

MVP Health Care[®]

2025 MVP DualAccess (HMO D-SNP) Plans Formulary

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover in this plan. This Formulary was updated on May 1, 2025. For more recent information or questions, please contact the MVP Member Services/Customer Care Center.

Additional Resources to Help: Please contact the MVP Member Services/Customer Care Center at **1-866-954-1872**.

TTY users should call 711. Hours are seven days a week, 8 am-8 pm Eastern Time. April 1-September 30, call Monday-Friday, 8 am-8 pm.

Visit mvphealthcare.com/partdformulary for the most up-to-date Formulary listing.

Formulary ID 25353, Version 13
Updated 05/2025
Y0051_9987_C



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 MVP Health Care (MVP). When it refers to “plan” or “our plan,” it means MVP DualAccess (HMO D-SNP).

This document includes a list of the drugs (Formulary) for our plan which is current as of May 1, 2025. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2026, and from time to time during the year.

What is the MVP Health Care Medicare Part D Abridged Formulary?

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

Can the Formulary (Drug List) Change?

Most changes in drug coverage happen on January 1, but MVP 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.

Immediate Substitutions of certain new versions of brand name drugs and original biological products

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

on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the MVP Medicare Part D Formulary?"

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

Drugs Removed from the Market

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our Formulary and later provide notice to members who take the drug.

Other Changes

We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug 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 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 one month supply of the drug (up to 30 days).

- 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 MVP DualAccess Plans Formulary?"

Changes That Will Not Affect You If You Are Currently Taking the Drug

Generally, if you are taking a drug on our 2025 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of May 1, 2025. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at mvphealthcare.com. The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as needed. To view the list of changes, visit mvphealthcare.com/partdformulary.

Or you may request an errata sheet (a copy of the 2025 Formulary changes) by calling the MVP Member Services/Customer Care Center at the phone numbers on the back of your Member ID card.

How Do I Use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 82. The Index provides an alphabetical list of all the drugs

included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. 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?

MVP 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

Quantity Limits

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

Step Therapy

In some cases, MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents

that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask MVP 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 MVP DualAccess Plans Formulary?" on the next page for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Plan. MVP pays for certain OTC drugs. MVP will provide these OTC drugs at no cost to you. The cost to MVP of these OTC drugs will not count toward your total Part D drug costs.

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 the MVP Member Services/Customer Care Center and ask if your drug is covered.

If you learn that MVP Health Care does not cover your drug, you have two options:

1. You can ask the MVP Member Services/Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP.
2. You can ask MVP to make an exception and cover your drug. See next section for information about how to request an exception.

How Do I Request an Exception to the MVP Medicare Part D Formulary?

You can ask MVP 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. If approved, this would lower the amount you must pay for your drug. **Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MVP 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, MVP 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, tiering, or utilization restriction exception. **When you request a Formulary, tiering, 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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

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

For More Information

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MVP Health 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 [medicare.gov](https://www.medicare.gov).

The MVP Health Care Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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., *allopurinol*).

The information in the Requirements/Limits column tells you if MVP has any special requirements for coverage of your drug.

Abbreviations and Definitions of Formulary Terms

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

Not Available at Mail Order (NM)

Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

Prior Authorization (PA)

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

Quantity Limits (QL)

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

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases MVP Health 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

Dispensing Limits (DL)

For safety reasons and/or cost savings, certain drugs are limited to a one-month supply through a retail pharmacy and are not available through the mail order program.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

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

Your Costs in the Initial Coverage Period

Note:

1. Not all MVP Medicare Advantage plans are offered in each New York county.
2. If you qualify for New York State EPIC (Elderly Pharmaceutical Insurance Coverage), or Low Income Subsidy, the amounts below may be reduced.

What you Pay for a 30-Day Supply From a Retail Pharmacy:

MVP Medicare Advantage Plan Type	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
		Preferred Generic Drugs	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
MVP DualAccess Plans		<i>What you pay after deductible is met</i>				
<i>Select Counties⁵</i>	\$0*	Generic: \$0; Brand: \$0*				

⁵MVP DualAccess is offered in the following New York counties: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester.

*MVP DualAccess plans subject to \$0 cost shares and \$0 deductibles, regardless of LIS level.

ANALGESICS	1
ANTI-INFECTIVES	3
ANTINEOPLASTIC AGENTS	12
CARDIOVASCULAR.....	23
CENTRAL NERVOUS SYSTEM	31
ENDOCRINE AND METABOLIC.....	46
GASTROINTESTINAL.....	59
GENITOURINARY	61
HEMATOLOGIC	62
IMMUNOLOGIC AGENTS	64
NUTRITIONAL/SUPPLEMENTS	68
OPHTHALMIC.....	70
OTIC	73
RESPIRATORY	73
TOPICAL.....	77
Index.....	82

MVP_CY25_1T_SNP eff 05/01/2025

Drug Name **Drug Tier** **Requirements/Limits**

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> TABS 40mg, 80mg	1	PA
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
---	---	-----

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>fantanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
--	---	-------------------------------

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (4 bottles / 30 days)
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	
<i>EMVERM CHEW 100mg</i>	1	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
IMPAVIDO CAPS 50mg	1	PA
<i>ivermectin</i> TABS 3mg	1	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
FUZEON SOLR 90mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
SUNLENCA TBPK 300mg	1	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
TYBOST TABS 150mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	NM
DESCOVY TAB 200/25MG	1	NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	1	
-------------------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NM, PA
TRECTOR TABS 250mg	1	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM, PA
HARVONI PAK 45-200MG	1	NM, PA
HARVONI TAB 45-200MG	1	NM, PA
HARVONI TAB 90-400MG	1	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
e.e.s. 400 TABS 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	

FLUOROQUINOLONES

CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

PENICILLINS

<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg</i>	1	NM
<i>NUZYRA TABS 150mg</i>	1	QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
PURIXAN SUSP 2000mg/100ml	1	NM
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NM, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NM, PA
BOSULIF CAPS 50mg	1	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NM, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NM, PA
OGSIVEO TABS 50mg	1	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 40mg	1	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, PA
TECENTRIQ INJ HYBREZA	1	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	
MESNEX TABS 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
--	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	1	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	1	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	1	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	1	

ANTILIPEMICS, FIBRATES

<i>choline fenofibrate CPDR 45mg, 135mg</i>	1	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	1	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-80 mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

<i>alyq</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	1	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> TABS 25mg	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>rowepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	1	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	1	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	QL (2 packs / year), NM, PA
<i>gabapentin (once-daily)</i> TABS 300mg	1	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	1	QL (90 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	1	
---------------------------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	1	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NM, PA
XGEVA SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	1	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	1	
<i>falminal</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	1	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	1	
<i>yuvafem</i> TABS 10mcg	1	

GLUCOCORTICOIDS

<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	

GLUCOSE ELEVATING AGENTS

<i>diazoxide</i> SUSP 50mg/ml	1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	

MISCELLANEOUS

ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
<i>betaine powder for oral solution</i>	1	NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CEREZYME SOLR 400unit	1	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA
GENOTROPIN MINIQWICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM, PA
NAGLAZYME SOLN 1mg/ml	1	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOLN 2mg/ml	1	PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GATTEX KIT 5mg	1	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	1	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	1	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	1	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM, PA
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	1	
TAVNEOS CAPS 10mg	1	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	1	NM, PA
COSENTYX SOSY 75mg/0.5ml	1	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLEXIS SOLR 100mg	1	NM, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	1	QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	1	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM, PA
TYENNE SOSY 162mg/0.9ml	1	QL (4 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VELSIPITY TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, PA
ARCALYST SOLR 220mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	

Drug Name	Drug Tier	Requirements/Limits
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVI SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES

<i>bromfenac sodium (ophth) SOLN .07%, .075%, .09%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM, PA
CYSTARAN SOLN .44%	1	NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

OTIC

OTIC AGENTS

<i>acetic acid (otic) SOLN 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>desloratadine TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
-------------------------------------	---	-----

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TAB 4-20-50	1	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NM, PA
BRONCHITOL CAPS 40mg	1	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	QL (2 inhalers / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>brey-na</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL .77%	1	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	1	
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	1	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	1	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>perio gard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
ABELCET	5
ABILIFY ASIMTUFII.....	35
ABILIFY MAINTENA.....	35
<i>abiraterone acetate</i>	13
ABRYSVO	67
<i>acamprosate calcium</i>	45
<i>acarbose</i>	46
<i>accutane</i>	77
<i>acebutolol hcl</i>	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	29
<i>acetic acid</i>	61
<i>acetic acid (otic)</i>	73
<i>acetylcysteine</i>	74
<i>acitretin</i>	78
ACTHIB INJ	67
ACTIMMUNE	66
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ	67
ADALIMUMAB-AACF (2 PEN)	64
ADALIMUMAB-AACF (2 SYRING)	64
ADALIMUMAB-AACF STARTER P	64
<i>adefovir dipivoxil</i>	8
ADMELOG.....	48
ADMELOG SOLOSTAR	48
ADVAIR HFA AER 115/21	76
ADVAIR HFA AER 230/21	76
ADVAIR HFA AER 45/21	76
<i>afirmelle</i>	51
AIMOVIG.....	43
AIRSUPRA AER 90-80MCG	77
AKEEGA TAB 100/500	13
AKEEGA TAB 50/500MG	13
<i>ala-cort</i>	79
<i>albendazole</i>	3
<i>albuterol sulfate</i>	74
<i>alclometasone dipropionate</i>	79
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY.....	48
ALDURAZYME	56
ALECENSA.....	15
<i>alendronate sodium</i>	50
<i>alfuzosin hcl</i>	61
<i>aliskiren fumarate</i>	30
<i>allopurinol</i>	1
<i>alose tron hcl</i>	60
<i>alprazolam</i>	31
<i>altavera</i>	51
ALTOPREV	27
ALUNBRIG	15
ALUNBRIG PAK	15
ALVAIZ	63
ALVESCO	76
<i>alyacen 1/35</i>	51
<i>alyacen 7/7/7</i>	51
ALYFTREK TAB 10-50-125	75
ALYFTREK TAB 4-20-50.....	75
ALYGLO	66
<i>alyq</i>	31
<i>amantadine hcl</i>	33, 34
<i>ambrisentan</i>	31
<i>amethia</i>	51
<i>amethyst</i>	51
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	29
<i>amiloride hcl</i>	29
<i>amiodarone hcl</i>	26
<i>amitriptyline hcl</i>	32
<i>amlodipine besylate</i>	28
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	30

