

2025



Leading the way to great care.SM



2025 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 05/01/2025. 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.

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)

2025 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission 00025191

We have made no changes to this formulary since 05/01/2025. 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 8 am to 8 pm, or visit 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 05/01/2025. 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, 2025, 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 (drug list) 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.

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

- Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, 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 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 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2025. 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 83. 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.

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.
- 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 83.

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.

Elderplan, Inc.
Notice of Nondiscrimination – Discrimination is Against the Law

Elderplan/HomeFirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Elderplan/HomeFirst.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that Elderplan/HomeFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Elderplan, Inc.
ATTN Civil Rights Coordinator
55 Water Street
New York NY 10041

Phone: 1-877-326-9978, TTY 711
Fax: 1-718-759-3643

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, Civil Rights Coordinator, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-353-3765 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-353-3765 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-353-3765 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Traditional: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-353-3765 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-353-3765 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-353-3765 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-353-3765 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-353-3765 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-353-3765 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-353-3765 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-353-3765 (TTY: 711). سيقوم شخص ما يتحدث العربية بمحاجنة.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-353-3765 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-353-3765 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-353-3765 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-353-3765 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-353-3765 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料 の通訳サービスがありますございます。通訳をご用命になるには、1-800-353-3765 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Albanian: Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rrëth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-800-353-3765 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

Bengali: আমাদের স্বাস্থ্য বা ঔষধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূলে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-800-353-3765 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূলে।

Greek: Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιεσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-800-353-3765 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

Yiddish: מיר האבן אומזיסטע דאלמעטשער סعروויסעס צו ענטפערן סיי וועלכע פראגאעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומוון אַDALMUTSHUR, רופט אונז אויף 1-800-353-3765 (TTY: 711) (אַיניגער וואס רעדט אַידיש/שפראָך קען אַידך העלפֿן. דאס איז אַן אַומזיסטע סערוויס.

Urdu: بماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس (TTY: 711) 1-800-353-3765 پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔

ELDERPLAN_CY25_1T_SNP eff 05/01/2025**Drug Name****Drug Tier Requirements/Limits****ANALGESICS****GOUT**

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

MISCELLANEOUS

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	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	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<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</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	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
FUZEON SOLR 90mg	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 TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 25mg, 50mg	1	NDS, NM
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
COMPLERA TAB	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	NDS, 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-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, 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	NDS, 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
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	1	NDS
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECATOR TABS 250mg	1	
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
entecavir 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
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
lamivudine (hbv) 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
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<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>cefazin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</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>pfiizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
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	NDS

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
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D

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
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
PURIXAN SUSP 2000mg/100ml	1	NDS, NM
TABLOID TABS 40mg	1	NDS

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
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
<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
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

Drug Name	Drug Tier	Requirements/Limits
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

IMMUNOMODULATORS

<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
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA

MISCELLANEOUS

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
IWLFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
<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
-------------------------------	---	-----

Drug Name	Drug Tier	Requirements/Limits
<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</i> 100mg	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
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
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 (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 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

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 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
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 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	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
everolimus TBSO 5mg	1	NDS, QL (60 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
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
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
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	NDS, 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

Drug Name	Drug Tier	Requirements/Limits
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
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 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
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 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

Drug Name	Drug Tier	Requirements/Limits
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
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
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 50mg	1	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 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 CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 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
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
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
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 (900 tabs / 30 days), NM, PA
TAGRISSO 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
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 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

Drug Name	Drug Tier	Requirements/Limits
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
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 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 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 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

Drug Name		Drug Tier	Requirements/Limits
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg		1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg		1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO 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

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ALPHA BLOCKERS</i>		
<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	
<i>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</i>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
<i>ENTRESTO CAP 6-6MG</i>	1	QL (240 caps / 30 days)
<i>ENTRESTO CAP 15-16MG</i>	1	QL (240 caps / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	1	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	1	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amldipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amldipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amldipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amldipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amldipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amldipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amldipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amldipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amldipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
<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/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<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)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

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

BETA-BLOCKERS

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<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; 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	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide TABS 1.25mg, 2.5mg</i>	1	
<i>methazolamide TABS 25mg, 50mg</i>	1	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i>	1	PA; PA applies if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NDS, NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<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>OPSUMIT</i> 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	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostинil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	1	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	1	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	1	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	1	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	1	QL (60 caps / 30 days)
<i>EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr</i>	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg</i>	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	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 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	1	

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

ANTIPSYCHOTICS

<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	1	NDS, QL (1 syringe / 56 days)
<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	1	NDS, QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	1	NDS, QL (1 injection / 28 days)
<i>ariPIPRAZOLE SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>ariPIPRAZOLE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>ariPIPRAZOLE TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days), ST
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>	1	NDS, QL (1 syringe / 28 days)
<i>ARISTADA PRSY 1064mg/3.9ml</i>	1	NDS, QL (1 syringe / 56 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
asenapine maleate 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), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<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 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)

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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>DIACOMIT</i> CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
<i>DIACOMIT</i> CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>DIACOMIT</i> PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
<i>DIACOMIT</i> 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
<i>DILANTIN</i> CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
<i>EPIDIOLEX</i> SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 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)
<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	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>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
<i>SPRITAM</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	1	QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	1	QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>SYMPAZAN</i> 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>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)

Drug Name		Drug Tier	Requirements/Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml		1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml		1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml		1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg		1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg		1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadron</i> PACK 500mg		1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadron</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
<i>vigpoder</i> PACK 500mg		1	NDS, QL (180 packets / 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

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl (adhd) TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
<i>EMGALITY</i> SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
<i>EMGALITY</i> SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
<i>EMGALITY</i> 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)
<i>NURTEC</i> TBDP 75mg	1	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

MISCELLANEOUS

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, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 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	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
glatopa 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 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
<i>NICOTROL INHALER</i> INHA 10mg	1	
<i>NICOTROL NS</i> SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
<i>VIVITROL</i> SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA

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

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 5-500 mg	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)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

CALCIUM REGULATORS

alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM

Drug Name		Drug Tier	Requirements/Limits
risedronate sodium TABS 5mg, 35mg, 150mg		1	
risedronate sodium TBEC 35mg	1	ST	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA	
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA	
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM	

CHELATING AGENTS

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

CONTRACEPTIVES

afirmelle	1
altavera	1
alyacen 1/35	1
alyacen 7/7/7	1
amethia	1
amethyst	1
apri	1
aranelle	1
ashlyna	1
aubra eq	1
aurovela 1/20	1
aurovela 24 fe	1
aurovela fe 1.5/30	1
aurovela fe 1/20	1
aviane	1
ayuna	1
azurette	1
balziva	1
blisovi 24 fe	1
blisovi fe 1.5/30	1
briellyn	1
camila TABS .35mg	1
camrese	1
camrese lo	1

Drug Name	Drug Tier	Requirements/Limits
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etongestrel-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	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethynodiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethynodiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethynodiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethynodiol (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	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyeq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>milki</i>	1	
<i>mono-linyah</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-ethynodiol-estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethynodiol-estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethynodiol-estradiol tab 1- 20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethynodiol-estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethynodiol-estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethynodiol-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 & ethynodiol-estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivilsa</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-estarrylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarrylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
xulane	1	
zafemy	1	
zovia 1/35	1	
zumandimine	1	
ESTROGENS		
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
estradiol 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	
estradiol & norethindrone acetate tab 0.5- 0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
fyavolv tab 0.5mg-2.5mcg	1	
fyavolv tab 1mg-5mcg	1	
jinteli	1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
mimvey	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
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	NDS, 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	
<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

