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HealthTeam Advantage
Diabetes & Heart Care (HMO CSNP)
2022 Formulary
(List of Covered Drugs)

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

Formulary ID: 22372, Version Number: 8

This formulary was updated on 10/05/2021. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care Diabetes & Heart Care Healthcare Concierge at 888-965-1965 (TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit [HealthTeamAdvantage.com](https://www.healthteamadvantage.com).

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means HealthTeam Advantage Diabetes & Heart Care. When it refers to “plan” or “our plan,” it means 2022 HealthTeam Advantage Diabetes & Heart Care.

This document includes list of the drugs (formulary) for our plan which is current as of 10/05/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the HealthTeam Advantage Diabetes & Heart Care Formulary?

A formulary is a list of covered drugs selected by HealthTeam Advantage Diabetes & Heart Care 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. HealthTeam Advantage Diabetes & Heart Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthTeam Advantage Diabetes & Heart Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by HealthTeam Advantage Diabetes & Heart Care, please visit our website or call us. 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 HealthTeam Advantage Diabetes & Heart Care may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 10/05/2021. To get updated information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all the changes on the website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on 2. 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 of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthTeam Advantage Diabetes & Heart Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthTeam Advantage Diabetes & Heart Care requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from HealthTeam Advantage Diabetes & Heart Care before you fill your prescriptions. If you don't get approval, HealthTeam Advantage Diabetes & Heart Care may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthTeam Advantage Diabetes & Heart Care limits the amount of the drug that HealthTeam Advantage Diabetes & Heart Care will cover. For example, HealthTeam Advantage Diabetes & Heart Care provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthTeam Advantage Diabetes & Heart Care 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, HealthTeam Advantage Diabetes & Heart Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage Diabetes & Heart Care 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 Web site. We have posted online a document that explain our prior authorization 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 HealthTeam Advantage Diabetes & Heart Care 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 HealthTeam Advantage Diabetes & Heart Care's formulary?" on page vi 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 Member Services and ask if your drug is covered.

If you learn that HealthTeam Advantage Diabetes & Heart Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthTeam Advantage Diabetes & Heart Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthTeam Advantage Diabetes & Heart Care.
- You can ask HealthTeam Advantage Diabetes & Heart Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care's Formulary?

You can ask HealthTeam Advantage Diabetes & Heart Care 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 a lower cost-sharing level. You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthTeam Advantage Diabetes & Heart Care 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, HealthTeam Advantage Diabetes & Heart Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting
- If you are admitted to a hospital or skilled nursing facility from a home setting
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage

For more information

For more detailed information about your HealthTeam Advantage Diabetes & Heart Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthTeam Advantage Diabetes & Heart Care, 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>.

HealthTeam Advantage Diabetes & Heart Care Formulary

The section that begins on the next page provides coverage information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care. 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., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if HealthTeam Advantage Diabetes & Heart Care has any special requirements for coverage of your drug.

Every drug on HealthTeam Advantage Diabetes & Heart Care’s Drug List is in one of five cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics:** Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics:** Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands:** Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4.
- **Tier 4 – Non-Preferred Drugs:** Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs.
- **Tier 6 – Select Care Drugs:** Generic or brand drugs that provide the best value for treatment or prevention of many conditions. There is no copay for this tier in the Initial Coverage Stage. In addition, this plan offers additional gap coverage for generics and select insulins. During the Coverage Gap Stage, your out-of-pocket for Tier 6 generics and select insulins will be \$0.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Below is a summary of your cost-share amount for each drug tier. For additional prescription drug benefit details, please refer to your Evidence of Coverage.

	Standard In-Network Retail or Mail-Order (up to a 30-day supply)	Standard In-Network Retail or Mail-Order (31-90-day supply)
HealthTeam Advantage Diabetes & Heart Care (HMO)		
Tier 1 – Preferred Generics	\$0 copay	\$0 copay
Tier 2 – Generics	\$15 copay	\$30 copay
Tier 3 – Preferred Brands	\$45 copay	\$90 copay
Tier 4 – Non-Preferred Drugs	\$100 copay	\$200 copay
Tier 5 – Specialty	31% coinsurance	3% coinsurance
Tier 6 – Select Care Drugs Note: This tier includes select insulins.	\$0 copay	\$0 copay

LEGEND

1: Tier 1 - Preferred Generics

2: Tier 2 - Generics

3: Tier 3 - Preferred Brands

4: Tier 4 - Non-Preferred Drugs

5: Tier 5 - Specialty

6: Tier 6 - Select Care

BD: Part B vs Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA: Limited Access - This prescription drug is limited to certain pharmacies.

NMO: Not available through Mail Order.

