

MVP Health Care®

2026 Medicare Part D Formulary

(List of Covered Drugs)

For Medicare Advantage plan coverage through a former employer.

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

Additional Resources to Help: Please contact the MVP Medicare Customer Care Center at **1-800-665-7924** for additional information.

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.

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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 Preferred Gold (HMO-POS), or USA Care (PPO).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2027, and from time to time during the year.

What is the 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 Medicare Part D Formulary?"

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

Generally, if you are taking a drug on our 2025 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of October 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 2026 Formulary changes) by calling the MVP Medicare 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 83. 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.

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

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

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 Medicare Part D 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 Medicare 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 Medicare 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 83.

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.

Enhanced Drug (ED)

Certain enhanced plans offered through employer groups include additional prescription drug coverage for some Medicare-excluded drugs. Refer to your plan documents to see if

you have one of these plans. Please note, these prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

The amount you pay when you fill a prescription for these drugs does not count toward total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage.) In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Tier Descriptions

Tier 1–Preferred Generic Drugs–\$0 cost

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

Tier 2–Generic Drugs

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

Tier 3–Preferred Brand Name Drugs

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

Tier 4–Non-Preferred Brand Drugs

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

Tier 5–Specialty Drugs

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

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials. Refer to your prescription drug benefit Rider for information about drug tier costs.

Plan-covered insulin drugs have a \$35 maximum co-pay regardless of tier, and are not subject to the deductible.

ANALGESICS	1
ANTI-INFECTIVES	3
ANTINEOPLASTIC AGENTS.....	11
CARDIOVASCULAR.....	23
CENTRAL NERVOUS SYSTEM	32
ENDOCRINE AND METABOLIC.....	47
GASTROINTESTINAL.....	59
GENITOURINARY	61
HEMATOLOGIC	63
IMMUNOLOGIC AGENTS	64
NUTRITIONAL/SUPPLEMENTS	69
OPHTHALMIC.....	71
OTIC	73
RESPIRATORY	74
TOPICAL.....	78
Index	83

MVP_CY26_5T_GS_CORE eff 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	
<i>probenecid</i> TABS 500mg	3	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	3	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	4	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	5	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	4	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	4	
<i>CAYSTON SOLR 75mg</i>	5	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>DAPTOMYCIN SOLR 350mg</i>	5	
<i>daptomycin SOLR 350mg, 500mg</i>	5	
<i>EMVERM CHEW 100mg</i>	5	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	3	
<i>fosfomycin tromethamine PACK 3gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO CAPS 50mg	5	PA
ivermectin TABS 3mg	3	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	3	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 2gm, 500mg	4	
methenamine hippurate TABS 1gm	3	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	5	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel TABS 600mg	4	
pyrimethamine TABS 25mg	5	QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	5	
sulfadiazine TABS 500mg	5	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NM, PA
tobramycin NEBU 300mg/5ml	5	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
vancomycin hcl CAPS 125mg	4	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	4	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	
<i>miconazole sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	4	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	NM
<i>darunavir</i> TABS 600mg	4	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	4	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
EDURANT PED TBSO 2.5mg	5	NM
<i>efavirenz</i> TABS 600mg	4	NM
<i>emtricitabine</i> CAPS 200mg	4	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	4	NM
TIVICAY TABS 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
zidovudine CAPS 100mg	4	NM
zidovudine SYRP 50mg/5ml; TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM
lopinavir-ritonavir tab 100-25 mg	4	NM
lopinavir-ritonavir tab 200-50 mg	4	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 675/150	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYM TUZA TAB	5	NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, PA

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
<i>entecavir</i> TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
<i>lamivudine (hbv)</i> TABS 100mg	3	NM
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
<i>fidaxomicin</i> TABS 200mg	5	
FLUOROQUINOLONES		
<i>CIPRO</i> SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>ampicillin</i> CAPS 500mg	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NM
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Drug Name	Drug Tier	Requirements/Limits
BENDEKA SOLN 100mg/4ml	5	NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	
<i>cyclophosphamide</i> SOLR 2gm	5	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	
VIVIMUSTA SOLN 100mg/4ml	5	NM

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NM
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS 40mg	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NM
<i>mesna</i> TABS 400mg	5	
MODEYSO CAPS 125mg	5	QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	

Drug Name	Drug Tier	Requirements/Limits
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	
paclitaxel inj 100mg	5	NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
bortezomib SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	5	QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib</i> TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERNEXEOS TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 9mg	5	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPk 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (840 tabs / 28 days), NM, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TECENTRIQ INJ HYBREZA	5	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPB 160mg, 200mg	5	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, PA

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	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 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>sacubitril-valsartan tab 24-26 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	3	QL (60 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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>	4	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, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	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	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<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	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj SOLN 10mg/ml</i>	3	
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide TABS 1.25mg, 2.5mg</i>	1	
<i>methazolamide TABS 25mg, 50mg</i>	4	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	5	QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 200mcg	5	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr</i> 14-10 mg	4	
<i>memantine hcl-donepezil hcl cap er 24hr</i> 21-10 mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	4	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>carb/levo orally disintegrating tab 10-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	3	
<i>carbidopa TABS 25mg</i>	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
<i>INBRIJA CAPS 42mg</i>	5	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	5	QL (1 syringe / 56 days)
<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	5	QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	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	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	5	QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days)
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	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	2	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	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg; TABS 600mg, 800mg	2	
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
LEVETIRACETAM TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	4	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate</i> CPSP 50mg	4	
<i>topiramate</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
<i>testosterone pump</i> GEL 1.62%	4	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	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)
<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-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	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days), ST
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	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	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	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)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
TERIPARATIDE SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml	4	NM
<i>zoledronic acid</i> SOLN 5mg/100ml	4	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
<i>kionex</i> SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sps</i> SUSP 15gm/60ml	4	
<i>sps rectal</i> SUSP 15gm/60ml	4	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>haloette</i>	3	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>LILETTA IUD 20.1mcg/day</i>	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>meleya TABS .35mg</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>NEXPLANON IMPL 68mg</i>	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>ocella</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/50</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<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	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>hydrocortisone sod succinate</i> SOLR 100mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
<i>betaine powder for oral solution</i>	5	NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
REVCovi SOLN 2.4mg/1.5ml	5	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOLN 2mg/ml	5	PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPk 15mg	5	NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	3	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	
THYROID AGENTS		
<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	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<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	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml</i>	3	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

IMPOTENCE AGENTS

<i>avanafil</i> TABS 50mg, 100mg, 200mg	2	ED, QL (4 tabs / 30 days)
CAVERJECT SOLR 20mcg, 40mcg	4	ED, QL (6 vials / 30 days)
CAVERJECT IMPULSE KIT 10mcg	4	ED, QL (6 each / 30 days)
CAVERJECT IMPULSE KIT 20mcg	4	ED, QL (6 kits / 30 days)
CIALIS TABS 10mg, 20mg	4	ED, QL (4 tabs / 30 days)
EDEX KIT 10mcg	4	ED, QL (6 each / 30 days)
EDEX KIT 20mcg, 40mcg	4	ED, QL (6 kits / 30 days)
MUSE PLLT 250mcg, 500mcg, 1000mcg	4	ED, QL (6 sup / 30 days)
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (4 tabs / 30 days)
STENDRA TABS 50mg, 100mg, 200mg	4	ED, QL (4 tabs / 30 days)
<i>tadalafil</i> TABS 10mg, 20mg	2	ED, QL (4 tabs / 30 days)
<i>varденаfil hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg; TBDP 10mg	2	ED, QL (4 tabs / 30 days)
VIAGRA TABS 25mg, 50mg, 100mg	4	ED, QL (4 tabs / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>tropium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>tropium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	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	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
KINERET SOSY 100mg/0.67ml	5	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NM, PA
TREMFYA SOPN 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	5	B/D, NM
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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
BENLYSTA SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	B/D, NM
everolimus (immunosuppressant) TABS .25mg	4	B/D, NM
engraf CAPS 25mg, 100mg	4	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	5	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	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	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY 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 SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3
<i>dextrose 5% in lactated ringers</i>	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3