Drug Name		Drug Tier	Requirements/Limits
<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	
<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, 120mg/0.5ml		1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg		1	NDS, NM, PA
SYNAREL SOLN 2mg/ml		1	NDS, PA
VEOZAH TABS 45mg		1	PA
PROGESTINS			
<i>gallifrey</i> TABS 5mg		1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg		1	
<i>megestrol acetate</i> SUSP 40mg/ml		1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml		1	PA
<i>norethindrone acetate</i> TABS 5mg		1	
<i>progesterone</i> CAPS 100mg, 200mg		1	
THYROID AGENTS			
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		1	

Drug Name	Drug Tier	Requirements/Limits
<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>levoxyt</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
<i>SYNTHROID</i> 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

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>gransetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<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	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enulose SOLN 10gm/15ml</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac SOLN 10gm/15ml</i>	1	
<i>lactulose SOLN 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	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	
<i>PLENVU SOL</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl TABS 1mg</i>	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	1	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	1	
<i>CREON CAP 6000UNIT</i>	1	
<i>CREON CAP 12000UNT</i>	1	
<i>CREON CAP 24000UNT</i>	1	
<i>CREON CAP 36000UNT</i>	1	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>GATTEX KIT 5mg</i>	1	NDS, NM, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	1	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
<i>VOWST CAP</i>	1	NDS, QL (12 caps / 30 days), NM, PA
<i>XERMELO TABS 250mg</i>	1	NDS, QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	QL (30 caps / 30 days), PA
<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)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	1	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	1	QL (30 tabs / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> SOLN 5mg/5ml		1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg		1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg		1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg		1	QL (60 tabs / 30 days)
<i>solifenacina succinate</i> TABS 5mg, 10mg		1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg		1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg		1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg		1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
<i>ELIQUIS</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>ELIQUIS</i> TABS 5mg	1	QL (74 tabs / 30 days)
<i>ELIQUIS</i> STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
<i>HEP SOD/NACL INJ</i> 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> 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	
<i>XARELTO</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>XARELTO</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>XARELTO</i> TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>XARELTO</i> STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
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
MISCELLANEOUS		
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
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<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	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 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
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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS 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
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 100mg/ml, 200mg/2ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	1	NDS, QL (1 syringe / 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
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
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 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
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	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	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOP INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D10W/NACL INJ 0.2%	1

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clenisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	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

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1
<i>neo-polycin hc ophth oint 1%</i>	1
<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
<i>TOBRADEX OIN 0.3-0.1%</i>	1
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1
<i>ZYLET SUS 0.5-0.3%</i>	1

ANTI-INFECTIVES

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth) SOLN .07%, .075%	1	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
diluprednate EMUL .05%	1	
FLAREX SUSP .1%	1	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
loteprednol etabonate SUSP .2%	1	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
cromolyn sodium (ophth) SOLN 4%	1	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
brimonidine tartrate SOLN .15%, .2%	1	
brinzolamide SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	1	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
travoprost SOLN .004%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
atropine sulfate (ophthalmic) SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
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 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</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 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

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

ANTIHISTAMINES

<i>azelastine hcl</i> SOLN .1%	1	
--------------------------------	---	--

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

BETA AGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW</i> 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<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
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast 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
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
theophylline 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

NASAL STEROIDS

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

STEROID INHALANTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
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>breyna</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>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledges / 30 days)

Drug Name		Drug Tier	Requirements/Limits
erythromycin (acne aid) GEL 2%		1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%		1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg		1	PA
sulfacetamide sodium (acne) LOTN 10%		1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%		1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%		1	QL (75 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg		1	PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

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

DERMATOLOGY, ANTI-PSORIATICS

acitretin CAPS 10mg, 17.5mg, 25mg		1	PA
calcipotriene CREA .005%; OINT .005%		1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%		1	QL (120 mL / 30 days), PA
calcitrene OINT .005%		1	QL (120 gm / 30 days), PA
ENSTILAR AER		1	NDS, QL (120 gm / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>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>diclofenac sodium (topical)</i> SOLN 2%	1	NDS, QL (224 gm / 28 days), PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	1	QL (45 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)
<i>PANRETIN</i> GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>PENNSAID</i> SOLN 2%	1	NDS, QL (224 gm / 28 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i> CREA 2.5%	1	
<i>protozone-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		
REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Index

A

<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
<i>ABELCET</i>	5
<i>ABILIFY ASIMTUFII</i>	34
<i>ABILIFY MAINTENA</i>	34
<i>abiraterone acetate</i>	13
<i>ABRYSVO</i>	68
<i>acamprosate calcium</i>	46
<i>acarbose</i>	47
<i>accutane</i>	78
<i>acebutolol hcl</i>	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	29
<i>acetic acid</i>	62
<i>acetic acid (otic)</i>	74
<i>acetylcysteine</i>	76
<i>acitretin</i>	79
<i>ACTHIB INJ</i>	68
<i>ACTIMMUNE</i>	67
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
<i>ADACEL INJ</i>	68
<i>ADALIMUMAB-AACF (2 PEN)</i>	65
<i>ADALIMUMAB-AACF (2 SYRING</i>	65
<i>ADALIMUMAB-AACF STARTER P</i>	65
<i>adefovir dipivoxil</i>	8
<i>ADMELOG</i>	48
<i>ADMELOG SOLOSTAR</i>	49
<i>ADVAIR HFA AER 115/21</i>	78
<i>ADVAIR HFA AER 230/21</i>	78
<i>ADVAIR HFA AER 45/21</i>	78
<i>afirmelle</i>	51
<i>AIMOVIG</i>	43
<i>AIRSUPRA AER 90-80MCG</i>	78
<i>AKEEGA TAB 100/500</i>	13
<i>AKEEGA TAB 50/500MG</i>	13
<i>ala-cort</i>	80

<i>albendazole</i>	3
<i>albuterol sulfate</i>	75
<i>alclometasone dipropionate</i>	80
<i>ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY</i>	49
<i>ALDURAZYME</i>	57
<i>ALECENSA</i>	15
<i>alendronate sodium</i>	50
<i>alfuzosin hcl</i>	62
<i>aliskiren fumarate</i>	30
<i>allopurinol</i>	1
<i>alosetron hcl</i>	61
<i>alprazolam</i>	31
<i>altavera</i>	51
<i>ALUNBRIG</i>	15
<i>ALUNBRIG PAK</i>	15
<i>ALVAIZ</i>	64
<i>ALVESCO</i>	77
<i>alyacen 1/35</i>	51
<i>alyacen 7/7/7</i>	51
<i>ALYFTREK TAB 10-50-125</i>	76
<i>ALYFTREK TAB 4-20-50</i>	76
<i>ALYGLO</i>	67
<i>alyq</i>	31
<i>amantadine hcl</i>	33
<i>ambrisentan</i>	31
<i>amethia</i>	51
<i>amethyst</i>	51
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	29
<i>amiloride hcl</i>	29
<i>amiodarone hcl</i>	27
<i>amitriptyline hcl</i>	32
<i>amlodipine besylate</i>	29
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	23