<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	30	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	30	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	30	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	30	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	30	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	30	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	10
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	23	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	41
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	24	<i>amphetamine-dextroamphetamine tab 10 mg</i>	41
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	24	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	41
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	24	<i>amphetamine-dextroamphetamine tab 15 mg</i>	41
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	24	<i>amphetamine-dextroamphetamine tab 20 mg</i>	41
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	24	<i>amphetamine-dextroamphetamine tab 30 mg</i>	41
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	24	<i>amphetamine-dextroamphetamine tab 5 mg</i>	41
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	24	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	41
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	24	<i>amphotericin b</i>	5
<i>amnesteam</i>	77	<i>amphotericin b liposome</i>	5
<i>amoxapine</i>	32	<i>ampicillin</i>	10
<i>amoxicillin</i>	10	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	10
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	10
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	10	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11

<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11	AUGTYRO	15
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11	<i>aurovela 1/20</i>	51
<i>ampicillin sodium</i>	11	<i>aurovela 24 fe</i>	51
<i>anagrelide hcl</i>	63	<i>aurovela fe 1.5/30</i>	51
<i>anastrozole</i>	13	<i>aurovela fe 1/20</i>	51
ANORO ELLIPT AER 62.5-25	73	AUSTEDO	44
<i>aprepitant</i>	59	AUSTEDO XR	44
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59	AUSTEDO XR TAB TITR KIT	44
<i>apri</i>	51	AUVELITY TAB 45-105MG	32
APTIOM	37	<i>aviane</i>	51
APTIVUS	6	<i>ayuna</i>	51
ARALAST NP	75	AYVAKIT	15
<i>aranelle</i>	51	<i>azacitidine</i>	12
ARCALYST	66	<i>azathioprine</i>	67
AREXVY	67	<i>azelaic acid</i>	80
<i>arformoterol tartrate</i>	74	<i>azelastine hcl</i>	73
ARIKAYCE	3	<i>azelastine hcl (ophth)</i>	72
<i>aripiprazole</i>	35	<i>azithromycin</i>	9
ARISTADA	35	<i>aztreonam</i>	3
ARISTADA INITIO	35	<i>azurette</i>	51
<i>armodafinil</i>	45	B	
ARNUIITY ELLIPTA	76	<i>bacitracin (ophthalmic)</i>	71
<i>asenapine maleate</i>	35	<i>bacitracin-polymyxin b ophth oint</i>	71
<i>ashlyna</i>	51	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	70
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	63	<i>baclofen</i>	45
ASTAGRAF XL	67	BAFIERTAM	44
<i>atazanavir sulfate</i>	6	<i>balsalazide disodium</i>	59
<i>atenolol</i>	28	BALVERSA	15
<i>atenolol & chlorthalidone tab 100-25 mg</i>	28	<i>balziva</i>	51
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28	BARACLUDGE	8
<i>atomoxetine hcl</i>	42	BASAGLAR KWIKPEN	48
<i>atorvastatin calcium</i>	27	BCG VACCINE	67
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	23
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	23
ATROPINE SULFATE	72	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	23
<i>atropine sulfate (ophthalmic)</i>	72	<i>benazepril hcl</i>	23
ATROVENT HFA	73	BENDAMUSTINE HYDROCHLORID	12
<i>aubra eq</i>	51	BENDEKA	12
		BENLYSTA	67
		<i>benzoyl peroxide-erythromycin gel 5-3%</i>	77

<i>benztropine mesylate</i>	34	BRILINTA	63
BERINERT	63	<i>brimonidine tartrate</i>	72
BESIVANCE	71	<i>brinzolamide</i>	72
BESREMI	14	BRIVIACT	37
<i>betaine powder for oral solution</i>	56	<i>bromfenac sodium (ophth)</i>	71
<i>betamethasone dipropionate (topical)</i>	79	<i>bromocriptine mesylate</i>	34
<i>betamethasone dipropionate</i> <i>augmented</i>	79	BRONCHITOL.....	75
<i>betamethasone valerate</i>	79	BRUKINSA.....	15
BETASERON.....	44	<i>budesonide</i>	60
<i>betaxolol hcl</i>	28	<i>budesonide (inhalation)</i>	76
<i>betaxolol hcl (ophth)</i>	72	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	77
<i>bethanechol chloride</i>	62	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	77
BETOPTIC-S	72	<i>bumetanide</i>	29
BEVESPI AER 9-4.8MCG	73	<i>buprenorphine hcl</i>	46
<i>bexarotene</i>	14	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	46
<i>bexarotene (topical)</i>	80	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	46
BEXSERO INJ.....	67	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	46
<i>bicalutamide</i>	13	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	46
BICILLIN L-A	11	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	46
BIKTARVY TAB 30-120-15 MG.....	7	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	46
BIKTARVY TAB 50-200-25 MG.....	7	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	46
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	28	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	46
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	28	<i>bupropion hcl</i>	32
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	28	<i>bupropion hcl (smoking deterrent)</i> ...	46
<i>bisoprolol fumarate</i>	28	<i>buspirone hcl</i>	31
BIVIGAM	66	<i>butorphanol tartrate</i>	2
<i>blisovi 24 fe</i>	51	C	
<i>blisovi fe 1.5/30</i>	51	<i>cabergoline</i>	56
BOOSTRIX INJ	67	CABOMETYX	15
<i>bortezomib</i>	15	<i>calcipotriene</i>	78
BORTEZOMIB.....	15	<i>calcitonin (salmon) spray</i>	50
<i>bosentan</i>	31	<i>calcitrene</i>	78
BOSULIF	15	<i>calcitriol</i>	58
BRAFTOVI	15	<i>calcitriol (oral)</i>	58
BREO ELLIPTA INH 100-25	77	CALQUENCE	15
BREO ELLIPTA INH 200-25	77	<i>camila</i>	51
BREO ELLIPTA INH 50-25MCG.....	77	<i>camrese</i>	51
<i>breyna</i>	77	<i>camrese lo</i>	51
BREZTRI AERO AER SPHERE	73	<i>candesartan cilexetil</i>	26
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	73		
<i>briellyn</i>	51		

<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	24	<i>carglumic acid</i>	56
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	24	<i>carisoprodol.....</i>	45
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg .25</i>	25	<i>carteolol hcl (ophth)</i>	72
<i>CAPLYTA</i>	35	<i>cartia xt</i>	28
<i>CAPRELSA</i>	15	<i>carvedilol</i>	28
<i>captopril.....</i>	24	<i>casprofungin acetate.....</i>	5
<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	23	<i>CAYSTON</i>	3
<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	23	<i>cefaclor.....</i>	9
<i>captopril & hydrochlorothiazide tab 50- 15 mg</i>	23	<i>cefadroxil</i>	9
<i>captopril & hydrochlorothiazide tab 50- 25 mg</i>	23	<i>CEFAZOLIN</i>	9
<i>carb/levo orally disintegrating tab 10- 100mg</i>	34	<i>CEFAZOLIN INJ 1GM/50ML</i>	9
<i>carb/levo orally disintegrating tab 25- 100mg</i>	34	<i>cefazolin sodium</i>	9
<i>carb/levo orally disintegrating tab 25- 250mg</i>	34	<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	9
<i>carbamazepine.....</i>	37	<i>CEFAZOLIN/DEX SOL 1GM/50ML-4% .</i>	9
<i>carbidopa</i>	34	<i>CEFAZOLIN/DEX SOL 2GM/50ML-3% .</i>	9
<i>carbidopa & levodopa tab 10-100 mg</i>	34	<i>CEFAZOLIN/DEX SOL 3GM/150ML-4% .</i>	9
<i>carbidopa & levodopa tab 25-100 mg</i>	34	<i>cefdinir</i>	9
<i>carbidopa & levodopa tab 25-250 mg</i>	34	<i>cefepime hcl</i>	9
<i>carbidopa & levodopa tab er 25-100 mg</i>	34	<i>cefixime</i>	9
<i>carbidopa & levodopa tab er 50-200 mg</i>	34	<i>cefotetan disodium</i>	9
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....</i>	34	<i>cefoxitin sodium.....</i>	9
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	34	<i>cefpodoxime proxetil</i>	9
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	34	<i>cefprozil.....</i>	9
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	34	<i>ceftazidime.....</i>	9
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	34	<i>ceftriaxone sodium</i>	9
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	34	<i>cefuroxime axetil</i>	9
<i>carboplatin</i>	12	<i>cefuroxime sodium</i>	9
		<i>celecoxib.....</i>	1
		<i>cephalexin</i>	9
		<i>CEQR SIMPL KIT PATCH 2U (3-DAY)</i>	48
		<i>CEQR SIMPL KIT PATCH 2U (4-DAY)</i>	48
		<i>CEQR SIMPL MIS INSERTER</i>	48
		<i>CERDELGA</i>	56
		<i>CEREZYME</i>	57
		<i>cetirizine hcl</i>	73
		<i>cevimeline hcl.....</i>	81
		<i>chateal eq</i>	51
		<i>CHEMET</i>	50
		<i>chlorhexidine gluconate (mouth-throat)</i>	81
		<i>chloroquine phosphate.....</i>	5
		<i>chlorpromazine hcl</i>	35
		<i>chlorthalidone</i>	29
		<i>cholestyramine</i>	27
		<i>cholestyramine light</i>	27

