

2026



*Leading the way to great care.™*



# 2026 Formulary (List of Covered Drugs)

**Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)**

**Elderplan Plus Long-Term Care (HMO-POS D-SNP)**

**Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)**

**Please Read:** This document contains information about the drugs we cover in this plan.

We have made no changes to this formulary since 04/01/2026. For more recent information or other questions, please contact Elderplan Member Services, at 1-800-353-3765 or, for TTY users, 711, 7 days a week from 8 am to 8 pm or visit [www.elderplan.org](http://www.elderplan.org).

HPMS Approved Formulary File Submission ID 00026083

Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)  
Elderplan Plus Long-Term Care (HMO-POS D-SNP)  
Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)

# 2026 Formulary

## (List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 00026083

We have made no changes to this formulary since 04/01/2026. For more recent information or other questions, please contact Member Services at 1-800-353-3765 (TTY users should call 711), 7 days a week from hours 8 am to 8 pm, or visit [www.elderplan.org](http://www.elderplan.org).

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin** – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

**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 Elderplan, Inc. When it refers to “plan” or “our plan,” it means **Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP); Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP) and Elderplan Plus Long-Term Care (HMO-POS D-SNP)**.

This document includes the Drug List (formulary) for our plan which is current as of 04/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## What is the Elderplan Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our plan's 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.elderplan.org](http://www.elderplan.org).

**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. 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, 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 Elderplan's formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they

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may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Elderplan’s formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2026. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages.

In the event that our plan makes a mid-year non-maintenance formulary change, the formularies will be updated on our website with the changes. Please visit our website or call Member Services to get an updated printed formulary or further information about the non-maintenance drug change. The contact information appears on the front and back cover pages.

## **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 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for Januvia 50 mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Elderplan’s formulary?” on page IV for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

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- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Elderplan's Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

## Existing Member in Plan with Level of Care Changes

If you enter a long-term care (LTC) facility from the outpatient (home), hospital or another LTC facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days for each of the drugs that is not on our formulary or that have coverage restrictions or limits.

If you leave the LTC facility or a hospital and return to the outpatient (home) setting, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) following the discharge for each of the drugs that is not on our formulary or that have coverage restrictions or limits.

Please note that our transition policy applies only to those drugs that are “Part D drugs” and that are filled at a network pharmacy.

## For more information

For more detailed information about our plan’s prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## Our Plan’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

**B/D – B vs D prior authorization:** Certain drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information needs to be submitted describing the use and setting of the drug to make the determination.

**PA – Prior Authorization:** Certain drugs require you or your physician to get prior authorization from our plan. This means that you will need to get approval from our plan before you fill prescription. If you don’t get approval, our plan may not cover the drug.

**QL – Quantity Limits:** For certain drugs, our plan limits the amount of the drug our plan will cover. For example, our plan provides 30 tablets per prescription for Januvia. Quantity limit is indicated in the amount dispensed for days of supply.

**ST – Step Therapy:** Our plan requires you to try certain drugs to treat your medical condition before we will cover another for that medical condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will cover Drug B.

**NM –** These drugs are NOT available via Mail-Order.

**NDS – Non-Extended Days Supply.** Certain Specialty drugs will be limited up to a 30-day supply per fill.

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**English:** Elderplan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a non-English language or require interpretation assistance, language assistance services and appropriate auxiliary aids are available to you free of charge. If you need these services or have questions about our plan, call 1-800-353-3765 (TTY: 711).

**Spanish:** Elderplan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla en un idioma que no es inglés o requiere asistencia de interpretación, tiene a su disposición servicios de asistencia lingüística y las ayudas auxiliares adecuadas de forma gratuita. Si necesita estos servicios o tiene preguntas sobre nuestro plan, llame al 1-800-353-3765 (TTY: 711).

**Chinese:** Elderplan, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障情況或性別而歧視任何人。請注意：如果您說英語以外的語言或需要口譯協助，我們將免費為您提供語言協助服務和適當的輔助工具。如果您需要這些服務或對我們的計劃有疑問，請致電 1-800-353-3765 (TTY: 711)。

**Albanian:** Elderplan, Inc. u përmbahet ligjeve të zbatueshme federale për të drejtat civile, ndaj nuk ju diskriminon në bazë të racës, ngjyrës, origjinës kombëtare, moshës, aftësive të kufizuara ose seksit. VËMENDJE: Nëse flisni një gjuhë tjetër që nuk është anglisht ose nëse keni nevojë për shërbime përkthimi, për ju ofrohen falas shërbime të ndihmës gjuhësore dhe mjete ndihmëse të përshtatshme. Nëse keni nevojë për këto shërbime ose nëse keni pyetje rreth planit tonë, telefononi 1-800-353-3765 (TTY: 711).

**Arabic**

لقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تميّز على أساس العرق أو اللون أو الأصل القومي Elderplan Inc. تمتثل أو العمر أو الإعاقة أو الجنس. تنبيه: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في الترجمة الفورية، فإن خدمات المساعدة اللغوية والمساعدات المعينة المناسبة متاحة لك مجاناً. إذا كنت بحاجة إلى هذه الخدمات أو كانت لديك أسئلة حول خطتنا، فاتصل بالرقم 1-800-353-3765 (TTY: 711).

**Bengali:** Elderplan, Inc. প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, বর্ণ, জাতীগত উৎপত্তি, বয়স, অক্ষমতা বা লিঙ্গের ভিত্তিতে বৈষম্য করে না। লক্ষ্য করুন: যদি আপনি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন বা দোভাষী সহায়তার প্রয়োজন হয়, আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং প্রয়োজনীয় সহায়ক উপকরণ উপলব্ধ আছে। আপনার যদি এই পরিষেবাগুলির প্রয়োজন হয় বা আমাদের পরিকল্পনা সম্পর্কে প্রশ্ন থাকে তবে 1-800-353-3765 (TTY: 711) নম্বরে ফোন করুন।

**French:** Elderplan, Inc. se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. ATTENTION : Si vous parlez une langue autre que l'anglais ou si vous avez besoin d'une assistance d'interprétation, des services d'assistance linguistique et des aides auxiliares appropriées sont à votre disposition gratuitement. Si vous avez besoin de ces services ou si vous avez des questions sur notre régime d'assurance maladie, appelez le 1-800-353-3765 (TTY : 711).

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45 CFR 92.11

**German:** Elderplan, Inc. hält alle geltenden Bundesbürgerrechtsgesetze ein und diskriminiert nicht aufgrund von Ethnie, Hautfarbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht. HINWEIS: Wenn Sie eine andere als die englische Sprache sprechen oder einen Dolmetscher benötigen, stehen Ihnen Sprachassistentendienste und geeignete Hilfsmittel kostenlos zur Verfügung. Falls Sie solche Dienste benötigen oder Fragen zu unserem Plan haben, rufen Sie uns bitte unter der Nummer +1-800-353-3765 (TTY: 711) an.

**Greek:** Η Elderplan, Inc. συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους περί πολιτικών δικαιωμάτων και δεν κάνει διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. ΠΡΟΣΟΧΗ: Αν μιλάτε άλλη γλώσσα εκτός από τα αγγλικά ή χρειάζεστε τη βοήθεια διερμηνείας, παρέχονται δωρεάν υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθητικά μέσα. Εάν χρειάζεστε αυτές τις υπηρεσίες ή έχετε ερωτήσεις σχετικά με το πρόγραμμά μας, καλέστε στο 1-800-353-3765 (TTY: 711).

**Haitian Creole:** Elderplan, Inc. konfòme l avèk lwa Federal sou dwa sivil ki aplikab yo epi li pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap oswa sèks. ATANSYON: Si ou pale yon lang ki pa Angle oswa ou bezwen asistans entèprèt, sèvis asistans lang ak èd oksilyè ki apwopriye yo disponib pou ou gratis. Si ou bezwen sèvis sa yo oswa ou gen kesyon sou plan nou an, rele 1-800-353-3765 (TTY: 711).

**Hindi:** Elderplan, Inc. लागू संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और नस्ल, रंग, राष्ट्रीय मूल, उम्र, विकलांगता या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप एक गैर-अंग्रेज़ी भाषा बोलते हैं या आपको भाषांतरण सहायता की आवश्यकता है, तो भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको इन सेवाओं की आवश्यकता है या हमारी योजना के बारे में प्रश्न हैं, तो 1-800-353-3765 (TTY: 711) पर कॉल करें।

**Italian:** Elderplan, Inc. è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: Se parla una lingua diversa dall'inglese o ha bisogno dell'assistenza di un interprete, può usufruire gratuitamente di servizi di assistenza linguistica e di appositi supporti ausiliari. Se necessita di questi servizi o ha domande sul nostro piano, chiami il numero 1-800-353-3765 (TTY: 711).

**Japanese:** Elderplan, Inc. は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害、性別に基づいて差別しません。注意：英語以外の言語を話す場合や通訳のサポートが必要な場合は、言語サポートサービスと適切な補助器具を無料でご利用いただけます。これらのサービスが必要な場合、または当社のプランについてご質問がある場合は、1-800-353-3765 (TTY: 711) までお電話ください。

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45 CFR 92.11

**Korean:** Elderplan, Inc.는 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 근거로 차별하지 않습니다. 주의: 영어 이외의 언어를 구사하거나 통역 지원이 필요한 경우 언어 지원 서비스 및 적절한 보조 장치를 무료로 이용할 수 있습니다. 이러한 서비스가 필요하거나 플랜에 대해 질문이 있는 경우 1-800-353-3765 (TTY: 711) 로 전화하십시오.

**Polish:** Elderplan, Inc. przestrzega obowiązujących federalnych przepisów dotyczących praw obywatelskich i nie dyskryminuje ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność ani płeć. UWAGA: Jeśli mówisz w języku innym niż angielski lub potrzebujesz pomocy tłumacza, możesz bezpłatnie skorzystać z usług pomocy językowej i odpowiednich narzędzi pomocniczych. Jeśli potrzebujesz tych usług lub masz pytania dotyczące naszego planu, zadzwoń pod numer 1-800-353-3765 (TTY: 711).

**Portuguese:** A Elderplan, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina com base em raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala uma língua diferente do inglês ou necessita de assistência de interpretação, estão disponíveis gratuitamente serviços de assistência linguística e recursos auxiliares apropriados. Se precisar destes serviços ou tiver dúvidas sobre o nosso plano, ligue para 1-800-353-3765 (TTY: 711).

**Punjabi:** Elderplan, Inc. ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਅਧਿਕਾਰ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪਾਹਜਤਾ, ਜਾਂ ਲਿੰਗ ਦੇ ਆਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨਾਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ ਜਾਂ ਵਿਆਖਿਆ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੀ ਹੈ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਇਹਨਾਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ ਜਾਂ ਸਾਡੀ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ 1-800-353-3765 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Russian:** Компания Elderplan, Inc. соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы не говорите на английском языке или вам нужна помощь переводчика, вам будут бесплатно предоставлены услуги языковой помощи и соответствующие вспомогательные средства. Если вам нужны такие услуги или у вас есть вопросы о нашем плане, позвоните по номеру 1-800-353-3765 (TTY: 711).

**Tagalog:** Sumusunod ang Elderplan, Inc. sa naaangkop na mga batas sa Pederal na mga karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian. ATENSYON: Kung nagsasalita ka ng wikang hindi Ingles o nangangailangan ng tulong sa interpretasyon, ang mga serbisyo ng tulong sa wika at naaangkop na mga pantulong na tulong ay magagamit mo nang walang bayad. Kung kailangan mo ang mga serbisyo ng ito o may mga tanong tungkol sa aming plano, tawagan ang 1-800-353-3765 (TTY: 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services  
45 CFR 92.11

**Urdu**

Elderplan/HomeFirst قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر امتیازی سلوک نہیں کرتا۔ توجہ: اگر آپ غیر انگریزی زبان بولتے ہیں یا تشریح میں مدد کی ضرورت ہے تو، زبان کی مدد کی خدمات اور مناسب معاون امداد آپ کے لئے مفت دستیاب ہیں۔ اگر آپ کو ان خدمات کی ضرورت ہے یا ہمارے منصوبے کے بارے میں سوالات ہیں تو، (TTY: 711) 1-800-353-3765 پر کال کریں۔

**Vietnamese:** Elderplan, Inc. tuân thủ luật dân quyền Liên bang hiện hành và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính. CHÚ Ý: Nếu quý vị nói ngôn ngữ không phải tiếng Anh hoặc cần được hỗ trợ thông dịch thì chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện phụ trợ phù hợp miễn phí cho quý vị. Nếu quý vị cần những dịch vụ này hoặc có thắc mắc về chương trình của chúng tôi, hãy gọi số 1-800-353-3765 (TTY: 711).