<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	23
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	25
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	25
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	25
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	25
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	25
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	25
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	25
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	25
<i>amnesteem</i>	78
<i>amoxapine</i>	32
<i>amoxicillin</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	10
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	10
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	10
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	11
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	11
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	42
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	42
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	41
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	42
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	42
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	42
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	42
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	42
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	42
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	42
<i>amphotericin b</i>	5
<i>amphotericin b liposome</i>	5
<i>ampicillin</i>	11
<i>ampicillin & sulbactam sodium for inj</i>	
<i>1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for inj</i>	
<i>(2-1) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 15 (10-5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 3 (2-1) gm</i>	11
<i>ampicillin sodium</i>	11
<i>anagrelide hcl</i>	64
<i>anastrozole</i>	13
<i>ANORO ELLIPT AER 62.5-25</i>	74
<i>aprepitant</i>	59
<i>aprepitant capsule therapy pack 80 &</i>	
<i>125 mg</i>	59
<i>apri</i>	51
<i>APTIOM</i>	37
<i>APTIVUS</i>	6
<i>ARALAST NP</i>	76
<i>aranelle</i>	51
<i>ARCALYST</i>	67
<i>AREXVY</i>	68
<i>ARIKAYCE</i>	3
<i>ariPIPrazole</i>	34
<i>ARISTADA</i>	34
<i>ARISTADA INITIO</i>	35

<i>armodafinil</i>	46
ARNUITY ELLIPTA.....	77
<i>asenapine maleate</i>	35
<i>ashlyna</i>	51
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	64
ASTAGRAF XL.....	68
<i>atazanavir sulfate</i>	6
<i>atenolol</i>	28
<i>atenolol & chlorthalidone tab 100-25 mg</i>	28
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28
<i>atomoxetine hcl</i>	42
<i>atorvastatin calcium</i>	27
<i>atovaquone</i>	3
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	5
ATROPINE SULFATE.....	73
<i>atropine sulfate (ophthalmic)</i>	73
ATROVENT HFA.....	74
<i>aubra eq</i>	51
AUGTYRO.....	15
<i>aurovela 1/20</i>	51
<i>aurovela 24 fe</i>	51
<i>aurovela fe 1/20</i>	51
<i>aurovela fe 1.5/30</i>	51
AUSTEDO.....	44
AUSTEDO XR.....	44
AUSTEDO XR TAB TITR KIT	44
AUVELITY TAB 45-105MG.....	32
<i>aviane</i>	51
<i>ayuna</i>	51
AYVAKIT	15
<i>azacitidine</i>	12
<i>azathioprine</i>	68
<i>azelastine hcl</i>	74
<i>azelastine hcl (ophth)</i>	73
<i>azithromycin</i>	10
<i>aztreonam</i>	3
<i>azurette</i>	51
B	
<i>bacitracin (ophthalmic)</i>	72
<i>bacitracin-polymyxin b ophth oint</i>	72
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	72
<i>baclofen</i>	45
BAFIERTAM	44
<i>balsalazide disodium</i>	60
BALVERSA	15
<i>balziva</i>	51
BARACLUDE	8
BASAGLAR KWIKPEN	49
BCG VACCINE.....	68
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	24
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	23
<i>benazepril hcl</i>	24
BENDAMUSTINE HYDROCHLORID	12
BENDEKA	12
BENLYSTA	68
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	78
<i>benztropine mesylate</i>	33
BERINERT	64
BESIVANCE	72
BESREMI	14
<i>betaine powder for oral solution</i>	57
<i>betamethasone dipropionate (topical)</i>	80
<i>betamethasone dipropionate augmented</i>	80
<i>betamethasone valerate</i>	80
BETASERON	44
<i>betaxolol hcl</i>	28
<i>betaxolol hcl (ophth)</i>	73
<i>bethanechol chloride</i>	62
BETOPTIC-S	73
BEVESPI AER 9-4.8MCG	74
<i>bexarotene</i>	14
<i>bexarotene (topical)</i>	81
BEXSERO INJ	68
<i>bicalutamide</i>	13
BICILLIN L-A	11
BIKTARVY TAB 30-120-15 MG	7
BIKTARVY TAB 50-200-25 MG	7

bisoprolol & hydrochlorothiazide tab	
10-6.25 mg	28
bisoprolol & hydrochlorothiazide tab	
2.5-6.25 mg	28
bisoprolol & hydrochlorothiazide tab 5-	
6.25 mg	28
bisoprolol fumarate	28
BIVIGAM	67
blisovi 24 fe	51
blisovi fe 1.5/30	51
BOOSTRIX INJ	68
bortezomib	15
BORTEZOMIB	15
bosentan	31
BOSULIF	15
BRAFTOVI	16
BREO ELLIPTA INH 100-25	78
BREO ELLIPTA INH 200-25	78
BREO ELLIPTA INH 50-25MCG	78
breyna	78
BREZTRI AERO AER SPHERE	74
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	74
briellyn	51
BRILINTA	64
brimonidine tartrate	73
brinzolamide	73
BRIVIACT	37
bromfenac sodium (ophth)	73
bromocriptine mesylate	33
BRONCHITOL	76
BRUKINSA	16
budesonide	60
budesonide (inhalation)	77
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	78
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	78
bumetanide	29
buprenorphine hcl	46
buprenorphine hcl-naloxone hcl sl film	
12-3 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl film	
2-0.5 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl film	
4-1 mg (base equiv)	46

buprenorphine hcl-naloxone hcl sl film	
8-2 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl tab	
2-0.5 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl tab	
8-2 mg (base equiv)	46
bupropion hcl	32
bupropion hcl (smoking deterrent)	46
buspirone hcl	31
butorphanol tartrate	2
C	
cabergoline	57
CABOMETYX	16
calcipotriene	79
calcitonin (salmon) spray	50
calcitrene	79
calcitriol	59
calcitriol (oral)	59
CALQUENCE	16
camila	51
camrese	51
camrese lo	51
candesartan cilexetil	26
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	25
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	25
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg	25
CAPLYTA	35
CAPRELSA	16
captoril	24
captoril & hydrochlorothiazide tab 25- 15 mg	24
captoril & hydrochlorothiazide tab 25- 25 mg	24
captoril & hydrochlorothiazide tab 50- 15 mg	24
captoril & hydrochlorothiazide tab 50- 25 mg	24
carb/levo orally disintegrating tab 10- 100mg	33
carb/levo orally disintegrating tab 25- 100mg	33

<i>carb/levo orally disintegrating tab</i>	25-
250mg	34
<i>carbamazepine</i>	38
<i>carbidopa & levodopa tab</i> 10-100 mg	34
<i>carbidopa & levodopa tab</i> 25-100 mg	34
<i>carbidopa & levodopa tab</i> 25-250 mg	34
<i>carbidopa & levodopa tab er</i> 25-100 mg	34
<i>carbidopa & levodopa tab er</i> 50-200 mg	34
<i>carbidopa-levodopa-entacapone tabs</i>	
12.5-50-200 mg.....	34
<i>carbidopa-levodopa-entacapone tabs</i>	
18.75-75-200 mg.....	34
<i>carbidopa-levodopa-entacapone tabs</i>	
25-100-200 mg.....	34
<i>carbidopa-levodopa-entacapone tabs</i>	
31.25-125-200 mg	34
<i>carbidopa-levodopa-entacapone tabs</i>	
37.5-150-200 mg	34
<i>carbidopa-levodopa-entacapone tabs</i>	
50-200-200 mg.....	34
<i>carboplatin</i>	12
<i>carglumic acid</i>	57
<i>carisoprodol</i>	45
<i>carteolol hcl (ophth)</i>	73
<i>cartia xt</i>	29
<i>carvedilol</i>	28
<i>caspofungin acetate</i>	5
<i>CAYSTON</i>	3
<i>cefaclor</i>	9
<i>cefadroxil</i>	9
<i>CEFAZOLIN</i>	9
<i>CEFAZOLIN/DEX SOL</i> 1GM/50ML-4% ..	9
<i>CEFAZOLIN/DEX SOL</i> 2GM/50ML-3% ..	9
<i>CEFAZOLIN/DEX SOL</i> 3GM/150ML-4% ..	9
<i>CEFAZOLIN INJ</i> 1GM/50ML.....	9
<i>cefazolin sodium</i>	9
<i>CEFAZOLIN SOLN</i> 2GM/100ML-4% ..	9
<i>cefdinir</i>	9
<i>cefepime hcl</i>	9
<i>cefixime</i>	9
<i>cefotetan disodium</i>	9
<i>cefoxitin sodium</i>	9
<i>cefpodoxime proxetil</i>	9
<i>cefprozil</i>	9
<i>ceftazidime</i>	9