<i>choline fenofibrate</i>	26	<i>clonidine hcl</i>	30
<i>ciclopirox</i>	78	<i>clopidogrel bisulfate</i>	63
<i>ciclopirox olamine</i>	78	<i>clorazepate dipotassium</i>	38
<i>cilostazol</i>	63	<i>clotrimazole</i>	81
CILOXAN	71	<i>clotrimazole (topical)</i>	78
CIMDUO TAB 300-300	7	<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	78
<i>cinacalcet hcl</i>	57	<i>clozapine</i>	35
CIPRO	10	COARTEM TAB 20-120MG.....	5
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10	COBENFY CAP 100-20MG	35
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10	COBENFY CAP 125-30MG	35
<i>ciprofloxacin hcl</i>	10	COBENFY CAP 50-20MG	35
<i>ciprofloxacin hcl (ophth)</i>	71	COBENFY STRT CAP PACK	35
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%.....	73	<i>colchicine</i>	1
<i>cisplatin</i>	12	<i>colchicine w/ probenecid tab 0.5-500</i> mg	1
<i>citalopram hydrobromide</i>	32	<i>colesevelam hcl</i>	27
<i>claravis</i>	77	<i>colestipol hcl</i>	27
<i>clarithromycin</i>	9	<i>colistimethate sodium</i>	3
<i>clindamycin hcl</i>	3	COMBIGAN SOL 0.2/0.5%	72
<i>clindamycin palmitate hydrochloride</i> ..	3	COMBIVENT AER 20-100	73
<i>clindamycin phosphate</i>	3	COMETRIQ (60MG DOSE).....	15
<i>clindamycin phosphate (topical)</i>	77	COMETRIQ KIT 100MG.....	16
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	3	COMETRIQ KIT 140MG.....	16
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	3	COMPLERA TAB.....	7
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	3	<i>compro</i>	59
<i>clindamycin phosphate vaginal</i>	62	<i>constulose</i>	60
CLINDMYC/NAC INJ 300/50ML	3	COPAXONE	44
CLINDMYC/NAC INJ 600/50ML	3	COPIKTRA	16
CLINDMYC/NAC INJ 900/50ML	3	CORLANOR	30
CLINIMIX INJ 4.25/D10.....	70	COSENTYX	64
CLINIMIX INJ 4.25/D5W.....	70	COSENTYX SENSOREADY PEN.....	64
CLINIMIX INJ 5%/D15W	70	COSENTYX UNOREADY.....	64
CLINIMIX INJ 5%/D20W	70	COTELLIC.....	16
CLINIMIX INJ 6/5	70	CREON CAP 12000UNT.....	60
CLINIMIX INJ 8/10	70	CREON CAP 24000UNT.....	60
CLINIMIX INJ 8/14	70	CREON CAP 3000UNIT	60
<i>clinisol sf 15%</i>	70	CREON CAP 36000UNT.....	60
CLINOLIPID EMU 20%	70	CREON CAP 6000UNIT	60
<i>clobazam</i>	37	<i>cromolyn sodium</i>	75
<i>clobetasol propionate</i>	79	<i>cromolyn sodium (mastocytosis)</i>	60
<i>clobetasol propionate e</i>	79	<i>cromolyn sodium (ophth)</i>	72
<i>clomipramine hcl</i>	32	<i>cryselle-28</i>	51
<i>clonazepam</i>	38	<i>cyclobenzaprine hcl</i>	45
<i>clonidine</i>	30	<i>cyclophosphamide</i>	12
		CYCLOPHOSPHAMIDE	12
		CYCLOPHOSPHAMIDE MONOHYDR....	12

<i>cycloserine</i>	7	<i>dexamethasone</i>	56
<i>cyclosporine</i>	67	DEXAMETHASONE INTENSOL.....	56
<i>cyclosporine modified (for</i>		<i>dexamethasone sodium phosphate</i> ...	56
<i>microemulsion)</i>	67	<i>dexamethasone sodium phosphate</i>	
<i>cyproheptadine hcl</i>	73	<i>(ophth)</i>	71
<i>cyred eq</i>	51	<i>dexmethylphenidate hcl</i>	42
CYSTADROPS.....	72	<i>dextrose</i>	70
CYSTAGON	57	<i>dextrose 10% w/ sodium chloride</i>	
CYSTARAN.....	72	0.45%	69
<i>cytarabine</i>	12	<i>dextrose 2.5% w/ sodium chloride</i>	
D		0.45%	68
D10W/NAACL INJ 0.2%	68	<i>dextrose 5% in lactated ringers</i>	68
D2.5W/NAACL INJ 0.45%.....	68	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>dabigatran etexilate mesylate</i>	62	.....	68
<i>dalfampridine</i>	44	<i>dextrose 5% w/ sodium chloride</i>	
<i>danazol</i>	46	0.225%.....	69
<i>dantrolene sodium</i>	45	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
DANZITEN	16	.....	68
<i>dapsone</i>	3	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
DAPTACEL INJ.....	67	.....	69
<i>daptomycin</i>	3	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
DAPTOMYCIN.....	3	.....	69
<i>darifenacin hydrobromide</i>	62	DIACOMIT	38
<i>darunavir</i>	6	<i>diazepam</i>	38
<i>dasatinib</i>	16	<i>diazepam (anticonvulsant)</i>	38
<i>dasetta 1/35</i>	51	<i>diazepam inj</i>	38
<i>dasetta 7/7/7</i>	51	<i>diazepam intensol</i>	38
DAURISMO	16	<i>diazoxide</i>	56
<i>daysee</i>	51	<i>diclofenac potassium</i>	1
DAYVIGO	42	<i>diclofenac sodium</i>	1
<i>deblitane</i>	51	<i>diclofenac sodium (ophth)</i>	71
<i>deferasirox</i>	50	<i>diclofenac sodium (topical)</i>	80
DELSTRIGO TAB.....	7	<i>diclofenac w/ misoprostol tab delayed</i>	
DENGVAXIA SUS	67	<i>release 50-0.2 mg</i>	1
DEPO-SUBQ PROVERA 104	51	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>depo-testosterone</i>	46	<i>release 75-0.2 mg</i>	1
DESCOVY TAB 120-15MG	7	<i>dicloxacillin sodium</i>	11
DESCOVY TAB 200/25MG	7	<i>dicyclomine hcl</i>	59
<i>desipramine hcl</i>	32	DIFICID	9
<i>desloratadine</i>	73	<i>diflunisal</i>	1
<i>desmopressin acetate</i>	57	<i>difluprednate</i>	71
<i>desmopressin acetate spray</i>	57	<i>digoxin</i>	30
<i>desmopressin acetate spray</i>		<i>dihydroergotamine mesylate</i>	43
<i>refrigerated</i>	57	DILANTIN.....	38
<i>desogest-eth estrad & eth estrad tab</i>		<i>diltiazem hcl</i>	29
0.15-0.02/0.01 mg(21/5).....	51	<i>diltiazem hcl coated beads</i>	29
<i>desvenlafaxine succinate</i>	32	<i>diltiazem hcl extended release beads</i>	29

<i>dilt-xr</i>	28	DUPIXENT	64
DIP/TET PED INJ 25-5LFU	67	<i>dutasteride</i>	61
<i>diphenhydramine hcl</i>	73	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>mg</i>	61
<i>mg/5ml</i>	60	E	
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>e.e.s. 400</i>	9
<i>0.025 mg</i>	60	<i>econazole nitrate</i>	78
<i>dipyridamole</i>	64	EDARBI.....	26
<i>disopyramide phosphate</i>	26	EDARBYCLOR TAB 40-12.5	25
<i>disulfiram</i>	46	EDARBYCLOR TAB 40-25MG	25
<i>divalproex sodium</i>	38	EDURANT	6
<i>docetaxel</i>	14	<i>efavirenz</i>	6
DOCETAXEL.....	14	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DOCIVYX.....	14	<i>600-200-300 mg</i>	7
<i>dofetilide</i>	26	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>dolishale</i>	51	<i>400-300-300 mg</i>	7
<i>donepezil hydrochloride</i>	31	<i>efavirenz-lamivudine-tenofovir df tab</i>	
DOPTELET	63	<i>600-300-300 mg</i>	7
<i>dorzolamide hcl</i>	72	ELIGARD	13
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>elinest</i>	52
<i>soln 2-0.5%</i>	72	ELIQUIS.....	62
<i>dotti</i>	55	ELIQUIS STARTER PACK.....	62
DOVATO TAB 50-300MG.....	7	<i>eluryng</i>	52
<i>doxazosin mesylate</i>	24	EMGALITY	43
<i>doxepin hcl</i>	32	EMSAM	33
<i>doxepin hcl (sleep)</i>	42	<i>emtricitabine</i>	6
<i>doxercalciferol</i>	58	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxorubicin hcl</i>	14	<i>fumarate tab 100-150 mg</i>	7
<i>doxorubicin hcl liposomal</i>	14	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxy 100</i>	11	<i>fumarate tab 133-200 mg</i>	7
<i>doxycycline (monohydrate)</i>	11	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxycycline hyclate</i>	11	<i>fumarate tab 167-250 mg</i>	7
DRIZALMA SPRINKLE.....	32	<i>emtricitabine-tenofovir disoproxil</i>	
<i>dronabinol</i>	59	<i>fumarate tab 200-300 mg</i>	7
<i>drospirenone-ethinyl estradiol tab 3-</i>		EMTRIVA.....	6
<i>0.02 mg</i>	51	EMVERM	3
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>emzahh</i>	52
<i>0.03 mg</i>	51	<i>enalapril maleate</i>	24
<i>drospirenone-ethinyl estrad-</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>levomefolate tab 3-0.02-0.451 mg</i>	51	<i>tab 10-25 mg</i>	23
<i>drospirenone-ethinyl estrad-</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i>	51	<i>tab 5-12.5 mg</i>	23
<i>droxidopa</i>	30	ENBREL.....	64
DULERA AER 100-5MCG	77	ENBREL MINI.....	64
DULERA AER 200-5MCG	77	ENBREL SURECLICK	64
DULERA AER 50-5MCG.....	77	<i>endocet tab 10-325mg</i>	2
<i>duloxetine hcl</i>	33	<i>endocet tab 2.5-325mg</i>	2