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

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	
<i>klor-con</i> 10 TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
XDEMVY SOLN .25%	5	NM
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	4	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	4	
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	2	QL (300 mL / 30 days)
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TAB 4-20-50	5	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 bottles / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breynd</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	3	QL (60 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	2	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox GEL .77%</i>	3	QL (100 gm / 30 days)
<i>ciclopirox SHAM 1%</i>	3	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	3	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	2	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	
<i>calcipotriene CREA .005%; OINT .005%</i>	4	QL (120 gm / 30 days)
<i>calcipotriene SOLN .005%</i>	3	QL (120 mL / 30 days)
<i>calcitrene OINT .005%</i>	4	QL (120 gm / 30 days)
<i>ENSTILAR AER</i>	5	QL (120 gm / 30 days), PA
<i>methoxsalen rapid CAPS 10mg</i>	5	
<i>tazarotene CREA .05%, .1%</i>	3	QL (60 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical) CREA .05%</i>	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical) LOTN .05%</i>	3	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	4	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	3	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5%	2	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	3	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
<i>PANRETIN</i> GEL .1%	5	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
<i>VALCHLOR</i> GEL .016%	5	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
<i>abigale</i>	55
<i>abigale lo</i>	55
ABILIFY ASIMTUFII.....	35
ABILIFY MAINTENA.....	35
<i>abiraterone acetate</i>	13
<i>abirtega</i>	13
ABRYSVO.....	68
<i>acamprosate calcium</i>	46
<i>acarbose</i>	47
<i>accutane</i>	78
<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>	62
<i>acetic acid (otic)</i>	73
<i>acetylcysteine</i>	75
<i>acitretin</i>	79
ACTHIB INJ.....	68
ACTIMMUNE.....	67
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ.....	68
<i>adefovir dipivoxil</i>	8
ADEMPAS.....	31
ADMELOG.....	48
ADMELOG SOLOSTAR.....	48
ADVAIR HFA AER 115/21.....	77
ADVAIR HFA AER 230/21.....	77
ADVAIR HFA AER 45/21.....	77
<i>afirmelle</i>	51
AIMOVIG.....	44
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>	75
<i>alclometasone dipropionate</i>	79
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY.....	49
ALDURAZYME.....	56
ALECENSA.....	15
<i>alendronate sodium</i>	50
<i>alfuzosin hcl</i>	61
<i>aliskiren fumarate</i>	30
<i>allopurinol</i>	1
<i>alosetron hcl</i>	60
<i>alprazolam</i>	32
<i>altavera</i>	51
ALUNBRIG.....	15
ALUNBRIG PAK.....	15
ALVAIZ.....	64
ALVESCO.....	77
<i>alyacen 1/35</i>	51
<i>alyacen 7/7/7</i>	51
ALYFTREK TAB 10-50-125.....	76
ALYFTREK TAB 4-20-50.....	76
ALYGLO.....	67
<i>alyq</i>	31
<i>amantadine hcl</i>	34
<i>ambrisentan</i>	31
<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>	33
<i>amlodipine besylate</i>	29
<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>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 2.5-40 mg</i>	30	
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-10 mg</i>	30	
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-20 mg</i>	30	
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-40 mg</i>	30	
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-80 mg</i>	30	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>10-20 mg</i>	23	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>10-40 mg</i>	23	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>2.5-10 mg</i>	23	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-10 mg</i>	23	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-20 mg</i>	23	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-40 mg</i>	23	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 10-20 mg</i>	24	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 10-40 mg</i>	24	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 5-20 mg</i>	24	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 5-40 mg</i>	24	
<i>amlodipine besylate-valsartan tab 10-</i>		
<i>160 mg</i>	24	
<i>amlodipine besylate-valsartan tab 10-</i>		
<i>320 mg</i>	24	
<i>amlodipine besylate-valsartan tab 5-</i>		
<i>160 mg</i>	24	
<i>amlodipine besylate-valsartan tab 5-</i>		
<i>320 mg</i>	24	
<i>amnestem</i>	78	
<i>amoxapine</i>	33	
<i>amoxicillin</i>	10	
<i>amoxicillin & k clavulanate for susp</i>		
<i>200-28.5 mg/5ml</i>	10	
<i>amoxicillin & k clavulanate for susp</i>		
<i>250-62.5 mg/5ml</i>	10	
<i>amoxicillin & k clavulanate for susp</i>		
<i>400-57 mg/5ml</i>	10	
<i>amoxicillin & k clavulanate for susp</i>		
<i>600-42.9 mg/5ml</i>	10	
<i>amoxicillin & k clavulanate tab 250-125</i>		
<i>mg</i>	10	
<i>amoxicillin & k clavulanate tab 500-125</i>		
<i>mg</i>	10	
<i>amoxicillin & k clavulanate tab 875-125</i>		
<i>mg</i>	10	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 10 mg</i>	42	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 15 mg</i>	42	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 20 mg</i>	43	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 25 mg</i>	43	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 30 mg</i>	43	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 5 mg</i>	42	
<i>amphetamine-dextroamphetamine tab</i>		
<i>10 mg</i>	43	
<i>amphetamine-dextroamphetamine tab</i>		
<i>12.5 mg</i>	43	
<i>amphetamine-dextroamphetamine tab</i>		
<i>15 mg</i>	43	
<i>amphetamine-dextroamphetamine tab</i>		
<i>20 mg</i>	43	
<i>amphetamine-dextroamphetamine tab</i>		
<i>30 mg</i>	43	
<i>amphetamine-dextroamphetamine tab</i>		
<i>5 mg</i>	43	
<i>amphetamine-dextroamphetamine tab</i>		
<i>7.5 mg</i>	43	
<i>amphotericin b</i>	5	
<i>amphotericin b liposome</i>	5	
<i>ampicillin</i>	10	
<i>ampicillin & sulbactam sodium for inj</i>		
<i>1.5 (1-0.5) gm</i>	10	
<i>ampicillin & sulbactam sodium for inj 3</i>		
<i>(2-1) gm</i>	10	
<i>ampicillin & sulbactam sodium for iv</i>		
<i>soln 1.5 (1-0.5) gm</i>	10	
<i>ampicillin & sulbactam sodium for iv</i>		
<i>soln 15 (10-5) gm</i>	10	
<i>ampicillin & sulbactam sodium for iv</i>		
<i>soln 3 (2-1) gm</i>	10	

<i>ampicillin sodium</i>	11	<i>aurovela fe 1/20</i>	51
<i>anagrelide hcl</i>	64	AUSTEDO	45
<i>anastrozole</i>	13	AUSTEDO XR	45
ANORO ELLIPT AER 62.5-25	74	AUSTEDO XR TAB TITR KIT	45
<i>aprepitant</i>	59	AUVELITY TAB 45-105MG.....	33
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	59	<i>avanafil</i>	62
<i>apri</i>	51	<i>aviane</i>	51
APTIOM.....	38	AVMAPKI PAK FAKZYNJA	15
APTIVUS	6	<i>ayuna</i>	51
ARALAST NP	76	AYVAKIT	15
<i>aranelle</i>	51	<i>azacitidine</i>	12
ARCALYST	67	<i>azathioprine</i>	68
AREXVY.....	68	<i>azelaic acid</i>	81
<i>arformoterol tartrate</i>	75	<i>azelastine hcl</i>	74
ARIKAYCE	3	<i>azelastine hcl (ophth)</i>	73
<i>aripiprazole</i>	35, 36	<i>azithromycin</i>	9
ARISTADA	36	<i>aztreonam</i>	3
ARISTADA INITIO.....	36	<i>azurette</i>	51
<i>armodafinil</i>	46	B	
ARNUITY ELLIPTA.....	77	<i>bacitracin (ophthalmic)</i>	72
<i>asenapine maleate</i>	36	<i>bacitracin-polymyxin b ophth oint</i>	72
<i>ashlyna</i>	51	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	71
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	64	<i>baclofen</i>	46
ASTAGRAF XL	67, 68	BAFIERTAM	45
<i>atazanavir sulfate</i>	6	<i>balsalazide disodium</i>	60
<i>atenolol</i>	28	BALVERSA.....	15
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	28	<i>balziva</i>	51
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28	BARACLUDE	8
<i>atomoxetine hcl</i>	43	BCG VACCINE.....	68
<i>atorvastatin calcium</i>	27	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	23
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	23
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	5	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	5	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	23
ATROPINE SULFATE.....	73	<i>benazepril hcl</i>	24
<i>atropine sulfate (ophthalmic)</i>	73	BENDAMUSTINE HYDROCHLORID.....	11
ATROVENT HFA	74	BENDEKA	12
<i>aubra eq</i>	51	BENLYSTA	68
AUGTYRO	15	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	78
<i>aurovela 1/20</i>	51	<i>benztropine mesylate</i>	34
<i>aurovela 24 fe</i>	51	BERINERT	64
<i>aurovela fe 1.5/30</i>	51	BESIVANCE	72

BESREMI	14	<i>bromocriptine mesylate</i>	34
<i>betaine powder for oral solution</i>	56	BRUKINSA	15
<i>betamethasone dipropionate (topical)</i>	79, 80	<i>budesonide</i>	60
<i>betamethasone dipropionate</i> <i>augmented</i>	80	<i>budesonide (inhalation)</i>	77
<i>betamethasone valerate</i>	80	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	78
BETASERON	45	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	78
<i>betaxolol hcl (ophth)</i>	73	<i>bumetanide</i>	29
<i>bethanechol chloride</i>	62	<i>buprenorphine hcl</i>	46
BEVESPI AER 9-4.8MCG	74	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	46
<i>bexarotene</i>	14	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	46
<i>bexarotene (topical)</i>	81	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	46
BEXSERO	68	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	46
<i>bicalutamide</i>	13	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	46
BICILLIN L-A	11	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	46
BIKTARVY TAB 30-120-15 MG	7	<i>bupropion hcl</i>	33
BIKTARVY TAB 50-200-25 MG	7	<i>bupropion hcl (smoking deterrent)</i> ...	46
BIMZELX	64	<i>buspirone hcl</i>	32
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	28	<i>butorphanol tartrate</i>	2
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	28	C	
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	28	<i>cabergoline</i>	56
<i>bisoprolol fumarate</i>	28	CABOMETYX	16
BIVIGAM	67	<i>calcipotriene</i>	79
<i>blisovi 24 fe</i>	51	<i>calcitonin (salmon) spray</i>	50
<i>blisovi fe 1.5/30</i>	51	<i>calcitrene</i>	79
BONSITY	50	<i>calcitriol</i>	58
BOOSTRIX INJ	68	<i>calcitriol (oral)</i>	58
<i>bortezomib</i>	15	CALQUENCE	16
BORTEZOMIB	15	<i>camila</i>	51
<i>bosentan</i>	31	<i>camrese</i>	51
BOSULIF	15	<i>camrese lo</i>	51
BRAFTOVI	15	<i>candesartan cilexetil</i>	26
BREO ELLIPTA INH 100-25	77	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	25
BREO ELLIPTA INH 200-25	78	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	25
BREO ELLIPTA INH 50-25MCG	77	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	25
<i>breyana</i>	78		
BREZTRI AERO AER SPHERE	74		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	74		
<i>briellyn</i>	51		
<i>brimonidine tartrate</i>	73		
<i>brinzolamide</i>	73		
BRIVIACT	38		