**Yiddish**

Elderplan, Inc. פאָלגט די אָנווענדלעכע פעדעראלע ציווילע רעכט געזעצן און דיסקרימינירט נישט אויף דער באַזע פון ראַסע, קאָליר, נאַציאָנאַלער אָפּשטאַם, עלטער, דיסאַביליטי, אָדער געשלעכט. ופּמערקזאַמקייט: אויב איר רעדט אַ נישט-ענגלישע שפּראַך אָדער דאַרפֿט הילף מיט איבערזעצונג, זענען שפּראַך הילף באַדינונגען און פּאַסיק הילפּסמיטלען בנימצא פֿאַר אײַך אָן קײן אָפּצאָל. אויב איר דאַרפֿט די סערוויסעס אדער האָט פֿראַגעס וועגן אונדזער פּלאַן, רופֿט אָן 1-800-353-3765 (TTY: 711)

**ELDERPLAN\_CY26\_1T\_SNP eff 04/01/2026**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**ANALGESICS****GOUT**

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

**MISCELLANEOUS**

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

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

**OPIOID ANALGESICS, LONG-ACTING**

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

### **OPIOID ANALGESICS, SHORT-ACTING**

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

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

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

### **ANTIFUNGALS**

<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

### **ANTIMALARIALS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
EDURANT PED TBSO 2.5mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	1	NDS, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 675/150	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM

### **ANTITUBERCULAR AGENTS**

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

### **ANTIVIRALS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

### **CEPHALOSPORINS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	NDS
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
<b>TETRACYCLINES</b>		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	

## **ANTINEOPLASTIC AGENTS**

### **ALKYLATING AGENTS**

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

### **ANTIMETABOLITES**

<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NDS, NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
TABLOID TABS 40mg	1	NDS, PA

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
INLURIYO TABS 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NDS, NM
<i>mesna</i> TABS 400mg	1	NDS
MODEYSO CAPS 125mg	1	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA

### **MITOTIC INHIBITORS**

<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

### **MOLECULAR TARGET AGENTS**

ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	1	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	1	NDS, NM, PA
HERNEXEOS TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
HYRNUO TABS 10mg	1	NDS, QL (120 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	NDS, QL (1 vial / 21 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	1	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPROVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, 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 &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<b>ACE INHIBITORS</b>		
<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	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	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 &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	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)
<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>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

### **ANTIARRHYTHMICS**

<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<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)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	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	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REPATHA SOSY 140mg/ml	1	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

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

### **BETA-BLOCKERS**

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

### **CALCIUM CHANNEL BLOCKERS**

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

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

### **MISCELLANEOUS**

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

### **NITRATES**

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

### **PULMONARY ARTERIAL HYPERTENSION**

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	1	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
UPTRAVI TABS 200mcg	1	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	NDS, QL (224 caps / 28 days), NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

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

### **ANTI-DEMENTIA**

<i>donepezil hydrochloride</i> TABS 5mg; TDBP 5mg	1	QL (30 tabs / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	
<b>ANTIPSYCHOTICS</b>		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA

### **ANTISEIZURE AGENTS**

APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	1	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	1	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	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	1	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)

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

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
<b>HYPNOTICS</b>		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon TABS 8mg</i>	1	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

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

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

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

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

### **NARCOLEPSY/CATAPLEXY**

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

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	1	
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
<i>NICOTROL NS SOLN 10mg/ml</i>	1	
<i>varenicline tartrate TABS .5mg, 1mg</i>	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	QL (2 packs / year)
<i>VIVITROL SUSR 380mg</i>	1	NDS, NM

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

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

### **ANTIDIABETICS**

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

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

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

### **ANTIDIABETICS, INSULINS**

ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	1	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

### **CHELATING AGENTS**

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

### **CONTRACEPTIVES**

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galbriela</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1/20</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla TABS .35mg</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
<b>ESTROGENS</b>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolvaptan</i> TBPK 15mg	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	1	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	1	NDS, NM, PA

### **PROGESTINS**

<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

### **THYROID AGENTS**

<i>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>liomny</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

### **VITAMIN D ANALOGS**

<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	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; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days)
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	1	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>tadalafil TABS 5mg</i>	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl CAPS .4mg</i>	1	QL (60 caps / 30 days)

### **MISCELLANEOUS**

<i>acetic acid SOLN .25%</i>	1	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	1	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	1	

### **URINARY ANTISPASMODICS**

<i>fesoterodine fumarate TB24 4mg, 8mg</i>	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride SOLN 5mg/5ml</i>	1	QL (600 mL / 30 days)
<i>oxybutynin chloride TABS 5mg</i>	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride TB24 5mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>solifenacin succinate TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate CP24 2mg, 4mg</i>	1	QL (30 caps / 30 days)
<i>tolterodine tartrate TABS 1mg, 2mg</i>	1	QL (60 tabs / 30 days)
<i>tropium chloride TABS 20mg</i>	1	QL (60 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

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

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate CAPS 110mg</i>	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
<b>MISCELLANEOUS</b>		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	1	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

### **IMMUNOLOGIC AGENTS**

#### **AUTOIMMUNE AGENTS**

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	1	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLIXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<b>IMMUNOGLOBULINS</b>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM

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

### **VACCINES**

ABRYSVO SOLR 120mcg/0.5ml	1	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INFANRIX INJ	1	
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)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes 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%	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D

### **ELECTROLYTES/MINERALS/VITAMINS, ORAL**

<i>klor-con</i> PACK 20meq	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	

### **IV NUTRITION**

<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	1	B/D
AMINOSYN-PF INJ 10%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

### **ANTI-INFECTIVES**

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium (ophth)</i> SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMVI SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
<b>ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	

## OTIC

### OTIC AGENTS

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

## RESPIRATORY

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

### ANTICHOLINERGICS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	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	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

## **TOPICAL**

### **DERMATOLOGY, ACNE**

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ery PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL</i> 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN</i> 2%	1	QL (60 mL / 30 days)
<i>isotretinoin CAPS</i> 10mg, 20mg, 30mg, 40mg	1	PA
<i>neuac</i>	1	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN</i> 10%	1	QL (118 mL / 30 days)
<i>tretinoin CREA</i> .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL</i> 1%	1	QL (60 gm / 30 days)
<i>zenatane CAPS</i> 10mg, 20mg, 30mg, 40mg	1	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical) CREA</i> .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin OINT</i> 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA</i> 1%	1	
<i>ssd CREA</i> 1%	1	
<i>SULFAMYLON CREA</i> 85mg/gm	1	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox SHAM</i> 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA</i> .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP</i> .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA</i> 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN</i> 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate CREA</i> 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA</i> 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM</i> 2%	1	QL (120 mL / 30 days)
<i>klayesta POWD</i> 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc POWD</i> 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical) CREA</i> 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical) POWD</i> 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop POWD</i> 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide LOTN</i> 2.5%	1	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin CAPS</i> 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene CREA</i> .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN</i> .005%	1	QL (120 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA

### **DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>doxepin hcl (antipruritic)</i> CREA 5%	1	QL (45 gm / 30 days), PA
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

### **DERMATOLOGY, WOUND CARE AGENTS**

SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	7
<i>abigale</i> .....	57
<i>abigale lo</i> .....	57
ABILIFY ASIMTUFII .....	36
ABILIFY MAINTENA .....	36
<i>abiraterone acetate</i> .....	13
<i>abirtega</i> .....	13
ABRYSVO .....	70
<i>acamprosate calcium</i> .....	47
<i>acarbose</i> .....	48
<i>accutane</i> .....	80
<i>acebutolol hcl</i> .....	29
<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> .....	30
<i>acetic acid</i> .....	64
<i>acetic acid (otic)</i> .....	76
<i>acetylcysteine</i> .....	78
<i>acitretin</i> .....	81
ACTHIB INJ .....	70
ACTIMMUNE .....	69
<i>acyclovir</i> .....	8
<i>acyclovir sodium</i> .....	8
ADACEL INJ.....	70
ADALIMUMAB-BWWD .....	66
<i>adefovir dipivoxil</i> .....	8
ADEMPAS.....	31
ADMELOG .....	50
ADMELOG SOLOSTAR .....	50
ADVAIR HFA AER 115/21 .....	80
ADVAIR HFA AER 230/21 .....	80
ADVAIR HFA AER 45/21 .....	79
<i>afirmelle</i> .....	52
AIMOVIG .....	45
AIRSUPRA AER 90-80MCG.....	80
AKEEGA TAB 100/500.....	13
AKEEGA TAB 50/500MG .....	13
<i>ala-cort</i> .....	82
<i>albendazole</i> .....	3
<i>albuterol sulfate</i> .....	77
<i>alclometasone dipropionate</i> .....	82
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY .....	50
ALDURAZYME .....	58
ALECENSA .....	15
<i>alendronate sodium</i> .....	51
<i>alfuzosin hcl</i> .....	63
<i>aliskiren fumarate</i> .....	31
<i>allopurinol</i> .....	1
<i>alose tron hcl</i> .....	62
<i>alprazolam</i> .....	32
<i>altavera</i> .....	52
ALUNBRIG.....	15
ALUNBRIG PAK .....	15
ALVAIZ .....	65
ALVESCO .....	79
<i>alyacen 1/35</i> .....	52
<i>alyacen 7/7/7</i> .....	52
ALYFTREK TAB 10-50-125 .....	78
ALYFTREK TAB 4-20-50.....	78
ALYGLO .....	69
<i>alyq</i> .....	31
<i>amantadine hcl</i> .....	35
<i>ambrisentan</i> .....	32
<i>amethyst</i> .....	52
<i>amikacin sulfate</i> .....	3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	30
<i>amiloride hcl</i> .....	30
<i>aminosyn ii soln 15%</i> .....	73
AMINOSYN INJ 10% .....	73
AMINOSYN-PF INJ 10%.....	73
<i>amiodarone hcl</i> .....	27
<i>amitriptyline hcl</i> .....	33
<i>amlodipine besylate</i> .....	29
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	24

<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	24
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	26
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	26
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	25
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	25
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	26
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	26
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	26
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	26
<i>amnestem</i> .....	80
<i>amoxapine</i> .....	33
<i>amoxicillin</i> .....	10
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	10
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	10
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	10
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	10
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	10
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	10
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	11
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	43
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	43
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	43
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	43
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	43

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	43
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	44
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	44
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	44
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	44
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	44
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	43
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	43
<i>amphotericin b</i> .....	5
<i>amphotericin b liposome</i> .....	5
<i>ampicillin</i> .....	11
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	11
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	11
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	11
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	11
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	11
<i>ampicillin sodium</i> .....	11
<i>anagrelide hcl</i> .....	65
<i>anastrozole</i> .....	13
<i>ANORO ELLIPT AER 62.5-25</i> .....	76
<i>aprepitant</i> .....	61
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	61
<i>apri</i> .....	52
<i>APTIOM</i> .....	39
<i>APTIVUS</i> .....	6
<i>ARALAST NP</i> .....	78
<i>aranelle</i> .....	52
<i>ARCALYST</i> .....	69
<i>AREXVY</i> .....	70
<i>ARIKAYCE</i> .....	3
<i>aripiprazole</i> .....	36
<i>ARISTADA</i> .....	36
<i>ARISTADA INITIO</i> .....	36

<i>armodafinil</i> .....	47	<i>bacitracin-polymyxin-neomycin-hc</i>	
ARNUIITY ELLIPTA.....	79	<i>ophth oint 1%</i> .....	74
<i>asenapine maleate</i> .....	36	<i>baclofen</i> .....	47
<i>ashlyna</i> .....	52	BAFIERTAM .....	46
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>balsalazide disodium</i> .....	62
200 mg .....	66	BALVERSA.....	16
ASTAGRAF XL.....	69	<i>balziva</i> .....	53
<i>atazanavir sulfate</i> .....	6	BARACLUDGE .....	8
<i>atenolol</i> .....	29	BCG VACCINE.....	70
<i>atenolol &amp; chlorthalidone tab 100-25</i>		<i>benazepril &amp; hydrochlorothiazide tab</i>	
mg .....	29	10-12.5 mg .....	24
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>		<i>benazepril &amp; hydrochlorothiazide tab</i>	
.....	29	20-12.5 mg .....	24
<i>atomoxetine hcl</i> .....	44	<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>atorvastatin calcium</i> .....	28	20-25 mg.....	24
<i>atovaquone</i> .....	3	<i>benazepril &amp; hydrochlorothiazide tab 5-</i>	
<i>atovaquone-proguanil hcl tab 250-100</i>		6.25mg.....	24
mg.....	5	<i>benazepril hcl</i> .....	25
<i>atovaquone-proguanil hcl tab 62.5-25</i>		BENDAMUSTINE HYDROCHLORID.....	12
mg.....	5	BENDEKA.....	12
ATROPINE SULFATE.....	75	BENLYSTA.....	70
<i>atropine sulfate (ophthalmic)</i> .....	75	<i>benzoyl peroxide-erythromycin gel 5-</i>	
ATROVENT HFA.....	76	3%.....	80
<i>abra eq</i> .....	52	<i>benztropine mesylate</i> .....	35
AUGTYRO.....	15	BERINERT .....	65
<i>aurovela 1/20</i> .....	52	<i>besifloxacin hcl</i> .....	74
<i>aurovela 24 fe</i> .....	52	BESIVANCE .....	74
<i>aurovela fe 1/20</i> .....	52	BESREMI .....	14
<i>aurovela fe 1.5/30</i> .....	52	<i>betaine powder for oral solution</i> .....	58
AUSTEDO.....	46	<i>betamethasone dipropionate (topical)</i>	
AUSTEDO XR.....	46	.....	82
AUSTEDO XR TAB TITR KIT .....	46	<i>betamethasone dipropionate</i>	
AUVELITY TAB 45-105MG.....	33	<i>augmented</i> .....	82
<i>aviane</i> .....	52	<i>betamethasone valerate</i> .....	82
AVMAPKI PAK FAKZYNJA.....	15	BETASERON .....	46
<i>ayuna</i> .....	53	<i>betaxolol hcl</i> .....	29
AYVAKIT .....	15	<i>betaxolol hcl (ophth)</i> .....	75
<i>azacitidine</i> .....	12	<i>bethanechol chloride</i> .....	64
<i>azathioprine</i> .....	70	BEVESPI AER 9-4.8MCG .....	76
<i>azelastine hcl</i> .....	77	<i>bexarotene</i> .....	14
<i>azelastine hcl (ophth)</i> .....	75	<i>bexarotene (topical)</i> .....	83
<i>azithromycin</i> .....	10	BEXSERO .....	70
<i>aztreonam</i> .....	3	<i>bicalutamide</i> .....	13
<i>azurette</i> .....	53	BICILLIN L-A .....	11
<b>B</b>		BIKTARVY TAB 30-120-15 MG .....	7
<i>bacitracin (ophthalmic)</i> .....	74	BIKTARVY TAB 50-200-25 MG .....	7
<i>bacitracin-polymyxin b ophth oint</i> ....	74	BILDYOS.....	51