PA: Prior Authorization. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

SSM: Senior Savings Model program is offered for this medication at a \$0 copay for a 30-90 days' supply. Please refer to our Evidence of Coverage for more information about this program.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthTeam Advantage (List of Covered Drugs)

Drug Name	Tier	Requirements/Limits
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NMO; QL (60 EA per 30 days)
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD; NMO
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	4	NMO
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	6	GC
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NMO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	6	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	6	GC
<i>acetic acid otic solution 2 %</i>	2	NMO
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD; NMO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA; NMO
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	NMO
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA; NMO
<i>acyclovir external cream 5 %</i>	4	NMO
<i>acyclovir external ointment 5 %</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 8 Last Updated 10/05/2021 Effective Date: 01/01/2022

Drug Name	Tier	Requirements/Limits
<i>acyclovir oral capsule 200 mg</i>	1	NMO; GC
<i>acyclovir oral suspension 200 mg/5ml</i>	3	NMO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	NMO; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	BD; NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	NMO
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	PA; NMO; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA; NMO; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>albendazole oral tablet 200 mg</i>	4	NMO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	4	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	2	NMO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	NMO
ALECENSA ORAL CAPSULE 150 MG	5	PA; NMO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	GC

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Drug Name	Tier	Requirements/Limits
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	GC
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	GC
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	NMO; QL (150 EA per 30 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
ALUNBRIG ORAL TABLET 180 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BD; NMO
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	NMO
<i>amiloride hcl oral tablet 5 mg</i>	6	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	6	GC
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	BD; NMO
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 mg</i>	1	GC
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 8 Last Updated 10/05/2021 Effective Date: 01/01/2022

Drug Name	Tier	Requirements/Limits
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	GC
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	GC
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	GC
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	GC
<i>ammonium lactate external cream 12 %</i>	1	NMO; GC
<i>ammonium lactate external lotion 12 %</i>	3	NMO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	NMO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
<i>amoxicill-clarithro-lansopraz oral</i>	3	NMO
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NMO; GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NMO; GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	NMO; GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	NMO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	NMO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 8 Last Updated 10/05/2021 Effective Date: 01/01/2022

Drug Name	Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD; NMO
<i>ampicillin oral capsule 500 mg</i>	1	NMO; GC
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	NMO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	NMO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	NMO
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
<i>anastrozole oral tablet 1 mg</i>	1	GC
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	LA; NMO; QL (60 ML per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BD; NMO; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; NMO; QL (12 EA per 30 days)
APRI ORAL TABLET 0.15-30 MG-MCG	2	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NMO
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; NMO
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	NMO; QL (60 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	5	NMO
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	6	GC; NMO
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	6	GC
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC
<i>atovaquone oral suspension 750 mg/5ml</i>	5	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	NMO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	

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Drug Name	Tier	Requirements/Limits
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
AZASITE OPHTHALMIC SOLUTION 1 %	4	NMO
<i>azathioprine oral tablet 50 mg</i>	1	BD; GC
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	NMO
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>azithromycin intravenous solution reconstituted 500 mg</i>	4	NMO
<i>azithromycin oral packet 1 gm</i>	4	NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	NMO; GC
<i>azithromycin oral tablet 600 mg</i>	2	NMO
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>aztreonam injection solution reconstituted 1 gm</i>	4	NMO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	NMO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	NMO
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	NMO; GC
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; NMO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	NMO
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	PA; NMO; QL (600 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>bcg vaccine injection injectable</i>	6	GC; NMO
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	NMO; QL (30 EA per 30 days)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	NMO
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	NMO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>betamethasone valerate external cream 0.1 %</i>	3	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	3	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	3	NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	6	GC
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
<i>bicalutamide oral tablet 50 mg</i>	1	NMO; GC; QL (30 EA per 30 days)
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	NMO
BIDIL ORAL TABLET 20-37.5 MG	6	
BIKTARVY ORAL TABLET 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	6	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	6	GC
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	6	NMO
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	NMO
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	NMO
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	NMO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	NMO
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	
<i>bumetanide injection solution 0.25 mg/ml</i>	6	GC; NMO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	GC
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	NMO; GC; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	NMO; GC; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	NMO; GC; QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	NMO; GC; QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	NMO; GC
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	NMO; GC
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	NMO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	6	

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Drug Name	Tier	Requirements/Limits
<i>cabergoline oral tablet 0.5 mg</i>	2	NMO
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>calcipotriene external cream 0.005 %</i>	4	NMO; QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	NMO; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	4	NMO; QL (60 ML per 30 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BD
<i>calcitriol external ointment 3 mcg/gm</i>	3	NMO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GC
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
CAMILA ORAL TABLET 0.35 MG	1	GC
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	GC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	6	GC
CAPLYTA ORAL CAPSULE 42 MG	5	NMO
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	GC
CARBAGLU ORAL TABLET 200 MG	5	PA; NMO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	GC
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	6	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	6	GC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	BD; NMO
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	4	BD; NMO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NMO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	NMO
<i>cefadroxil oral capsule 500 mg</i>	2	NMO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	NMO
<i>cefadroxil oral tablet 1 gm</i>	2	NMO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	NMO
<i>cefdinir oral capsule 300 mg</i>	2	NMO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	NMO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefixime oral capsule 400 mg</i>	4	NMO

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Drug Name	Tier	Requirements/Limits
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	4	NMO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	NMO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4	NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	NMO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	4	NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	NMO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	3	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	NMO
<i>cevimeline hcl oral capsule 30 mg</i>	4	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	NMO
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	NMO
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	NMO
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO; GC