CAPLYTA	36	cefaclor.....	9
CAPRELSA	16	cefadroxil	9
captopril.....	24	CEFAZOLIN	9
captopril & hydrochlorothiazide tab 25-15 mg	23	CEFAZOLIN INJ 1GM/50ML	9
captopril & hydrochlorothiazide tab 25-25 mg	23	cefazolin sodium	9
captopril & hydrochlorothiazide tab 50-15 mg	23	CEFAZOLIN SOLN 2GM/100ML-4%	9
captopril & hydrochlorothiazide tab 50-25 mg	23	CEFAZOLIN/DEX SOL 1GM/50ML-4% .	9
carb/levo orally disintegrating tab 10-100mg	35	CEFAZOLIN/DEX SOL 2GM/50ML-3% .	9
carb/levo orally disintegrating tab 25-100mg	35	CEFAZOLIN/DEX SOL 3GM/150ML-4% .	9
carb/levo orally disintegrating tab 25-250mg	35	CEFAZOLIN/DEX SOL 3GM/50ML-2% .	9
carbamazepine.....	39	cefdinir	9
carbidopa	35	cefepime hcl	9
carbidopa & levodopa tab 10-100 mg	35	cefixime	9
carbidopa & levodopa tab 25-100 mg	35	cefotetan disodium	9
carbidopa & levodopa tab 25-250 mg	35	cefoxitin sodium.....	9
carbidopa & levodopa tab er 25-100 mg	35	cefpodoxime proxetil	9
carbidopa & levodopa tab er 50-200 mg	35	cefprozil.....	9
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	35	ceftazidime.....	9
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	35	ceftriaxone sodium	9
carbidopa-levodopa-entacapone tabs 25-100-200 mg	35	cefuroxime axetil	9
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	35	cefuroxime sodium	9
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	35	celecoxib.....	1
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	35	cephalexin.....	9
carboplatin	12	CEQUR SIMPL KIT PATCH 2U (3-DAY)	49
carglumic acid.....	56	CEQUR SIMPL KIT PATCH 2U (4-DAY)	49
carteolol hcl (ophth)	73	CEQUR SIMPL MIS INSERTER	49
cartia xt	29	CERDELGA	56
carvedilol	28	CEREZYME	56
caspofungin acetate.....	5	cetirizine hcl	74
CAVERJECT.....	62	cevimeline hcl.....	82
CAVERJECT IMPULSE	62	chateal eq	51
CAYSTON	3	CHEMET	50
		chlorhexidine gluconate (mouth-throat)	82
		chloroquine phosphate	5
		chlorpromazine hcl	36
		chlorthalidone	29
		cholestyramine	27
		cholestyramine light	27
		choline fenofibrate.....	27
		CIALIS	62
		ciclopirox	79
		ciclopirox olamine	79
		cilostazol.....	64
		CILOXAN	72

CIMDUO TAB 300-300	7	clorazepate dipotassium	39
cinacalcet hcl	56	clotrimazole	82
CIPRO	10	clotrimazole (topical)	79
ciprofloxacin 200 mg/100ml in d5w ..	10	clotrimazole w/ betamethasone cream	
ciprofloxacin 400 mg/200ml in d5w ..	10	1-0.05%	79
ciprofloxacin hcl	10	clozapine	36
ciprofloxacin hcl (ophth)	72	COARTEM TAB 20-120MG	5
ciprofloxacin-dexamethasone otic susp		COBENFY CAP 100-20MG	36
0.3-0.1%	73	COBENFY CAP 125-30MG	36
cisplatin	12	COBENFY CAP 50-20MG	36
citalopram hydrobromide	33	COBENFY STRT CAP PACK	36
claravis	78	colchicine	1
clarithromycin	9	colchicine w/ probenecid tab 0.5-500	
clindamycin hcl	3	mg	1
clindamycin palmitate hydrochloride ..	3	colesevelam hcl	27
clindamycin phosphate	3	colestipol hcl	27
clindamycin phosphate (topical)	78	colistimethate sodium	3
clindamycin phosphate in d5w iv soln		COMBIGAN SOL 0.2/0.5%	73
300 mg/50ml	3	COMBIVENT AER 20-100	74
clindamycin phosphate in d5w iv soln		COMETRIQ (60MG DOSE)	16
600 mg/50ml	3	COMETRIQ KIT 100MG	16
clindamycin phosphate in d5w iv soln		COMETRIQ KIT 140MG	16
900 mg/50ml	3	compro	59
clindamycin phosphate vaginal	63	constulose	60
clindamycin phosph-benzoyl peroxide		COPAXONE	45
(refrig) gel 1.2 (1)-5%	78	COPIKTRA	16
CLINDMYC/NAC INJ 300/50ML	3	CORLANOR	30
CLINDMYC/NAC INJ 600/50ML	3	COTELLIC	16
CLINDMYC/NAC INJ 900/50ML	3	CREON CAP 12000UNT	60
CLINIMIX INJ 4.25/D10	71	CREON CAP 24000UNT	60
CLINIMIX INJ 4.25/D5W	71	CREON CAP 3000UNIT	60
CLINIMIX INJ 5%/D15W	71	CREON CAP 36000UNT	60
CLINIMIX INJ 5%/D20W	71	CREON CAP 6000UNIT	60
CLINIMIX INJ 6/5	71	CRESEMBA	5
CLINIMIX INJ 8/10	71	cromolyn sodium	76
CLINIMIX INJ 8/14	71	cromolyn sodium (mastocytosis)	61
clinisol sf 15%	71	cromolyn sodium (ophth)	73
CLINOLIPID EMU 20%	71	cryselle-28	51
clobazam	39	cyclobenzaprine hcl	46
clobetasol propionate	80	cyclophosphamide	12
clobetasol propionate e	80	CYCLOPHOSPHAMIDE	12
clodan	80	CYCLOPHOSPHAMIDE MONOHYDR	12
clomipramine hcl	33	cycloserine	7
clonazepam	39	cyclosporine	68
clonidine	30	cyclosporine modified (for	
clonidine hcl	30	microemulsion)	68
clopidogrel bisulfate	64	cypheptadine hcl	74

<i>cyred eq</i>	51
CYSTADROPS.....	73
CYSTAGON	57
CYSTARAN.....	73
<i>cytarabine</i>	12
D	
D10W/NACL INJ 0.2%	69
D2.5W/NACL INJ 0.45%.....	69
<i>dabigatran etexilate mesylate</i>	63
<i>dalfampridine</i>	45
<i>danazol</i>	47
<i>dantrolene sodium</i>	46
DANZITEN	16
<i>dapagliflozin propanediol</i>	47
<i>dapsone</i>	3
DAPTACEL INJ.....	68
<i>daptomycin</i>	3
DAPTOMYCIN.....	3
<i>darifenacin hydrobromide</i>	62
<i>darunavir</i>	6
<i>dasatinib</i>	16
<i>dasetta 1/35</i>	51
<i>dasetta 7/7/7</i>	51
DAURISMO	16
<i>daysee</i>	51
DAYVIGO	44
<i>deblitane</i>	51
<i>deferasirox</i>	50
DELSTRIGO TAB.....	7
DENGVAxia SUS	68
DEPO-SUBQ PROVERA 104	51
<i>depo-testosterone</i>	47
DESCOVY TAB 120-15MG	7
DESCOVY TAB 200/25MG	7
<i>desipramine hcl</i>	33
<i>desloratadine</i>	74
<i>desmopressin acetate</i>	57
<i>desmopressin acetate spray</i>	57
<i>desmopressin acetate spray</i> <i>refrigerated</i>	57
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	51
<i>desvenlafaxine succinate</i>	33
<i>dexamethasone</i>	56
DEXAMETHASONE INTENSOL.....	56
<i>dexamethasone sodium phosphate</i> ...	56

<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	72
<i>dexmethylphenidate hcl</i>	43
<i>dextrose</i>	71
<i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i>	70
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	69
<i>dextrose 5% in lactated ringers</i>	69
<i>dextrose 5% w/ sodium chloride 0.2%</i>	69
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	70
<i>dextrose 5% w/ sodium chloride 0.3%</i>	69
<i>dextrose 5% w/ sodium chloride 0.45%</i>	70
<i>dextrose 5% w/ sodium chloride 0.9%</i>	70
DIACOMIT	39
<i>diazepam</i>	39
<i>diazepam (anticonvulsant)</i>	39
<i>diazepam inj</i>	39
<i>diazepam intensol</i>	39
<i>diazoxide</i>	56
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	72
<i>diclofenac sodium (topical)</i>	81
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	1
<i>dicloxacillin sodium</i>	11
<i>dicyclomine hcl</i>	59
DIFICID	9
<i>diflunisal</i>	1
<i>difluprednate</i>	72
<i>digoxin</i>	30
<i>dihydroergotamine mesylate</i>	44
DILANTIN.....	39
<i>diltiazem hcl</i>	29
<i>diltiazem hcl coated beads</i>	29
<i>diltiazem hcl extended release beads</i>	29
<i>dilt-xr</i>	29
<i>diphenhydramine hcl</i>	74

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	61
<i>dipyridamole</i>	64
<i>disopyramide phosphate</i>	26
<i>disulfiram</i>	46
<i>divalproex sodium</i>	39
<i>docetaxel</i>	14
DOCETAXEL.....	14
DOCIVYX.....	15
<i>dofetilide</i>	26
<i>dolishale</i>	51
<i>donepezil hydrochloride</i>	32
DOPTLET	64
<i>dorzolamide hcl</i>	73
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	73
<i>dotti</i>	55
DOVATO TAB 50-300MG.....	7
<i>doxazosin mesylate</i>	24
<i>doxepin hcl</i>	33
<i>doxepin hcl (sleep)</i>	44
<i>doxercalciferol</i>	58
<i>doxorubicin hcl</i>	14
<i>doxorubicin hcl liposomal</i>	14
<i>doxy 100</i>	11
<i>doxycycline (monohydrate)</i>	11
<i>doxycycline hyclate</i>	11
DRIZALMA SPRINKLE.....	33
<i>dronabinol</i>	59
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	51
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	52
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> 51	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 51	
<i>droxidopa</i>	31
DULERA AER 100-5MCG	78
DULERA AER 200-5MCG	78
DULERA AER 50-5MCG.....	78
<i>duloxetine hcl</i>	33
DUPIXENT	64, 65
<i>dutasteride</i>	61
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	61

E	
<i>e.e.s. 400</i>	9
<i>econazole nitrate</i>	79
EDARBI.....	26
EDARBYCLOR TAB 40-12.5	25
EDARBYCLOR TAB 40-25MG	25
EDEX	62
EDURANT	6
EDURANT PED	6
<i>efavirenz</i>	6
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	7
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	7
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	7
ELIGARD	13
<i>elimest</i>	52
ELIQUIS.....	63
ELIQUIS STARTER PACK.....	63
<i>eluryng</i>	52
EMGALITY	44
EMSAM	33
<i>emtricitabine</i>	6
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	7
EMTRIVA.....	6
EMVERM	3
<i>emzahh</i>	52
<i>enalapril maleate</i>	24
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	23
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	23
ENBREL.....	65
ENBREL MINI.....	65
ENBREL SURECLICK	65
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	2