BIMZELX.....	66	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>4-1 mg (base equiv) .....</i>	48
<i>10-6.25 mg .....</i>	29	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>8-2 mg (base equiv) .....</i>	48
<i>2.5-6.25 mg .....</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		<i>2-0.5 mg (base equiv) .....</i>	48
<i>6.25 mg .....</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol fumarate .....</i>	29	<i>8-2 mg (base equiv) .....</i>	48
BIVIGAM.....	69	<i>bupropion hcl .....</i>	33
<i>blisovi 24 fe .....</i>	53	<i>bupropion hcl (smoking deterrent) ...</i>	48
<i>blisovi fe 1/20 .....</i>	53	<i>buspirone hcl.....</i>	32
<i>blisovi fe 1.5/30.....</i>	53	<i>butorphanol tartrate.....</i>	2
BLUJEP A .....	3	<b>C</b>	
BONSITY.....	51	<i>cabergoline .....</i>	58
BOOSTRIX INJ .....	70	CABOMETYX .....	16
<i>bortezomib.....</i>	16	<i>calcipotriene.....</i>	81
BORTEZOMIB .....	16	<i>calcitonin (salmon) spray .....</i>	51
<i>bosentan .....</i>	32	<i>calcitrene.....</i>	82
BOSULIF.....	16	<i>calcitriol.....</i>	60
BRAFTOVI .....	16	<i>calcitriol (oral) .....</i>	60
BREO ELLIPTA INH 100-25 .....	80	CALQUENCE .....	16
BREO ELLIPTA INH 200-25 .....	80	<i>camila .....</i>	53
BREO ELLIPTA INH 50-25MCG .....	80	<i>camrese .....</i>	53
<i>breyna.....</i>	80	<i>camrese lo .....</i>	53
BREZTRI AERO AER SPHERE .....	76	<i>candesartan cilexetil.....</i>	27
BREZTRI AERO AER SPHERE		<i>candesartan cilexetil-</i>	
(INSTITUTIONAL PACK) .....	76	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>briellyn .....</i>	53	<i>.....</i>	26
<i>brimonidine tartrate .....</i>	75	<i>candesartan cilexetil-</i>	
<i>brinzolamide .....</i>	75	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
BRIVIACT.....	39	<i>.....</i>	26
<i>bromocriptine mesylate .....</i>	35	<i>candesartan cilexetil-</i>	
BRUKINSA .....	16	<i>hydrochlorothiazide tab 32-25 mg .</i>	26
<i>budesonide .....</i>	62	CAPLYTA.....	36
<i>budesonide (inhalation) .....</i>	79	CAPRELSA.....	16
<i>budesonide-formoterol fumarate dihyd</i>		<i>captopril .....</i>	25
<i>aerosol 160-4.5 mcg/act .....</i>	80	<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
<i>budesonide-formoterol fumarate dihyd</i>		<i>15 mg.....</i>	24
<i>aerosol 80-4.5 mcg/act .....</i>	80	<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
<i>bumetanide.....</i>	30	<i>25 mg.....</i>	24
<i>buprenorphine.....</i>	1	<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
<i>buprenorphine hcl .....</i>	47	<i>15 mg.....</i>	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
<i>12-3 mg (base equiv) .....</i>	48	<i>25 mg.....</i>	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carb/levo orally disintegrating tab 10-</i>	
<i>2-0.5 mg (base equiv) .....</i>	48	<i>100mg.....</i>	35

<i>carb/levo orally disintegrating tab 25-100mg</i> .....	35	<i>cefpodoxime proxetil</i> .....	9
<i>carb/levo orally disintegrating tab 25-250mg</i> .....	35	<i>cefprozil</i> .....	9
<i>carbamazepine</i> .....	39	<i>ceftaroline fosamil</i> .....	9
<i>carbidopa &amp; levodopa tab 10-100 mg</i> 35		<i>ceftazidime</i> .....	9
<i>carbidopa &amp; levodopa tab 25-100 mg</i> 35		<i>ceftriaxone sodium</i> .....	9
<i>carbidopa &amp; levodopa tab 25-250 mg</i> 35		<i>cefuroxime axetil</i> .....	9
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	35	<i>cefuroxime sodium</i> .....	9
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	35	<i>celecoxib</i> .....	1
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	35	<i>cephalexin</i> .....	9
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	35	CEQR SIMPL KIT PATCH 2U (3-DAY) .....	50
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	35	CEQR SIMPL KIT PATCH 2U (4-DAY) .....	50
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	35	CEQR SIMPL MIS INSERTER .....	50
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	35	CERDELGA .....	58
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	35	CEREZYME .....	58
<i>carboplatin</i> .....	12	<i>cetirizine hcl</i> .....	77
<i>carglumic acid</i> .....	58	<i>cevimeline hcl</i> .....	84
<i>carisoprodol</i> .....	47	<i>chateal eq</i> .....	53
<i>carteolol hcl (ophth)</i> .....	75	CHEMET.....	52
<i>cartia xt</i> .....	30	<i>chlorhexidine gluconate (mouth-throat)</i> .....	84
<i>carvedilol</i> .....	29	<i>chloroquine phosphate</i> .....	5
<i>caspofungin acetate</i> .....	5	<i>chlorpromazine hcl</i> .....	36
CAYSTON.....	3	<i>chlorthalidone</i> .....	30
<i>cefaclor</i> .....	9	<i>cholestyramine</i> .....	28
<i>cefadroxil</i> .....	9	<i>cholestyramine light</i> .....	28
CEFAZOLIN .....	9	<i>ciclopirox</i> .....	81
CEFAZOLIN/DEX SOL 1GM/50ML-4%..	9	<i>ciclopirox olamine</i> .....	81
CEFAZOLIN/DEX SOL 2GM/50ML-3%..	9	<i>cilostazol</i> .....	65
CEFAZOLIN/DEX SOL 3GM/150ML-4%	9	CILOXAN.....	74
CEFAZOLIN/DEX SOL 3GM/50ML-2%..	9	CIMDUO TAB 300-300 .....	7
CEFAZOLIN INJ 1GM/50ML.....	9	<i>cinacalcet hcl</i> .....	58
<i>cefazolin sodium</i> .....	9	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
CEFAZOLIN SOLN 2GM/100ML-4% .....	9	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>cefdinir</i> .....	9	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	76
<i>cefepime hcl</i> .....	9	<i>ciprofloxacin hcl</i> .....	10
<i>cefixime</i> .....	9	<i>ciprofloxacin hcl (ophth)</i> .....	74
<i>cefotetan disodium</i> .....	9	<i>cisplatin</i> .....	12
<i>cefoxitin sodium</i> .....	9	<i>citalopram hydrobromide</i> .....	33
		<i>claravis</i> .....	80
		<i>clarithromycin</i> .....	10
		<i>clindamycin hcl</i> .....	3
		<i>clindamycin palmitate hydrochloride</i> ...	3
		<i>clindamycin phosphate</i> .....	3
		<i>clindamycin phosphate (topical)</i> .....	80

<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml .....	3	COMBIGAN SOL 0.2/0.5% .....	75
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml .....	3	COMBIVENT AER 20-100 .....	76
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml .....	3	COMETRIQ (60MG DOSE) .....	16
<i>clindamycin phosphate vaginal</i> .....	64	COMETRIQ KIT 100MG .....	16
<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5% .....	80	COMETRIQ KIT 140MG .....	16
CLINDMYC/NAC INJ 300/50ML .....	3	<i>compro</i> .....	61
CLINDMYC/NAC INJ 600/50ML .....	3	<i>constulose</i> .....	62
CLINDMYC/NAC INJ 900/50ML .....	3	COPAXONE .....	46
CLINIMIX INJ 4.25/D10 .....	73	COPIKTRA .....	16
CLINIMIX INJ 4.25/D5W .....	73	CORLANOR .....	31
CLINIMIX INJ 5%/D15W .....	73	COTELLIC .....	16
CLINIMIX INJ 5%/D20W .....	73	CREON CAP 12000UNT .....	62
CLINIMIX INJ 6/5 .....	73	CREON CAP 24000UNT .....	62
CLINIMIX INJ 8/10 .....	73	CREON CAP 3000UNIT .....	62
CLINIMIX INJ 8/14 .....	73	CREON CAP 36000UNT .....	62
<i>clinisol sf 15%</i> .....	73	CREON CAP 6000UNIT .....	62
CLINOLIPID EMU 20% .....	73	CRESEMBA .....	5
<i>clobazam</i> .....	39	<i>cromolyn sodium</i> .....	78
<i>clobetasol propionate</i> .....	82	<i>cromolyn sodium (mastocytosis)</i> .....	62
<i>clobetasol propionate e</i> .....	82	<i>cromolyn sodium (ophth)</i> .....	75
<i>clodan</i> .....	82	<i>cryselle</i> .....	53
<i>clomipramine hcl</i> .....	33	<i>cyclobenzaprine hcl</i> .....	47
<i>clonazepam</i> .....	39	<i>cyclophosphamide</i> .....	12
<i>clonidine</i> .....	31	CYCLOPHOSPHAMIDE .....	12
<i>clonidine hcl</i> .....	31	CYCLOPHOSPHAMIDE MONOHYDR .....	12
<i>clopidogrel bisulfate</i> .....	66	<i>cycloserine</i> .....	8
<i>clorazepate dipotassium</i> .....	39	<i>cyclosporine</i> .....	70
<i>clotrimazole</i> .....	84	<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	70
<i>clotrimazole (topical)</i> .....	81	<i>cyproheptadine hcl</i> .....	77
<i>clotrimazole w/ betamethasone cream</i> 1-0.05% .....	81	<i>cyred eq</i> .....	53
<i>clozapine</i> .....	36	CYSTADROPS .....	76
COARTEM TAB 20-120MG .....	5	CYSTAGON .....	58
COBENFY CAP 100-20MG .....	36	CYSTARAN .....	76
COBENFY CAP 125-30MG .....	36	<i>cytarabine</i> .....	12
COBENFY CAP 50-20MG .....	36	<b>D</b>	
COBENFY STRT CAP PACK .....	36	D10W/NACL INJ 0.2% .....	72
<i>colchicine</i> .....	1	D10W/NACL INJ 0.45% .....	72
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i> .....	1	D2.5W/NACL INJ 0.45% .....	71
<i>colesevelam hcl</i> .....	28	D5W/NACL INJ 0.2% .....	72
<i>colestipol hcl</i> .....	28	D5W/NACL INJ 0.45% .....	72
<i>colistimethate sodium</i> .....	3	<i>dabigatran etexilate mesylate</i> .....	64
		<i>dalfampridine</i> .....	46
		<i>danazol</i> .....	48
		<i>dantrolene sodium</i> .....	47
		DANZITEN .....	16
		<i>dapagliflozin propanediol</i> .....	48

