JINTELI	60
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<i>isoniazid</i>	16	KARIVA	60
<i>isosorbide dinitrate</i>	40	<i>kcl 0.15%/d5w/nacl 0.2%</i>	50
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	38	<i>kcl 0.15%/d5w/nacl 0.225%</i>	50
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KISQALI FEMARA 400 DOSE	18	LENVIMA 12MG DAILY DOSE	20
KISQALI FEMARA 600 DOSE	18	LENVIMA 14 MG DAILY DOSE	20
KLISYRI	46	LENVIMA 18 MG DAILY DOSE	20
KLOR-CON	50	LENVIMA 20 MG DAILY DOSE	20
KLOR-CON 10	50	LENVIMA 24 MG DAILY DOSE	20
KLOR-CON 8	50	LENVIMA 4 MG DAILY DOSE	20
KLOR-CON M10	50	LENVIMA 8 MG DAILY DOSE	20
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KLOR-CON M20	50	LESSINA	60
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KOSELUGO	20	LEUKERAN	16
KOURZEQ	43	LEUKINE	34
KRAZATI	20	<i>leuprolide acetate</i>	64
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KYLEENA	63	<i>levabuterol hcl</i>	76
<i>kymbee</i>	57	<i>levabuterol hydrochloride</i>	76
<i>labetalol hydrochloride</i>	36	<i>levabuterol tartrate hfa</i>	76
<i>lacosamide</i>	10	<i>levetiracetam</i>	8
<i>lactated ringers</i>	50	<i>levetiracetam er</i>	8
<i>lactulose</i>	53	<i>levobunolol hcl</i>	74
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<i>lamivudine</i>	29	<i>levofloxacin</i>	7
<i>lamivudine/zidovudine</i>	29	<i>levofloxacin</i>	73
<i>lamotrigine</i>	8	<i>levofloxacin in d5w</i>	7
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<i>lamotrigine odt</i>	8	<i>levonorgestrel/ethinyl estradiol</i>	60
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<i>lisinopril</i>	35	LYSODREN	18
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<i>lithium</i>	30	LYZA	63
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<i>losartan potassium</i>	35	<i>memantine hcl titration pak</i>	11
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<i>methotrexate sodium</i>	67	<i>момetasone furoate</i>	75
<i>methoxsalen</i>	46	MONDOXYNE NL	8
<i>methscopolamine bromide</i>	53	<i>montelukast sodium</i>	75
<i>methsuximide</i>	9	<i>morphine sulfate</i>	2
<i>methylphenidate hydrochloride</i>	42	<i>morphine sulfate er</i>	2
<i>methylphenidate hydrochloride er</i>	42	MOTPOLY XR	10
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<i>methyltestosterone</i>	59	<i>moxifloxacin hydrochloride</i>	7
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<i>metoclopramide hydrochloride</i>	54	MRESVIA	69
<i>metolazone</i>	39	MULTAQ	35
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<i>metoprolol tartrate</i>	36	<i>mupirocin</i>	47
<i>metoprolol/hydrochlorothiazide</i>	38	MVASI	23
<i>metronidazole</i>	4	MYCAPSSA	64
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<i>metronidazole vaginal</i>	4	<i>mycophenolic acid dr</i>	68
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<i>mifepristone</i>	64	NAPROXEN DR	1
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**繁體中文 (Chinese Cantonese):** 注意：您可以使用免費的語言協助服務。另外，也可免費獲得相應的輔助工具和服务，以諸如大字印刷版、盲文版或語音版等無障礙格式了解資訊。請致電 **1-855-833-3668 (TTY: 711)**（聽語障專線: 711）或聯絡您的服務提供者。

**Français (French):** ATTENTION : des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles, par exemple en gros caractères, en braille ou en audio, sont également disponibles gratuitement. Appelez le **1-855-833-3668 (TTY: 711)** ou consultez votre fournisseur.

**Kreyòl Ayisyen (Haitian/French Creole):** ATANSYON: Gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou, pa egzanp an gwo karaktè, bray oswa odyo. Rele nan **1-855-833-3668 (TTY: 711)** oswa pale avèk founisè w la.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp cho quý vị. Các dịch vụ và thiết bị hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận, ví dụ như chữ in lớn, chữ nổi hoặc âm thanh, cũng được cung cấp miễn phí. Hãy gọi **1-855-833-3668 (TTY: 711)** hoặc nói chuyện với nhà cung cấp của quý vị.

**العربية (Arabic):** تنبيه: خدمات المساعدة اللغوية المجانية متاحة لك مجاناً. كما تتوفر مجاناً الوسائط والخدمات المساعدة الـمعداة الـمنا بة. لتوفير المعلومات بتدبيقا يسهل استخدامها، مثل الـباعة بحروف الكبيرة أو طريقة برايل أو الصوت. اتصل على الـقم 1-855-833-3668 (TTY: 711) أو تحدث إلى مقدم الرعاية الصحي الـتابع لك.

**Русский (Russian):** ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате, также доступны бесплатно. Позвоните по телефону 1-855-833-3668 (TTY: 711) или обратитесь к своему поставщику услуг.