<i>ceftriaxone sodium</i>	9
<i>cefuroxime axetil</i>	9
<i>cefuroxime sodium</i>	9
<i>celecoxib</i>	1
<i>cephalexin</i>	9
<i>CEQUR SIMPL KIT PATCH</i> 2U (3-DAY)	49
<i>CEQUR SIMPL KIT PATCH</i> 2U (4-DAY)	49
<i>CEQUR SIMPL MIS INSERTER</i>	49
<i>CERDELGA</i>	57
<i>CEREZYME</i>	57
<i>cetirizine hcl</i>	75
<i>cevimeline hcl</i>	82
<i>chateal eq</i>	52
<i>CHEMET</i>	51
<i>chlorhexidine gluconate (mouth-throat)</i>	82
<i>chloroquine phosphate</i>	5
<i>chlorpromazine hcl</i>	35
<i>chlorthalidone</i>	29
<i>cholestyramine</i>	27
<i>cholestyramine light</i>	27
<i>ciclopirox</i>	79
<i>ciclopirox olamine</i>	79
<i>cilostazol</i>	64
<i>CILOXAN</i>	72
<i>CIMDUO TAB</i> 300-300	7
<i>cinacalcet hcl</i>	57
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>ciprofloxacin-dexamethasone otic susp</i>	
0.3-0.1%	74
<i>ciprofloxacin hcl</i>	10
<i>ciprofloxacin hcl (ophth)</i>	72
<i>cisplatin</i>	12
<i>citalopram hydrobromide</i>	32
<i>claravis</i>	78
<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>	78
<i>clindamycin phosphate in d5w iv soln</i>	
300 mg/50ml	3
<i>clindamycin phosphate in d5w iv soln</i>	
600 mg/50ml	3

<i>clindamycin phosphate in d5w iv soln</i>	
<i>900 mg/50ml</i>	3
<i>clindamycin phosphate vaginal</i>	63
CLINDMYC/NAC INJ 300/50ML	3
CLINDMYC/NAC INJ 600/50ML	3
CLINDMYC/NAC INJ 900/50ML	3
CLINIMIX INJ 4.25/D10	71
CLINIMIX INJ 4.25/D5W	71
CLINIMIX INJ 5%/D15W	71
CLINIMIX INJ 5%/D20W	71
CLINIMIX INJ 6/5	71
CLINIMIX INJ 8/10	71
CLINIMIX INJ 8/14	71
<i>clinisol sf 15%</i>	71
CLINOLIPID EMU 20%	71
<i>clobazam</i>	38
<i>clobetasol propionate</i>	80
<i>clobetasol propionate e</i>	80
<i>clomipramine hcl</i>	32
<i>clonazepam</i>	38
<i>clonidine</i>	30
<i>clonidine hcl</i>	30
<i>clopidogrel bisulfate</i>	64
<i>clorazepate dipotassium</i>	38
<i>clotrimazole</i>	82
<i>clotrimazole (topical)</i>	79
<i>clotrimazole w/ betamethasone cream</i>	
<i>1-0.05%</i>	79
<i>clozapine</i>	35
COARTEM TAB 20-120MG	5
COBENFY CAP 100-20MG	35
COBENFY CAP 125-30MG	35
COBENFY CAP 50-20MG	35
COBENFY STRT CAP PACK	35
<i>colchicine</i>	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>colesevelam hcl</i>	27
<i>colestipol hcl</i>	27
<i>colistimethate sodium</i>	3
COMBIGAN SOL 0.2/0.5%	73
COMBIVENT AER 20-100	74
COMETRIQ (60MG DOSE)	16
COMETRIQ KIT 100MG	16
COMETRIQ KIT 140MG	16
COMPLERA TAB	7
<i>compro</i>	59
<i>constulose</i>	60
COPAXONE	45
COPIKTRA	16
CORLANOR	30
COSENTYX	65
COSENTYX SENSOREADY PEN	65
COSENTYX UNOREADY	65
COTELLIC	16
CREON CAP 12000UNT	61
CREON CAP 24000UNT	61
CREON CAP 3000UNIT	61
CREON CAP 36000UNT	61
CREON CAP 6000UNIT	61
<i>cromolyn sodium</i>	76
<i>cromolyn sodium (mastocytosis)</i>	61
<i>cromolyn sodium (ophth)</i>	73
<i>cryselle-28</i>	52
<i>cyclobenzaprine hcl</i>	45
<i>cyclophosphamide</i>	12
CYCLOPHOSPHAMIDE	12
CYCLOPHOSPHAMIDE MONOHYDR	12
<i>cycloserine</i>	8
<i>cyclosporine</i>	68
<i>cyclosporine modified (for microemulsion)</i>	68
<i>cypheptadine hcl</i>	75
<i>cyred eq</i>	52
CYSTADROPS	73
CYSTAGON	57
CYSTARAN	74
<i>cytarabine</i>	12
D	
D10W/NACL INJ 0.2%	69
D2.5W/NACL INJ 0.45%	69
<i>dabigatran etexilate mesylate</i>	63
<i>dalfampridine</i>	45
<i>danazol</i>	46
<i>dantrolene sodium</i>	45
DANZITEN	16
<i>dapsone</i>	3
DAPTACEL INJ	68
<i>daptomycin</i>	3
DAPTO MYCIN	3
<i>darunavir</i>	6
<i>dasatinib</i>	16
<i>dasetta 1/35</i>	52
<i>dasetta 7/7/7</i>	52

DAURISMO.....	16
daysee	52
DAYVIGO	42
deblitane	52
deferasirox.....	51
DELSTRIGO TAB	7
DENGVAXIA SUS.....	68
DEPO-SUBQ PROVERA 104.....	52
depo-testosterone	46
DESCOVY TAB 120-15MG.....	7
DESCOVY TAB 200/25MG.....	7
desipramine hcl	32
desmopressin acetate	57
desmopressin acetate spray	57
desmopressin acetate spray refrigerated	57
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	52
desvenlafaxine succinate.....	32
dexamethasone	56
DEXAMETHASONE INTENSOL.....	56
dexamethasone sodium phosphate ..	56
dexamethasone sodium phosphate (ophth)	73
dexmethylphenidate hcl	42
dextrose	71
dextrose 10% w/ sodium chloride 0.45%	70
dextrose 2.5% w/ sodium chloride 0.45%	70
dextrose 5% in lactated ringers	70
dextrose 5% w/ sodium chloride 0.2%	70
dextrose 5% w/ sodium chloride 0.225%	70
dextrose 5% w/ sodium chloride 0.3%	70
dextrose 5% w/ sodium chloride 0.45%	70
dextrose 5% w/ sodium chloride 0.9%	70
DIACOMIT.....	38
diazepam	38
diazepam (anticonvulsant)	38
diazepam inj	38
diazepam intensol	38
diazoxide	57