<i>dapsone</i> .....	3	DIACOMIT .....	39, 40
DAPTACEL INJ .....	70	<i>diazepam</i> .....	40
<i>daptomycin</i> .....	3	<i>diazepam (anticonvulsant)</i> .....	40
DAPTOMYCIN .....	3	<i>diazepam inj</i> .....	40
<i>darunavir</i> .....	6	<i>diazepam intensol</i> .....	40
<i>dasatinib</i> .....	16	<i>diazoxide</i> .....	58
<i>dasetta 1/35</i> .....	53	<i>diclofenac potassium</i> .....	1
<i>dasetta 7/7/7</i> .....	53	<i>diclofenac sodium</i> .....	1
DAURISMO.....	17	<i>diclofenac sodium (ophth)</i> .....	75
<i>daysee</i> .....	53	<i>diclofenac sodium (topical)</i> .....	83
DAYVIGO .....	44	<i>dicloxacillin sodium</i> .....	11
<i>deblitane</i> .....	53	<i>dicyclomine hcl</i> .....	61
<i>deferasirox</i> .....	52	DIFICID .....	10
DELSTRIGO TAB .....	7	<i>diflunisal</i> .....	1
DENGVAXIA SUS.....	70	<i>difluprednate</i> .....	75
DEPO-SUBQ PROVERA 104 .....	53	<i>digoxin</i> .....	31
<i>depo-testosterone</i> .....	48	<i>dihydroergotamine mesylate</i> .....	45
DESCOVY TAB 120-15MG.....	7	DILANTIN .....	40
DESCOVY TAB 200/25MG.....	7	<i>diltiazem hcl</i> .....	30
<i>desipramine hcl</i> .....	33	<i>diltiazem hcl coated beads</i> .....	30
<i>desmopressin acetate</i> .....	58	<i>diltiazem hcl extended release beads</i> 30	
<i>desmopressin acetate spray</i> .....	58	<i>dilt-xr</i> .....	30
<i>desmopressin acetate spray</i> <i>refrigerated</i> .....	59	<i>diphenhydramine hcl</i> .....	77
<i>desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> .....	53	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i> .....	63
<i>desvenlafaxine succinate</i> .....	33	<i>dipyridamole</i> .....	66
<i>dexamethasone</i> .....	57	<i>disopyramide phosphate</i> .....	27
DEXAMETHASONE INTENSOL.....	58	<i>disulfiram</i> .....	48
<i>dexamethasone sodium phosphate</i> ...	58	<i>divalproex sodium</i> .....	40
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	75	<i>docetaxel</i> .....	15
<i>dexmethylphenidate hcl</i> .....	44	DOCETAXEL .....	15
<i>dextrose</i> .....	73	DOCIVYX .....	15
DEXTROSE 10%.....	73	<i>dofetilide</i> .....	27
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i> .....	72	<i>dolishale</i> .....	53
<i>dextrose 5% in lactated ringers</i> .....	72	<i>donepezil hydrochloride</i> .....	32, 33
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i> .....	72	DOPTELET .....	65
<i>dextrose 5% w/ sodium chloride 0.3%</i> .....	72	DOPTELET SPRINKLE .....	65
<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	72	<i>dorzolamide hcl</i> .....	75
<i>dextrose 5% w/ sodium chloride 0.9%</i> .....	72	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i> .....	75
DEXTROSE 70%.....	74	<i>dotti</i> .....	57
		DOVATO TAB 50-300MG .....	7
		<i>doxazosin mesylate</i> .....	25
		<i>doxepin hcl</i> .....	33
		<i>doxepin hcl (antipruritic)</i> .....	83
		<i>doxepin hcl (sleep)</i> .....	44
		<i>doxorubicin hcl</i> .....	14

<i>doxorubicin hcl liposomal</i> .....	14	<i>emtricitabine-rilpivirine-tenofovir df tab</i>	
<i>doxy 100</i> .....	11	200-25-300 mg .....	7
<i>doxycycline (monohydrate)</i> .....	11	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxycycline hyclate</i> .....	11	<i>fumarate tab 100-150 mg</i> .....	7
DRIZALMA SPRINKLE.....	33	<i>emtricitabine-tenofovir disoproxil</i>	
<i>dronabinol</i> .....	61	<i>fumarate tab 133-200 mg</i> .....	7
<i>drosiprenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>0.02 mg</i> .....	53	<i>fumarate tab 167-250 mg</i> .....	7
<i>drosiprenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>0.03 mg</i> .....	53	<i>fumarate tab 200-300 mg</i> .....	7
<i>drosiprenone-ethinyl estrad-</i>		EMTRIVA .....	6
<i>levomefolate tab 3-0.02-0.451 mg</i> 53		EMVERM.....	3
<i>drosiprenone-ethinyl estrad-</i>		<i>emzahn</i> .....	53
<i>levomefolate tab 3-0.03-0.451 mg</i> 53		<i>enalapril maleate</i> .....	25
DROXIA .....	65	<i>enalapril maleate &amp; hydrochlorothiazide</i>	
<i>droxidopa</i> .....	31	<i>tab 10-25 mg</i> .....	25
DULERA AER 100-5MCG.....	80	<i>enalapril maleate &amp; hydrochlorothiazide</i>	
DULERA AER 200-5MCG.....	80	<i>tab 5-12.5 mg</i> .....	24
DULERA AER 50-5MCG.....	80	ENBREL .....	66
<i>duloxetine hcl</i> .....	33	ENBREL MINI.....	66
DUPIXENT .....	66	ENBREL SURECLICK .....	66
<i>dutasteride</i> .....	63	<i>endocet tab 10-325mg</i> .....	2
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		<i>endocet tab 2.5-325mg</i> .....	2
<i>mg</i> .....	64	<i>endocet tab 5-325mg</i> .....	2
<b>E</b>		<i>endocet tab 7.5-325mg</i> .....	2
<i>e.e.s. 400</i> .....	10	ENGERIX-B .....	70
<i>econazole nitrate</i> .....	81	<i>enilloring</i> .....	53
EDURANT .....	6	<i>enoxaparin sodium</i> .....	65
EDURANT PED .....	6	ENSACOVE.....	17
<i>efavirenz</i> .....	6	<i>enskyce</i> .....	53
<i>efavirenz-emtricitabine-tenofovir df tab</i>		ENSTILAR AER.....	82
<i>600-200-300 mg</i> .....	7	<i>entacapone</i> .....	35
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>entecavir</i> .....	8
<i>400-300-300 mg</i> .....	7	ENTRESTO CAP 15-16MG .....	26
<i>efavirenz-lamivudine-tenofovir df tab</i>		ENTRESTO CAP 6-6MG.....	26
<i>600-300-300 mg</i> .....	7	<i>enulose</i> .....	62
ELIGARD.....	13	EPCLUSA PAK 150-37.5 .....	8
<i>elinest</i> .....	53	EPCLUSA PAK 200-50MG .....	8
ELIQUIS .....	64	EPCLUSA TAB 200-50MG .....	8
ELIQUIS (1.5MG PACK) 3 X .....	64	EPCLUSA TAB 400-100 .....	8
ELIQUIS (2MG PACK) 4 X .....	64	EPIDIOLEX .....	40
ELIQUIS STARTER PACK .....	64	<i>epinephrine (anaphylaxis)</i> .....	31, 78
<i>eluryng</i> .....	53	<i>eplerenone</i> .....	25
EMGALITY .....	45	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
EMSAM .....	34	.....	45
<i>emtricitabine</i> .....	6	ERIVEDGE.....	17
		ERLEADA .....	13

<i>erlotinib hcl</i> .....	17
<i>errin</i> .....	53
<i>ertapenem sodium</i> .....	3
<i>ery</i> .....	81
ERYTHROCIN LACTOBIONATE .....	10
<i>erythromycin (acne aid)</i> .....	81
<i>erythromycin (ophth)</i> .....	74
<i>erythromycin base</i> .....	10
<i>erythromycin ethylsuccinate</i> .....	10
<i>erythromycin lactobionate</i> .....	10
ERZOFRI .....	36, 37
<i>escitalopram oxalate</i> .....	34
<i>eslicarbazepine acetate</i> .....	40
<i>esomeprazole magnesium</i> .....	63
<i>estarylla</i> .....	53
<i>estradiol</i> .....	57
<i>estradiol &amp; norethindrone acetate tab</i> <i>0.5-0.1 mg</i> .....	57
<i>estradiol &amp; norethindrone acetate tab</i> <i>1-0.5 mg</i> .....	57
<i>estradiol vaginal</i> .....	57
<i>estradiol valerate</i> .....	57
<i>eszopiclone</i> .....	44
<i>ethambutol hcl</i> .....	8
<i>ethosuximide</i> .....	40
<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i> .....	53
<i>etodolac</i> .....	1
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i> .....	53
<i>etoposide</i> .....	15
<i>etravirine</i> .....	6
EUCRISA .....	83
EULEXIN .....	13
<i>everolimus</i> .....	17
<i>everolimus (immunosuppressant)</i> .....	70
EVOTAZ TAB 300-150 .....	7
<i>exemestane</i> .....	13
EXXUA .....	34
EXXUA TITRATION PACK .....	34
EYSUVIS .....	76
<i>ezetimibe</i> .....	28
<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	28
<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	28
<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	28
<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	28

<b>F</b>	
FABRAZYME .....	59
<i>falmina</i> .....	53
<i>famciclovir</i> .....	8
<i>famotidine</i> .....	61
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> .....	61
FANAPT .....	37
FANAPT PAK PACK A .....	37
FANAPT PAK PACK B .....	37
FANAPT PAK PACK C .....	37
FARXIGA .....	48
FASENRA .....	78
FASENRA PEN .....	78
<i>feirza 1/20</i> .....	53
<i>feirza 1.5/30</i> .....	53
<i>felbamate</i> .....	40
<i>felodipine</i> .....	30
<i>fenofibrate</i> .....	28
<i>fenofibrate micronized</i> .....	28
<i>fentanyl</i> .....	1
<i>fesoterodine fumarate</i> .....	64
FETZIMA .....	34
FETZIMA CAP TITRATIO .....	34
FIASP .....	50
FIASP FLEXTOUCH .....	50
FIASP PENFILL .....	50
FIASP PUMPCART .....	50
<i>fidaxomicin</i> .....	10
<i>finasteride</i> .....	64
<i> fingolimod hcl</i> .....	46
FINTEPLA .....	40
<i>finzala</i> .....	53
FIRMAGON .....	13
<i>flac</i> .....	76
FLEBOGAMMA DIF .....	69
<i>flecainide acetate</i> .....	27
<i>fluconazole</i> .....	5
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	5
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> .....	5
<i>flucytosine</i> .....	5
<i>fludrocortisone acetate</i> .....	58
<i>flunisolide (nasal)</i> .....	79
<i>fluocinolone acetonide</i> .....	82
<i>fluocinolone acetonide (otic)</i> .....	76

<i>fluocinonide</i> .....	82	GAMMAKED.....	69
<i>fluocinonide emulsified base</i> .....	82	GAMMAPLEX.....	69
<i>fluorometholone (ophth)</i> .....	75	GAMUNEX-C.....	69
<i>fluorouracil</i> .....	12	<i>ganciclovir sodium</i> .....	8
<i>fluorouracil (topical)</i> .....	83	GARDASIL 9.....	70
<i>fluoxetine hcl</i> .....	34	<i>gatifloxacin (ophth)</i> .....	74
<i>fluphenazine decanoate</i> .....	37	GATTEX .....	63
<i>fluphenazine hcl</i> .....	37	GAUZE PADS 2 .....	50
<i>flurbiprofen</i> .....	1	<i>gavilyte-c</i> .....	62
<i>flurbiprofen sodium</i> .....	75	<i>gavilyte-g</i> .....	62
<i>fluticasone propionate</i> .....	82	<i>gavilyte-n/ flavor pack</i> .....	62
<i>fluticasone propionate (nasal)</i> .....	79	GAVRETO.....	17
<i>fluticasone-salmeterol aer powder ba</i>		<i>gefitinib</i> .....	17
<i>100-50 mcg/act</i> .....	80	<i>gemcitabine hcl</i> .....	12
<i>fluticasone-salmeterol aer powder ba</i>		<i>gemfibrozil</i> .....	28
<i>250-50 mcg/act</i> .....	80	GEMTESA.....	64
<i>fluticasone-salmeterol aer powder ba</i>		<i>generlac</i> .....	62
<i>500-50 mcg/act</i> .....	80	<i>gengraf</i> .....	70
<i>fluvoxamine maleate</i> .....	32	GENOTROPIN .....	59
<i>fondaparinux sodium</i> .....	65	GENOTROPIN MINIQUICK.....	59
<i>fosamprenavir calcium</i> .....	6	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	3
<i>fosfomycin tromethamine</i> .....	3	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	3
<i>fosinopril sodium</i> .....	25	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	3
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		<i>gentamicin in saline inj 1 mg/ml</i> .....	3
<i>tab 10-12.5 mg</i> .....	25	<i>gentamicin in saline inj 2 mg/ml</i> .....	3
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		<i>gentamicin sulfate</i> .....	3
<i>tab 20-12.5 mg</i> .....	25	<i>gentamicin sulfate (ophth)</i> .....	74
FOTIVDA.....	17	<i>gentamicin sulfate (topical)</i> .....	81
FRINDOVYX.....	12	GENVOYA TAB .....	7
FRUZAQLA .....	17	GILOTRIF .....	17
FULPHILA.....	65	<i>glatiramer acetate</i> .....	46
<i>fulvestrant</i> .....	13	<i>glatopa</i> .....	46, 47
FUROSCIX.....	30	GLEOSTINE .....	12
<i>furosemide</i> .....	30	<i>glimepiride</i> .....	48
<i>furosemide inj</i> .....	30	<i>glipizide</i> .....	48, 49
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	57	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>fyavolv tab 1mg-5mcg</i> .....	57	.....	49
FYCOMPA .....	40	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<b>G</b>		.....	49
<i>gabapentin</i> .....	40, 41	<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>galantamine hydrobromide</i> .....	33	<i>glycopyrrolate</i> .....	61
<i>galbriela</i> .....	54	<i>glydo</i> .....	83
<i>gallifrey</i> .....	60	GLYXAMBI TAB 10-5 MG .....	49
GAMASTAN INJ .....	69	GLYXAMBI TAB 25-5 MG .....	49
GAMMAGARD LIQUID .....	69	GOMEKLI .....	17
GAMMAGARD LIQUID ERC.....	69	<i>granisetron hcl</i> .....	61
GAMMAGARD S/D IGA LESS TH .....	69	<i>griseofulvin microsize</i> .....	5