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Drug Name	Tier	Requirements/Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	4	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	6	GC
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	4	NMO
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>ciclopirox external gel 0.77 %</i>	2	NMO
<i>ciclopirox external solution 8 %</i>	2	NMO
<i>ciclopirox olamine external cream 0.77 %</i>	2	NMO
<i>ciclopirox olamine external suspension 0.77 %</i>	3	NMO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg</i>	2	NMO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>cinacalcet hcl oral tablet 30 mg</i>	3	BD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	BD; NMO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	NMO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	NMO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	NMO
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	NMO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	NMO
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NMO
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	NMO; GC
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	4	NMO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	NMO; GC
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	NMO
<i>clindamycin phosphate external gel 1 %</i>	2	NMO
<i>clindamycin phosphate external lotion 1 %</i>	2	NMO
<i>clindamycin phosphate external solution 1 %</i>	2	NMO
<i>clindamycin phosphate external swab 1 %</i>	2	NMO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	NMO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	NMO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	BD; NMO
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	NMO
<i>clobetasol propionate external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate external ointment 0.05 %</i>	4	NMO
<i>clobetasol propionate external solution 0.05 %</i>	2	NMO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	NMO; QL (300 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	6	GC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	6	GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	GC
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>clotrimazole external cream 1 %</i>	2	NMO
<i>clotrimazole external solution 1 %</i>	2	NMO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	NMO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	NMO
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	3	NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg</i>	4	NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO; QL (120 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	NMO
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	2	NMO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	3	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BD; NMO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (60 EA per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (120 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (90 EA per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	6	GC; NMO
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	4	NMO
<i>constulose oral solution 10 gm/15ml</i>	2	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NMO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (60 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COTELLIC ORAL TABLET 20 MG	5	PA; LA; NMO
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	NMO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	GC
<i>cvs gauze sterile pad 2"x2"</i>	6	GC; NMO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	2	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	4	NMO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BD; NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	BD; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD

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Drug Name	Tier	Requirements/Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	BD
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	NMO
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	NMO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
CYSTADANE ORAL POWDER	5	NMO
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NMO
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	NMO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	NMO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; NMO
DEBLITANE ORAL TABLET 0.35 MG	3	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; NMO
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; NMO
<i>deferiprone oral tablet 500 mg</i>	5	PA; NMO
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; QL (30 EA per 30 days)
DEMSER ORAL CAPSULE 250 MG	5	NMO
DESCOVY ORAL TABLET 200-25 MG	5	NMO; QL (30 EA per 30 days)
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>desonide external cream 0.05 %</i>	4	NMO
<i>desonide external ointment 0.05 %</i>	2	NMO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	NMO
<i>desoximetasone external gel 0.05 %</i>	4	NMO
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	NMO
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	NMO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	NMO; GC
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	NMO
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	QL (30 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)
<i>dextrose intravenous solution 10 %, 5 %</i>	4	BD; NMO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	NMO
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NMO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	NMO
<i>diazepam oral concentrate 5 mg/ml</i>	2	NMO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	NMO; GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	NMO; GC; QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	NMO; GC; QL (240 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	NMO

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Drug Name	Tier	Requirements/Limits
<i>diazoxide oral suspension 50 mg/ml</i>	4	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	GC
<i>diclofenac sodium external gel 1 %</i>	2	NMO
<i>diclofenac sodium external gel 3 %</i>	4	PA; NMO; QL (100 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	4	NMO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	NMO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	GC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	3	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	NMO
<i>dicyclomine hcl oral capsule 10 mg</i>	1	NMO; GC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	NMO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	NMO; GC
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	NMO
DIFICID ORAL TABLET 200 MG	5	NMO
<i>diflunisal oral tablet 500 mg</i>	2	
DIGITEK ORAL TABLET 125 MCG, 250 MCG	6	
DIGOX ORAL TABLET 125 MCG, 250 MCG	6	
<i>digoxin oral solution 0.05 mg/ml</i>	6	GC
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	6	GC
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO; QL (8 ML per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	6	GC
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	6	GC
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	6	GC
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	6	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	6	GC

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Drug Name	Tier	Requirements/Limits
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	6	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; NMO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	NMO; GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	NMO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	6	BD; GC; NMO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	GC
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	GC
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 2.3-6.8 mg/ml</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NMO; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	6	GC
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	

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Drug Name	Tier	Requirements/Limits
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	NMO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	NMO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	NMO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; NMO; QL (60 EA per 30 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NMO
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	NMO
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	NMO
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	NMO; QL (30 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO; QL (30 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; NMO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	NMO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELMIRON ORAL CAPSULE 100 MG	4	NMO
EMCYT ORAL CAPSULE 140 MG	3	NMO
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	2	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (720 ML per 30 days)
EMVERM ORAL TABLET CHEWABLE 100 MG	4	NMO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	GC
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENDARI ORAL PACKET 5 GM	4	PA; LA; NMO; QL (180 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	6	BD; NMO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	NMO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	GC
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
<i>entacapone oral tablet 200 mg</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	PA; QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	6	PA; QL (60 EA per 30 days)
<i>enulose oral solution 10 gm/15ml</i>	2	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	NMO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	NMO
EPITOL ORAL TABLET 200 MG	2	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	6	GC
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO
ERLEADA ORAL TABLET 60 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
ERRIN ORAL TABLET 0.35 MG	3	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	NMO
<i>ery external pad 2 %</i>	2	NMO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	NMO