diclofenac potassium	1
diclofenac sodium	1
diclofenac sodium (ophth)	73
diclofenac sodium (topical)	81
dicloxacillin sodium	11
dicyclomine hcl	60
DIFICID	10
diflunisal.....	1
difluprednate	73
digoxin	30
dihydroergotamine mesylate.....	43
DILANTIN	38
diltiazem hcl.....	29
diltiazem hcl coated beads	29
diltiazem hcl extended release beads	29
dilt-xr.....	29
DIP/TET PED INJ 25-5LFU	68
diphenhydramine hcl	75
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....	61
diphenoxylate w/ atropine tab 2.5- 0.025 mg	61
dipyridamole	64
disopyramide phosphate	27
disulfiram	46
divalproex sodium	38
docetaxel	14, 15
DOCETAXEL	15
DOCIVYX	15
dofetilide	27
dolishale	52
donepezil hydrochloride	31
DOPTELET	64
dorzolamide hcl	73
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	73
dotti.....	56
DOVATO TAB 50-300MG	7
doxazosin mesylate	25
doxepin hcl	32
doxepin hcl (antipruritic)	81
doxepin hcl (sleep)	42
doxorubicin hcl	14
doxorubicin hcl liposomal	14
doxy 100	11
doxycycline (monohydrate)	11
doxycycline hyolate	11

DRIZALMA SPRINKLE.....	32
dronabinol.....	59
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	52
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	52
<i>drospirenone-ethinyl estradiol levomefolate tab 3-0.02-0.451 mg</i>	52
<i>drospirenone-ethinyl estradiol levomefolate tab 3-0.03-0.451 mg</i>	52
droxidopa	30
DULERA AER 100-5MCG	78
DULERA AER 200-5MCG	78
DULERA AER 50-5MCG.....	78
duloxetine hcl	32
DUPIXENT.....	65
dutasteride	62
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	62
E	
e.e.s. 400	10
econazole nitrate	79
EDURANT	6
efavirenz	6
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	7
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....</i>	7
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....</i>	7
ELIGARD.....	13
elinest	52
ELIQUIS	63
ELIQUIS STARTER PACK	63
eluryng	52
EMGALITY	43
EMSAM	32
emtricitabine	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	7
EMTRIVA	6
EMVERM	3
<i>emzahh</i>	52
<i>enalapril maleate</i>	24
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	24
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	24
ENBREL	65
ENBREL MINI.....	65
ENBREL SURECLICK	65
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325mg</i>	2
ENGERIX-B	68
<i>enilloring</i>	52
<i>enoxaparin sodium</i>	63
enpresse-28	52
enskyce	52
ENSTILAR AER.....	79
entacapone	34
entecavir	8
ENTRESTO CAP 15-16MG	25
ENTRESTO CAP 6-6MG.....	25
ENTRESTO TAB 24-26MG	25
ENTRESTO TAB 49-51MG	25
ENTRESTO TAB 97-103MG	25
enulose.....	61
EPCLUSA PAK 150-37.5	8
EPCLUSA PAK 200-50MG	8
EPCLUSA TAB 200-50MG	8
EPCLUSA TAB 400-100	8
EPIDIOLEX	38
<i>epinephrine (anaphylaxis).....</i>	30, 76
<i>epitol.....</i>	38
<i>eplerenone</i>	24
EPRONTIA.....	39
<i>ergotamine w/ caffeine tab 1-100 mg</i>	43
ERIVEDGE.....	16
ERLEADA	13
<i>erlotinib hcl</i>	16
<i>errin.....</i>	52
<i>ertapenem sodium</i>	3
<i>ery.....</i>	78
<i>ery-tab</i>	10
ERYTHROCIN LACTOBIONATE	10

erythromycin (acne aid)	79
erythromycin (ophth)	72
erythromycin base	10
erythromycin ethylsuccinate	10
erythromycin lactobionate	10
escitalopram oxalate	32
esomeprazole magnesium	62
estarrylla	52
estradiol	56
estradiol & norethindrone acetate tab 0.5-0.1 mg	56
estradiol & norethindrone acetate tab 1-0.5 mg	56
estradiol vaginal	56
estradiol valerate	56
eszopiclone	43
ethambutol hcl	8
ethosuximide	39
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	52
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	52
etodolac	1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	52
etoposide	15
etravirine	6
EULEXIN	13
euthyrox	58
everolimus	16, 17
everolimus (immunosuppressant)	68
EVOTAZ TAB 300-150	7
exemestane	13
EYSUVIS	74
ezetimibe	27
ezetimibe-simvastatin tab 10-10 mg	27
ezetimibe-simvastatin tab 10-20 mg	28
ezetimibe-simvastatin tab 10-40 mg	28
ezetimibe-simvastatin tab 10-80 mg	28
F	
FABRAZYME	57
falmina	52
famciclovir	8
famotidine	60
famotidine in nacl 0.9% iv soln 20 mg/50ml	60
FANAPT	35
FANAPT PAK	35
FARXIGA	47
FASENRA	76
FASENRA PEN	76
feirza 1/20	52
feirza 1.5/30	52
felbamate	39
felodipine	29
fenofibrate	27
fenofibrate micronized	27
fentanyl	1
fesoterodine fumarate	62
FETZIMA	32
FETZIMA CAP TITRATIO	32
FIASP	49
FIASP FLEXTOUCH	49
FIASP PENFILL	49
FIASP PUMPCART	49
finasteride	62
fingolimod hcl	45
FINTEPLA	39
finzala	52
FIRMAGON	13
flac	74
FLAREX	73
FLEBOGAMMA DIF	67
flecainide acetate	27
fluconazole	5
fluconazole in nacl 0.9% inj 200 mg/100ml	5
fluconazole in nacl 0.9% inj 400 mg/200ml	5
flucytosine	5
fludrocortisone acetate	56
flunisolide (nasal)	77
fluocinolone acetonide	80
fluocinolone acetonide (otic)	74
fluocinonide	80
fluocinonide emulsified base	80
fluorometholone (ophth)	73
fluorouracil	12
fluorouracil (topical)	81
fluoxetine hcl	33
fluphenazine decanoate	35
fluphenazine hcl	35
flurbiprofen	1
flurbiprofen sodium	73

<i>fluticasone propionate</i>	80
<i>fluticasone propionate (nasal)</i>	77
<i>fluticasone-salmeterol aer powder ba</i>	
<i>100-50 mcg/act</i>	78
<i>fluticasone-salmeterol aer powder ba</i>	
<i>250-50 mcg/act</i>	78
<i>fluticasone-salmeterol aer powder ba</i>	
<i>500-50 mcg/act</i>	78
<i>fluvoxamine maleate</i>	31
<i>fondaparinux sodium</i>	63
<i>fosamprenavir calcium</i>	6
<i>fosinopril sodium</i>	24
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 10-12.5 mg</i>	24
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 20-12.5 mg</i>	24
<i>FOTIVDA</i>	17
<i>FRINDOVYX</i>	12
<i>FRUZAQLA</i>	17
<i>FULPHILA</i>	64
<i>fulvestrant</i>	13
<i>FUROSCIX</i>	29
<i>furosemide</i>	29
<i>furosemide inj</i>	29
<i>FUZEON</i>	6
<i>fyavolv tab 0.5mg-2.5mcg</i>	56
<i>fyavolv tab 1mg-5mcg</i>	56
<i>FYCOMPA</i>	39
G	
<i>gabapentin</i>	39
<i>galantamine hydrobromide</i>	31
<i>gallifrey</i>	58
<i>GAMASTAN INJ</i>	67
<i>GAMMAGARD LIQUID</i>	67
<i>GAMMAGARD S/D IGA LESS TH</i>	67
<i>GAMMAKED</i>	67
<i>GAMMAPLEX</i>	67
<i>GAMUNEX-C</i>	67
<i>ganciclovir sodium</i>	8
<i>GARDASIL 9 INJ</i>	68
<i>gatifloxacin (ophth)</i>	72
<i>GATTEX</i>	61
<i>GAUZE PADS 2</i>	49
<i>gavilyte-c</i>	61
<i>gavilyte-g</i>	61
<i>gavilyte-n/flavor pack</i>	61
<i>GAVRETO</i>	17