<i>griseofulvin ultramicrosize</i> .....	5	<i>hydrocortisone (topical)</i> .....	82
<i>guanfacine hcl</i> .....	31	<i>hydrocortisone sod succinate</i> .....	58
<i>guanfacine hcl (adhd)</i> .....	44	<i>hydrocortisone valerate</i> .....	82
<b>H</b>		<i>hydrocortisone w/ acetic acid otic soln</i>	
HADLIMA .....	67	1-2%.....	76
HADLIMA PUSH TOUCH.....	67	<i>hydromorphone hcl</i> .....	2
HAEGARDA.....	65	<i>hydroxychloroquine sulfate</i> .....	69
<i>hailey 1.5/30</i> .....	54	<i>hydroxyurea</i> .....	14
<i>hailey 24 fe</i> .....	54	<i>hydroxyzine hcl</i> .....	77
<i>hailey fe 1/20</i> .....	54	<i>hydroxyzine pamoate</i> .....	77
<i>halobetasol propionate</i> .....	82	HYRNUO .....	17
<i>haloperidol</i> .....	37	<b>I</b>	
<i>haloperidol decanoate</i> .....	37	<i>ibandronate sodium</i> .....	51
<i>haloperidol lactate</i> .....	37	IBRANCE.....	18
HAVRIX .....	70	IBTROZI .....	18
<i>heather</i> .....	54	<i>ibu</i> .....	1
<i>heparin sodium (porcine)</i> .....	65	<i>ibuprofen</i> .....	1
HEPLISAV-B .....	70	<i>icatibant acetate</i> .....	66
HEP SOD/NACL INJ 25000UNT .....	65	<i>iclevia</i> .....	54
HERCEP HYLEC SOL 60-10000 .....	17	ICLUSIG .....	18
HERCEPTIN .....	17	IDHIFA .....	18
HERCESSI.....	17	<i>imatinib mesylate</i> .....	18
HERNEXEOS .....	17	IMBRUVICA.....	18
HERZUMA .....	17	<i>imipenem-cilastatin intravenous for</i>	
HIBERIX .....	70	<i>soln 250 mg</i> .....	4
HUMIRA.....	67	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA PEN .....	67	<i>soln 500 mg</i> .....	4
HUMIRA PEN-CD/UC/HS START.....	67	<i>imipramine hcl</i> .....	34
HUMIRA PEN KIT PS/UV .....	67	<i>imiquimod</i> .....	83
HUMULIN R U-500 (CONCENTR.....	50	IMKELDI .....	18
HUMULIN R U-500 KWIKPEN.....	50	IMOVAX RABIES (H.D.C.V.).....	70
<i>hydralazine hcl</i> .....	31	IMPAVIDO.....	4
<i>hydrochlorothiazide</i> .....	30	INBRIJA.....	35
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>incassia</i> .....	54
<i>325 mg/15ml</i> .....	2	INCRELEX .....	59
<i>hydrocodone-acetaminophen tab 10-</i>		INCRUSE ELLIPTA .....	76
<i>325 mg</i> .....	2	<i>indapamide</i> .....	30
<i>hydrocodone-acetaminophen tab 5-325</i>		INFANRIX INJ .....	71
<i>mg</i> .....	2	INFLIXIMAB.....	67
<i>hydrocodone-acetaminophen tab 7.5-</i>		INLURIYO .....	13
<i>325 mg</i> .....	2	INLYTA .....	18
<i>hydrocodone bitartrate</i> .....	1	INQOVI TAB 35-100MG .....	13
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INREBIC .....	18
.....	2	INSULIN PEN NEEDLES: EMBECTA-BD	
<i>hydrocortisone</i> .....	58	.....	50
<i>hydrocortisone (intrarectal)</i> .....	62	INSULIN SAFETY NEEDLES: EMBECTA-	
<i>hydrocortisone (rectal)</i> .....	83	BD .....	50

INSULIN SYRINGES: EMBECTA-BD ...	50
INTELENCE .....	6
INTRALIPID .....	74
<i>introvale</i> .....	54
INVEGA HAFYERA.....	37
INVEGA SUSTENNA .....	37
INVEGA TRINZA.....	37
IPOL INJ INACTIVE.....	71
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	76
<i>ipratropium bromide</i> .....	76
<i>ipratropium bromide (nasal)</i> .....	76
<i>irbesartan</i> .....	27
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	26
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	26
<i>irinotecan hcl</i> .....	14
ISENTRESS .....	6
ISENTRESS HD .....	6
<i>isibloom</i> .....	54
ISOLYTE-P INJ /D5W .....	72
ISOLYTE-S INJ PH 7.4.....	72
<i>isoniazid</i> .....	8
<i>isosorbide dinitrate</i> .....	31
<i>isosorbide mononitrate</i> .....	31
<i>isotretinoin</i> .....	81
<i>isradipine</i> .....	30
ITOVEBI .....	18
<i>itraconazole</i> .....	5
<i>ivabradine hcl</i> .....	31
<i>ivermectin</i> .....	4
IWILFIN.....	14
IXIARO INJ.....	71
<b>J</b>	
<i>jaimiess</i> .....	54
JAKAFI .....	18
<i>jantoven</i> .....	65
JANUMET TAB 50-1000 .....	49
JANUMET TAB 50-500MG .....	49
JANUMET XR TAB 100-1000.....	49
JANUMET XR TAB 50-1000 .....	49
JANUMET XR TAB 50-500MG.....	49
JANUVIA .....	49
JARDIANCE .....	49
<i>jasmiel</i> .....	54
<i>javygtor</i> .....	59
JAYPIRCA.....	18
<i>jencycla</i> .....	54
JENTADUETO TAB 2.5-1000.....	49
JENTADUETO TAB 2.5-500 .....	49
JENTADUETO TAB 2.5-850 .....	49
JENTADUETO TAB XR 2.5-1000MG ...	49
JENTADUETO TAB XR 5-1000MG .....	49
<i>jinteli</i> .....	57
<i>jolessa</i> .....	54
<i>juleber</i> .....	54
JULUCA TAB 50-25MG .....	7
<i>junel 1/20</i> .....	54
<i>junel 1.5/30</i> .....	54
<i>junel fe 1/20</i> .....	54
<i>junel fe 1.5/30</i> .....	54
<i>junel fe 24</i> .....	54
JYLAMVO .....	69
JYNNEOS .....	71
<b>K</b>	
KADCYLA .....	18
<i>kaitlib fe</i> .....	54
KALETRA SOL.....	7
KALYDECO .....	78
KANJINTI .....	18
<i>kariva</i> .....	54
KCL/D5W/NACL INJ 0.15/0.2 .....	72
KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	72
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i> .....	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72

<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	72	<i>lamivudine-zidovudine tab 150-300 mg</i> .....	7
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	72	<i>lamotrigine</i> .....	41
<i>kelnor 1/35</i> .....	54	<i>lanreotide acetate</i> .....	59
KERENDIA.....	25	<i>lansoprazole</i> .....	63
KESIMPTA .....	47	LANTUS .....	50
<i>ketoconazole</i> .....	5	LANTUS SOLOSTAR .....	50
<i>ketoconazole (topical)</i> .....	81	<i>lapatinib ditosylate</i> .....	19
<i>ketorolac tromethamine (ophth)</i> .....	75	<i>larin 1/20</i> .....	54
KEYTRUDA .....	18	<i>larin 1.5/30</i> .....	54
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML.....	18	<i>larin 24 fe</i> .....	54
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....	19	<i>larin fe 1/20</i> .....	54
KINERET .....	67	<i>larin fe 1.5/30</i> .....	54
KINRIX INJ.....	71	<i>latanoprost</i> .....	75
<i>kionex</i> .....	52	LAZCLUZE.....	19
KISQALI 200 DOSE .....	19	<i>leflunomide</i> .....	69
KISQALI 400 DOSE .....	19	<i>lenalidomide</i> .....	14
KISQALI 400 PAK FEMARA.....	19	LENVIMA 10 MG DAILY DOSE .....	19
KISQALI 600 DOSE .....	19	LENVIMA 12MG DAILY DOSE .....	19
KISQALI 600 PAK FEMARA.....	19	LENVIMA 20 MG DAILY DOSE .....	19
<i>klayesta</i> .....	81	LENVIMA 4 MG DAILY DOSE .....	19
<i>klor-con</i> .....	73	LENVIMA 8 MG DAILY DOSE .....	19
<i>klor-con 10</i> .....	73	LENVIMA CAP 14 MG .....	19
KLOR-CON 10.....	73	LENVIMA CAP 18 MG .....	19
KLOR-CON 8.....	73	LENVIMA CAP 24 MG .....	19
<i>klor-con m10</i> .....	73	<i>lessina</i> .....	54
<i>klor-con m15</i> .....	73	<i>letrozole</i> .....	13
<i>klor-con m20</i> .....	73	<i>leucovorin calcium</i> .....	15
KLOXXADO.....	48	LEUKERAN .....	12
KOMZIFTI .....	19	<i>leuprolide acetate</i> .....	13
KOSELUGO.....	19	<i>levabuterol hcl</i> .....	77
<i>kourzeq</i> .....	84	<i>levabuterol tartrate</i> .....	77
KRAZATI.....	19	<i>levetiracetam</i> .....	41
<i>kurvelo</i> .....	54	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....	41
<b>L</b>		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....	41
<i>labetalol hcl</i> .....	29	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....	41
<i>lacosamide</i> .....	41	<i>levobunolol hcl</i> .....	75
<i>lacosamide oral</i> .....	41	<i>levocarnitine (metabolic modifiers)</i> ...	59
<i>lactated ringer's solution</i> .....	72	<i>levocetirizine dihydrochloride</i> .....	77
LACTATED RIN INJ .....	72	<i>levofloxacin</i> .....	10
<i>lactic acid (ammonium lactate)</i> .....	83	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	10
<i>lactulose</i> .....	62	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....	10
<i>lactulose (encephalopathy)</i> .....	62		
<i>lamivudine</i> .....	6		
<i>lamivudine (hbv)</i> .....	8		

<i>levofloxacin in d5w iv soln 750</i>	
<i>mg/150ml</i> .....	10
<i>levonest</i> .....	54
<i>levonor-eth est tab 0.15-</i>	
<i>0.02/0.025/0.03 mg &amp;eth est 0.01</i>	
<i>mg</i> .....	54
<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
<i>day) tab 0.15-0.03 mg</i> .....	54
<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>0.1 mg-20 mcg</i> .....	54
<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>30/0.075-40/0.125-30mg-mcg</i> .....	54
<i>levonorgestrel-ethinyl estradiol</i>	
<i>(continuous) tab 90-20 mcg</i> .....	54
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>	
<i>eth est tab 0.01mg(7)</i> .....	54
<i>levora 0.15/30-28</i> .....	54
<i>levo-t</i> .....	60
<i>levothyroxine sodium</i> .....	60
<i>levoxyl</i> .....	60
<i>l-glutamine (sickle cell)</i> .....	66
<i>lidocaine</i> .....	83
<i>lidocaine hcl</i> .....	83
<i>lidocaine hcl (local anesth.)</i> .....	1
<i>lidocaine hcl (mouth-throat)</i> .....	84
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	83
<i>lidocan</i> .....	83
<b>LILETTA</b> .....	54
<i>linezolid</i> .....	4
<b>LINEZOLID INJ 2MG/ML</b> .....	4
<b>LINZESS</b> .....	63
<i>liomny</i> .....	60
<i>liothyronine sodium</i> .....	60
<i>lisinopril</i> .....	25
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i> .....	25
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i> .....	25
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>25 mg</i> .....	25
<i>lithium</i> .....	46
<i>lithium carbonate</i> .....	46
<b>LIVTENCITY</b> .....	8
<i>loestrin 1/20-21</i> .....	55
<i>loestrin 1.5/30-21</i> .....	54
<i>loestrin fe 1/20</i> .....	55
<i>loestrin fe 1.5/30</i> .....	55
<i>lojaimiess</i> .....	55
<b>LOKELMA</b> .....	52
<i>lomustine</i> .....	12
<b>LONSURF TAB 15-6.14</b> .....	13
<b>LONSURF TAB 20-8.19</b> .....	13
<i>loperamide hcl</i> .....	63
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	7
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	7
<i>lorazepam</i> .....	32
<i>lorazepam intensol</i> .....	32
<b>LORBRENA</b> .....	20
<i>loryna</i> .....	55
<i>losartan potassium</i> .....	27
<i>losartan potassium &amp;</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
.....	26
<i>losartan potassium &amp;</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	
.....	26
<i>losartan potassium &amp;</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
.....	26
<b>LOTEMAX</b> .....	75
<i>loteprednol etabonate-tobramycin</i>	
<i>ophth susp 0.5-0.3%</i> .....	74
<i>lovastatin</i> .....	28
<i>low-ogestrel</i> .....	55
<i>loxapine succinate</i> .....	37
<i>luizza 1/20</i> .....	55
<i>luizza 1.5/30</i> .....	55
<b>LUMAKRAS</b> .....	20
<b>LUMIGAN</b> .....	75
<b>LUMIZYME</b> .....	59
<b>LUPRON DEPOT (1-MONTH)</b> .....	13
<b>LUPRON DEPOT (3-MONTH)</b> .....	13
<b>LUPRON DEPOT-PED (1-MONTH</b> .....	59
<b>LUPRON DEPOT-PED (3-MONTH</b> .....	59
<b>LUPRON DEPOT-PED (6-MONTH</b> .....	59
<i>lurasidone hcl</i> .....	37
<i>luteria</i> .....	55
<b>LYBALVI TAB 10-10MG</b> .....	37
<b>LYBALVI TAB 15-10MG</b> .....	37
<b>LYBALVI TAB 20-10MG</b> .....	37
<b>LYBALVI TAB 5-10MG</b> .....	37
<i>lyleq</i> .....	55
<i>lyllana</i> .....	57
<b>LYNPARZA</b> .....	20
<b>LYSODREN</b> .....	14