<i>endocet tab 5-325mg</i>	2	<i>etodolac</i>	1
<i>endocet tab 7.5-325mg</i>	2	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENGERIX-B	68	<i>0.12-0.015 mg/24hr</i>	52
<i>enilloring</i>	52	<i>etoposide</i>	15
<i>enoxaparin sodium</i>	63	<i>etravirine</i>	6
<i>enskyce</i>	52	EUCRISA	81
ENSTILAR AER	79	EULEXIN	13
<i>entacapone</i>	35	<i>everolimus</i>	16
<i>entecavir</i>	8	<i>everolimus (immunosuppressant)</i> ...	68
ENTRESTO CAP 15-16MG	25	EVOTAZ TAB 300-150	7
ENTRESTO CAP 6-6MG	25	<i>exemestane</i>	13
<i>enulose</i>	60	EYSUVIS	73
EPCLUSA PAK 150-37.5	8	EZALLOR SPRINKLE	27
EPCLUSA PAK 200-50MG	8	<i>ezetimibe</i>	27
EPCLUSA TAB 200-50MG	8	<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	27
EPCLUSA TAB 400-100	8	<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	27
EPIDIOLEX	39	<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	27
<i>epinephrine (anaphylaxis)</i>	31, 76	<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	27
<i>eplerenone</i>	24	F	
<i>ergotamine w/ caffeine tab 1-100 mg</i>		FABRAZYME	57
.....	44	<i>falmina</i>	52
ERIVEDGE	16	<i>famciclovir</i>	8
ERLEADA	13	<i>famotidine</i>	59
<i>erlotinib hcl</i>	16	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>errin</i>	52	<i>mg/50ml</i>	59
<i>ertapenem sodium</i>	3	FANAPT	36
<i>ery</i>	78	FANAPT PAK PACK A	36
ERYTHROCIN LACTOBIONATE	9	FANAPT PAK PACK B	36
<i>erythromycin (acne aid)</i>	78	FANAPT PAK PACK C	36
<i>erythromycin (ophth)</i>	72	FARXIGA	47
<i>erythromycin base</i>	10	FASENRA	76
<i>erythromycin ethylsuccinate</i>	10	FASENRA PEN	76
<i>erythromycin lactobionate</i>	10	<i>febuxostat</i>	1
ERZOFRI	36	<i>feirza 1.5/30</i>	52
<i>escitalopram oxalate</i>	33	<i>feirza 1/20</i>	52
<i>eslicarbazepine acetate</i>	40	<i>felbamate</i>	40
<i>esomeprazole magnesium</i>	61	<i>felodipine</i>	29
<i>estarylla</i>	52	<i>fenofibrate</i>	27
<i>estradiol</i>	55	<i>fenofibrate micronized</i>	27
<i>estradiol & norethindrone acetate tab</i>		<i>fentanyl</i>	1
<i>0.5-0.1 mg</i>	55	<i>fesoterodine fumarate</i>	62
<i>estradiol & norethindrone acetate tab</i>		FETZIMA	33
<i>1-0.5 mg</i>	55	FETZIMA CAP TITRATIO	33
<i>estradiol vaginal</i>	55	FIASP	49
<i>estradiol valerate</i>	55	FIASP FLEXTOUCH	49
<i>ethambutol hcl</i>	8	FIASP PENFILL	49
<i>ethosuximide</i>	40	FIASP PUMPCART	49

<i>fidaxomicin</i>	10	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>finasteride</i>	62	<i>tab 20-12.5 mg</i>	23
<i>ingolimod hcl</i>	45	FOTIVDA	16
FINTEPLA	40	FRINDOVYX	12
<i>finzala</i>	52	FRUZAQLA	16
FIRMAGON	13	FULPHILA	63
<i>flac</i>	74	<i>fulvestrant</i>	13
FLEBOGAMMA DIF	67	<i>furosemide</i>	29
<i>flecainide acetate</i>	26	<i>furosemide inj</i>	30
<i>fluconazole</i>	5	<i>fyavolv tab 0.5mg-2.5mcg</i>	55
<i>fluconazole in nacl 0.9% inj 200</i>		<i>fyavolv tab 1mg-5mcg</i>	55
<i>mg/100ml</i>	5	FYCOMPA	40
<i>fluconazole in nacl 0.9% inj 400</i>		G	
<i>mg/200ml</i>	5	<i>gabapentin</i>	40
<i>flucytosine</i>	5	<i>galantamine hydrobromide</i>	32
<i>fludrocortisone acetate</i>	56	<i>galbriela</i>	52
<i>flunisolide (nasal)</i>	77	<i>gallifrey</i>	58
<i>fluocinolone acetonide</i>	80	GAMASTAN INJ	67
<i>fluocinolone acetonide (otic)</i>	74	GAMMAGARD LIQUID	67
<i>fluocinonide</i>	80	GAMMAGARD S/D IGA LESS TH	67
<i>fluocinonide emulsified base</i>	80	GAMMAKED	67
<i>fluorometholone (ophth)</i>	72	GAMMAPLEX	67
<i>fluorouracil</i>	12	GAMUNEX-C	67
<i>fluorouracil (topical)</i>	81	<i>ganciclovir sodium</i>	8
<i>fluoxetine hcl</i>	33	GARDASIL 9	68
<i>fluphenazine decanoate</i>	36	<i>gatifloxacin (ophth)</i>	72
<i>fluphenazine hcl</i>	36	GATTEX	61
<i>flurbiprofen</i>	1	GAUZE PADS 2	49
<i>flurbiprofen sodium</i>	72	<i>gavilyte-c</i>	60
<i>fluticasone propionate</i>	80	<i>gavilyte-g</i>	60
<i>fluticasone propionate (nasal)</i>	77	<i>gavilyte-n/flavor pack</i>	60
<i>fluticasone-salmeterol aer powder ba</i>		GAVRETO	16
<i>100-50 mcg/act</i>	78	<i>gefitinib</i>	17
<i>fluticasone-salmeterol aer powder ba</i>		<i>gemcitabine hcl</i>	12
<i>250-50 mcg/act</i>	78	<i>gemfibrozil</i>	27
<i>fluticasone-salmeterol aer powder ba</i>		GEMTESA	62
<i>500-50 mcg/act</i>	78	<i>generlac</i>	60
<i>fluvastatin sodium</i>	27	<i>gengraf</i>	68
<i>fluvoxamine maleate</i>	32	GENOTROPIN	57
<i>fondaparinux sodium</i>	63	GENOTROPIN MINISQUICK	57
<i>formoterol fumarate</i>	75	<i>gentamicin in saline inj 0.8 mg/ml</i>	3
<i>fosamprenavir calcium</i>	6	<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>fosfomycin tromethamine</i>	3	<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>fosinopril sodium</i>	24	<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>tab 10-12.5 mg</i>	23	<i>gentamicin sulfate</i>	3
		<i>gentamicin sulfate (ophth)</i>	72

<i>gentamicin sulfate (topical)</i>	79
GENVOYA TAB	7
GILOTRIF	17
<i>glatiramer acetate</i>	45
<i>glatopa</i>	46
GLEOSTINE	12
<i>glimepiride</i>	47
<i>glipizide</i>	47
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	47
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	47
<i>glipizide-metformin hcl tab 5-500 mg</i>	47
<i>glycopyrrolate</i>	59
<i>glydo</i>	81
GLYXAMBI TAB 10-5 MG	47
GLYXAMBI TAB 25-5 MG	47
GOMEKLI.....	17
<i>granisetron hcl</i>	59
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	31
<i>guanfacine hcl (adhd)</i>	43
H	
HADLIMA.....	65
HADLIMA PUSH TOUCH	65
HAEGARDA	64
<i>hailey 1.5/30</i>	52
<i>hailey 24 fe</i>	52
<i>halobetasol propionate</i>	80
<i>haloette</i>	52
<i>haloperidol</i>	36
<i>haloperidol decanoate</i>	37
<i>haloperidol lactate</i>	37
HAVRIX	68
<i>heather</i>	52
HEP SOD/NACL INJ 25000UNT	63
<i>heparin sodium (porcine)</i>	63
HEPLISAV-B.....	68
HERCEP HYLEC SOL 60-10000	17
HERCEPTIN.....	17
HERNEXEOS	17
HERZUMA.....	17
HIBERIX.....	68
HUMIRA	65
HUMIRA PEN.....	65
HUMIRA PEN KIT PS/UV	65

HUMIRA PEN-CD/UC/HS START.....	65
HUMULIN R U-500 (CONCENTR.....	49
HUMULIN R U-500 KWIKPEN	49
<i>hydralazine hcl</i>	31
<i>hydrochlorothiazide</i>	30
<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	56
<i>hydrocortisone (intrarectal)</i>	60
<i>hydrocortisone (rectal)</i>	81
<i>hydrocortisone (topical)</i>	80
<i>hydrocortisone sod succinate</i>	56
<i>hydrocortisone valerate</i>	80
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	74
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	67
<i>hydroxyurea</i>	14
<i>hydroxyzine hcl</i>	74, 75
<i>hydroxyzine pamoate</i>	75
I	
<i>ibandronate sodium</i>	50
IBRANCE	17
IBTROZI.....	17
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	64
<i>iclevia</i>	52
ICLUSIG.....	17
IDHIFA	17
<i>imatinib mesylate</i>	17
IMBRUVICA	17
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3
<i>imipramine hcl</i>	33
<i>imiquimod</i>	81