<i>gefitinib</i>	17
<i>gemcitabine hcl</i>	12
<i>gemfibrozil</i>	27
<i>generlac</i>	61
<i>genograf</i>	68
<i>GENOTROPIN</i>	57
<i>GENOTROPIN MINIQUICK</i>	57
<i>gentamicin in saline inj 0.8 mg/ml</i>	3
<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (ophth)</i>	72
<i>gentamicin sulfate (topical)</i>	79
<i>GENVOYA TAB</i>	7
<i>GILOTrif</i>	17
<i>glatiramer acetate</i>	45
<i>glatopa</i>	45
<i>GLEOSTINE</i>	12
<i>glimepiride</i>	47
<i>glipizide</i>	47
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
.....	47
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
.....	47
<i>glipizide-metformin hcl tab 5-500 mg</i>	47
<i>glipizide xl</i>	47
<i>glycopyrrolate</i>	60
<i>glydo</i>	81
<i>GLYXAMBI TAB 10-5 MG</i>	47
<i>GLYXAMBI TAB 25-5 MG</i>	47
<i>granisetron hcl</i>	59
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	30
<i>guanfacine hcl (adhd)</i>	42
H	
<i>HAEGARDA</i>	64
<i>hailey 1.5/30</i>	52
<i>hailey 24 fe</i>	52
<i>halobetasol propionate</i>	80
<i>haloette</i>	52
<i>haloperidol</i>	35
<i>haloperidol decanoate</i>	35
<i>haloperidol lactate</i>	35
<i>HARVONI PAK 33.75-150MG</i>	8

HARVONI PAK 45-200MG	8
HARVONI TAB 45-200MG	8
HARVONI TAB 90-400MG	8
HAVRIX	68
<i>heather</i>	52
<i>heparin sodium (porcine)</i>	63
HEPLISAV-B	68
HEP SOD/NACL INJ 25000UNT	63
HERCEP HYLEC SOL 60-10000	17
HERCEPTIN	17
HERZUMA	17
HIBERIX	68
HUMIRA	65
HUMIRA PEN	65
HUMIRA PEN-CD/UC/HS START	65
HUMIRA PEN KIT PS/UV	65
HUMIRA PEN-PEDIATRIC UC S	66
HUMULIN R U-500 (CONCENTR)	49
HUMULIN R U-500 KWIKPEN	49
<i>hydralazine hcl</i>	30
<i>hydrochlorothiazide</i>	29
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	56
<i>hydrocortisone (intrarectal)</i>	60
<i>hydrocortisone (rectal)</i>	81
<i>hydrocortisone (topical)</i>	80
<i>hydrocortisone sod succinate</i>	56
<i>hydrocortisone valerate</i>	80
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	67
<i>hydroxyurea</i>	14
<i>hydroxyzine hcl</i>	75
<i>hydroxyzine pamoate</i>	75
I	
<i>ibandronate sodium</i>	50
IBRANCE	17
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	64
<i>iclevia</i>	52
ICLUSIG	17
IDACIO (2 PEN)	66
IDACIO (2 SYRINGE)	66
IDACIO CROHN INJ DISEASE	66
IDACIO PLAQU INJ PSORIASIS	66
IDHIFA	17
<i>imatinib mesylate</i>	17
IMBRUVICA	17
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
<i>imipramine hcl</i>	33
<i>imiquimod</i>	81
IMKELDI	17
IMOVAZ RABIES (H.D.C.V.)	69
IMPAVIDO	4
INBRIJA	34
<i>incassia</i>	52
INCRELEX	57
INCRUSE ELLIPTA	74
<i>indapamide</i>	30
INFANRIX INJ	69
INFILXIMAB	66
INLYTA	17
INQOVI TAB 35-100MG	12
INREBIC	17
INSULIN PEN NEEDLES: BD-EMBECTA	49
INSULIN SAFETY NEEDLES: BD-EMBECTA	49
INSULIN SYRINGES: BD-EMBECTA	49
INTELENCE	6
INTRALIPID	71
<i>introvale</i>	52
INVEGA HAFYERA	35
INVEGA SUSTENNA	35
INVEGA TRINZA	36
IPOL INJ INACTIVE	69
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	74
<i>ipratropium bromide</i>	74
<i>ipratropium bromide (nasal)</i>	74
<i>irbesartan</i>	26

<i>irbesartan-hydrochlorothiazide tab</i>		
150-12.5 mg	25	
<i>irbesartan-hydrochlorothiazide tab</i>		
300-12.5 mg	25	
<i>irinotecan hcl</i>	14	
ISENTRESS	6	
ISENTRESS HD	6	
<i>isibloom</i>	53	
ISOLYTE-P INJ /D5W	70	
ISOLYTE-S INJ PH 7.4.....	70	
<i>isoniazid</i>	8	
<i>isosorbide dinitrate</i>	30	
<i>isosorbide mononitrate</i>	30	
<i>isotretinoin</i>	79	
<i>isradipine</i>	29	
ITOVEBI	18	
<i>itraconazole</i>	5	
<i>ivabradine hcl</i>	30	
<i>ivermectin</i>	4	
IWILFIN.....	14	
IXCHIQ INJ	69	
IXIARO INJ.....	69	
J		
JAKAFI	18	
<i>jantoven</i>	63	
JANUMET TAB 50-1000	47	
JANUMET TAB 50-500MG	47	
JANUMET XR TAB 100-1000.....	47	
JANUMET XR TAB 50-1000	47	
JANUMET XR TAB 50-500MG.....	47	
JANUVIA	47	
JARDIANCE	47	
<i>jasmiel</i>	53	
<i>javygtor</i>	57	
JAYPIRCA.....	18	
JENTADUETO TAB 2.5-1000.....	47	
JENTADUETO TAB 2.5-500	47	
JENTADUETO TAB 2.5-850	47	
JENTADUETO TAB XR 2.5-1000MG ..	47	
JENTADUETO TAB XR 5-1000MG	47	
<i>jinteli</i>	56	
<i>jolessa</i>	53	
<i>juleber</i>	53	
JULUCA TAB 50-25MG	7	
<i>junel 1/20</i>	53	
<i>junel 1.5/30</i>	53	
<i>junel fe 1/20</i>	53	
<i>junel fe 1.5/30</i>	53	
<i>junel fe 24</i>	53	
JYLAMVO	67	
JYNNEOS	69	
K		
KADCYLA	18	
<i>kaitlib fe</i>	53	
KALYDECO	76	
KANJINTI	18	
<i>kariva</i>	53	
KCL/D5W/NACL INJ 0.3/0.9%.....	70	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	70	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	70	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	70	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	70	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	70	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	70	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	70	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	70	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	70	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	70	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	70	
<i>kelnor 1/35</i>	53	
<i>kelnor 1/50</i>	53	
KERENDIA.....	24	
KESIMPTA.....	45	
<i>ketoconazole</i>	5	
<i>ketoconazole (topical)</i>	79	
<i>ketorolac tromethamine (ophth)</i>	73	
KEYTRUDA	18	
KINRIX INJ.....	69	
<i>kionex</i>	51	
KISQALI 200 DOSE	18	
KISQALI 200 PAK FEMARA.....	18	
KISQALI 400 DOSE	18	
KISQALI 400 PAK FEMARA.....	18	
KISQALI 600 DOSE	18	