LYTGOBI (12 MG DAILY DOSE) .....	20	<i>methazolamide</i> .....	30
LYTGOBI (16 MG DAILY DOSE) .....	20	<i>methenamine hippurate</i> .....	4
LYTGOBI (20 MG DAILY DOSE) .....	20	<i>methimazole</i> .....	60
<i>lyza</i> .....	55	<i>methocarbamol</i> .....	47
<b>M</b>		<i>methotrexate sodium</i> .....	13, 69
<i>magnesium sulfate</i> .....	72	<i>methsuximide</i> .....	41
MAGNESIUM SULFATE .....	72	<i>methylphenidate hcl</i> .....	44
<i>magnesium sulfate in dextrose 5% iv</i>		<i>methylprednisolone</i> .....	58
<i>soln 1 gm/100ml</i> .....	72	<i>methylprednisolone acetate</i> .....	58
<i>malathion</i> .....	84	<i>methylprednisolone sod succ</i> .....	58
<i>maraviroc</i> .....	6	<i>metoclopramide hcl</i> .....	61
<i>marlissa</i> .....	55	<i>metolazone</i> .....	30
MARPLAN .....	34	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
MATULANE .....	15	100-25 mg .....	29
MAVYRET PAK 50-20MG .....	8	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
MAVYRET TAB 100-40MG .....	8	100-50 mg .....	29
<i>meclizine hcl</i> .....	61	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>medroxyprogesterone acetate</i> .....	60	50-25 mg .....	29
<i>medroxyprogesterone acetate</i>		<i>metoprolol succinate</i> .....	29
<i>(contraceptive)</i> .....	55	<i>metoprolol tartrate</i> .....	29
<i>mefloquine hcl</i> .....	5	<i>metronidazole</i> .....	4
<i>megestrol acetate</i> .....	14, 60	<i>metronidazole (topical)</i> .....	83
<i>megestrol acetate (appetite)</i> .....	60	<i>metronidazole vaginal</i> .....	64
MEKINIST .....	20	<i>metyrosine</i> .....	31
MEKTOVI .....	20	<i>mibelas 24 fe</i> .....	55
<i>meleya</i> .....	55	<i>micafungin sodium</i> .....	5
<i>meloxicam</i> .....	1	<i>microgestin 1/20</i> .....	55
<i>memantine hcl</i> .....	33	<i>microgestin 1.5/30</i> .....	55
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin fe 1/20</i> .....	55
24hr 14-10 mg .....	33	<i>microgestin fe 1.5/30</i> .....	55
<i>memantine hcl-donepezil hcl cap er</i>		<i>midodrine hcl</i> .....	31
24hr 21-10 mg .....	33	MIEBO .....	76
<i>memantine hcl-donepezil hcl cap er</i>		<i>mifepristone (hyperglycemia)</i> .....	59
24hr 28-10 mg .....	33	<i>mili</i> .....	55
<i>memantine hcl tab 28 x 5 mg &amp; 21 x</i>		<i>mimvey</i> .....	57
10 mg titration pack .....	33	<i>minocycline hcl</i> .....	11
MENQUADFI .....	71	<i>minoxidil</i> .....	31
MENVEO INJ .....	71	<i>mirtazapine</i> .....	34
MENVEO SOL .....	71	<i>misoprostol</i> .....	63
<i>mercaptopurine</i> .....	13	M-M-R II INJ .....	71
<i>meropenem</i> .....	4	M-NATAL PLUS TAB .....	73
<i>mesalamine</i> .....	62	<i>modafinil</i> .....	47
<i>mesalamine w/ cleanser</i> .....	62	MODEYSO .....	15
<i>mesna</i> .....	15	<i>moexipril hcl</i> .....	25
<i>metformin hcl</i> .....	49	<i>molindone hcl</i> .....	37
<i>methadone hcl</i> .....	1, 2	<i>mometasone furoate</i> .....	83
<i>methadone hydrochloride i</i> .....	2	MONJUVI .....	20

<i>mono-lynyah</i> .....	55	<i>neuac</i> .....	81
<i>montelukast sodium</i> .....	78	<i>nevirapine</i> .....	6
<i>morphine sulfate</i> .....	2	NEXLETOL .....	28
MOUNJARO .....	49	NEXLIZET TAB 180/10MG .....	28
MOVANTIK .....	63	NEXPLANON .....	55
<i>moxifloxacin hcl</i> .....	10	<i>niacin (antihyperlipidemic)</i> .....	28
<i>moxifloxacin hcl (ophth)</i> .....	74	<i>nicardipine hcl</i> .....	30
<i>moxifloxacin hcl 400 mg/250ml in</i>		NICOTROL NS .....	48
<i>sodium chloride 0.8% inj</i> .....	10	<i>nifedipine</i> .....	30
MRESVIA .....	71	<i>nikki</i> .....	55
MULTAQ .....	27	<i>nilotinib hcl</i> .....	20
<i>multiple electrolytes ph 5.5</i> .....	72	<i>nilutamide</i> .....	14
<i>mupirocin</i> .....	81	<i>nimodipine</i> .....	30
<i>mycophenolate mofetil</i> .....	70	NINLARO .....	20
<i>mycophenolate sodium</i> .....	70	<i>nitazoxanide</i> .....	4
MYRBETRIQ .....	64	<i>nitisinone</i> .....	59
<b>N</b>		NITRO-BID .....	31
<i>nabumetone</i> .....	1	<i>nitrofurantoin macrocrystal</i> .....	4
<i>nadolol</i> .....	29	<i>nitrofurantoin monohyd macro</i> .....	4
<i>nafcillin sodium</i> .....	11	<i>nitroglycerin</i> .....	31
NAGLAZYME .....	59	<i>nitroglycerin (intra-anal)</i> .....	83
<i>naloxone hcl</i> .....	48	<i>nizatidine</i> .....	61
<i>naltrexone hcl</i> .....	48	<i>nora-be</i> .....	55
NAMZARIC CAP 7-10MG .....	33	<i>norelgestromin-ethinyl estradiol td</i>	
<i>naproxen</i> .....	1	<i>ptwk 150-35 mcg/24hr</i> .....	55
<i>naproxen sodium</i> .....	1	<i>norethindrone (contraceptive)</i> .....	55
<i>naratriptan hcl</i> .....	45	<i>norethindrone ace &amp; ethinyl estradiol-fe</i>	
NATACYN .....	74	<i>tab 1 mg-20 mcg</i> .....	55
<i>nateglinide</i> .....	49	<i>norethindrone ace &amp; ethinyl estradiol</i>	
NAYZILAM .....	41	<i>tab 1.5 mg-30 mcg</i> .....	55
<i>nebivolol hcl</i> .....	29	<i>norethindrone ace &amp; ethinyl estradiol</i>	
<i>necon 0.5/35-28</i> .....	55	<i>tab 1 mg-20 mcg</i> .....	55
<i>nefazodone hcl</i> .....	34	<i>norethindrone ace-eth estradiol-fe</i>	
<i>neomycin-bacitrac zn-polymyx</i>		<i>chew tab 1 mg-20 mcg (24)</i> .....	55
<i>5(3.5)mg-400unt-10000unt op oin</i>	74	<i>norethindrone acetate</i> .....	60
<i>neomycin-polymyx-gramicid op sol</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	74	<i>tab 0.5 mg-2.5 mcg</i> .....	57
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>ophth oint 0.1%</i> .....	74	<i>tab 1 mg-5 mcg</i> .....	57
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>ophth susp 0.1%</i> .....	74	<i>1-20/1-30/1-35 mg-mcg</i> .....	55
<i>neomycin-polymyxin-hc ophth susp</i> ..	74	<i>norgestimate &amp; ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	76	<i>0.25 mg-35 mcg</i> .....	55
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
<i>mg/ml-10000 unit/ml-1%</i> .....	76	<i>25/0.215-25/0.25-25 mg-mcg</i> .....	55
<i>neomycin sulfate</i> .....	4	<i>norgestimate-eth estrad tab 0.18-</i>	
NERLYNX .....	20	<i>35/0.215-35/0.25-35 mg-mcg</i> .....	56

<i>norlyroc</i> .....	56	<i>olmesartan-amlodipine-</i>	
<i>nortrel 0.5/35 (28)</i> .....	56	<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>nortrel 1/35 (21)</i> .....	56	<i>mg</i> .....	26
<i>nortrel 1/35 (28)</i> .....	56	<i>olmesartan-amlodipine-</i>	
<i>nortrel 7/7/7</i> .....	56	<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>nortriptyline hcl</i> .....	34	<i>mg</i> .....	26
NORVIR.....	6	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30.....	50	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLIN INJ 70/30 FP.....	50	.....	26
NOVOLIN N.....	51	<i>olmesartan-amlodipine-</i>	
NOVOLIN N FLEXPEN.....	51	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NOVOLIN R.....	51	<i>mg</i> .....	26
NOVOLIN R FLEXPEN.....	51	<i>olmesartan-amlodipine-</i>	
NOVOLOG.....	51	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NOVOLOG FLEXPEN.....	51	.....	26
NOVOLOG FLEXPEN RELION.....	51	<i>olmesartan medoxomil</i> .....	27
NOVOLOG MIX INJ 70/30.....	51	<i>olmesartan medoxomil-</i>	
NOVOLOG MIX INJ FLEXPEN.....	51	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
NOVOLOG PENFILL.....	51	.....	26
NOVOLOG RELION.....	51	<i>olmesartan medoxomil-</i>	
NUBEQA.....	14	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NUDEXTA CAP 20-10MG.....	46	.....	26
NULOJIX.....	70	<i>olmesartan medoxomil-</i>	
NUPLAZID.....	37	<i>hydrochlorothiazide tab 40-25 mg</i> .26	
NURTEC.....	45	<i>omega-3-acid ethyl esters cap 1 gm</i> .28	
NUTRILIPID.....	74	<i>omeprazole</i> .....	63
NUZYRA.....	12	<i>omeprazole-sodium bicarbonate powd</i>	
<i>nyamyc</i> .....	81	<i>pack for susp 20-1680 mg</i> .....	63
<i>nylia 1/35</i> .....	56	<i>omeprazole-sodium bicarbonate powd</i>	
<i>nylia 7/7/7</i> .....	56	<i>pack for susp 40-1680 mg</i> .....	63
<i>nystatin</i> .....	5	OMNIPOD 5 DX KIT INT G7G6.....	51
<i>nystatin (mouth-throat)</i> .....	84	OMNIPOD 5 DX MIS POD G7G6.....	51
<i>nystatin (topical)</i> .....	81	OMNIPOD 5 L2 KIT INTRO G6.....	51
<i>nystop</i> .....	81	OMNIPOD 5 L2 MIS PODS G6.....	51
●		OMNIPOD DASH KIT INTRO.....	51
OCTAGAM.....	69	OMNIPOD DASH MIS PODS.....	51
<i>octreotide acetate</i> .....	59	<i>ondansetron</i> .....	61
ODEFSEY TAB.....	7	<i>ondansetron hcl</i> .....	61
ODOMZO.....	20	ONTRUZANT.....	21
OFEV.....	78	ONUREG.....	13
<i>ofloxacin (ophth)</i> .....	74	OPIPZA.....	38
<i>ofloxacin (otic)</i> .....	76	OPSUMIT.....	32
OGIVRI.....	20	ORGOVYX.....	14
OGSIVEO.....	20	ORKAMBI GRA 100-125.....	78
OJEMDA.....	20	ORKAMBI GRA 150-188.....	78
OJJAARA.....	20	ORKAMBI GRA 75-94MG.....	78
<i>olanzapine</i> .....	37, 38	ORKAMBI TAB 100-125.....	78