IMKELDI.....	17
IMOVAX RABIES (H.D.C.V.)	68
IMPAVIDO	4
INBRIJA	35
<i>incassia</i>	52
INCRELEX.....	57
INCRUSE ELLIPTA.....	74
<i>indapamide</i>	30
INFANRIX INJ	68
INFLIXIMAB.....	65
INLYTA.....	17
INQOVI TAB 35-100MG	12
INREBIC.....	17
INSULIN PEN NEEDLES: EMBECTA-BD	49
INSULIN SAFETY NEEDLES: EMBECTA- BD.....	49
INSULIN SYRINGES: EMBECTA-BD ...	49
INTELENCE.....	6
INTRALIPID	71
<i>introvale</i>	52
INVEGA HAFYERA.....	37
INVEGA SUSTENNA	37
INVEGA TRINZA	37
IPOL INJ INACTIVE	69
<i>ipratropium bromide</i>	74
<i>ipratropium bromide (nasal)</i>	74
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	74
<i>irbesartan</i>	26
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	25
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	25
<i>irinotecan hcl</i>	14
ISENTRESS.....	6
ISENTRESS HD	6
<i>isibloom</i>	52
ISOLYTE-P INJ /D5W	70
ISOLYTE-S INJ PH 7.4.....	70
<i>isoniazid</i>	8
<i>isosorbide dinitrate</i>	31
<i>isosorbide mononitrate</i>	31
<i>isotretinoin</i>	78
<i>isradipine</i>	29
ITOVEBI.....	17, 18
<i>itraconazole</i>	5

<i>ivabradine hcl</i>	31
<i>ivermectin</i>	4
IWILFIN	14
IXIARO INJ.....	69
J	
<i>jaimiess</i>	52
JAKAFI.....	18
<i>jantoven</i>	63
JANUMET TAB 50-1000	47
JANUMET TAB 50-500MG	47
JANUMET XR TAB 100-1000.....	47
JANUMET XR TAB 50-1000	47
JANUMET XR TAB 50-500MG.....	47
JANUVIA	47
JARDIANCE	47
<i>jasmiel</i>	52
<i>javygtor</i>	57
JAYPIRCA.....	18
JENTADUETO TAB 2.5-1000.....	48
JENTADUETO TAB 2.5-500	47
JENTADUETO TAB 2.5-850	48
JENTADUETO TAB XR 2.5-1000MG ...	48
JENTADUETO TAB XR 5-1000MG	48
<i>jinteli</i>	55
<i>jolessa</i>	52
<i>juleber</i>	52
JULUCA TAB 50-25MG.....	7
<i>junel 1.5/30</i>	52
<i>junel 1/20</i>	52
<i>junel fe 1.5/30</i>	52
<i>junel fe 1/20</i>	52
<i>junel fe 24</i>	52
JYLAMVO.....	67
JYNNEOS.....	69
K	
KADCYLA	18
<i>kaitlib fe</i>	52
KALETRA SOL	7
KALYDECO	76
KANJINTI	18
<i>kariva</i>	52
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	70
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	70

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	70
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	70
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	70
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	70
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	70
<i>kelnor 1/35</i>	52
<i>KERENDIA</i>	24
<i>KESIMPTA</i>	46
<i>ketoconazole</i>	5
<i>ketoconazole (topical)</i>	79
<i>ketorolac tromethamine (ophth).</i> 72, 73	
<i>KEYTRUDA</i>	18
<i>KINERET</i>	65
<i>KINRIX INJ</i>	69
<i>kionex</i>	50
<i>KISQALI 200 DOSE</i>	18
<i>KISQALI 400 DOSE</i>	18
<i>KISQALI 400 PAK FEMARA</i>	18
<i>KISQALI 600 DOSE</i>	18
<i>KISQALI 600 PAK FEMARA</i>	18
<i>klayesta</i>	79
<i>klor-con</i>	71
<i>klor-con 10</i>	71
<i>klor-con 8</i>	71
<i>klor-con m10</i>	71
<i>klor-con m15</i>	71
<i>klor-con m20</i>	71
<i>KLOXXADO</i>	46
<i>KOSELUGO</i>	18
<i>kourzeq</i>	82
<i>KRAZATI</i>	18
<i>kurvelo</i>	52
L	
<i>labetalol hcl</i>	28
<i>lacosamide</i>	40
<i>lacosamide oral</i>	40
<i>lactated ringer's solution</i>	70
<i>lactic acid (ammonium lactate)</i>	81
<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>	40
<i>lanreotide acetate</i>	57
<i>lansoprazole</i>	61
<i>LANTUS</i>	49
<i>LANTUS SOLOSTAR</i>	49
<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>	73
<i>LAZCLUZE</i>	18
<i>leflunomide</i>	67
<i>lenalidomide</i>	14
<i>LENVIMA 10 MG DAILY DOSE</i>	18
<i>LENVIMA 12MG DAILY DOSE</i>	18
<i>LENVIMA 20 MG DAILY DOSE</i>	18
<i>LENVIMA 4 MG DAILY DOSE</i>	18
<i>LENVIMA 8 MG DAILY DOSE</i>	18
<i>LENVIMA CAP 14 MG</i>	18
<i>LENVIMA CAP 18 MG</i>	18
<i>LENVIMA CAP 24 MG</i>	19
<i>lessina</i>	52
<i>letrozole</i>	13
<i>leucovorin calcium</i>	14
<i>LEUKERAN</i>	12
<i>leuprolide acetate</i>	13
<i>levalbuterol hcl</i>	75
<i>levalbuterol tartrate</i>	75
<i>levetiracetam</i>	40
<i>LEVETIRACETAM</i>	40
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	40
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	40
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	40
<i>levobunolol hcl</i>	73

<i>levocarnitine (metabolic modifiers)</i> ...	57	<i>lithium</i>	45
<i>levocetirizine dihydrochloride</i>	75	<i>lithium carbonate</i>	45
<i>levofloxacin</i>	10	LIVTENCITY	8
<i>levofloxacin in d5w iv soln 250</i>		<i>loestrin 1.5/30-21</i>	53
<i>mg/50ml</i>	10	<i>loestrin 1/20-21</i>	53
<i>levofloxacin in d5w iv soln 500</i>		<i>loestrin fe 1.5/30</i>	53
<i>mg/100ml</i>	10	<i>loestrin fe 1/20</i>	53
<i>levofloxacin in d5w iv soln 750</i>		<i>lojaimiess</i>	53
<i>mg/150ml</i>	10	LOKELMA	50
<i>levonest</i>	52	LONSURF TAB 15-6.14.....	12
<i>levonor-eth est tab 0.15-</i>		LONSURF TAB 20-8.19.....	12
<i>0.02/0.025/0.03 mg & eth est 0.01</i>		<i>loperamide hcl</i>	61
<i>mg</i>	52	<i>lopinavir-ritonavir tab 100-25 mg</i>	7
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>lopinavir-ritonavir tab 200-50 mg</i>	7
<i>day) tab 0.15-0.03 mg</i>	53	<i>lorazepam</i>	32
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>lorazepam intensol</i>	32
<i>0.1 mg-20 mcg</i>	53	LORBRENA	19
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>loryna</i>	53
<i>30/0.075-40/0.125-30mg-mcg</i>	53	<i>losartan potassium</i>	26
<i>levonorgestrel-ethinyl estradiol</i>		<i>losartan potassium &</i>	
<i>(continuous) tab 90-20 mcg</i>	53	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>			25
<i>eth est tab 0.01mg(7)</i>	53	<i>losartan potassium &</i>	
<i>levora 0.15/30-28</i>	53	<i>hydrochlorothiazide tab 100-25 mg</i> 25	
<i>levo-t</i>	58	<i>losartan potassium &</i>	
<i>levothyroxine sodium</i>	58	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>levoxyl</i>	58		25
<i>l-glutamine (sickle cell)</i>	64	LOTEMAX	73
<i>lidocaine</i>	81	<i>lovastatin</i>	27
<i>lidocaine hcl</i>	81	<i>low-ogestrel</i>	53
<i>lidocaine hcl (local anesth.)</i>	1	<i>loxapine succinate</i>	37
<i>lidocaine hcl (mouth-throat)</i>	82	LUMAKRAS	19
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	81	LUMIGAN	73
<i>lidocan</i>	81	LUMIZYME	57
LILETTA	53	LUPRON DEPOT (1-MONTH).....	13
<i>linezolid</i>	4	LUPRON DEPOT (3-MONTH).....	13
LINEZOLID INJ 2MG/ML	4	LUPRON DEPOT-PED (1-MONTH	57
LINZESS	61	LUPRON DEPOT-PED (3-MONTH	57
<i>liothyronine sodium</i>	58	LUPRON DEPOT-PED (6-MONTH	57
<i>lisdexamfetamine dimesylate</i>	43	<i>lurasidone hcl</i>	37
<i>lisinopril</i>	24	<i>lutra</i>	53
<i>lisinopril & hydrochlorothiazide tab 10-</i>		LYBALVI TAB 10-10MG.....	37
<i>12.5 mg</i>	23	LYBALVI TAB 15-10MG.....	37
<i>lisinopril & hydrochlorothiazide tab 20-</i>		LYBALVI TAB 20-10MG.....	37
<i>12.5 mg</i>	23	LYBALVI TAB 5-10MG	37
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>lyleq</i>	53
<i>25 mg</i>	24	<i>lyllana</i>	55

LYNPARZA	19
LYSODREN	13
LYTGOBI (12 MG DAILY DOSE)	19
LYTGOBI (16 MG DAILY DOSE)	19
LYTGOBI (20 MG DAILY DOSE)	19
lyza	53

M

<i>magnesium sulfate</i>	70
MAGNESIUM SULFATE.....	70
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	70
malathion.....	81
maraviroc.....	6
marlissa	53
MARPLAN	33
MATULANE	14
matzim la	29
MAVYRET PAK 50-20MG	8
MAVYRET TAB 100-40MG	8
meclizine hcl.....	59
medroxyprogesterone acetate.....	58
medroxyprogesterone acetate (contraceptive)	53
mefloquine hcl	5
megestrol acetate	13, 58
megestrol acetate (appetite).....	58
MEKINIST.....	19
MEKTOVI.....	19
meleya.....	53
meloxicam.....	1
memantine hcl	32
memantine hcl-donepezil hcl cap er 24hr 14-10 mg.....	32
memantine hcl-donepezil hcl cap er 24hr 21-10 mg.....	32
memantine hcl-donepezil hcl cap er 24hr 28-10 mg.....	33
MENQUADFI	69
MENVEO INJ	69
MENVEO SOL	69
mercaptopurine.....	12
meropenem	4
mesalamine	60
mesalamine w/ cleanser.....	60
mesna	14
metformin hcl	48
methadone hcl	2