<i>endocet tab 5-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 7.5-325mg</i>	2	<i>1-0.5 mg</i>	55
ENGERIX-B	67	<i>estradiol vaginal</i>	55
<i>enilloring</i>	52	<i>estradiol valerate</i>	55
<i>enoxaparin sodium</i>	62	<i>eszopiclone</i>	42
<i>enpresse-28</i>	52	<i>ethambutol hcl</i>	8
<i>enskyce</i>	52	<i>ethosuximide</i>	38
ENSTILAR AER	78	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>entacapone</i>	34	<i>tab 1 mg-35 mcg</i>	52
<i>entecavir</i>	8	<i>ethynodiol diacetate & ethinyl estradiol</i>	
ENTRESTO CAP 15-16MG	25	<i>tab 1 mg-50 mcg</i>	52
ENTRESTO CAP 6-6MG	25	<i>etodolac</i>	1
ENTRESTO TAB 24-26MG	25	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENTRESTO TAB 49-51MG	25	<i>0.12-0.015 mg/24hr</i>	52
ENTRESTO TAB 97-103MG	25	<i>etoposide</i>	14
<i>enulose</i>	60	<i>etravirine</i>	6
EPCLUSA PAK 150-37.5	8	EULEXIN	13
EPCLUSA PAK 200-50MG	8	<i>euthyrox</i>	58
EPCLUSA TAB 200-50MG	8	<i>everolimus</i>	16
EPCLUSA TAB 400-100	8	<i>everolimus (immunosuppressant)</i>	67
EPIDIOLEX	38	EVOTAZ TAB 300-150	7
<i>epinephrine (anaphylaxis)</i>	30, 75	<i>exemestane</i>	13
<i>epitol</i>	38	EYSUVIS	72
<i>eplerenone</i>	24	EZALLOR SPRINKLE	27
EPRONTIA	38	<i>ezetimibe</i>	27
<i>ergotamine w/ caffeine tab 1-100 mg</i>		<i>ezetimibe-simvastatin tab 10-10 mg</i>	27
.....	43	<i>ezetimibe-simvastatin tab 10-20 mg</i>	27
ERIVEDGE	16	<i>ezetimibe-simvastatin tab 10-40 mg</i>	27
ERLEADA	13	<i>ezetimibe-simvastatin tab 10-80 mg</i>	27
<i>erlotinib hcl</i>	16	F	
<i>errin</i>	52	FABRAZYME	57
<i>ertapenem sodium</i>	3	<i>falmina</i>	52
<i>ery</i>	77	<i>famciclovir</i>	8
<i>ery-tab</i>	10	<i>famotidine</i>	59
ERYTHROCIN LACTOBIONATE	10	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythromycin (acne aid)</i>	77	<i>mg/50ml</i>	59
<i>erythromycin (ophth)</i>	71	FANAPT	35
<i>erythromycin base</i>	10	FANAPT PAK	35
<i>erythromycin ethylsuccinate</i>	10	FARXIGA	46
<i>erythromycin lactobionate</i>	10	FASENRA	75
<i>escitalopram oxalate</i>	33	FASENRA PEN	75
<i>esomeprazole magnesium</i>	61	<i>febuxostat</i>	1
<i>estarylla</i>	52	<i>feirza 1.5/30</i>	52
<i>estradiol</i>	55	<i>feirza 1/20</i>	52
<i>estradiol & norethindrone acetate tab</i>		<i>felbamate</i>	38
<i>0.5-0.1 mg</i>	55	<i>felodipine</i>	29
		<i>fenofibrate</i>	26

<i>fenofibrate micronized</i>	27	<i>fluvoxamine maleate</i>	31
<i>fentanyl</i>	1	<i>fondaparinux sodium</i>	62
<i>fesoterodine fumarate</i>	62	<i>formoterol fumarate</i>	74
FETZIMA	33	<i>fosamprenavir calcium</i>	6
FETZIMA CAP TITRATIO	33	<i>fosinopril sodium</i>	24
FIASP	48	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	23
FIASP FLEXTOUCH.....	48	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	23
FIASP PENFILL	48	FOTIVDA.....	16
FIASP PUMPCART	48	FRINDOVYX.....	12
<i>finasteride</i>	61	FRUZAQLA.....	16
<i> fingolimod hcl</i>	44	FULPHILA.....	63
FINTEPLA	38	<i>fulvestrant</i>	13
<i>finzala</i>	52	<i>furosemide</i>	29
FIRMAGON	13	<i>furosemide inj</i>	29
<i>flac</i>	73	FUZEON	6
FLAREX	71	<i>fyavolv tab 0.5mg-2.5mcg</i>	55
FLEBOGAMMA DIF	66	<i>fyavolv tab 1mg-5mcg</i>	55
<i>flecainide acetate</i>	26	FYCOMPA	39
<i>fluconazole</i>	5	G	
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5	<i>gabapentin</i>	39
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5	<i>gabapentin (once-daily)</i>	44
<i>flucytosine</i>	5	<i>galantamine hydrobromide</i>	32
<i>fludrocortisone acetate</i>	56	<i>gallifrey</i>	58
<i>flunisolide (nasal)</i>	76	GAMASTAN INJ	66
<i>fluocinolone acetonide</i>	79	GAMMAGARD LIQUID.....	66
<i>fluocinolone acetonide (otic)</i>	73	GAMMAGARD S/D IGA LESS TH	66
<i>fluocinonide</i>	79	GAMMAKED	66
<i>fluocinonide emulsified base</i>	79	GAMMAPLEX	66
<i>fluorometholone (ophth)</i>	71	GAMUNEX-C	66
<i>fluorouracil</i>	12	<i>ganciclovir sodium</i>	8
<i>fluorouracil (topical)</i>	80	GARDASIL 9 INJ.....	67
<i>fluoxetine hcl</i>	33	<i>gatifloxacin (ophth)</i>	71
<i>fluphenazine decanoate</i>	35	GATTEX	61
<i>fluphenazine hcl</i>	35	GAUZE PADS 2	48
<i>flurbiprofen</i>	1	<i>gavilyte-c</i>	60
<i>flurbiprofen sodium</i>	72	<i>gavilyte-g</i>	60
<i>fluticasone propionate</i>	79	<i>gavilyte-n/flavor pack</i>	60
<i>fluticasone propionate (nasal)</i>	76	GAVRETO	16
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	77	<i>gefitinib</i>	16
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	77	<i>gemcitabine hcl</i>	12
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	77	<i>gemfibrozil</i>	27
<i>fluvastatin sodium</i>	27	<i>generlac</i>	60
		<i>gengraf</i>	67
		GENOTROPIN.....	57
		GENOTROPIN MINIQUICK.....	57

<i>gentamicin in saline inj 0.8 mg/ml</i>	3	HEPLISAV-B	67
<i>gentamicin in saline inj 1 mg/ml</i>	3	HERCEP HYLEC SOL 60-10000	16
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	HERCEPTIN	16
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	HERZUMA.....	16
<i>gentamicin in saline inj 2 mg/ml</i>	3	HIBERIX.....	67
<i>gentamicin sulfate</i>	4	HUMIRA	64
<i>gentamicin sulfate (ophth)</i>	71	HUMIRA PEN.....	64
<i>gentamicin sulfate (topical)</i>	78	HUMIRA PEN KIT PS/UV	64
GENVOYA TAB	7	HUMIRA PEN-CD/UC/HS START.....	65
GILOTRIF	16	HUMIRA PEN-PEDIATRIC UC S	65
<i>glatiramer acetate</i>	44, 45	HUMULIN R U-500 (CONCENTR	48
<i>glatopa</i>	45	HUMULIN R U-500 KWIKPEN	48
GLEOSTINE	12	<i>hydralazine hcl</i>	30
<i>glimepiride</i>	46	<i>hydrochlorothiazide</i>	29
<i>glipizide</i>	46, 47	<i>hydrocodone bitartrate</i>	2
<i>glipizide xl</i>	47	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	2
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	47	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	2
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	47	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	2
<i>glipizide-metformin hcl tab 5-500 mg</i>	47	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	2
<i>glycopyrrolate</i>	59	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>glydo</i>	80	<i>hydrocortisone</i>	56
GLYXAMBI TAB 10-5 MG	47	<i>hydrocortisone (intrarectal)</i>	60
GLYXAMBI TAB 25-5 MG	47	<i>hydrocortisone (rectal)</i>	80
<i>granisetron hcl</i>	59	<i>hydrocortisone (topical)</i>	79
<i>griseofulvin microsize</i>	5	<i>hydrocortisone sod succinate</i>	56
<i>griseofulvin ultramicrosize</i>	5	<i>hydrocortisone valerate</i>	79
<i>guanfacine hcl</i>	30	<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	73
<i>guanfacine hcl (adhd)</i>	42	<i>hydromorphone hcl</i>	2
H		<i>hydroxychloroquine sulfate</i>	66
HAEGARDA.....	63	<i>hydroxyurea</i>	14
<i>hailey 1.5/30</i>	52	<i>hydroxyzine hcl</i>	74
<i>hailey 24 fe</i>	52	<i>hydroxyzine pamoate</i>	74
<i>halobetasol propionate</i>	79	I	
<i>haloette</i>	52	<i>ibandronate sodium</i>	50
<i>haloperidol</i>	35	IBRANCE.....	17
<i>haloperidol decanoate</i>	36	<i>ibu</i>	1
<i>haloperidol lactate</i>	36	<i>ibuprofen</i>	1
HARVONI PAK 33.75-150MG	8	<i>icatibant acetate</i>	63
HARVONI PAK 45-200MG	8	<i>iclevia</i>	52
HARVONI TAB 45-200MG	8	ICLUSIG.....	17
HARVONI TAB 90-400MG	8	IDACIO (2 PEN)	65
HAVRIX.....	67		
<i>heather</i>	52		
HEP SOD/NACL INJ 25000UNT	62		
<i>heparin sodium (porcine)</i>	62		