ORKAMBI TAB 200-125.....	78	<i>penicillamine</i> .....	52
<i>orquidea</i> .....	56	<i>penicillin g potassium</i> .....	11
ORSERDU .....	14	<i>penicillin g sodium</i> .....	11
<i>oseltamivir phosphate</i> .....	8	<i>penicillin v potassium</i> .....	11
OSPOMYV .....	51	PENMENVY INJ.....	71
<i>oxacillin sodium</i> .....	11	PENTACEL INJ .....	71
<i>oxaliplatin</i> .....	12	<i>pentamidine isethionate inh</i> .....	4
<i>oxcarbazepine</i> .....	41	<i>pentamidine isethionate inj</i> .....	4
<i>oxybutynin chloride</i> .....	64	<i>pentoxifylline</i> .....	66
<i>oxycodone hcl</i> .....	2	<i>perampanel</i> .....	41
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	3	<i>perindopril erbumine</i> .....	25
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	2	<i>perlogard</i> .....	84
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	2	<i>permethrin</i> .....	84
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	2	<i>perphenazine</i> .....	38
OZEMPIC (0.25 OR 0.5MG/DOSE) ....	49	<i>pfizerpen</i> .....	11
OZEMPIC (1MG/DOSE) .....	49	<i>phenelzine sulfate</i> .....	34
OZEMPIC (2MG/DOSE) .....	49	<i>phenobarbital</i> .....	41
<b>P</b>		<i>phenobarbital sodium</i> .....	41
<i>pacerone</i> .....	28	<i>phenytek</i> .....	41
<i>paclitaxel</i> .....	15	<i>phenytoin</i> .....	41
<i>paclitaxel inj 100mg</i> .....	15	<i>phenytoin sodium</i> .....	41
<i>paliperidone</i> .....	38	<i>phenytoin sodium extended</i> .....	41
<i>pamidronate disodium</i> .....	52	PHESGO SOL.....	21
PAMIDRONATE DISODIUM.....	51	<i>philith</i> .....	56
PANRETIN .....	83	PIFELTRO .....	6
<i>pantoprazole sodium</i> .....	63	<i>pilocarpine hcl</i> .....	75
PANZYGA .....	69	<i>pilocarpine hcl (oral)</i> .....	84
<i>paricalcitol</i> .....	60	<i>pimecrolimus</i> .....	83
<i>paroxetine hcl</i> .....	34	<i>pimozide</i> .....	38
PAXLOVID PAK .....	8	<i>pimtrea</i> .....	56
PAXLOVID TAB 150-100 .....	8	<i>pindolol</i> .....	29
PAXLOVID TAB 300-100 .....	8	<i>pioglitazone hcl</i> .....	49
<i>pazopanib hcl</i> .....	21	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	49
PEDIARIX INJ 0.5ML.....	71	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	49
PEDVAX HIB.....	71	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	11
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	62	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....	11
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	62	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	11
PEGASYS .....	8	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	11
PEMAZYRE .....	21	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	11
<i>pemetrexed disodium</i> .....	13	PIQRAY 200MG DAILY DOSE.....	21
PENBRAYA INJ .....	71		

PIQRAY 250MG TAB DOSE.....	21	PRIMAQUINE PHOSPHATE .....	6
PIQRAY 300MG DAILY DOSE.....	21	<i>primidone</i> .....	42
<i>pirfenidone</i> .....	78	PRIORIX INJ.....	71
<i>piroxicam</i> .....	1	PRIVIGEN .....	69
<i>plenamine</i> .....	74	<i>probenecid</i> .....	1
PLENVU SOL.....	62	<i>prochlorperazine</i> .....	61
<i>podofilox</i> .....	83	<i>prochlorperazine edisylate</i> .....	61
<i>polymyxin b sulfate</i> .....	4	<i>prochlorperazine maleate</i> .....	61
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1% .....	74	PROCRIT.....	65
POMALYST .....	14	<i>proctocort</i> .....	84
<i>portia-28</i> .....	56	<i>procto-med hc</i> .....	84
<i>posaconazole</i> .....	5	<i>proctosol hc</i> .....	84
<i>potassium chloride</i> .....	73	<i>proctozone-hc</i> .....	84
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i> .....	73	<i>progesterone</i> .....	60
<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	73	PROGRAF.....	70
<i>potassium citrate (alkalinizer)</i> .....	64	PROLASTIN-C .....	78
POT CHL 20MEQ/L IN NAACL 0.45% INJ .....	72	PROLIA .....	52
POT CHL 20MEQ/L IN NAACL 0.9% INJ .....	72	<i>promethazine hcl</i> .....	61
POT CHL 40MEQ/L IN NAACL 0.9% INJ .....	73	<i>propafenone hcl</i> .....	28
<i>pramipexole dihydrochloride</i> .....	35	<i>proparacaine hcl</i> .....	76
<i>prasugrel hcl</i> .....	66	<i>propranolol hcl</i> .....	29
<i>pravastatin sodium</i> .....	28	<i>propylthiouracil</i> .....	60
<i>praziquantel</i> .....	4	PROQUAD INJ.....	71
<i>prazosin hcl</i> .....	25	PROSOL INJ 20% .....	74
<i>prednisolone</i> .....	58	<i>protriptyline hcl</i> .....	34
<i>prednisolone acetate (ophth)</i> .....	75	PULMOZYME.....	78
PREDNISOLONE SODIUM PHOSP.....	75	<i>pyrazinamide</i> .....	8
<i>prednisolone sodium phosphate</i> .....	58	<i>pyridostigmine bromide</i> .....	46
<i>prednisone</i> .....	58	<i>pyrimethamine</i> .....	4
PREDNISONE INTENSOL .....	58	PYZCHIVA .....	67
<i>pregabalin</i> .....	42	<b>Q</b>	
PREMASOL SOL 10% .....	74	QINLOCK .....	21
PRENATAL TAB 27-1MG .....	73	QUADRACEL INJ 0.5ML .....	71
PRENATAL TAB PLUS .....	73	<i>quetiapine fumarate</i> .....	38
<i>prevalite</i> .....	28	<i>quinapril hcl</i> .....	25
PREVYMIS.....	8	<i>quinidine sulfate</i> .....	28
PREZCOBIX TAB 675/150.....	7	<i>quinine sulfate</i> .....	6
PREZCOBIX TAB 800-150.....	7	QULIPTA.....	45
PREZISTA .....	6	<b>R</b>	
PRIFTIN.....	8	RABAVERT INJ.....	71
<i>primaquine phosphate</i> .....	6	<i>rabeprazole sodium</i> .....	63
		RALDESY .....	34
		<i>raloxifene hcl</i> .....	59
		<i>ramelteon</i> .....	44
		<i>ramipril</i> .....	25
		<i>ranolazine</i> .....	31
		<i>rasagiline mesylate</i> .....	35

<i>reclipsen</i> .....	56	<i>rufinamide</i> .....	42
RECOMBIVAX HB .....	71	RUKOBIA .....	6
RELENZA DISKHALER .....	8	RYBELSUS.....	50
RELISTOR .....	63	RYDAPT .....	21
REMICADE .....	67	<b>S</b>	
RENFLEXIS.....	67	<i>sacubitril-valsartan tab 24-26 mg</i> .....	27
<i>repaglinide</i> .....	49	<i>sacubitril-valsartan tab 49-51 mg</i> .....	27
REPATHA .....	29	<i>sacubitril-valsartan tab 97-103 mg</i> ...	27
REPATHA SURECLICK .....	29	<i>sajazir</i> .....	66
RESTASIS .....	76	SANTYL .....	84
RESTASIS MULTIDOSE.....	76	<i>sapropterin dihydrochloride</i> .....	59
RETEVMO.....	21	SCEMBLIX .....	21, 22
REVCОВI .....	59	<i>scopolamine</i> .....	61
REVUFORJ.....	21	SECUADO .....	38
REXULTI .....	38	<i>selegiline hcl</i> .....	35
REYATAZ .....	6	<i>selenium sulfide</i> .....	81
REZDIFFRA .....	59	SELZENTRY.....	6
REZLIDHIA.....	21	SEREVENT DISKUS.....	77
REZUROCK.....	70	<i>sertraline hcl</i> .....	34
RHOPRESSA .....	75	<i>setlakin</i> .....	56
<i>ribavirin (hepatitis c)</i> .....	9	<i>sharobel</i> .....	56
<i>rifabutin</i> .....	8	SHINGRIX.....	71
<i>rifampin</i> .....	8	SIGNIFOR .....	59
<i>riluzole</i> .....	46	SIKLOS.....	66
<i>rimantadine hydrochloride</i> .....	9	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i> .....	32
RINVOQ.....	67	<i>silver sulfadiazine</i> .....	81
RINVOQ LQ .....	67	SIMBRINZA SUS 1-0.2%.....	75
<i>risedronate sodium</i> .....	52	<i>simliya</i> .....	56
<i>risperidone</i> .....	38	<i>simpeşe</i> .....	56
<i>risperidone microspheres</i> .....	38	<i>simvastatin</i> .....	28
<i>ritonavir</i> .....	6	<i>sirolimus</i> .....	70
<i>rivaroxaban</i> .....	65	SIRTURO .....	8
<i>rivastigmine</i> .....	33	SKYRIZI.....	67
<i>rivastigmine tartrate</i> .....	33	SKYRIZI PEN .....	68
<i>rivelsa</i> .....	56	<i>sodium chloride</i> .....	73
<i>rizatriptan benzoate</i> .....	45	<i>sodium chloride (gu irrigant)</i> .....	84
ROCKLATAN DRO .....	75	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i> .....	73
<i>roflumilast</i> .....	79	<i>sodium oxybate</i> .....	47
ROMVIMZA.....	21	<i>sodium phenylbutyrate</i> .....	59
<i>ropinirole hydrochloride</i> .....	35	<i>sodium polystyrene sulfonate</i> .....	52
<i>rosuvastatin calcium</i> .....	28	<i>sodium polystyrene sulfonate powder</i> .....	52
<i>rosyrah</i> .....	56	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i> .....	62
ROTARIX SUS.....	71	<i>solifenacin succinate</i> .....	64
ROTATEQ SOL .....	71		
<i>roweepra</i> .....	42		
ROZLYTREK.....	21		
RUBRACA.....	21		

SOLIQUA INJ 100/33 .....	51	SYMDEKO TAB 100-150 .....	79
SOLTAMOX.....	14	SYMDEKO TAB 50-75MG .....	79
SOLU-CORTEF .....	58	SYMPAZAN.....	42
SOMATULINE DEPOT .....	59	SYMTUZA TAB .....	8
SOMAVERT.....	59	SYNAREL .....	59
<i>sorafenib tosylate</i> .....	22	SYNTHROID .....	60
<i>sotalol hcl</i> .....	28	<b>T</b>	
<i>sotalol hcl (afib/afI)</i> .....	28	TABLOID.....	13
SOTYKTU .....	68	TABRECTA.....	22
SPIRIVA RESPIMAT .....	77	<i>tacrolimus</i> .....	70
<i>spironolactone</i> .....	25	<i>tacrolimus (topical)</i> .....	84
<i>spironolactone &amp; hydrochlorothiazide</i>		<i>tadalafil</i> .....	64
<i>tab 25-25 mg</i> .....	30	<i>tadalafil (pulmonary hypertension)</i> ...	32
<i>sprintec 28</i> .....	56	TAFINLAR .....	22
SPRITAM.....	42	TAGRISSE .....	22
<i>sps</i> .....	52	TALZENNA .....	22
<i>sps rectal</i> .....	52	<i>tamoxifen citrate</i> .....	14
<i>sronyx</i> .....	56	<i>tamsulosin hcl</i> .....	64
<i>ssd</i> .....	81	<i>tarina 24 fe</i> .....	56
STELARA.....	68	<i>tarina fe 1/20 eq</i> .....	56
STIVARGA.....	22	<i>tasimelteon</i> .....	44
<i>streptomycin sulfate</i> .....	4	TAVNEOS.....	66
STRIBILD TAB .....	7	<i>tazarotene</i> .....	82
<i>subvenite</i> .....	42	<i>tazicef</i> .....	9
SUBVENITE .....	42	TAZVERIK .....	22
<i>sucralfate</i> .....	63	TECENTRIQ .....	22
<i>sulfacetamide sodium (acne)</i> .....	81	TECENTRIQ INJ HYBREZA.....	22
<i>sulfacetamide sodium (ophth)</i> .....	75	TEFLARO .....	9
<i>sulfacetamide sodium-prednisolone</i>		<i>telmisartan</i> .....	27
<i>ophth soln 10-0.23(0.25)%</i> .....	74	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sulfadiazine</i> .....	4	.....	27
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>telmisartan-amlodipine tab 40-5 mg</i> .	27
<i>400-80 mg/5ml</i> .....	4	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulfamethoxazole-trimethoprim susp</i>		.....	27
<i>200-40 mg/5ml</i> .....	4	<i>telmisartan-amlodipine tab 80-5 mg</i> .	27
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>400-80 mg</i> .....	4	<i>12.5 mg</i> .....	27
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>800-160 mg</i> .....	4	<i>12.5 mg</i> .....	27
SULFAMYLON .....	81	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>sulfasalazine</i> .....	62	<i>25 mg</i> .....	27
<i>sulindac</i> .....	1	<i>temazepam</i> .....	44, 45
<i>sumatriptan</i> .....	45	TENIVAC INJ 5-2LF.....	71
<i>sumatriptan succinate</i> .....	45	<i>tenofovir disoproxil fumarate</i> .....	6
<i>sunitinib malate</i> .....	22	TEPMETKO .....	22
SUNLENCA.....	6	<i>terazosin hcl</i> .....	25
<i>syeda</i> .....	56	<i>terbinafine hcl</i> .....	5