KISQALI 600 PAK FEMARA.....	18
<i>klayesta</i>	79
<i>klor-con</i>	71
<i>klor-con 10</i>	71
<i>klor-con 8</i>	71
<i>klor-con m10</i>	71
<i>klor-con m15</i>	71
<i>klor-con m20</i>	71
KOSELUGO.....	18
<i>kourzeq</i>	82
KRAZATI.....	18
<i>kurvelo</i>	53
L	
<i>labetalol hcl</i>	28
<i>lacosamide</i>	39
<i>lacosamide oral</i>	39
<i>lactated ringer's solution</i>	70
<i>lactic acid (ammonium lactate)</i>	81
<i>lactulose</i>	61
<i>lactulose (encephalopathy)</i>	61
<i>lamivudine</i>	6
<i>lamivudine (hbv)</i>	8
<i>lamivudine-zidovudine tab 150-300 mg</i>	7
<i>lamotrigine</i>	39
<i>lanreotide acetate</i>	57
<i>lansoprazole</i>	62
<i>lapatinib ditosylate</i>	18
<i>larin 1/20</i>	53
<i>larin 1.5/30</i>	53
<i>larin 24 fe</i>	53
<i>larin fe 1/20</i>	53
<i>larin fe 1.5/30</i>	53
<i>latanoprost</i>	73
<i>layolis fe</i>	53
LAZCLUZE.....	18
<i>leflunomide</i>	67
<i>lenalidomide</i>	14
LENVIMA 10 MG DAILY DOSE	18
LENVIMA 12MG DAILY DOSE	18
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	18
LENVIMA 8 MG DAILY DOSE	18
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
<i>lessina</i>	53
<i>letrozole</i>	13
<i>leucovorin calcium</i>	23
LEUKERAN	12
<i>leuprolide acetate</i>	13
<i>levalbuterol hcl</i>	75
<i>levalbuterol tartrate</i>	75
<i>levetiracetam</i>	39
LEVETIRACETAM	39
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	39
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	39
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	39
<i>levobunolol hcl</i>	73
<i>levocarnitine (metabolic modifiers)</i>	58
<i>levocetirizine dihydrochloride</i>	75
<i>levofloxacin</i>	10
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	10
<i>levonest</i>	53
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	53
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	53
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	53
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	53
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	53
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	53
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	53
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	53
<i>levora 0.15/30-28</i>	53
<i>levo-t</i>	59
<i>levothyroxine sodium</i>	59
<i>levoxyl</i>	59
<i>l-glutamine (sickle cell)</i>	64

LIBERVANT	39
lidocaine	81
lidocaine hcl	81
lidocaine hcl (local anesth.)	1
lidocaine hcl (mouth-throat)	82
lidocaine-prilocaine cream 2.5-2.5%.	81
lidocan	81
LILETTA.....	53
linezolid.....	4
LINEZOLID INJ 2MG/ML.....	4
LINZESS	61
liothyronine sodium	59
lisinopril.....	24
lisinopril & hydrochlorothiazide tab 10-12.5 mg	24
lisinopril & hydrochlorothiazide tab 20-12.5 mg	24
lisinopril & hydrochlorothiazide tab 20-25 mg.....	24
lithium.....	44
lithium carbonate	44
LIVTENCITY	8
loestrin 1/20-21.....	53
loestrin 1.5/30-21	53
loestrin fe 1/20.....	53
loestrin fe 1.5/30	53
LOKELMA	51
LONSURF TAB 15-6.14.....	13
LONSURF TAB 20-8.19.....	13
loperamide hcl	61
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	7
lopinavir-ritonavir tab 100-25 mg	7
lopinavir-ritonavir tab 200-50 mg	7
lorazepam.....	31
lorazepam intensol	31
LORBRENA	19
loryna.....	53
losartan potassium	26
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	25
losartan potassium & hydrochlorothiazide tab 100-25 mg.....	25
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	25
LOTEMAX	73
loteprednol etabonate	73
lovastatin.....	27
low-ogestrel	54
loxapine succinate.....	36
LUMAKRAS	19
LUMIGAN	73
LUMIZYME	58
LUPRON DEPOT (1-MONTH).....	13
LUPRON DEPOT (3-MONTH).....	13
LUPRON DEPOT-PED (1-MONTH	58
LUPRON DEPOT-PED (3-MONTH	58
LUPRON DEPOT-PED (6-MONTH	58
lurasidone hcl	36
lutera	54
LYBALVI TAB 10-10MG	36
LYBALVI TAB 15-10MG	36
LYBALVI TAB 20-10MG	36
LYBALVI TAB 5-10MG	36
lyeq.....	54
lyllana	56
LYNPARZA.....	19
LYSODREN	13
LYTGOBI (12 MG DAILY DOSE)	19
LYTGOBI (16 MG DAILY DOSE)	19
LYTGOBI (20 MG DAILY DOSE)	19
lyza.....	54
M	
magnesium sulfate	70
MAGNESIUM SULFATE	70
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml.....	70
malathion	82
maraviroc	6
marlissa.....	54
MARPLAN	33
MATULANE	14
MAVYRET PAK 50-20MG.....	8
MAVYRET TAB 100-40MG	8
meclizine hcl	59
medroxyprogesterone acetate.....	58
medroxyprogesterone acetate (contraceptive)	54
mefloquine hcl.....	5
megestrol acetate.....	13, 58
megestrol acetate (appetite)	58
MEKINIST	19

MEKTOVI	19
meloxicam	1
memantine hcl.....	31
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	31
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	32
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	32
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	31
MENACTRA INJ	69
MENQUADFI INJ.....	69
MENVEO INJ.....	69
MENVEO SOL.....	69
mercaptopurine	13
meropenem	4
mesalamine.....	60
mesalamine w/ cleanser.....	60
mesna	23
MESNEX.....	23
metformin hcl	47, 48
methadone hcl.....	1, 2
methadone hydrochloride i	2
methazolamide	30
methenamine hippurate.....	4
methimazole	59
methocarbamol.....	45
methotrexate sodium	13, 67
methsuximide.....	39
methylphenidate hcl	42
methylprednisolone.....	56, 57
methylprednisolone acetate.....	57
methylprednisolone sod succ	57
methyltestosterone	47
metoclopramide hcl	59
metolazone	30
metoprolol & hydrochlorothiazide tab 100-25 mg	28
metoprolol & hydrochlorothiazide tab 100-50 mg	28
metoprolol & hydrochlorothiazide tab 50-25 mg	28
metoprolol succinate	28
metoprolol tartrate.....	28
metronidazole	4
metronidazole (topical)	81

metronidazole vaginal.....	63
metyrosine.....	30
mibelas 24 fe	54
micafungin sodium.....	5
microgestin 1/20.....	54
microgestin 1.5/30	54
microgestin fe 1/20	54
microgestin fe 1.5/30	54
midodrine hcl	30
MIEBO	74
mifepristone (hyperglycemia)	58
milu	54
mimvey	56
minocycline hcl	12
minoxidil	30
mirtazapine	33
misoprostol	61
MITIGARE	1
M-M-R II INJ	69
M-NATAL PLUS TAB	71
modafinil	46
moexipril hcl	24
molindone hcl	36
mometasone furoate	80
MONJUVI	19
mono-linyah	54
montelukast sodium	76
morphine sulfate.....	2
MOUNJARO	48
MOVANTIK	61
moxifloxacin hcl	10
moxifloxacin hcl (ophth)	72
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....	10
MRESVIA	69
MULTAQ.....	27
multiple electrolytes ph 5.5	70
multiple electrolytes ph 7.4	70
mupirocin	79
mycophenolate mofetil.....	68
mycophenolate sodium	68
MYRBETRIQ.....	62
N	
nabumetone.....	1
nadolol	28
nafcillin sodium.....	11
NAGLAZYME	58