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Drug Name	Tier	Requirements/Limits
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	NMO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	NMO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	NMO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	NMO
<i>erythromycin external gel 2 %</i>	2	NMO
<i>erythromycin external solution 2 %</i>	2	NMO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	NMO; GC
ESBRIET ORAL CAPSULE 267 MG	5	PA; NMO
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NMO
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	6	GC
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	NMO
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	

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Drug Name	Tier	Requirements/Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etravirine oral tablet 100 mg</i>	5	NMO; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	NMO; QL (60 EA per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	NMO; QL (100 GM per 30 days)
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	
<i>everolimus oral tablet 0.25 mg</i>	4	BD; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75 mg</i>	5	BD; NMO; QL (60 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	GC; NMO
<i>exemestane oral tablet 25 mg</i>	4	QL (60 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	GC
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	NMO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	NMO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	NMO
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	NMO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
<i>felbamate oral suspension 600 mg/5ml</i>	5	NMO
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	GC
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	6	GC
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	6	GC
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	6	GC
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	6	GC
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; NMO; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	4	PA; NMO; QL (10 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM; 1
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	SSM; 1
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM; 1
<i>finasteride oral tablet 5 mg</i>	1	GC
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; NMO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	BD; NMO

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Drug Name	Tier	Requirements/Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	BD; NMO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	NMO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	GC
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	NMO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external solution 0.01 %</i>	4	NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	NMO
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	4	NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	NMO
<i>fluocinonide external gel 0.05 %</i>	2	NMO
<i>fluocinonide external ointment 0.05 %</i>	2	NMO
<i>fluocinonide external solution 0.05 %</i>	2	NMO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	NMO
FLUOROPLEX EXTERNAL CREAM 1 %	4	NMO
<i>fluorouracil external cream 5 %</i>	4	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	NMO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl oral tablet 10 mg</i>	2	
<i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>	4	

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Drug Name	Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	NMO
<i>flutamide oral capsule 125 mg</i>	4	NMO
<i>fluticasone propionate external cream 0.05 %</i>	1	NMO; GC
<i>fluticasone propionate external ointment 0.005 %</i>	2	NMO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	NMO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i>	3	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	6	GC
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	6	GC
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NMO
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	NMO
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NMO; QL (120 EA per 30 days)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	GC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	6	GC; NMO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	6	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NMO

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Drug Name	Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NMO
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	GC
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; NMO; QL (15 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	3	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	BD; NMO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	BD; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	6	NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	NMO; GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	NMO; GC
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	NMO; GC
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
<i>generlac oral solution 10 gm/15ml</i>	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	BD
GENGRAF ORAL SOLUTION 100 MG/ML	3	BD
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	NMO

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Drug Name	Tier	Requirements/Limits
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	4	NMO
<i>gentamicin sulfate external cream 0.1 %</i>	2	NMO
<i>gentamicin sulfate external ointment 0.1 %</i>	2	NMO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	NMO
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	5	PA; NMO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	6	GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	GC
<i>global alcohol prep ease pad 70 %</i>	6	GC; NMO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	6	NMO
<i>glucagon emergency injection kit 1 mg</i>	6	GC; NMO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	GC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
<i>granisetron hcl oral tablet 1 mg</i>	4	BD; NMO; QL (60 EA per 30 days)
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	4	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	NMO
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	

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Drug Name	Tier	Requirements/Limits
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	6	GC
<i>halobetasol propionate external cream 0.05 %</i>	4	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	4	NMO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	6	NMO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	NMO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	BD; NMO
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NMO; QL (30 EA per 30 days)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	NMO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	6	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	6	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	6	GC
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NMO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	NMO; GC
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	NMO
<i>hydrocortisone external cream 1 %</i>	1	NMO; GC
<i>hydrocortisone external lotion 2.5 %</i>	2	NMO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	NMO
<i>hydrocortisone valerate external cream 0.2 %</i>	4	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	4	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	4	NMO
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	NMO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>hydroxyurea oral capsule 500 mg</i>	1	NMO; GC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>ibandronate sodium oral tablet 150 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO
IBU ORAL TABLET 600 MG, 800 MG	1	GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	3	NMO

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Drug Name	Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; NMO; QL (60 EA per 30 days)
IDHIFA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; NMO; QL (60 EA per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; NMO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	NMO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
<i>imiquimod external cream 5 %</i>	3	NMO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	6	BD; NMO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO; QL (300 EA per 30 days)
INCASSIA ORAL TABLET 0.35 MG	3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; NMO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	6	GC
<i>indomethacin er oral capsule extended release 75 mg</i>	4	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	GC

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Drug Name	Tier	Requirements/Limits
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	NMO
INLYTA ORAL TABLET 1 MG	5	PA; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; NMO; QL (60 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	6	SSM; 1
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	6	SSM; 1
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	6	SSM; 1
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	6	SSM; 1
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	6	SSM; 1
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	BD; NMO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	BD; NMO
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	NMO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	NMO
INVIRASE ORAL TABLET 500 MG	5	NMO; QL (120 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	6	