<i>methadone hydrochloride i</i>	2
methazolamide	30
methenamine hippurate	4
methimazole.....	58
methotrexate sodium.....	12, 67
methoxsalen rapid.....	79
methsuximide	40
methylphenidate hcl	43, 44
methylprednisolone	56
methylprednisolone acetate.....	56
methylprednisolone sod succ	56
metoclopramide hcl	59
metolazone	30
metoprolol & hydrochlorothiazide tab 100-25 mg	28
metoprolol & hydrochlorothiazide tab 100-50 mg	28
metoprolol & hydrochlorothiazide tab 50-25 mg	28
metoprolol succinate.....	28
metoprolol tartrate	28
metronidazole.....	4
metronidazole (topical)	81
metronidazole vaginal.....	63
metyrosine	31
mibelas 24 fe.....	53
micafungin sodium	5
microgestin 1.5/30	53
microgestin 1/20.....	53
microgestin fe 1.5/30	53
microgestin fe 1/20	53
midodrine hcl.....	31
MIEBO	73
mifepristone (hyperglycemia)	57
mili.....	53
mimvey	55
minocycline hcl	11
minoxidil	31
mirtazapine	34
misoprostol	61
M-M-R II INJ.....	69
M-NATAL PLUS TAB	71
modafinil.....	46
MODEYSO	14
moexipril hcl.....	24
molindone hcl	37
mometasone furoate	80

<i>mometasone furoate (nasal)</i>	77	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MONJUVI.....	19	<i>mg/ml-10000 unit/ml-1%</i>	74
<i>mono-lynyah</i>	53	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>montelukast sodium</i>	75	<i>10000unt op oin</i>	72
<i>morphine sulfate</i>	2	<i>neo-polycin hc ophth oint 1%</i>	71
MOUNJARO.....	48	NERLYNX.....	19
MOVANTIK	61	<i>neuac</i>	78
<i>moxifloxacin hcl</i>	10	<i>nevirapine</i>	6
<i>moxifloxacin hcl (ophth)</i>	72	NEXLETOL	27
<i>moxifloxacin hcl 400 mg/250ml in</i>		NEXLIZET TAB 180/10MG.....	27
<i>sodium chloride 0.8% inj</i>	10	NEXPLANON	53
MRESVIA.....	69	<i>niacin (antihyperlipidemic)</i>	28
MULTAQ.....	26	<i>nicardipine hcl</i>	29
<i>multiple electrolytes ph 5.5</i>	70	NICOTROL NS.....	47
<i>mupirocin</i>	79	<i>nifedipine</i>	29
MUSE.....	62	<i>nikki</i>	53
<i>mycophenolate mofetil</i>	68	<i>nilotinib hcl</i>	19
<i>mycophenolate sodium</i>	68	<i>nilutamide</i>	13
MYRBETRIQ	62	<i>nimodipine</i>	29
N		NINLARO.....	19
<i>nabumetone</i>	1	<i>nisoldipine</i>	29
<i>nadolol</i>	28	<i>nitazoxanide</i>	4
<i>nafcillin sodium</i>	11	<i>nitisinone</i>	57
NAGLAZYME	57	NITRO-BID	31
<i>naloxone hcl</i>	46, 47	<i>nitrofurantoin macrocrystal</i>	4
<i>naltrexone hcl</i>	47	<i>nitrofurantoin monohyd macro</i>	4
NAMZARIC CAP 7-10MG	33	<i>nitroglycerin</i>	31
<i>naproxen</i>	1	<i>nitroglycerin (intra-anal)</i>	81
<i>naproxen sodium</i>	1	<i>nizatidine</i>	60
<i>naratriptan hcl</i>	44	<i>nora-be</i>	53
NATACYN	72	<i>norelgestromin-ethinyl estradiol td</i>	
<i>nateglinide</i>	48	<i>ptwk 150-35 mcg/24hr</i>	53
NAYZILAM	40	<i>norethindrone (contraceptive)</i>	53
<i>nebivolol hcl</i>	28	<i>norethindrone ace & ethinyl estradiol</i>	
<i>necon 0.5/35-28</i>	53	<i>tab 1 mg-20 mcg</i>	53
<i>nefazodone hcl</i>	34	<i>norethindrone ace & ethinyl estradiol</i>	
<i>neomycin sulfate</i>	4	<i>tab 1.5 mg-30 mcg</i>	53
<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone ace-eth estradiol-fe</i>	
<i>5(3.5)mg-400unt-10000unt op oin</i>	72	<i>chew tab 1 mg-20 mcg (24)</i>	54
<i>neomycin-polymy-gramicid op sol</i>		<i>norethindrone acetate</i>	58
<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	72	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>tab 0.5 mg-2.5 mcg</i>	55
<i>ophth oint 0.1%</i>	71	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>tab 1 mg-5 mcg</i>	55
<i>ophth susp 0.1%</i>	72	<i>norgestimate & ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-hc ophth susp</i> ..	72	<i>0.25 mg-35 mcg</i>	54
<i>neomycin-polymyxin-hc otic soln 1%</i>	74		

<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	54	OGIVRI	19
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	54	OGSIVEO	19
<i>norlyroc</i>	54	OJEMDA	19
<i>nortrel 0.5/35 (28)</i>	54	OJJAARA	20
<i>nortrel 1/35 (21)</i>	54	<i>olanzapine</i>	37
<i>nortrel 1/35 (28)</i>	54	<i>olmesartan medoxomil</i>	26
<i>nortrel 7/7/7</i>	54	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>nortriptyline hcl</i>	34	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	25
NORVIR	6	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	25
NOVOLIN INJ 70/30	49	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	25
NOVOLIN INJ 70/30 FP	49	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	25
NOVOLIN N	49	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	25
NOVOLIN N FLEXPEN	49	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	25
NOVOLIN R	49	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	25
NOVOLIN R FLEXPEN	49	<i>olopatadine hcl (nasal)</i>	75
NOVOLOG	49	<i>omega-3-acid ethyl esters cap 1 gm</i>	28
NOVOLOG FLEXPEN	49	<i>omeprazole</i>	61
NOVOLOG FLEXPEN RELION	49	OMNIPOD 5 DX KIT INT G7G6	49
NOVOLOG MIX INJ 70/30	49	OMNIPOD 5 DX MIS POD G7G6	49
NOVOLOG MIX INJ FLEXPEN	49	OMNIPOD 5 L2 KIT INTRO G6	50
NOVOLOG PENFILL	49	OMNIPOD 5 L2 MIS PODS G6	50
NOVOLOG RELION	49	OMNIPOD DASH KIT INTRO	50
NUBEQA	13	OMNIPOD DASH MIS PODS	50
NUEDEXTA CAP 20-10MG	45	<i>ondansetron</i>	59
NULOJIX	68	<i>ondansetron hcl</i>	59
NUPLAZID	37	ONTRUZANT	20
NURTEC	44	ONUREG	12
NUTRILIPID	71	OPIPZA	37
NUZYRA	11	OPSUMIT	31
<i>nyamyc</i>	79	ORGOVYX	13
<i>nylia 1/35</i>	54	ORKAMBI GRA 100-125	76
<i>nylia 7/7/7</i>	54	ORKAMBI GRA 150-188	76
<i>nystatin</i>	5		
<i>nystatin (mouth-throat)</i>	82		
<i>nystatin (topical)</i>	79		
<i>nystop</i>	79		
O			
<i>ocella</i>	54		
OCTAGAM	67		
<i>octreotide acetate</i>	57		
ODEFSEY TAB	7		
ODOMZO	19		
OFEV	76		
<i>ofloxacin (ophth)</i>	72		
<i>ofloxacin (otic)</i>	74		

ORKAMBI GRA 75-94MG.....	76
ORKAMBI TAB 100-125.....	76
ORKAMBI TAB 200-125.....	76
<i>orquidea</i>	54
ORSERDU.....	13
<i>oseltamivir phosphate</i>	8
<i>oxacillin sodium</i>	11
<i>oxaliplatin</i>	12
<i>oxaprozin</i>	1
<i>oxcarbazepine</i>	40
<i>oxybutynin chloride</i>	62, 63
<i>oxycodone hcl</i>	2
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	48
OZEMPIC (1MG/DOSE).....	48
OZEMPIC (2MG/DOSE).....	48
P	
<i>pacerone</i>	26
<i>paclitaxel</i>	15
<i>paclitaxel inj 100mg</i>	15
<i>paliperidone</i>	37
<i>pamidronate disodium</i>	50
PAMIDRONATE DISODIUM.....	50
PANRETIN	81
<i>pantoprazole sodium</i>	61
PANZYGA	67
<i>paricalcitol</i>	58
<i>paroxetine hcl</i>	34
PAXLOVID PAK.....	8
PAXLOVID TAB 150-100.....	8
PAXLOVID TAB 300-100.....	8
<i>pazopanib hcl</i>	20
PEDIARIX INJ 0.5ML	69
PEDVAX HIB	69
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	60
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	60
PEGASYS.....	8
PEMAZYRE.....	20

<i>pemetrexed disodium</i>	12
PENBRAYA INJ	69
<i>penicillamine</i>	50
<i>penicillin g potassium</i>	11
<i>penicillin g sodium</i>	11
<i>penicillin v potassium</i>	11
PENMENVY INJ.....	69
PENTACEL INJ.....	69
<i>pentamidine isethionate inh</i>	4
<i>pentamidine isethionate inj</i>	4
<i>pentoxifylline</i>	64
<i>perampanel</i>	41
<i>perindopril erbumine</i>	24
<i>periogard</i>	82
<i>permethrin</i>	82
<i>perphenazine</i>	37
<i>pfizerpen</i>	11
<i>phenelzine sulfate</i>	34
<i>phenobarbital</i>	41
<i>phenobarbital sodium</i>	41
<i>phenytek</i>	41
<i>phenytoin</i>	41
<i>phenytoin sodium</i>	41
<i>phenytoin sodium extended</i>	41
PHESGO SOL	20
<i>philith</i>	54
PIFELTRO	6
<i>pilocarpine hcl</i>	73
<i>pilocarpine hcl (oral)</i>	82
<i>pimecrolimus</i>	81
<i>pimozide</i>	37
<i>pimtrea</i>	54
<i>pindolol</i>	28
<i>pioglitazone hcl</i>	48
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	48
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	48
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	11
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	11
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	11
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	11