**हिंदी (Hindi):** ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ फॉर्मेट्स में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक उपकरण और सेवाएँ, उदाहरण के लिए बड़े प्रिंट, ब्रेल या ऑडियो, भी निःशुल्क उपलब्ध हैं। 1-855-833-3668 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**한국어 (Korean):** 수신: 무료 언어 지원 서비스를 이용하실 수 있습니다. 큰 활자, 점자 또는 오디오와 같이 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 이용할 수 있습니다. 1-855-833-3668 (TTY: 711) 번으로 전화하거나 서비스 제공자와 상의하십시오.

**Italiano (Italian):** ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati servizi e supporti ausiliari per fornire informazioni in formati accessibili, ad esempio caratteri grandi, braille o audio. Chiama il numero 1-855-833-3668 (TTY: 711) o parla con il tuo fornitore.

**Ελληνικά (Greek):** ΠΡΟΣΟΧΗ: Διατίθενται για εσάς δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες που παρέχουν πληροφορίες σε προσβάσιμες μορφές, για παράδειγμα μεγάλη γραμματοσειρά, μπράιλι ή ήχο. Καλέστε το 1-855-833-3668 (TTY: 711) ή μιλήστε με τον πάροχό σας.

**ខ្មែរ (Khmer/Cambodian)** សម្គាល់: មានផ្តល់ជូនដល់អ្នកនូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយបន្ថែម និងសេវាបន្ថែមដែលមានលក្ខណៈសមស្រប ដើម្បីផ្តល់ព័ត៌មាននៅក្នុងទម្រង់ដែលអាចប្រើប្រាស់បាន ដូចជា ការព្រឹត្តិអក្សរធំ អក្សរស្តាប ឬសំឡេង ក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃដែរ។ ទូរសព្ទទៅលេខ 1-855-833-3668 (TTY: 711) ឬ និយាយទៅកាន់អ្នកផ្តល់សេវាកម្មរបស់អ្នក។

**Deutsch (German):** ACHTUNG: Kostenlose Sprachunterstützung steht Ihnen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten, z. B. Großdruck, Blindenschrift oder Audio, sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-833-3668 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

**Polski (Polish):** UWAGA: Dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi w celu dostarczenia informacji w dostępnych formatach, na przykład dużym drukiem, alfabetem Braille'a lub audio, są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-833-3668 (TTY: 711) lub porozmawiaj ze swoim świadczeniodawcą.

**Soomaali (Somali):** FIIRO GAAR AH: Waxaad heli kartaa adeeg bilaash ah oo la xiriira taageerada luuqadda. Sidoo kale waxaa bilaash lagu heli karaa taageerada iyo adeegyo habboon oo bilaash ah kuwaasoo la xiriira helitaanka qaababka xogta macluumaadka, tusaale ahaan sida daabacaadda waaweyn, nooca daabacaadda ee loogu talo-galey indhoolayaasha, ama maqalka. Fadlan soo wac lanbarkal **1-855-833-3668 (TTY: 711)** ama la hadal bixiyaha qaabbilsan adeegga daryeelkaaga.

**ગુજરાતી (Gujarati):** ધ્યાન આપો: તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. મોટી પ્રિન્ટ, બ્રેઇલ અથવા ઓડિઓ જેવા સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ નિ:શુલ્ક ઉપલબ્ધ છે. **1-855-833-3668 (TTY: 711)** પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Tagalog (Tagalog):** ATENSYON: Available ang mga libreng serbisyong tulong sa wika para sa iyo. Available din ang mga libreng naaangkop na auxiliary na tulong at serbisyo upang makapagbigay ng impormasyon sa mga naa-access na format, halimbawa malalaking print, braille, o audio. Tumawag sa **1-855-833-3668 (TTY: 711)** o makipag-usap sa iyong tagapagbigay ng serbisyo.

**ລາວ (Laotian):** ກະລຸນາຮັບຊາບ: ມີບໍລິການພາສາແບບບໍ່ຮຸ້ນຮຸ້ນໃຫ້ແກ່ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທິດໝາະສົມ ໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບເຂົ້າເຖິງໄດ້ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ຕົວໜັງສືພູນ ຫຼື ສຽງ ກໍ່ມີໃຫ້ແບບບໍ່ຮຸ້ນຮຸ້ນກັນ. ໂທຫາເບີ **1-855-833-3668 (TTY: 711)** ຫຼື ວົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**日本語 (Japanese):** 注意：無料の言語サポートサービスをご利用いただけます。大きい活字、点字、音声など、アクセスしやすい形で情報を提供するための適切な補助器具やサービスも無料でご利用いただけます。 **1-855-833-3668 (TTY: 711)** までお電話いただくか、ご利用のプロバイダーにお問い合わせください。

**MGBAdvantage.org**

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This Formulary was updated on April 2, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services.

**For Medicare Advantage members:**

**855-833-3668 (TTY: 711)**

October 1– March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday

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

Visit [www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information) for the most up to date Formulary listing and more information on Medicare Part D drug coverage.