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Drug Name	Tier	Requirements/Limits
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	6	
INVOKANA ORAL TABLET 100 MG, 300 MG	6	
IPOL INJECTION INJECTABLE	6	NMO
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BD; GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150- 12.5 mg, 300-12.5 mg</i>	6	GC
IRESSA ORAL TABLET 250 MG	5	PA; NMO
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NMO; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	GC
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BD; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BD; NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	6	GC
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	6	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	6	GC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	NMO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	6	GC
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; NMO
<i>itraconazole oral capsule 100 mg</i>	4	PA; NMO

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Drug Name	Tier	Requirements/Limits
<i>itraconazole oral solution 10 mg/ml</i>	3	PA; NMO
<i>ivermectin oral tablet 3 mg</i>	2	NMO
IXIARO INTRAMUSCULAR SUSPENSION	6	NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	6	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	6	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	6	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	6	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	6	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	NMO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	4	NMO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	

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Drug Name	Tier	Requirements/Limits
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO
<i>ketoconazole external cream 2 %</i>	2	NMO
<i>ketoconazole external shampoo 2 %</i>	1	NMO; GC
<i>ketoconazole oral tablet 200 mg</i>	2	NMO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	NMO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	6	NMO
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC
KLOXXADO NASAL LIQUID 8 MG/0.1ML	4	NMO
KORLYM ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NMO
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	6	GC

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Drug Name	Tier	Requirements/Limits
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>lamivudine oral solution 10 mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	QL (90 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	4	NMO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet dispersible 200 mg, 25 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	NMO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	NMO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	NMO
LAMPIT ORAL TABLET 120 MG, 30 MG	4	NMO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM; 1
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM; 1
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; NMO; QL (150 EA per 30 days)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	GC
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	

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Drug Name	Tier	Requirements/Limits
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	GC
<i>letrozole oral tablet 2.5 mg</i>	1	GC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	NMO
LEUKERAN ORAL TABLET 2 MG	3	NMO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA; NMO
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	BD
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM; 1
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM; 1
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BD; GC

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Drug Name	Tier	Requirements/Limits
<i>levocarnitine oral tablet 330 mg</i>	4	BD
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	3	NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO; GC
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	NMO
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	NMO
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	4	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575 ML per 28 days)
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
<i>lidocaine external patch 5 %</i>	4	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	NMO; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	NMO

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Drug Name	Tier	Requirements/Limits
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	4	NMO; QL (30 GM per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA; NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA; NMO
<i>linezolid oral tablet 600 mg</i>	4	PA; NMO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	GC
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium oral solution 8 meq/5ml</i>	1	GC
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	6	
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
<i>loperamide hcl oral capsule 2 mg</i>	1	NMO; GC
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	NMO; GC; QL (150 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (90 EA per 30 days)
LORYNA ORAL TABLET 3-0.02 MG	2	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC

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Drug Name	Tier	Requirements/Limits
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	GC
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	NMO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
LYLEQ ORAL TABLET 0.35 MG	3	
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; NMO
LYSODREN ORAL TABLET 500 MG	3	NMO
LYZA ORAL TABLET 0.35 MG	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	NMO
<i>malathion external lotion 0.5 %</i>	4	NMO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	PA; NMO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	6	
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 2 MG	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NMO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	NMO; GC
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	4	NMO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	4	NMO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	NMO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	NMO; GC
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; NMO
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	NMO
MENACTRA INTRAMUSCULAR INJECTABLE	6	NMO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENQUADFI INTRAMUSCULAR INJECTABLE	6	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	NMO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	4	NMO
<i>mesalamine rectal enema 4 gm</i>	4	NMO

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Drug Name	Tier	Requirements/Limits
MESNEX ORAL TABLET 400 MG	5	NMO
<i>metaxalone oral tablet 800 mg</i>	4	NMO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	GC
<i>metformin hcl oral solution 500 mg/5ml</i>	6	GC
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	GC
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	NMO; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	6	GC
<i>methenamine hippurate oral tablet 1 gm</i>	2	NMO
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	NMO
<i>methotrexate oral tablet 2.5 mg</i>	2	BD; NMO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	3	BD; NMO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	3	BD; NMO
<i>methoxsalen rapid oral capsule 10 mg</i>	5	PA; NMO
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	6	GC
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	4	PA
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	4	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BD; NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	NMO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	6	GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	6	GC

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Drug Name	Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	6	GC
<i>metronidazole external cream 0.75 %</i>	4	NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	4	NMO
<i>metronidazole external lotion 0.75 %</i>	4	NMO
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	4	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>metronidazole vaginal gel 0.75 %</i>	4	NMO
<i>metyrosine oral capsule 250 mg</i>	5	NMO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	5	NMO
<i>miconazole 3 vaginal suppository 200 mg</i>	1	NMO; GC
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	GC; NMO
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	NMO; QL (20 EA per 28 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO
MILI ORAL TABLET 0.25-35 MG-MCG	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	4	NMO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	6	GC
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GC
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	

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Drug Name	Tier	Requirements/Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	NMO
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	GC
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	2	NMO
<i>mometasone furoate external ointment 0.1 %</i>	2	NMO
<i>mometasone furoate external solution 0.1 %</i>	2	NMO
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO; QL (34 GM per 30 days)
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	GC
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	NMO; QL (600 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	NMO; QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	NMO; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	NMO; QL (180 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	NMO
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	NMO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	NMO
MULTAQ ORAL TABLET 400 MG	3	
<i>mupirocin external ointment 2 %</i>	1	NMO; GC
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC

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Drug Name	Tier	Requirements/Limits
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	3	NMO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	NMO; GC
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	NMO
<i>naltrexone hcl oral tablet 50 mg</i>	1	NMO; GC
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	NMO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	NMO; QL (12 EA per 30 days)
NARCAN NASAL LIQUID 4 MG/0.1ML	3	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	GC
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	NMO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>neomycin sulfate oral tablet 500 mg</i>	2	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	NMO; GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	3	NMO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	NMO

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Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	NMO
NERLYNX ORAL TABLET 40 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	3	QL (60 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	6	GC
NICOTROL INHALATION INHALER 10 MG	4	NMO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	6	GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	6	GC
NIKKI ORAL TABLET 3-0.02 MG	2	
<i>nilutamide oral tablet 150 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>nimodipine oral capsule 30 mg</i>	6	GC; NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	6	GC
<i>nitazoxanide oral tablet 500 mg</i>	4	NMO; QL (6 EA per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; NMO
NITRO-BID TRANSDERMAL OINTMENT 2 %	6	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO

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Drug Name	Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	NMO
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	NMO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	6	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	6	GC
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	6	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 15 mg/ml</i>	2	
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
NORA-BE ORAL TABLET 0.35 MG	3	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	GC
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SSM; 1

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Drug Name	Tier	Requirements/Limits
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SSM; 1
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	SSM; 1
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	SSM; 1
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM; 1
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	6	SSM; 1
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM; 1
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SSM; 1
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SSM; 1
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	SSM; 1
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM; 1
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; NMO
NUBEQA ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
NUDEXTA ORAL CAPSULE 20-10 MG	3	PA
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; NMO
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	NMO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	

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Drug Name	Tier	Requirements/Limits
<i>nystatin external cream 100000 unit/gm</i>	2	NMO
<i>nystatin external ointment 100000 unit/gm</i>	2	NMO
<i>nystatin external powder 100000 unit/gm</i>	2	NMO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	NMO; GC
<i>nystatin oral tablet 500000 unit</i>	2	NMO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	4	NMO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	4	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	NMO
OCELLA ORAL TABLET 3-0.03 MG	2	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	BD; NMO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NMO
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; QL (30 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	NMO
<i>ofloxacin otic solution 0.3 %</i>	4	NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	NMO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	GC
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	GC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	GC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	GC
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	3	NMO

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Drug Name	Tier	Requirements/Limits
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	GC
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	BD; NMO; QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD; NMO; GC; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD; NMO; QL (90 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
ORFADIN ORAL CAPSULE 20 MG	5	PA; NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA; NMO
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; LA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	2	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	3	NMO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	NMO
OSPHENA ORAL TABLET 60 MG	3	PA
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; NMO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; NMO
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	3	
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1	GC
<i>oxcarbazepine oral tablet 600 mg</i>	2	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	NMO; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	NMO; QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	4	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	4	NMO; QL (240 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	6	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	6	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	GC
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
<i>paromomycin sulfate oral capsule 250 mg</i>	4	NMO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
PASER ORAL PACKET 4 GM	4	NMO
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
PEDIARIX INTRAMUSCULAR SUSPENSION	6	NMO

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Drug Name	Tier	Requirements/Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	NMO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	NMO; GC
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO
<i>penicillamine oral tablet 250 mg</i>	4	NMO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	NMO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NMO; GC
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BD; NMO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	NMO
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	NMO; GC
<i>permethrin external cream 5 %</i>	3	NMO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NMO
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	1	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
PIFELTRO ORAL TABLET 100 MG	5	NMO; QL (30 EA per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>pimecrolimus external cream 1 %</i>	4	NMO
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	6	GC
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	GC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	6	GC
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	4	NMO
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	BD; NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	BD; NMO
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD; NMO
<i>podofilox external solution 0.5 %</i>	2	NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO; GC

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Drug Name	Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; NMO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	GC
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	4	NMO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	NMO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	4	NMO
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	6	GC
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	NMO
<i>prednisolone oral solution 15 mg/5ml</i>	4	BD; NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	NMO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BD; NMO
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	4	BD; NMO
<i>prednisone oral solution 5 mg/5ml</i>	4	BD; NMO

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Drug Name	Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BD; NMO; GC
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	NMO; GC
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	6	GC; NMO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral solution 20 mg/ml</i>	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>prenatal oral tablet 27-1 mg</i>	1	NMO; GC
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	NMO; QL (30 EA per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	NMO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	NMO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GC
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; NMO
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
<i>probenecid oral tablet 500 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	BD; NMO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>prochlorperazine rectal suppository 25 mg</i>	4	NMO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTO-PAK EXTERNAL CREAM 1 %	2	NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	NMO
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	4	NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	NMO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	6	GC
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	6	GC
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	6	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	NMO
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO

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Drug Name	Tier	Requirements/Limits
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	BD; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
<i>pyrazinamide oral tablet 500 mg</i>	4	NMO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	NMO
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NMO
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	6	NMO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	3	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	GC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	BD; NMO
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	
<i>raloxifene hcl oral tablet 60 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	6	GC
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	6	BD; NMO
RECTIV RECTAL OINTMENT 0.4 %	4	NMO
REGANEX EXTERNAL GEL 0.01 %	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	6	GC; NMO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	GC
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; NMO
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; NMO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
REYATAZ ORAL PACKET 50 MG	5	NMO; QL (180 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	5	PA; LA; NMO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
<i>ribavirin oral capsule 200 mg</i>	4	NMO
<i>ribavirin oral tablet 200 mg</i>	3	NMO
<i>rifabutin oral capsule 150 mg</i>	4	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	NMO
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>rimantadine hcl oral tablet 100 mg</i>	4	NMO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	4	
<i>risedronate sodium oral tablet 30 mg</i>	4	NMO
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NMO
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>ritonavir oral tablet 100 mg</i>	4	QL (360 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
ROTARIX ORAL SUSPENSION RECONSTITUTED	6	NMO
ROTATEQ ORAL SOLUTION	6	NMO
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; NMO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO
<i>rufinamide oral tablet 200 mg, 400 mg</i>	5	NMO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; QL (60 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	6	
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (240 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NMO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	NMO
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	NMO
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>selenium sulfide external lotion 2.5 %</i>	2	NMO
SELZENTRY ORAL SOLUTION 20 MG/ML	4	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	NMO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	NMO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (60 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	GC
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	NMO
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
SHAROBEL ORAL TABLET 0.35 MG	3	

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Drug Name	Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	NMO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>silver sulfadiazine external cream 1 %</i>	3	NMO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	GC
<i>sirolimus oral solution 1 mg/ml</i>	5	BD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	BD
<i>sirolimus oral tablet 2 mg</i>	5	BD; NMO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NMO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	4	NMO
<i>sodium chloride irrigation solution 0.9 %</i>	1	NMO; GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	NMO; GC
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NMO
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; NMO
<i>sodium polystyrene sulfonate oral powder</i>	2	NMO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	6	SSM; 1
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA; NMO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	GC
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GC

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Drug Name	Tier	Requirements/Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	6	GC
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)
SPS ORAL SUSPENSION 15 GM/60ML	3	NMO
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SSD EXTERNAL CREAM 1 %	1	NMO; GC
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
STIVARGA ORAL TABLET 40 MG	5	PA; NMO
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	NMO
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	NMO
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	1	GC
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	NMO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	NMO
<i>sulfadiazine oral tablet 500 mg</i>	4	NMO

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Drug Name	Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NMO; GC
<i>sulfasalazine oral tablet 500 mg</i>	1	GC
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	NMO; GC; QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	4	NMO; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	NMO; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	NMO; QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	NMO; QL (10 ML per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; NMO
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	NMO
SUTAB ORAL TABLET 1479-225-188 MG	4	NMO
SYEDA ORAL TABLET 3-0.03 MG	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; NMO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	6	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	6	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	6	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	6	
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA; NMO; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TABLOID ORAL TABLET 40 MG	3	NMO
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	NMO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	BD
<i>tacrolimus oral capsule 5 mg</i>	4	BD
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; LA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; NMO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	GC
TARGRETIN EXTERNAL GEL 1 %	5	PA; NMO
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>tazarotene external cream 0.1 %</i>	4	PA; NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; NMO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; NMO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	6	
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	6	BD; NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	4	NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; NMO; QL (6 ML per 28 days)
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	6	GC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	6	GC
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	NMO; QL (120 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	6	BD; NMO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	6	GC
<i>terbinafine hcl oral tablet 250 mg</i>	1	NMO; GC
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	NMO
<i>terconazole vaginal suppository 80 mg</i>	2	NMO
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; NMO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	4	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal solution 30 mg/act</i>	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; NMO; QL (90 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	6	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
TIBSOVO ORAL TABLET 250 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BD; NMO
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	PA; NMO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	GC
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	NMO
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	NMO; GC
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; NMO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD; NMO
<i>tobramycin ophthalmic solution 0.3 %</i>	2	NMO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	NMO

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Drug Name	Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	NMO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA; NMO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	6	GC
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	SSM; 1
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	SSM; 1
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	BD; NMO
<i>tramadol hcl oral tablet 100 mg</i>	1	NMO; GC; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NMO; GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	4	NMO; QL (240 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
<i>tranexamic acid oral tablet 650 mg</i>	3	NMO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRECTOR ORAL TABLET 250 MG	4	NMO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	BD; NMO

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Drug Name	Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	SSM; 1
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM; 1
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	4	PA; NMO
<i>tretinoin oral capsule 10 mg</i>	5	NMO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BD; NMO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	NMO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	NMO; GC
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	NMO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	6	GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	6	GC
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NMO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluridine ophthalmic solution 1 %</i>	3	NMO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	GC
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	4	NMO
<i>trimethoprim oral tablet 100 mg</i>	1	NMO; GC
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	

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Drug Name	Tier	Requirements/Limits
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>trospium chloride oral tablet 20 mg</i>	2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	NMO
TYBOST ORAL TABLET 150 MG	4	QL (30 EA per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	5	PA; NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	6	NMO
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; NMO; QL (16 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA; NMO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NMO
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	GC
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	NMO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	NMO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	NMO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	NMO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	4	NMO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	NMO
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	4	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	6	NMO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	5	PA; NMO
VASCEPA ORAL CAPSULE 0.5 GM	4	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	4	QL (120 EA per 30 days)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	GC
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
VEMLIDY ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA; NMO