<i>terbutaline sulfate</i> .....	77	<i>torseamide</i> .....	30
<i>terconazole vaginal</i> .....	64	TOUJEO MAX SOLOSTAR .....	51
<i>teriparatide</i> .....	52	TOUJEO SOLOSTAR .....	51
TERIPARATIDE .....	52	TPN ELECTROL INJ .....	73
<i>testosterone</i> .....	48	TRADJENTA .....	50
<i>testosterone cypionate</i> .....	48	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>testosterone enanthate</i> .....	48	<i>mg</i> .....	3
<i>testosterone pump</i> .....	48	<i>tramadol hcl</i> .....	3
<i>tetrabenazine</i> .....	46	<i>trandolapril</i> .....	25
<i>tetracycline hcl</i> .....	12	<i>tranexamic acid</i> .....	66
THALOMID .....	14	<i>tranylcypromine sulfate</i> .....	34
<i>theophylline</i> .....	79	TRAVASOL INJ 10% .....	74
<i>thioridazine hcl</i> .....	38	<i>travoprost</i> .....	75
<i>thiothixene</i> .....	38	TRAZIMERA .....	22
<i>tiadylt er</i> .....	30	<i>trazodone hcl</i> .....	34
<i>tiagabine hcl</i> .....	42	TRELEGY AER ELLIPTA 100-62.5-25	
TIBSOVO .....	22	MCG .....	76
<i>ticagrelor</i> .....	66	TRELEGY AER ELLIPTA 200-62.5-25	
TICOVAC .....	71	MCG .....	76
<i>tigecycline</i> .....	12	TREMFYA .....	68
<i>tilia fe</i> .....	56	TREMFYA INDUCTION PACK FO .....	68
<i>timolol maleate</i> .....	29	TREMFYA PEN .....	68
<i>timolol maleate (ophth)</i> .....	75	<i>treprostinil</i> .....	32
<i>tinidazole</i> .....	4	<i>tretinoin</i> .....	81
TIVICAY .....	6	<i>tretinoin (chemotherapy)</i> .....	15
TIVICAY PD .....	7	<i>triamcinolone acetonide (mouth)</i> .....	84
<i>tizanidine hcl</i> .....	47	<i>triamcinolone acetonide (topical)</i> .....	83
TOBI PODHALER .....	4	<i>triamterene &amp; hydrochlorothiazide cap</i>	
TOBRADEX OIN 0.3-0.1% .....	74	37.5-25 mg .....	31
<i>tobramycin</i> .....	4	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>tobramycin (ophth)</i> .....	75	37.5-25 mg .....	31
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamterene &amp; hydrochlorothiazide tab</i>	
0.3-0.1% .....	74	75-50 mg .....	31
<i>tobramycin sulfate</i> .....	4	<i>tridacaine ii</i> .....	83
<i>tolterodine tartrate</i> .....	64	<i>triderm</i> .....	83
<i>tolvaptan</i> .....	59, 60	<i>trientine hcl</i> .....	52
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>		<i>tri-estarylla</i> .....	56
.....	60	<i>trifluoperazine hcl</i> .....	39
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>		<i>trifluridine</i> .....	75
.....	60	<i>trihexyphenidyl hcl</i> .....	36
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>		TRIJARDY XR TAB ER 24HR 10-5-	
.....	60	1000MG .....	50
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
.....	60	1000MG .....	50
<i>topiramate</i> .....	42	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i> .....	14	1000MG .....	50
<i>torpenz</i> .....	22		

TRIJARDY XR TAB ER 24HR 5-2.5-1000MG .....	50
TRIKAFTA PAK 59.5MG .....	79
TRIKAFTA PAK 75MG .....	79
TRIKAFTA TAB 100-50-75MG & 150MG .....	79
TRIKAFTA TAB 50-25-37.5MG & 75MG .....	79
<i>tri-legest fe</i> .....	56
<i>tri-linyuh</i> .....	56
<i>tri-lo-estarylla</i> .....	56
<i>tri-lo-marzia</i> .....	56
<i>tri-lo-mili</i> .....	56
<i>tri-lo-sprintec</i> .....	56
<i>trimethoprim</i> .....	5
<i>tri-mili</i> .....	56
<i>trimipramine maleate</i> .....	34
TRINTELLIX.....	34
<i>tri-sprintec</i> .....	56
TRIUMEQ PD TAB.....	8
TRIUMEQ TAB .....	8
<i>tri-vylibra</i> .....	56
<i>tri-vylibra lo</i> .....	56
TROGARZO .....	7
TROPHAMINE INJ 10%.....	74
<i>tropium chloride</i> .....	64
TRULICITY .....	50
TRUMENBA.....	71
TRUQAP .....	22
TRUXIMA .....	22
TUKYSA .....	22
TURALIO.....	22
<i>turqoz</i> .....	56
<i>twice-daily clindamycin phosphate (topical)</i> .....	81
TWINRIX INJ .....	71
TYBOST.....	7
<i>tydemy</i> .....	56
TYENNE .....	68
TYPHIM VI.....	71
<b>U</b>	
UBRELVY .....	45
<i>unithroid</i> .....	60
UPTRAVI .....	32
UPTRAVI PACK TAB 200/800 .....	32
<i>ursodiol</i> .....	63
USTEKINUMAB.....	68

<b>V</b>	
<i>valacyclovir hcl</i> .....	9
VALCHLOR .....	84
<i>valganciclovir hcl</i> .....	9
<i>valproate sodium</i> .....	42
<i>valproic acid</i> .....	42
<i>valsartan</i> .....	27
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	27
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	27
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	27
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	27
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	27
VALTOCO 10 MG DOSE .....	42
VALTOCO 15 MG DOSE .....	42
VALTOCO 20 MG DOSE .....	42
VALTOCO 5 MG DOSE.....	42
<i>valtya 1/35</i> .....	56
<i>valtya 1/50</i> .....	56
<i>vancomycin hcl</i> .....	5
VANCOMYCIN INJ 1 GM .....	5
VANCOMYCIN INJ 500MG.....	5
VANCOMYCIN INJ 750MG.....	5
VANFLYTA .....	22
VAQTA.....	71
<i>varenicline tartrate</i> .....	48
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	48
VARIVAX.....	71
VASCEPA .....	29
VAXCHORA SUS.....	71
<i>velivet</i> .....	56
VELSIPITY.....	68
VENCLEXTA.....	23
VENCLEXTA TAB START PK.....	23
<i>venlafaxine hcl</i> .....	34
VENTOLIN HFA .....	77
VENTOLIN HFA (INSTITUTIONAL PACK) .....	78
<i>verapamil hcl</i> .....	30
VERQUOVO .....	31
VERSACLOZ .....	39
VERZENIO.....	23

<i>vestura</i> .....	56	XCOPRI .....	43
<i>vienva</i> .....	56	XCOPRI PAK 100-150 .....	43
<i>vigabatrin</i> .....	43	XCOPRI PAK 12.5-25 .....	43
<i>vigadrone</i> .....	43	XCOPRI PAK 150-200MG	
VIGAFYDE .....	43	(MAINTENANCE) .....	43
<i>vilazodone hcl</i> .....	34	XCOPRI PAK 150-200MG (TITRATION)	
VIMKUNYA .....	71	.....	43
<i>vincristine sulfate</i> .....	15	XCOPRI PAK 50-100MG .....	43
<i>vinorelbine tartrate</i> .....	15	XDEMVY .....	75
<i>viorele</i> .....	57	XELJANZ .....	68
VIRACEPT .....	7	XELJANZ XR .....	68
VIREAD .....	7	<i>xelria fe</i> .....	57
VITRAKVI .....	23	XERMELO .....	63
VIVIMUSTA .....	12	XHANCE.....	79
VIVITROL.....	48	XIFAXAN .....	63
VIVOTIF CAP EC.....	71	XIGDUO XR TAB 10-1000 .....	50
VIZIMPRO .....	23	XIGDUO XR TAB 10-500MG .....	50
VONJO.....	23	XIGDUO XR TAB 2.5-1000 .....	50
VOQUEZNA PAK DUAL PAK .....	63	XIGDUO XR TAB 5-1000MG .....	50
VOQUEZNA PAK TRIP PK .....	63	XIGDUO XR TAB 5-500MG .....	50
VORANIGO.....	23	XIIDRA .....	76
<i>voriconazole</i> .....	5	XOFLUZA .....	9
VOSEVI TAB.....	9	XOLAIR.....	79
VOWST CAP .....	63	XOSPATA .....	23
VRAYLAR .....	39	XPOVIO PAK (100 MG ONCE WEEKLY)	
<i>vyfemla</i> .....	57	.....	24
<i>vylibra</i> .....	57	XPOVIO PAK (40 MG ONCE WEEKLY) 23	
VYZULTA.....	75	XPOVIO PAK (40 MG TWICE WEEKLY)	
<b>W</b>		.....	23
<i>warfarin sodium</i> .....	65	XPOVIO PAK (60 MG ONCE WEEKLY) 23	
<i>water for irrigation, sterile irrigation</i>		XPOVIO PAK (60 MG TWICE WEEKLY)	
<i>soln</i> .....	84	.....	23
WELIREG .....	15	XPOVIO PAK (80 MG ONCE WEEKLY) 23	
<i>wera</i> .....	57	XPOVIO PAK (80 MG TWICE WEEKLY)	
WESTAB PLUS TAB 27-1MG .....	73	.....	23
WINREVAIR.....	32	XTANDI .....	14
WINREVAIR INJ 45MG .....	32	XTRENBO .....	52
WINREVAIR INJ 60MG .....	32	<i>xulane</i> .....	57
<i>wixela inhub</i> .....	80	XULTOPHY INJ 100/3.6 .....	51
<i>wymzya fe</i> .....	57	<b>Y</b>	
WYOST .....	52	YESINTEK.....	68, 69
<b>X</b>		YF-VAX INJ.....	71
XALKORI.....	23	YONSA .....	14
<i>xarah fe</i> .....	57	YUTREPIA .....	32
XARELTO .....	65	<i>yuvafem</i> .....	57
XARELTO STAR TAB 15/20MG .....	65	<b>Z</b>	
XATMEP .....	69	<i>zafemy</i> .....	57

<i>zafirlukast</i> .....	78	<i>zidovudine</i> .....	7
<i>zaleplon</i> .....	45	<i>ziprasidone hcl</i> .....	39
ZARXIO .....	65	<i>ziprasidone mesylate</i> .....	39
ZEGALOGUE .....	58	ZIRABEV .....	24
ZEJULA.....	24	ZIRGAN .....	75
ZELBORAF.....	24	<i>zoledronic acid</i> .....	52
<i>zelvysia</i> .....	60	ZOLINZA.....	24
ZEMAIRA .....	79	<i>zolpidem tartrate</i> .....	45
<i>zenatane</i> .....	81	ZONISADE .....	43
ZENPEP CAP 10000UNT .....	63	<i>zonisamide</i> .....	43
ZENPEP CAP 15000UNT .....	63	<i>zovia 1/35</i> .....	57
ZENPEP CAP 20000UNT .....	63	ZTALMY .....	43
ZENPEP CAP 25000UNT .....	63	<i>zumandimine</i> .....	57
ZENPEP CAP 3000UNIT .....	63	ZURZUVAE .....	35
ZENPEP CAP 40000UNT .....	63	ZYDELIG.....	24
ZENPEP CAP 5000UNIT .....	63	ZYKADIA.....	24
ZENPEP CAP 60000UNT .....	63	ZYLET SUS 0.5-0.3%.....	74
ZERVIATE .....	75	ZYPREXA RELPREVV .....	39



**Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)**  
**Elderplan Plus Long-Term Care (HMO-POS D-SNP)**  
**Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)**

We have made no changes to this formulary since 04/01/2026. For more recent information or other questions, please contact Elderplan Member Services, at 1-800-353-3765 or, for TTY users, 711, 7 days a week from 8 am to 8 pm or visit [www.elderplan.org](http://www.elderplan.org).