IDACIO (2 SYRINGE)	65	ISENTRESS	6
IDACIO CROHN INJ DISEASE	65	ISENTRESS HD	6
IDACIO PLAQU INJ PSORIASIS.....	65	<i>isibloom</i>	52
IDHIFA.....	17	ISOLYTE-P INJ /D5W	69
<i>imatinib mesylate</i>	17	ISOLYTE-S INJ PH 7.4.....	69
IMBRUVICA	17	<i>isoniazid</i>	8
<i>imipenem-cilastatin intravenous for</i>		<i>isosorbide dinitrate</i>	31
<i>soln 250 mg</i>	4	<i>isosorbide mononitrate</i>	31
<i>imipenem-cilastatin intravenous for</i>		<i>isotretinoin</i>	77
<i>soln 500 mg</i>	4	<i>isradipine</i>	29
<i>imipramine hcl</i>	33	ITOVEBI.....	17
<i>imiquimod</i>	80	<i>itraconazole</i>	5
IMKELDI.....	17	<i>ivabradine hcl</i>	30
IMOVAX RABIES (H.D.C.V.)	67	<i>ivermectin</i>	4
IMPAVIDO	4	IWILFIN	14
INBRIJA	34	IXCHIQ INJ.....	68
<i>incassia</i>	52	IXIARO INJ.....	68
INCRELEX.....	57	J	
INCRUSE ELLIPTA.....	73	JAKAFI.....	17
<i>indapamide</i>	29	<i>jantoven</i>	62
INFANRIX INJ	67	JANUMET TAB 50-1000	47
INFLIXIMAB.....	65	JANUMET TAB 50-500MG	47
INLYTA.....	17	JANUMET XR TAB 100-1000.....	47
INQOVI TAB 35-100MG	12	JANUMET XR TAB 50-1000	47
INREBIC.....	17	JANUMET XR TAB 50-500MG.....	47
INSULIN PEN NEEDLES: BD-EMBECTA		JANUVIA	47
.....	49	JARDIANCE	47
INSULIN SAFETY NEEDLES: BD-		<i>jasmiel</i>	52
EMBECTA.....	49	<i>javygtor</i>	57
INSULIN SYRINGES: BD-EMBECTA ...	49	JAYPIRCA.....	17
INTELENCE.....	6	JENTADUETO TAB 2.5-1000.....	47
INTRALIPID	70	JENTADUETO TAB 2.5-500	47
<i>introvale</i>	52	JENTADUETO TAB 2.5-850	47
INVEGA HAFYERA.....	36	JENTADUETO TAB XR 2.5-1000MG ...	47
INVEGA SUSTENNA	36	JENTADUETO TAB XR 5-1000MG	47
INVEGA TRINZA	36	<i>jinteli</i>	55
IPOL INJ INACTIVE	68	<i>jolessa</i>	52
<i>ipratropium bromide</i>	73	<i>juleber</i>	52
<i>ipratropium bromide (nasal)</i>	73	JULUCA TAB 50-25MG.....	7
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>junel 1.5/30</i>	52
<i>2.5(3) mg/3ml</i>	73	<i>junel 1/20</i>	52
<i>irbesartan</i>	26	<i>junel fe 1.5/30</i>	52
<i>irbesartan-hydrochlorothiazide tab</i>		<i>junel fe 1/20</i>	52
<i>150-12.5 mg</i>	25	<i>junel fe 24</i>	52
<i>irbesartan-hydrochlorothiazide tab</i>		JYLAMVO.....	66
<i>300-12.5 mg</i>	25	JYNNEOS.....	68
<i>irinotecan hcl</i>	14		

K	
KADCYLA.....	17
<i>kaitlib fe</i>	52
KALYDECO.....	75
KANJINTI	17
<i>kariva</i>	52
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	69
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	69
KCL/D5W/NACL INJ 0.3/0.9%.....	69
<i>kelnor 1/35</i>	52
<i>kelnor 1/50</i>	52
KERENDIA	24
KESIMPTA	45
<i>ketoconazole</i>	5
<i>ketoconazole (topical)</i>	78
<i>ketorolac tromethamine (ophth)</i>	72
KEYTRUDA.....	17
KINRIX INJ	68
<i>kionex</i>	50
KISQALI 200 DOSE.....	17
KISQALI 200 PAK FEMARA.....	17
KISQALI 400 DOSE.....	17
KISQALI 400 PAK FEMARA.....	18
KISQALI 600 DOSE.....	18
KISQALI 600 PAK FEMARA.....	18
<i>klayesta</i>	78
<i>klor-con</i>	70
<i>klor-con 10</i>	70
<i>klor-con 8</i>	70
<i>klor-con m10</i>	70
<i>klor-con m15</i>	70
<i>klor-con m20</i>	70
KOSELUGO.....	18
<i>kourzeq</i>	81
KRAZATI	18
<i>kurvelo</i>	52
L	
<i>labetalol hcl</i>	28
<i>lacosamide</i>	39
<i>lacosamide oral</i>	39
<i>lactated ringer's solution</i>	69
<i>lactic acid (ammonium lactate)</i>	80
<i>lactulose</i>	60
<i>lactulose (encephalopathy)</i>	60
<i>lamivudine</i>	6
<i>lamivudine (hbv)</i>	8
<i>lamivudine-zidovudine tab 150-300 mg</i>	7
<i>lamotrigine</i>	39
<i>lanreotide acetate</i>	57
<i>lansoprazole</i>	61
<i>lapatinib ditosylate</i>	18
<i>larin 1.5/30</i>	52
<i>larin 1/20</i>	52
<i>larin 24 fe</i>	52
<i>larin fe 1.5/30</i>	52
<i>larin fe 1/20</i>	52
<i>latanoprost</i>	72
<i>layolis fe</i>	52
LAZCLUZE	18
<i>leflunomide</i>	66
<i>lenalidomide</i>	14
LENVIMA 10 MG DAILY DOSE	18
LENVIMA 12MG DAILY DOSE	18
LENVIMA 20 MG DAILY DOSE	18
LENVIMA 4 MG DAILY DOSE	18
LENVIMA 8 MG DAILY DOSE	18
LENVIMA CAP 14 MG	18
LENVIMA CAP 18 MG	18
LENVIMA CAP 24 MG	18
<i>lessina</i>	53
<i>letrozole</i>	13
<i>leucovorin calcium</i>	22
LEUKERAN.....	12
<i>leuprolide acetate</i>	13

<i>levalbuterol hcl</i>	74	<i>lidocaine hcl (mouth-throat)</i>	81
<i>levalbuterol tartrate</i>	74	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	80
<i>levetiracetam</i>	39	<i>lidocan</i>	80
LEVETIRACETAM	39	LILETTA	53
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	39	<i>linezolid</i>	4
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	39	LINEZOLID INJ 2MG/ML	4
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	39	LINZESS	61
<i>levobunolol hcl</i>	72	<i>liothyronine sodium</i>	58
<i>levocarnitine (metabolic modifiers)</i> ...	57	<i>lisdexamphetamine dimesylate</i>	42
<i>levocetirizine dihydrochloride</i>	74	<i>lisinopril</i>	24
<i>levofloxacin</i>	10	<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	23
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	10	<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	23
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	10	<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	23
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	10	<i>lithium</i>	44
<i>levonest</i>	53	<i>lithium carbonate</i>	44
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &eth est 0.01</i> <i>mg</i>	53	LIVTENCITY.....	8
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	53	<i>loestrin 1.5/30-21</i>	53
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	53	<i>loestrin 1/20-21</i>	53
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	53	<i>loestrin fe 1.5/30</i>	53
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	53	<i>loestrin fe 1/20</i>	53
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	53	LOKELMA	50
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	53	LONSURF TAB 15-6.14.....	12
<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>& eth est tab 0.01mg(7)</i>	53	LONSURF TAB 20-8.19.....	12
<i>levora 0.15/30-28</i>	53	<i>loperamide hcl</i>	61
<i>levo-t</i>	58	<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	7
<i>levothyroxine sodium</i>	58	<i>lopinavir-ritonavir tab 100-25 mg</i>	7
<i>levoxyl</i>	58	<i>lopinavir-ritonavir tab 200-50 mg</i>	7
<i>l-glutamine (sickle cell)</i>	63	<i>lorazepam</i>	31
LIBERVANT.....	39	<i>lorazepam intensol</i>	31
<i>lidocaine</i>	80	LORBRENA	18
<i>lidocaine hcl</i>	80	<i>loryna</i>	53
<i>lidocaine hcl (local anesth.)</i>	1	<i>losartan potassium</i>	26
		<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	25
		<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 25	
		<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	25
		LOTEMAX	72
		<i>loteprednol etabonate</i>	72
		<i>lovastatin</i>	27

<i>low-ogestrel</i>	53	<i>memantine hcl</i>	32
<i>loxapine succinate</i>	36	<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	32
LUMAKRAS	18	<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	32
LUMIGAN	72	<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	32
LUMIZYME	57	<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	32
LUPRON DEPOT (1-MONTH).....	13	MENACTRA INJ	68
LUPRON DEPOT (3-MONTH).....	13	MENQUADFI INJ.....	68
LUPRON DEPOT-PED (1-MONTH	57	MENVEO INJ	68
LUPRON DEPOT-PED (3-MONTH	57	MENVEO SOL	68
LUPRON DEPOT-PED (6-MONTH	57	<i>mercaptapurine</i>	12
<i>lurasidone hcl</i>	36	<i>meropenem</i>	4
<i>lutera</i>	53	<i>mesalamine</i>	60
LYBALVI TAB 10-10MG.....	36	<i>mesalamine w/ cleanser</i>	60
LYBALVI TAB 15-10MG.....	36	<i>mesna</i>	22
LYBALVI TAB 20-10MG.....	36	MESNEX.....	22
LYBALVI TAB 5-10MG	36	<i>metformin hcl</i>	47
<i>lyleq</i>	53	<i>methadone hcl</i>	2
<i>lyllana</i>	56	<i>methadone hydrochloride i</i>	2
LYNPARZA	18	<i>methazolamide</i>	29
LYSODREN	13	<i>methenamine hippurate</i>	4
LYTGOBI (12 MG DAILY DOSE)	19	<i>methimazole</i>	58
LYTGOBI (16 MG DAILY DOSE)	19	<i>methocarbamol</i>	45
LYTGOBI (20 MG DAILY DOSE)	19	<i>methotrexate sodium</i>	12, 66
<i>lyza</i>	53	<i>methoxsalen rapid</i>	78
M		<i>methsuximide</i>	39
<i>magnesium sulfate</i>	69	<i>methylphenidate hcl</i>	42
MAGNESIUM SULFATE.....	69	<i>methylprednisolone</i>	56
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	69	<i>methylprednisolone acetate</i>	56
<i>malathion</i>	80	<i>methylprednisolone sod succ</i>	56
<i>maraviroc</i>	6	<i>methyltestosterone</i>	46
<i>marlissa</i>	53	<i>metoclopramide hcl</i>	59
MARPLAN	33	<i>metolazone</i>	29
MATULANE	14	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	28
<i>matzim la</i>	29	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	28
MAVYRET PAK 50-20MG	8	<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	28
MAVYRET TAB 100-40MG	8	<i>metoprolol succinate</i>	28
<i>meclizine hcl</i>	59	<i>metoprolol tartrate</i>	28
<i>medroxyprogesterone acetate</i>	58	<i>metronidazole</i>	4
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	53	<i>metronidazole (topical)</i>	80
<i>mefloquine hcl</i>	5	<i>metronidazole vaginal</i>	62
<i>megestrol acetate</i>	13, 58		
<i>megestrol acetate (appetite)</i>	58		
MEKINIST.....	19		
MEKTOVI.....	19		
<i>meloxicam</i>	1		