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Drug Name	Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; LA; NMO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	GC
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	6	GC
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	6	GC
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	6	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO; QL (540 ML per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; NMO
VESTURA ORAL TABLET 3-0.02 MG	2	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	6	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
<i>vigabatrin oral packet 500 mg</i>	5	PA; LA; NMO
<i>vigabatrin oral tablet 500 mg</i>	5	PA; NMO
VIGADRONE ORAL PACKET 500 MG	5	PA; NMO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	NMO
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; NMO
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO
VOTRIENT ORAL TABLET 200 MG	5	PA; NMO; QL (120 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	NMO
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	NMO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NMO
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD; NMO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	NMO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO

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Drug Name	Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	NMO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
XOSPATA ORAL TABLET 40 MG	5	PA; LA; NMO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5	PA; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA; NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5	PA; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	6	SSM; 1
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)
YF-VAX SUBCUTANEOUS INJECTABLE	6	NMO
YUVAFEM VAGINAL TABLET 10 MCG	4	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zaleplon oral capsule 10 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	NMO; QL (30 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
ZARAH ORAL TABLET 3-0.03 MG	2	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
<i>zidovudine oral capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	3	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	3	QL (60 EA per 30 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	NMO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	NMO
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZORTRESS ORAL TABLET 1 MG	5	BD; NMO; QL (60 EA per 30 days)
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYFLO ORAL TABLET 600 MG	5	NMO
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	

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Drug Name	Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO

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Alphabetical Listing

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ABILIFY MAINTENA.....	2	amiloride-hydrochlorothiazide .
abiraterone acetate.....	2	4
acamprosate calcium	2	AMINOSYN-PF.....
acarbose.....	2	4
ACCUTANE.....	2	amiodarone hcl
acebutolol hcl	2	4
acetaminophen-codeine.....	2	amitriptyline hcl
acetaminophen-codeine #3.....	2	4
acetazolamide.....	2	amlodipine besy-benazepril hcl
acetazolamide er.....	2	5
acetic acid.....	2	amlodipine besylate.....
acetylcysteine	2	5
acitretin.....	2	amlodipine besylate-valsartan ..
ACTHIB.....	2	5
ACTIMMUNE.....	2	amlodipine-atorvastatin
acyclovir.....	2, 3	amlodipine-olmesartan
acyclovir sodium	3	5
ADACEL.....	3	amlodipine-valsartan-hctz
adefovir dipivoxil.....	3	5
ADEMPAS.....	3	ammonium lactate
ADVAIR DISKUS.....	3	AMNESTEEM
ADVAIR HFA	3	5
AFINITOR.....	3	amoxapine
AFINITOR DISPERZ.....	3	5
albendazole.....	3	amoxicill-clarithro-lansopraz ...
albuterol sulfate.....	3	5
albuterol sulfate hfa.....	3	amoxicillin.....
alclometasone dipropionate.....	3	5
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HealthTeam Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact your Healthcare Concierge at 888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage
Attn: Appeals and Grievances
7800 McCloud Road, Suite 100
Greensboro, NC 27409
888-965-1965, (TTY 711), or via fax at 800-845-4104

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by email OCRMail@hhs.gov, by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Get Help in Other Languages

If you need help or speak a non-English language, call 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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Non-Discrimination Notice

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llameal 1-888-965-1965 TTY: 711.

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Laotian: ໂປດຊາບ: ຖ້າ ຈຳ ົ ທ່ ານ ເ ອ້ າພາສາ ລາວ, ການບໍລິການຊ່ ອຍເໝີ ນມີ ພໍ ອມໃຫ້ ທ່ ານ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ າພາສາ, ໂດຍບໍ່ເສັ ງຄ່ າ,

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(Arabic):

1-888-965-1965 ت ك ل ن ا ج م ل ا ب. ل ص ت ا م ق ر ب
ة ظ و ح ل م: ا ذ ن ت

HealthTeam Advantage Diabetes & Heart Care
Contact Information

WEB ADDRESS

Visit HealthTeam Advantage Diabetes & Heart Care at HealthTeamAdvantage.com.

HEALTHCARE CONCIERGE

Current HealthTeam Advantage Diabetes & Heart Care members call your Healthcare Concierge toll-free at 888-965-1965 for questions related to your HealthTeam Advantage Diabetes & Heart Care Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION

Prospective members call toll-free 877-905-9216 for questions related to HealthTeam Advantage Diabetes & Heart Care Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT

Current HealthTeam Advantage Diabetes & Heart Care members call toll-free <888-965-1965>for questions related to your HealthTeam Advantage Diabetes & Heart Care Part D Prescription Drug Benefit. Prospective members call toll-free 877-905-9216 for questions related to the HealthTeam Advantage Diabetes & Heart Care Part D Prescription Drug Benefit.

MEDICARE INFORMATION

For more information about Medicare, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit medicare.gov.

Formulary ID: 22372, Version Number: 8

This formulary was updated on 10/05/2021. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care Healthcare Concierge, at 888-965-1965 or, for TTY users, 711, October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit HealthTeamAdvantage.com. YMULTI-PLAN_22_30_C