<i>piperacillin sod-tazobactam sod for inj</i>	
40.5 gm (36-4.5 gm)	11
PIQRAY 200MG DAILY DOSE	20
PIQRAY 250MG TAB DOSE	20
PIQRAY 300MG DAILY DOSE	20
<i>pirfenidone</i>	76
<i>piroxicam</i>	1
<i>pitavastatin calcium</i>	27
<i>plenamine</i>	71
PLENVU SOL	60
<i>podofilox</i>	81
<i>polycin ophth oint.</i>	72
<i>polymyxin b sulfate</i>	4
<i>polymyxin b-trimethoprim ophth soln</i>	
10000 unit/ml-0.1%	72
POMALYST	14
<i>portia-28</i>	54
<i>posaconazole</i>	5
POT CHL 20MEQ/L IN NACL 0.45% INJ	
.....	70
POT CHL 20MEQ/L IN NACL 0.9% INJ	
.....	70
POT CHL 40MEQ/L IN NACL 0.9% INJ	
.....	70
<i>potassium chloride</i>	70, 71
<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>in dextrose 5% inj</i>	70
<i>potassium chloride microencapsulated</i>	
<i>crystals er</i>	71
<i>potassium citrate (alkalinizer)</i>	62
<i>pramipexole dihydrochloride</i>	35
<i>prasugrel hcl</i>	64
<i>pravastatin sodium</i>	27
<i>praziquantel</i>	4
<i>prazosin hcl</i>	24
<i>prednisolone</i>	56
<i>prednisolone acetate (ophth)</i>	73
PREDNISOLONE SODIUM PHOSP	73
<i>prednisolone sodium phosphate</i>	56
<i>prednisone</i>	56
PREDNISONE INTENSOL	56
<i>pregabalin</i>	41
PREMASOL SOL 10%	71
PRENATAL TAB 27-1MG	71
PRENATAL TAB PLUS	71
<i>prevalite</i>	28
PREVYMIS	8

PREZCOBIX TAB 675/150	7
PREZCOBIX TAB 800-150	7
PREZISTA	6
PRIFTIN	8
<i>primaquine phosphate</i>	5
PRIMAQUINE PHOSPHATE	5
<i>primidone</i>	41
PRIORIX INJ	69
PRIVIGEN	67
<i>probenecid</i>	1
<i>prochlorperazine</i>	59
<i>prochlorperazine edisylate</i>	59
<i>prochlorperazine maleate</i>	59
PROCRIT	63, 64
<i>proctocort</i>	81
<i>procto-med hc</i>	81
<i>proctosol hc</i>	81
<i>proctozone-hc</i>	81
<i>progesterone</i>	58
PROGRAF	68
PROLASTIN-C	76
PROLIA	50
<i>promethazine hcl</i>	59
<i>propafenone hcl</i>	26
<i>proparacaine hcl</i>	73
<i>propranolol hcl</i>	28
<i>propylthiouracil</i>	58
PROQUAD INJ	69
PROSOL INJ 20%	71
<i>protriptyline hcl</i>	34
PULMOZYME	76
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	45
<i>pyrimethamine</i>	4
PYZCHIVA	65
Q	
QINLOCK	20
QUADRACEL INJ 0.5ML	69
<i>quetiapine fumarate</i>	37, 38
<i>quinapril hcl</i>	24
<i>quinidine sulfate</i>	26
<i>quinine sulfate</i>	5
QULIPTA	44
R	
RABAVERT INJ	69
<i>rabeprazole sodium</i>	61
RALDESY	34

<i>raloxifene hcl</i>	57	ROTARIX SUS	69
<i>ramelteon</i>	44	ROTATEQ SOL.....	69
<i>ramipril</i>	24	<i>roweepra</i>	41
<i>ranolazine</i>	31	ROZLYTREK	20
<i>rasagiline mesylate</i>	35	RUBRACA	20
<i>reclipsen</i>	54	<i>rufinamide</i>	41
RECOMBIVAX HB.....	69	RUKOBIA	6
RELENZA DISKHALER	8	RYBELSUS	48
RELISTOR	61	RYDAPT	20
REMICADE	65	S	
RENFLEXIS	65	<i>sacubitril-valsartan tab 24-26 mg</i>	25
<i>repaglinide</i>	48	<i>sacubitril-valsartan tab 49-51 mg</i>	25
REPATHA.....	28	<i>sacubitril-valsartan tab 97-103 mg</i> ...	25
REPATHA SURECLICK.....	28	<i>sajazir</i>	64
RESTASIS	73	SANTYL.....	82
RESTASIS MULTIDOSE.....	73	<i>sapropterin dihydrochloride</i>	57
RETEVMO	20	SCEMBLIX	20
REVCОВI	57	<i>scopolamine</i>	59
REVUFORJ	20	SECUADO.....	38
REXULTI.....	38	<i>selegiline hcl</i>	35
REYATAZ	6	<i>selenium sulfide</i>	79
REZDIFFRA.....	57	SELZENTRY	6
REZLIDHIA	20	SEREVENT DISKUS.....	75
REZUROCK	68	<i>sertraline hcl</i>	34
RHOPRESSA	73	<i>setlakin</i>	54
<i>ribavirin (hepatitis c)</i>	8	<i>sharobel</i>	54
<i>rifabutin</i>	8	SHINGRIX	69
<i>rifampin</i>	8	SIGNIFOR	57
<i>riluzole</i>	45	SIKLOS	64
<i>rimantadine hydrochloride</i>	8	<i>sildenafil citrate</i>	62
RINVOQ	65, 66	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	31
RINVOQ LQ	66	<i>silodosin</i>	62
<i>risedronate sodium</i>	50	<i>silver sulfadiazine</i>	79
<i>risperidone</i>	38	SIMBRINZA SUS 1-0.2%	73
<i>risperidone microspheres</i>	38	<i>simliya</i>	54
<i>ritonavir</i>	6	<i>simpesse</i>	54
<i>rivaroxaban</i>	63	<i>simvastatin</i>	27
<i>rivastigmine</i>	33	<i>sirolimus</i>	68
<i>rivastigmine tartrate</i>	33	SIRTURO.....	8
<i>rivelsa</i>	54	SKYRIZI	66
<i>rizatriptan benzoate</i>	44	SKYRIZI PEN	66
ROCKLATAN DRO	73	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	60
<i>roflumilast</i>	76	<i>sodium chloride</i>	70
ROMVIMZA	20	<i>sodium chloride (gu irrigant)</i>	82
<i>ropinirole hydrochloride</i>	35		
<i>rosuvastatin calcium</i>	27		
<i>rosyrah</i>	54		

sodium fluoride chew; tab; 1.1 (0.5 f)		<i>sulfasalazine</i>	60
mg/ml soln	71	<i>sulindac</i>	1
SODIUM OXYBATE.....	46	<i>sumatriptan</i>	44
<i>sodium phenylbutyrate</i>	57	<i>sumatriptan succinate</i>	44, 45
<i>sodium polystyrene sulfonate powder</i>		<i>sunitinib malate</i>	21
.....	50	SUNLENCA	6
<i>solifenacin succinate</i>	63	<i>syeda</i>	54
SOLQUA INJ 100/33	50	SYMDEKO TAB 100-150	76
SOLTAMOX	13	SYMDEKO TAB 50-75MG	76
SOLU-CORTEF.....	56	SYMPAZAN	41
SOMATULINE DEPOT.....	57	SYMTUZA TAB.....	7
SOMAVERT	57	SYNAREL.....	58
<i>sorafenib tosylate</i>	21	SYNTHROID.....	58
<i>sotalol hcl</i>	27	T	
<i>sotalol hcl (afib/afl)</i>	27	TABLOID	13
SOTYKTU	66	TABRECTA.....	21
SPIRIVA RESPIMAT.....	74	<i>tacrolimus</i>	68
<i>spironolactone</i>	24	<i>tacrolimus (topical)</i>	81
<i>spironolactone & hydrochlorothiazide</i>		<i>tadalafil</i>	62
<i>tab 25-25 mg</i>	30	<i>tadalafil (pulmonary hypertension)</i> ...	31
<i>sprintec 28</i>	54	TAFINLAR.....	21
SPRITAM	41	TAGRISSO.....	21
<i>sps</i>	51	TALZENNA.....	21
<i>sps rectal</i>	51	<i>tamoxifen citrate</i>	13
<i>sronyx</i>	54	<i>tamsulosin hcl</i>	62
<i>ssd</i>	79	<i>tarina 24 fe</i>	54
STELARA	66	<i>tarina fe 1/20 eq</i>	54
STENDRA	62	<i>tasimelteon</i>	44
STIVARGA	21	TAVNEOS	64
<i>streptomycin sulfate</i>	4	<i>tazarotene</i>	79
STRIBILD TAB.....	7	<i>tazicef</i>	9
<i>subvenite</i>	41	TAZVERIK	21
<i>sucralfate</i>	61	TECENTRIQ	21
<i>sulfacetamide sodium (acne)</i>	78	TECENTRIQ INJ HYBREZA.....	21
<i>sulfacetamide sodium (ophth)</i>	72	TEFLARO	9
<i>sulfacetamide sodium-prednisolone</i>		<i>telmisartan</i>	26
<i>ophth soln 10-0.23(0.25)%</i>	72	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sulfadiazine</i>	4		25
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>telmisartan-amlodipine tab 40-5 mg</i>	25
<i>400-80 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulfamethoxazole-trimethoprim susp</i>			25
<i>200-40 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 80-5 mg</i>	25
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>400-80 mg</i>	4	<i>12.5 mg</i>	25
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>800-160 mg</i>	4	<i>12.5 mg</i>	26
SULFAMYLON.....	79		