<i>metyrosine</i>	30	<i>nalbuphine hcl</i>	2
<i>mibelas 24 fe</i>	53	<i>naloxone hcl</i>	46
<i>micafungin sodium</i>	5	<i>naltrexone hcl</i>	46
<i>microgestin 1.5/30</i>	53	NAMZARIC CAP 14-10MG	32
<i>microgestin 1/20</i>	53	NAMZARIC CAP 21-10MG	32
<i>microgestin fe 1.5/30</i>	53	NAMZARIC CAP 28-10MG	32
<i>microgestin fe 1/20</i>	53	NAMZARIC CAP 7-10MG	32
<i>midodrine hcl</i>	31	NAMZARIC CAP PACK	32
MIEBO	72	<i>naproxen</i>	1
<i>mifepristone (hyperglycemia)</i>	57	<i>naproxen dr</i>	1
<i>mili</i>	53	<i>naproxen sodium</i>	1
<i>mimvey</i>	56	<i>naratriptan hcl</i>	43
<i>minocycline hcl</i>	11	<i>nateglinide</i>	47
<i>minoxidil</i>	31	NAYZILAM	39
<i>mirtazapine</i>	33	<i>nebivolol hcl</i>	28
<i>misoprostol</i>	61	<i>necon 0.5/35-28</i>	53
MITIGARE	1	<i>nefazodone hcl</i>	33
M-M-R II INJ	68	<i>neomycin sulfate</i>	4
M-NATAL PLUS TAB	70	<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> 71	
<i>modafinil</i>	45	<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..71	
<i>moexipril hcl</i>	24	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	71
<i>molindone hcl</i>	36	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	71
<i>mometasone furoate</i>	79	<i>neomycin-polymyxin-hc ophth susp</i> ..71	
<i>mometasone furoate (nasal)</i>	76	<i>neomycin-polymyxin-hc otic soln 1%</i> 73	
MONJUVI	19	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	73
<i>mono-linyah</i>	53	<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	71
<i>montelukast sodium</i>	74	<i>neo-polycin hc ophth oint 1%</i>	70
<i>morphine sulfate</i>	2	NERLYNX	19
MOUNJARO	47	<i>nevirapine</i>	6
MOVANTIK	61	NEXLETOL	27
<i>moxifloxacin hcl</i>	10	NEXLIZET TAB 180/10MG	27
<i>moxifloxacin hcl (ophth)</i>	71	NEXPLANON	53
<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	10	<i>niacin (antihyperlipidemic)</i>	27
MRESVIA	68	<i>nicardipine hcl</i>	29
MULTAQ	26	NICOTROL INHALER	46
<i>multiple electrolytes ph 5.5</i>	69	NICOTROL NS	46
<i>multiple electrolytes ph 7.4</i>	69	<i>nifedipine</i>	29
<i>mupirocin</i>	78	<i>nikki</i>	53
<i>mycophenolate mofetil</i>	67	<i>nilutamide</i>	13
<i>mycophenolate sodium</i>	67	<i>nimodipine</i>	29
MYRBETRIQ	62	NINLARO	19
N			
<i>nabumetone</i>	1		
<i>nadolol</i>	28		
<i>nafcillin sodium</i>	11		
NAGLAZYME	57		

<i>nisoldipine</i>	29	NOVOLIN R	49
<i>nitazoxanide</i>	4	NOVOLIN R FLEXPEN	49
<i>nitisinone</i>	57	NOVOLOG	49
NITRO-BID	31	NOVOLOG FLEXPEN	49
<i>nitrofurantoin macrocrystal</i>	4	NOVOLOG MIX INJ 70/30	49
<i>nitrofurantoin monohyd macro</i>	4	NOVOLOG MIX INJ FLEXPEN	49
<i>nitroglycerin</i>	31	NOVOLOG PENFILL	49
<i>nitroglycerin (intra-anal)</i>	80	NUBEQA.....	13
<i>nizatidine</i>	59	NUEDEXTA CAP 20-10MG	44
<i>nora-be</i>	53	NULOJIX	67
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	53	NUPLAZID	36
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	54	NURTEC	43
<i>norethindrone (contraceptive)</i>	54	NUTRILIPID	70
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	54	NUZYRA	11
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	54	<i>nyamyc</i>	78
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	54	<i>nylia 1/35</i>	54
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	54	<i>nylia 7/7/7</i>	54
<i>norethindrone acetate</i>	58	<i>nystatin</i>	5
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	56	<i>nystatin (mouth-throat)</i>	81
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	56	<i>nystatin (topical)</i>	78
<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	54	<i>nystop</i>	78
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	54	O	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	54	<i>ocella</i>	54
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	54	OCTAGAM	66
<i>norlyroc</i>	54	<i>octreotide acetate</i>	57
<i>nortrel 0.5/35 (28)</i>	54	ODEFSEY TAB	7
<i>nortrel 1/35 (21)</i>	54	ODOMZO.....	19
<i>nortrel 1/35 (28)</i>	54	OFEV	75
<i>nortrel 7/7/7</i>	54	<i>ofloxacin (ophth)</i>	71
<i>nortriptyline hcl</i>	33	<i>ofloxacin (otic)</i>	73
NORVIR	6	OGIVRI	19
NOVOLIN INJ 70/30.....	49	OGSIVEO	19
NOVOLIN INJ 70/30 FP	49	OJEMDA	19
NOVOLIN N	49	OJJAARA	19
NOVOLIN N FLEXPEN	49	<i>olanzapine</i>	36
		<i>olmesartan medoxomil</i>	26
		<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	25
		<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	25
		<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	25
		<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	25

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	25	<i>oxaprozin</i>	1
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	25	<i>oxcarbazepine</i>	39
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	25	<i>oxybutynin chloride</i>	62
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	25	<i>oxycodone hcl</i>	2
<i>olopatadine hcl (nasal)</i>	74	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	3
<i>omega-3-acid ethyl esters cap 1 gm</i> .	27	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	3
<i>omeprazole</i>	61	<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	3
OMNIPOD 5 DX KIT INT G7G6.....	49	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	3
OMNIPOD 5 DX MIS POD G7G6.....	49	OZEMPIC (0.25 OR 0.5 MG/DOSE) ...	47
OMNIPOD 5 G7 KIT INTRO	49	OZEMPIC (0.25 OR 0.5MG/DOSE)	47
OMNIPOD 5 G7 MIS PODS	49	OZEMPIC (1MG/DOSE).....	47
OMNIPOD 5 LB KIT INTRO G6.....	49	OZEMPIC (2MG/DOSE).....	47
OMNIPOD 5 LB MIS PODS G6.....	49	P	
OMNIPOD DASH KIT INTRO	49	<i>pacerone</i>	26
OMNIPOD DASH MIS PODS.....	49	<i>paclitaxel</i>	14
OMNIPOD GO KIT 10UNT/DY	49	<i>paclitaxel inj 100mg</i>	14
OMNIPOD GO KIT 15UNT/DY	49	<i>paliperidone</i>	36
OMNIPOD GO KIT 20UNT/DY	49	<i>pamidronate disodium</i>	50
OMNIPOD GO KIT 25UNT/DY	49	PAMIDRONATE DISODIUM.....	50
OMNIPOD GO KIT 30UNT/DY	49	PANRETIN	80
OMNIPOD GO KIT 35UNT/DY	50	<i>pantoprazole sodium</i>	61
OMNIPOD GO KIT 40UNT/DY	50	PANZYGA	66
OMNIPOD MIS CLASSIC	50	<i>paricalcitol</i>	58
<i>ondansetron</i>	59	<i>paroxetine hcl</i>	33
<i>ondansetron hcl</i>	59	PAXLOVID TAB 150-100.....	8
ONTRUZANT	19	PAXLOVID TAB 300-100.....	8
ONUREG	12	<i>pazopanib hcl</i>	19
OPIPZA	36	PEDIARIX INJ 0.5ML	68
OPSUMIT.....	31	PEDVAX HIB	68
ORGOVYX.....	13	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	60
ORKAMBI GRA 100-125	75	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	60
ORKAMBI GRA 150-188	75	PEGASYS.....	8
ORKAMBI GRA 75-94MG.....	75	PEMAZYRE.....	19
ORKAMBI TAB 100-125.....	75	<i>pemetrexed disodium</i>	12
ORKAMBI TAB 200-125	75	PENBRAYA INJ	68
ORSERDU.....	13	<i>penicillamine</i>	50
<i>oseltamivir phosphate</i>	8	<i>penicillin g potassium</i>	11
<i>oxacillin sodium</i>	11	<i>penicillin g sodium</i>	11
<i>oxaliplatin</i>	12	<i>penicillin v potassium</i>	11
		PENTACEL INJ.....	68
		<i>pentamidine isethionate inh</i>	4

<i>pentamidine isethionate inj</i>	4	<i>polycin ophth oint</i>	71
<i>pentoxifylline</i>	63	<i>polymyxin b sulfate</i>	4
<i>perindopril erbumine</i>	24	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>periogard</i>	81	10000 unit/ml-0.1%	71
<i>permethrin</i>	81	POMALYST.....	14
<i>perphenazine</i>	36	<i>portia-28</i>	54
<i>pfizerpen</i>	11	<i>posaconazole</i>	5
<i>phenelzine sulfate</i>	33	POT CHL 20MEQ/L IN NAACL 0.45% INJ	
<i>phenobarbital</i>	39	.....	69
<i>phenobarbital sodium</i>	39	POT CHL 20MEQ/L IN NAACL 0.9% INJ	
<i>phenytek</i>	39	.....	69
<i>phenytoin</i>	39	POT CHL 40MEQ/L IN NAACL 0.9% INJ	
<i>phenytoin sodium</i>	40	.....	69
<i>phenytoin sodium extended</i>	40	<i>potassium chloride</i>	69, 70
PHESGO SOL	19	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>philith</i>	54	<i>in dextrose 5% inj</i>	69
PIFELTRO	6	<i>potassium chloride microencapsulated</i>	
<i>pilocarpine hcl</i>	72	<i>crystals er</i>	70
<i>pilocarpine hcl (oral)</i>	81	<i>potassium citrate (alkalinizer)</i>	62
<i>pimecrolimus</i>	80	<i>pramipexole dihydrochloride</i>	34
<i>pimozide</i>	36	<i>prasugrel hcl</i>	64
<i>pimtrea</i>	54	<i>pravastatin sodium</i>	27
<i>pindolol</i>	28	<i>praziquantel</i>	4
<i>pioglitazone hcl</i>	47	<i>prazosin hcl</i>	24
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone</i>	56
500 mg	47	<i>prednisolone acetate (ophth)</i>	72
<i>pioglitazone hcl-metformin hcl tab 15-</i>		PREDNISOLONE SODIUM PHOSP.....	72
850 mg	47	<i>prednisolone sodium phosphate</i>	56
<i>piperacillin sod-tazobactam na for inj</i>		<i>prednisone</i>	56
3.375 gm (3-0.375 gm)	11	PREDNISONE INTENSOL	56
<i>piperacillin sod-tazobactam sod for inj</i>		<i>pregabalin</i>	40
13.5 gm (12-1.5 gm)	11	PREMASOL SOL 10%	70
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB 27-1MG.....	70
2.25 gm (2-0.25 gm)	11	PRENATAL TAB PLUS	70
<i>piperacillin sod-tazobactam sod for inj</i>		<i>prevalite</i>	27
4.5 gm (4-0.5 gm)	11	PREVYMIS	8
<i>piperacillin sod-tazobactam sod for inj</i>		PREZCOBIX TAB 800-150.....	7
40.5 gm (36-4.5 gm)	11	PREZISTA.....	6
PIQRAY 200MG DAILY DOSE	19	PRIFTIN	8
PIQRAY 250MG TAB DOSE.....	19	<i>primaquine phosphate</i>	5
PIQRAY 300MG DAILY DOSE	19	PRIMAQUINE PHOSPHATE	6
<i>pirfenidone</i>	75	<i>primidone</i>	40
<i>piroxicam</i>	1	PRIORIX INJ	68
<i>pitavastatin calcium</i>	27	PRIVIGEN.....	66
<i>plenamine</i>	70	<i>probenecid</i>	1
PLENVU SOL	60	<i>prochlorperazine</i>	59
<i>podofilox</i>	80	<i>prochlorperazine edisylate</i>	59

<i>prochlorperazine maleate</i>	59	REPATHA PUSHTRONEX SYSTEM	28
PROCRIT	63	REPATHA SURECLICK	28
<i>proctocort</i>	80	RESTASIS	72
<i>procto-med hc</i>	80	RESTASIS MULTIDOSE.....	72
<i>proctosol hc</i>	80	RETEVMO	20
<i>proctozone-hc</i>	80	REVUFORJ	20
<i>progesterone</i>	58	REXULTI	37
PROGRAF	67	REYATAZ.....	6
PROLASTIN-C	75	REZLIDHIA	20
PROLIA	50	REZUROCK.....	67
<i>promethazine hcl</i>	59	RHOPRESSA	72
<i>propafenone hcl</i>	26	<i>ribavirin (hepatitis c)</i>	8
<i>proparacaine hcl</i>	72	<i>rifabutin</i>	8
<i>propranolol hcl</i>	28	<i>rifampin</i>	8
<i>propylthiouracil</i>	58	<i>riluzole</i>	44
PROQUAD INJ	68	<i>rimantadine hydrochloride</i>	8
PROSOL INJ 20%	70	RINVOQ	65
<i>protriptyline hcl</i>	33	RINVOQ LQ	65
PULMOZYME	75	<i>risedronate sodium</i>	50
PURIXAN	13	<i>risperidone</i>	37
<i>pyrazinamide</i>	8	<i>risperidone microspheres</i>	37
<i>pyridostigmine bromide</i>	44	<i>ritonavir</i>	6
<i>pyrimethamine</i>	4	<i>rivaroxaban</i>	63
Q		<i>rivastigmine</i>	32
QINLOCK.....	19	<i>rivastigmine tartrate</i>	32
QUADRACEL INJ 0.5ML	68	<i>rivelsa</i>	54
<i>quetiapine fumarate</i>	36, 37	<i>rizatriptan benzoate</i>	43
<i>quinapril hcl</i>	24	ROCKLATAN DRO	72
<i>quinidine sulfate</i>	26	<i>roflumilast</i>	75
<i>quinine sulfate</i>	6	<i>ropinirole hydrochloride</i>	34
QULIPTA	43	<i>rosuvastatin calcium</i>	27
R		ROTARIX SUS	68
RABAVERT INJ	68	ROTATEQ SOL.....	68
<i>rabeprazole sodium</i>	61	<i>roweepra</i>	40
<i>raloxifene hcl</i>	57	ROZLYTREK.....	20
<i>ramipril</i>	24	RUBRACA	20
<i>ranolazine</i>	31	<i>rufinamide</i>	40
<i>rasagiline mesylate</i>	34	RUKOBIA	6
<i>reclipsen</i>	54	RYBELSUS	48
RECOMBIVAX HB.....	68	RYDAPT	20
REGRANEX	81	S	
RELENZA DISKHALER	8	<i>sajazir</i>	63
RELISTOR	61	SANTYL.....	81
REMICADE.....	65	<i>sapropterin dihydrochloride</i>	57
RENFLEXIS	65	SCEMBLIX	20
<i>repaglinide</i>	48	<i>scopolamine</i>	59
REPATHA.....	27	SECUADO.....	37

<i>selegiline hcl</i>	34	<i>sps</i>	50
<i>selenium sulfide</i>	78	<i>sps rectal</i>	50
SELZENTRY.....	6	<i>sronyx</i>	54
SEREVENT DISKUS.....	74	<i>ssd</i>	78
<i>sertraline hcl</i>	33	STELARA.....	65
<i>setlakin</i>	54	STIVARGA.....	20
<i>sharobel</i>	54	<i>streptomycin sulfate</i>	4
SHINGRIX.....	68	STRIBILD TAB.....	7
SIGNIFOR.....	57	<i>subvenite</i>	40
SIKLOS.....	63	<i>sucralfate</i>	61
<i>sildenafil citrate (pulmonary hypertension)</i>	31	<i>sulfacetamide sodium (acne)</i>	77
<i>silodosin</i>	61	<i>sulfacetamide sodium (ophth)</i>	71
<i>silver sulfadiazine</i>	78	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	71
SIMBRINZA SUS 1-0.2%.....	72	<i>sulfadiazine</i>	4
<i>simliya</i>	54	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4
<i>simpesse</i>	54	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4
<i>simvastatin</i>	27	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	4
<i>sirolimus</i>	67	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	4
SIRTURO.....	8	SULFAMYLON.....	78
SKYRIZI.....	65	<i>sulfasalazine</i>	60
SKYRIZI PEN.....	65	<i>sulindac</i>	1
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	60	<i>sumatriptan</i>	43
<i>sodium chloride</i>	69	<i>sumatriptan succinate</i>	43
<i>sodium chloride (gu irrigant)</i>	81	<i>sunitinib malate</i>	20
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	70	SUNLENCA.....	6
SODIUM OXYBATE.....	45	<i>syeda</i>	54
<i>sodium phenylbutyrate</i>	57	SYMDEKO TAB 100-150.....	75
<i>sodium polystyrene sulfonate powder</i>	50	SYMDEKO TAB 50-75MG.....	75
<i>solifenacin succinate</i>	62	SYMPAZAN.....	40
SOLIQUA INJ 100/33.....	50	SYMTUZA TAB.....	7
SOLTAMOX.....	13	SYNAREL.....	58
SOLU-CORTEF.....	56	SYNJARDY TAB 12.5-1000MG.....	48
SOMATULINE DEPOT.....	57	SYNJARDY TAB 12.5-500.....	48
SOMAVERT.....	57	SYNJARDY TAB 5-1000MG.....	48
<i>sorafenib tosylate</i>	20	SYNJARDY TAB 5-500MG.....	48
<i>sotalol hcl</i>	26	SYNJARDY XR TAB 10-1000.....	48
<i>sotalol hcl (afib/afl)</i>	26	SYNJARDY XR TAB 12.5-1000.....	48
SOTYKTU.....	65	SYNJARDY XR TAB 25-1000.....	48
<i>spironolactone</i>	24	SYNJARDY XR TAB 5-1000MG.....	48
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	29	SYNTHROID.....	58
<i>sprintec 28</i>	54	T	
SPRITAM.....	40	TABLOID.....	13