<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	26	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	58
<i>temazepam</i>	44	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	58
TENIVAC INJ 5-2LF	69	<i>topiramate</i>	41, 42
<i>tenofovir disoproxil fumarate</i>	6	<i>toremifene citrate</i>	13
TEPMETKO	21	<i>torpenz</i>	21
<i>terazosin hcl</i>	24	<i>torsemide</i>	30
<i>terbinafine hcl</i>	5	TOUJEO MAX SOLOSTAR	50
<i>terbutaline sulfate</i>	75	TOUJEO SOLOSTAR	50
<i>terconazole vaginal</i>	63	TPN ELECTROL INJ	70
TERIPARATIDE	50	TRADJENTA	48
<i>testosterone</i>	47	<i>tramadol hcl</i>	3
<i>testosterone cypionate</i>	47	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3
<i>testosterone enanthate</i>	47	<i>trandolapril</i>	24
<i>testosterone pump</i>	47	<i>tranexamic acid</i>	64
<i>tetrabenazine</i>	45	<i>tranylcypromine sulfate</i>	34
<i>tetracycline hcl</i>	11	TRAVASOL INJ 10%	71
THALOMID	14	<i>travoprost</i>	73
<i>theophylline</i>	76	TRAZIMERA	21
<i>thioridazine hcl</i>	38	<i>trazodone hcl</i>	34
<i>thiothixene</i>	38	TRELEGY AER ELLIPTA 100-62.5-25 MCG	74
<i>tiadylt er</i>	29	TRELEGY AER ELLIPTA 200-62.5-25 MCG	74
<i>tiagabine hcl</i>	41	TREMFYA	66
TIBSOVO	21	TREMFYA INDUCTION PACK FO	66
<i>ticagrelor</i>	64	<i>treprostinil</i>	31
TICOVAC	69	<i>tretinoin</i>	78
<i>tigecycline</i>	11	<i>tretinoin (chemotherapy)</i>	14
<i>tilia fe</i>	54	<i>triamcinolone acetonide (mouth)</i>	82
<i>timolol maleate</i>	28	<i>triamcinolone acetonide (topical)</i>	80
<i>timolol maleate (ophth)</i>	73	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	30
<i>tinidazole</i>	4	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	30
TIVICAY	6	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	30
TIVICAY PD	6	<i>tridacaine ii</i>	81
<i>tizanidine hcl</i>	46	<i>triderm</i>	80
TOBI PODHALER	4	<i>trientine hcl</i>	51
TOBRADEX OIN 0.3-0.1%	72	<i>tri-estarylla</i>	54
<i>tobramycin</i>	4	<i>trifluoperazine hcl</i>	38
<i>tobramycin (ophth)</i>	72	<i>trifluridine</i>	72
<i>tobramycin sulfate</i>	4	<i>trihexyphenidyl hcl</i>	35
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	72		
<i>tolterodine tartrate</i>	63		
<i>tolvaptan</i>	58		
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	58		
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	58		

TRIJARDY XR TAB ER 24HR 10-5-1000MG	48
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	48
TRIJARDY XR TAB ER 24HR 25-5-1000MG	48
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	48
TRIKAFTA PAK 59.5MG.....	77
TRIKAFTA PAK 75MG	77
TRIKAFTA TAB 100-50-75MG & 150MG	77
TRIKAFTA TAB 50-25-37.5MG & 75MG	77
<i>tri-legest fe</i>	54
<i>tri-linyah</i>	54
<i>tri-lo-estarylla</i>	54
<i>tri-lo-marzia</i>	54
<i>tri-lo-mili</i>	54
<i>tri-lo-sprintec</i>	54
<i>trimethoprim</i>	4
<i>tri-mili</i>	54
<i>trimipramine maleate</i>	34
TRINTELLIX	34
<i>tri-sprintec</i>	54
TRIUMEQ PD TAB	7
TRIUMEQ TAB	7
<i>tri-vylibra</i>	54
<i>tri-vylibra lo</i>	54
TROGARZO.....	6
TROPHAMINE INJ 10%	71
<i>trospium chloride</i>	63
TRULICITY.....	48
TRUMENBA	69
TRUQAP	21
TRUXIMA.....	21
TUKYSA	21
TURALIO	21
<i>turqoz</i>	54
<i>twice-daily clindamycin phosphate (topical)</i>	79
TWINRIX INJ	69
TYBOST.....	6
TYENNE.....	66
TYPHIM VI	69
U	
UBRELVY	45

<i>unithroid</i>	58
UPTRAVI	32
UPTRAVI PACK TAB 200/800	32
<i>ursodiol</i>	61
USTEKINUMAB.....	66
V	
<i>valacyclovir hcl</i>	8
VALCHLOR	81
<i>valganciclovir hcl</i>	8
<i>valproate sodium</i>	42
<i>valproic acid</i>	42
<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	42
VALTOCO 15 MG DOSE	42
VALTOCO 20 MG DOSE	42
VALTOCO 5 MG DOSE	42
<i>valtya 1/50</i>	54
<i>vancomycin hcl</i>	4
VANCOMYCIN INJ 1 GM.....	4
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	21
VAQTA.....	69
<i>varденаfil hcl</i>	62
<i>varenicline tartrate</i>	47
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	47
VARIVAX	69
VASCEPA.....	28
VAXCHORA SUS	69
<i>velivet</i>	55
VELSIPITY	66
VENCLEXTA	21, 22
VENCLEXTA TAB START PK.....	22
<i>venlafaxine hcl</i>	34
VENTOLIN HFA.....	75

VENTOLIN HFA (INSTITUTIONAL PACK)		<i>wymzya fe</i>	55
.....	75	WYOST	50
<i>verapamil hcl</i>	29	X	
VERQUVO	31	XALKORI	22
VERSACLOZ	38	<i>xarah fe</i>	55
VERZENIO	22	XARELTO	63
<i>vestura</i>	55	XARELTO STAR TAB 15/20MG	63
VIAGRA	62	XATMEP	67
<i>vienva</i>	55	XCOPRI	42
<i>vigabatrin</i>	42	XCOPRI PAK 100-150	42
<i>vigadrone</i>	42	XCOPRI PAK 12.5-25	42
VIGAFYDE	42	XCOPRI PAK 150-200MG	
<i>vigpoder</i>	42	(MAINTENANCE)	42
<i>vilazodone hcl</i>	34	XCOPRI PAK 150-200MG (TITRATION)	
VIMKUNYA	69		42
<i>vincristine sulfate</i>	15	XCOPRI PAK 50-100MG	42
<i>vinorelbine tartrate</i>	15	XDEMVY	72
<i>violele</i>	55	XELJANZ	66
VIRACEPT	6	XELJANZ XR	66
VIREAD	7	<i>xelria fe</i>	55
VITRAKVI	22	XERMELO	61
VIVIMUSTA	12	XHANCE	77
VIVITROL	47	XIFAXAN	61
VIVOTIF CAP EC	69	XIGDUO XR TAB 10-1000	48
VIZIMPRO	22	XIGDUO XR TAB 10-500MG	48
VONJO	22	XIGDUO XR TAB 2.5-1000	48
VOQUEZNA PAK DUAL PAK	61	XIGDUO XR TAB 5-1000MG	48
VOQUEZNA PAK TRIP PK	61	XIGDUO XR TAB 5-500MG	48
VORANIGO	22	XIIDRA	73
<i>voriconazole</i>	5	XOLAIR	77
VOSEVI TAB	8	XOSPATA	22
VOWST CAP	61	XPOVIO PAK (100 MG ONCE WEEKLY)	
VRAYLAR	38		22
<i>vyfemla</i>	55	XPOVIO PAK (40 MG ONCE WEEKLY)	22
<i>vylibra</i>	55	XPOVIO PAK (40 MG TWICE WEEKLY)	
VYZULTA	73		22
W		XPOVIO PAK (60 MG ONCE WEEKLY)	22
<i>warfarin sodium</i>	63	XPOVIO PAK (60 MG TWICE WEEKLY)	
<i>water for irrigation, sterile irrigation</i>			22
<i>soln</i>	82	XPOVIO PAK (80 MG ONCE WEEKLY)	22
WELIREG	14	XPOVIO PAK (80 MG TWICE WEEKLY)	
<i>wera</i>	55		22
WESTAB PLUS TAB 27-1MG	71	XTANDI	13, 14
WINREVAIR	32	<i>xulane</i>	55
WINREVAIR INJ 45MG	32	XULTOPHY INJ 100/3.6	50
WINREVAIR INJ 60MG	32	Y	
<i>wixela inhub</i>	78	YESINTEK	67

YF-VAX INJ	69
YONSA.....	14
YUTREPIA.....	32
<i>yuvaferm</i>	55
Z	
<i>zafemy</i>	55
<i>zafirlukast</i>	75
ZARXIO.....	64
ZEGALOGUE	56
ZEJULA	22
ZELBORAF	22
ZEMAIRA.....	77
<i>zenatane</i>	79
ZENPEP CAP 10000UNT.....	61
ZENPEP CAP 15000UNT.....	61
ZENPEP CAP 20000UNT.....	61
ZENPEP CAP 25000UNT.....	61
ZENPEP CAP 3000UNIT	61
ZENPEP CAP 40000UNT.....	61
ZENPEP CAP 5000UNIT	61
ZENPEP CAP 60000UNT.....	61

ZERVIATE	73
<i>zidovudine</i>	7
<i>ziprasidone hcl</i>	38
<i>ziprasidone mesylate</i>	38
ZIRABEV	22
ZIRGAN	72
<i>zoledronic acid</i>	50
ZOLINZA.....	23
<i>zolpidem tartrate</i>	44
ZONISADE	42
<i>zonisamide</i>	42
<i>zovia 1/35</i>	55
ZTALMY	42
<i>zumandimine</i>	55
ZURZUVAE	34
ZYDELIG	23
ZYKADIA.....	23
ZYLET SUS 0.5-0.3%.....	72
ZYPITAMAG	27
ZYPREXA RELPREVV	38

This Formulary was updated on October 1, 2025. For more recent information or other questions, please contact the MVP Medicare Customer Care Center.

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