TABRECTA	20	<i>testosterone pump</i>	46
<i>tacrolimus</i>	67	<i>tetrabenazine</i>	44
<i>tacrolimus (topical)</i>	80	<i>tetracycline hcl</i>	11
<i>tadalafil</i>	61	THALOMID	14
<i>tadalafil (pulmonary hypertension)</i> ...	31	THEO-24	76
TAFINLAR.....	20	<i>theophylline</i>	76
TAGRISSE	20	<i>thioridazine hcl</i>	37
TALZENNA.....	20, 21	<i>thiothixene</i>	37
<i>tamoxifen citrate</i>	13	<i>tiadylt er</i>	29
<i>tamsulosin hcl</i>	61	<i>tiagabine hcl</i>	40
<i>tarina 24 fe</i>	54	TIBSOVO.....	21
<i>tarina fe 1/20 eq</i>	54	TICOVAC.....	68
TASIGNA.....	21	<i>tigecycline</i>	11
<i>tasimelteon</i>	42	<i>tilia fe</i>	54
TAVNEOS	63	<i>timolol maleate</i>	28
<i>tazarotene</i>	78	<i>timolol maleate (ophth)</i>	72
<i>tazicef</i>	9	<i>tinidazole</i>	4
TAZORAC	78	TIVICAY	6
TAZVERIK	21	TIVICAY PD	6
TECENTRIQ	21	<i>tizanidine hcl</i>	45
TECENTRIQ INJ HYBREZA.....	21	TOBI PODHALER	4
TEFLARO	9	TOBRADEX OIN 0.3-0.1%	71
<i>telmisartan</i>	26	<i>tobramycin</i>	4
<i>telmisartan-amlodipine tab 40-10 mg</i>	25	<i>tobramycin (ophth)</i>	71
<i>telmisartan-amlodipine tab 40-5 mg</i> .25		<i>tobramycin sulfate</i>	4
<i>telmisartan-amlodipine tab 80-10 mg</i>	25	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	71
<i>telmisartan-amlodipine tab 80-5 mg</i> .25		<i>tolterodine tartrate</i>	62
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	25	<i>topiramate</i>	40
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	25	<i>toremifene citrate</i>	13
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	25	<i>torpenz</i>	21
<i>temazepam</i>	42	<i>torse mide</i>	29
TENIVAC INJ 5-2LF.....	68	TOUJEO MAX SOLOSTAR	50
<i>tenofovir disoproxil fumarate</i>	6	TOUJEO SOLOSTAR	50
TEPMETKO.....	21	TPN ELECTROL INJ	70
<i>terazosin hcl</i>	24	TRADJENTA	48
<i>terbinafine hcl</i>	5	<i>tramadol hcl</i>	3
<i>terbutaline sulfate</i>	74	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3
<i>terconazole vaginal</i>	62	<i>trandolapril</i>	24
TERIPARATIDE.....	50	<i>tranexamic acid</i>	63
<i>testosterone</i>	46	<i>tranylcypromine sulfate</i>	33
<i>testosterone cypionate</i>	46	TRAVASOL INJ 10%.....	70
<i>testosterone enanthate</i>	46	<i>travoprost</i>	72
		TRAZIMERA	21
		<i>trazodone hcl</i>	33
		TRECATOR	8

TRELEGY AER ELLIPTA 100-62.5-25 MCG	73	<i>trimipramine maleate</i>	33
TRELEGY AER ELLIPTA 200-62.5-25 MCG	73	TRINTELLIX	33
TREMFYA.....	65	<i>tri-nymyo</i>	55
<i>treprostinil</i>	31	<i>tri-sprintec</i>	55
TRESIBA	50	TRIUMEQ PD TAB	7
TRESIBA FLEXTOUCH.....	50	TRIUMEQ TAB	7
<i>tretinoin</i>	78	<i>trivora-28</i>	55
<i>tretinoin (chemotherapy)</i>	14	<i>tri-vylibra</i>	55
<i>triamcinolone acetonide (mouth)</i>	81	<i>tri-vylibra lo</i>	55
<i>triamcinolone acetonide (topical)</i>	79	TROGARZO.....	6
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	30	TROPHAMINE INJ 10%.....	70
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	30	<i>tropium chloride</i>	62
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	30	TRULICITY.....	48
<i>tridacaine ii</i>	80	TRUMENBA INJ	68
<i>triderm</i>	79	TRUQAP	21
<i>trientine hcl</i>	50	TRUXIMA.....	21
<i>tri-estarylla</i>	54	TUKYSA	21
<i>trifluoperazine hcl</i>	37	TURALIO	21
<i>trifluridine</i>	71	<i>turqoz</i>	55
<i>trihexyphenidyl hcl</i>	34	<i>twice-daily clindamycin phosphate</i> <i>(topical)</i>	78
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	48	TWINRIX INJ	68
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	48	TYBOST	6
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	48	<i>tydemy</i>	55
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	48	TYENNE	65
TRIKAFTA PAK 59.5MG.....	76	TYPHIM VI.....	68
TRIKAFTA PAK 75MG	76	U	
TRIKAFTA TAB 100-50-75MG & 150MG	76	UBRELVY.....	43
TRIKAFTA TAB 50-25-37.5MG & 75MG	76	<i>unithroid</i>	58
<i>tri-legest fe</i>	54	<i>ursodiol</i>	61
<i>tri-linyah</i>	54	V	
<i>tri-lo-estarylla</i>	55	<i>valacyclovir hcl</i>	9
<i>tri-lo-marzia</i>	55	VALCHLOR	80
<i>tri-lo-mili</i>	55	<i>valganciclovir hcl</i>	9
<i>tri-lo-sprintec</i>	55	<i>valproate sodium</i>	40
<i>trimethoprim</i>	4	<i>valproic acid</i>	40
<i>tri-mili</i>	55	<i>valsartan</i>	26
		<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	26
		<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	26
		<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	26
		<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	26
		<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	26

VALTOCO 10 MG DOSE	40	VORANIGO	22
VALTOCO 15 MG DOSE	40	<i>voriconazole</i>	5
VALTOCO 20 MG DOSE	40	VOSEVI TAB	9
VALTOCO 5 MG DOSE	40	VOWST CAP.....	61
<i>valtya 1/50</i>	55	VRAYLAR.....	37
<i>vancomycin hcl</i>	4, 5	<i>vyfemla</i>	55
VANCOMYCIN INJ 1 GM.....	5	<i>vylibra</i>	55
VANCOMYCIN INJ 500MG	5	VYZULTA.....	72
VANCOMYCIN INJ 750MG	5	W	
VANFLYTA	21	<i>warfarin sodium</i>	63
VAQTA	68	<i>water for irrigation, sterile irrigation</i>	
<i>varenicline tartrate</i>	46	<i>soln</i>	81
<i>varenicline tartrate tab 11 x 0.5 mg &</i>		WELIREG	14
<i>42 x 1 mg start pack</i>	46	<i>wera</i>	55
VARIVAX	68	WESTAB PLUS TAB 27-1MG.....	70
VASCEPA.....	28	<i>wixela inhub</i>	77
VAXCHORA SUS	68	<i>wymzya fe</i>	55
<i>velivet</i>	55	X	
VELSIPITY	66	XALKORI	22
VENCLEXTA	21	<i>xarah fe</i>	55
VENCLEXTA TAB START PK.....	21	XARELTO.....	63
<i>venlafaxine hcl</i>	33	XARELTO STAR TAB 15/20MG.....	63
VENTOLIN HFA.....	74	XATMEP	66
VENTOLIN HFA (INSTITUTIONAL PACK)		XCOPRI.....	41
.....	74	XCOPRI PAK 100-150	41
VEOZAH	58	XCOPRI PAK 12.5-25	41
<i>verapamil hcl</i>	29	XCOPRI PAK 150-200MG	
VERQUVO.....	31	(MAINTENANCE).....	41
VERSACLOZ.....	37	XCOPRI PAK 150-200MG (TITRATION)	
VERZENIO	21	.....	41
<i>vestura</i>	55	XCOPRI PAK 50-100MG.....	41
<i>vienna</i>	55	XDEMVY.....	71
<i>vigabatrin</i>	40	XELJANZ	66
<i>vigadrone</i>	41	XELJANZ XR	66
VIGAFYDE	41	XERMELO	61
<i>vigpoder</i>	41	XGEVA.....	50
<i>vilazodone hcl</i>	33	XHANCE	76
<i>vincristine sulfate</i>	14	XIFAXAN	61
<i>vinorelbine tartrate</i>	14	XIGDUO XR TAB 10-1000.....	48
<i>violele</i>	55	XIGDUO XR TAB 10-500MG	48
VIRACEPT.....	7	XIGDUO XR TAB 2.5-1000.....	48
VIREAD.....	7	XIGDUO XR TAB 5-1000MG	48
VITRAKVI	21	XIGDUO XR TAB 5-500MG	48
VIVITROL	46	XIIDRA	72
VIVOTIF CAP EC.....	68	XOFLUZA	9
VIZIMPRO	21	XOLAIR.....	76
VONJO	22	XOSPATA	22

XPOVIO PAK (100 MG ONCE WEEKLY)	ZENPEP CAP 10000UNT	61
.....22	ZENPEP CAP 15000UNT	61
XPOVIO PAK (40 MG ONCE WEEKLY)	ZENPEP CAP 20000UNT	61
XPOVIO PAK (40 MG TWICE WEEKLY)	ZENPEP CAP 25000UNT	61
.....22	ZENPEP CAP 3000UNIT	61
XPOVIO PAK (60 MG ONCE WEEKLY)	ZENPEP CAP 40000UNT	61
XPOVIO PAK (60 MG TWICE WEEKLY)	ZENPEP CAP 5000UNIT	61
.....22	ZENPEP CAP 60000UNT	61
XPOVIO PAK (80 MG ONCE WEEKLY)	<i>zidovudine</i>	7
XPOVIO PAK (80 MG TWICE WEEKLY)	<i>ziprasidone hcl</i>	37
.....22	<i>ziprasidone mesylate</i>	37
XTANDI	ZIRABEV	22
<i>xulane</i>	ZIRGAN	71
XULTOPHY INJ 100/3.6	<i>zoledronic acid</i>	50
Y	ZOLINZA	22
YF-VAX INJ	<i>zolpidem tartrate</i>	43
<i>yuvaferm</i>	ZONISADE	41
Z	<i>zonisamide</i>	41
<i>zafemy</i>	<i>zovia 1/35</i>	55
<i>zafirlukast</i>	ZTALMY	41
<i>zaleplon</i>	<i>zumandimine</i>	55
ZARXIO	ZURZUVAE	33
ZEGALOGUE	ZYDELIG	22
ZEJULA	ZYKADIA	22
ZELBORAF	ZYLET SUS 0.5-0.3%	71
ZEMAIRA	ZYPITAMAG	27
<i>zenatane</i>		

This Formulary was updated on May 1, 2025. For more recent information or other questions, please contact the MVP Member Services/Customer Care Center.

**For MVP DualAccess (HMO D-SNP) members:
1-866-954-1872**

Seven days a week, 8 am–8 pm Eastern Time

April 1–September 30, Monday-Friday, 8 am–8 pm

TTY: 711

Visit mvphealthcare.com/partdformulary for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

Este documento está disponible gratis en español. Por favor llame al Centro de Servicios a los Afiliados de MVP Medicare al número arriba.