<i>nalbuphine hcl</i>	2	<i>nitazoxanide</i>	4
<i>naloxone hcl</i>	46	<i>nitisinone</i>	58
<i>naltrexone hcl</i>	46	<i>NITRO-BID</i>	30
NAMZARIC CAP 14-10MG	32	<i>nitrofurantoin macrocrystal</i>	4
NAMZARIC CAP 21-10MG	32	<i>nitrofurantoin monohyd macro</i>	4
NAMZARIC CAP 28-10MG	32	<i>nitroglycerin</i>	31
NAMZARIC CAP 7-10MG	32	<i>nitroglycerin (intra-anal)</i>	81
NAMZARIC CAP PACK	32	<i>nizatidine</i>	60
<i>naproxen</i>	1	<i>nora-be</i>	54
<i>naproxen dr</i>	1	<i>norelgestromin-ethinyl estradiol td</i>	
<i>naproxen sodium</i>	1	<i>ptwk 150-35 mcg/24hr</i>	54
<i>naratriptan hcl</i>	43	<i>norethindrone (contraceptive)</i>	54
<i>nateglinide</i>	48	<i>norethindrone & ethinyl estradiol-fe</i>	
NAYZILAM	39	<i>chew tab 0.4 mg-35 mcg</i>	54
<i>nebivolol hcl</i>	28	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>necon 0.5/35-28</i>	54	<i>tab 1 mg-20 mcg</i>	54
<i>nefazodone hcl</i>	33	<i>norethindrone ace & ethinyl estradiol</i>	
<i>neomycin-bacitrac zn-polymyx</i>		<i>tab 1.5 mg-30 mcg</i>	54
<i>5(3.5)mg-400unt-10000unt op oin</i>	72	<i>norethindrone ace & ethinyl estradiol</i>	
<i>neomycin-polymyxin-gramicid op sol</i>		<i>tab 1 mg-20 mcg</i>	54
<i>1.75-10000-0.025mg-unt-mg/ml</i>	72	<i>norethindrone ace-eth estradiol-fe</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>chew tab 1 mg-20 mcg (24)</i>	54
<i>ophth oint 0.1%</i>	72	<i>norethindrone acetate</i>	58
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>ophth susp 0.1%</i>	72	<i>tab 0.5 mg-2.5 mcg</i>	56
<i>neomycin-polymyxin-hc ophth susp</i>	72	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	74	<i>tab 1 mg-5 mcg</i>	56
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>mg/ml-10000 unit/ml-1%</i>	74	<i>1-20/1-30/1-35 mg-mcg</i>	54
<i>neomycin sulfate</i>	4	<i>norgestimate & ethinyl estradiol tab</i>	
<i>neo-polycin 5(3.5)mg-400unt-</i>		<i>0.25 mg-35 mcg</i>	54
<i>10000unt op oin</i>	72	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neo-polycin hc ophth oint 1%</i>	72	<i>25/0.215-25/0.25-25 mg-mcg</i>	54
NERLYNX	19	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nevirapine</i>	6	<i>35/0.215-35/0.25-35 mg-mcg</i>	54
NEXLETOL	28	<i>norlyroc</i>	54
NEXLIZET TAB 180/10MG	28	<i>nortrel 0.5/35 (28)</i>	54
NEXPLANON	54	<i>nortrel 1/35 (21)</i>	54
<i>niacin (antihyperlipidemic)</i>	28	<i>nortrel 1/35 (28)</i>	54
<i>nicardipine hcl</i>	29	<i>nortrel 7/7/7</i>	55
NICOTROL INHALER	46	<i>nortriptyline hcl</i>	33
NICOTROL NS	46	<i>NORVIR</i>	6
<i>nifedipine</i>	29	<i>NOVOLIN INJ 70/30</i>	49
<i>nikki</i>	54	<i>NOVOLIN INJ 70/30 FP</i>	49
<i>nilutamide</i>	13	<i>NOVOLIN N</i>	49
<i>nimodipine</i>	29	<i>NOVOLIN N FLEXPEN</i>	49
NINLARO	19	<i>NOVOLIN R</i>	49

NOVOLIN R FLEXPEN	49
NOVOLOG	49
NOVOLOG FLEXPEN	49
NOVOLOG MIX INJ 70/30	49
NOVOLOG MIX INJ FLEXPEN	49
NOVOLOG PENFILL.....	49
NUBEQA	13
NUEDEXTA CAP 20-10MG	44
NULOJIX	68
NUPLAZID	36
NURTEC.....	43
NUTRILIPID.....	71
NUZYRA.....	12
<i>nyamyc</i>	79
<i>nylia 1/35</i>	55
<i>nylia 7/7/7</i>	55
<i>nystatin</i>	5
<i>nystatin (mouth-throat)</i>	82
<i>nystatin (topical)</i>	79
<i>nystop</i>	79
O	
<i>ocella</i>	55
OCTAGAM	67
<i>octreotide acetate</i>	58
ODEFSEY TAB.....	7
ODOMZO	19
OFEV	76
<i>ofloxacin (ophth)</i>	72
<i>ofloxacin (otic)</i>	74
OGIVRI.....	19
OGSIVEO	19
OJEMDA.....	20
OJJAARA	20
<i>olanzapine</i>	36
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	26
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	26
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	26
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	26
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	26
<i>olmesartan medoxomil.....</i>	26
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	26
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .26	
<i>omega-3-acid ethyl esters cap 1 gm</i> .28	
<i>omeprazole</i>	62
<i>omeprazole-sodium bicarbonate cap</i> <i>20-1100 mg</i>	62
<i>omeprazole-sodium bicarbonate cap</i> <i>40-1100 mg</i>	62
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 20-1680 mg</i>	62
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 40-1680 mg</i>	62
OMNIPOD 5 DX KIT INT G7G6	49
OMNIPOD 5 DX MIS POD G7G6	50
OMNIPOD 5 G7 KIT INTRO	50
OMNIPOD 5 G7 MIS PODS.....	50
OMNIPOD 5 LB KIT INTRO G6	50
OMNIPOD 5 LB MIS PODS G6	50
OMNIPOD DASH KIT INTRO	50
OMNIPOD DASH MIS PODS	50
OMNIPOD GO KIT 10UNT/DY	50
OMNIPOD GO KIT 15UNT/DY	50
OMNIPOD GO KIT 20UNT/DY	50
OMNIPOD GO KIT 25UNT/DY	50
OMNIPOD GO KIT 30UNT/DY	50
OMNIPOD GO KIT 35UNT/DY	50
OMNIPOD GO KIT 40UNT/DY	50
OMNIPOD MIS CLASSIC	50
<i>ondansetron</i>	59
<i>ondansetron hcl</i>	59
ONTRUZANT.....	20
ONUREG	13
OPIPZA.....	36
OPSUMIT	31
ORGOVYX	14
ORKAMBI GRA 100-125	76
ORKAMBI GRA 150-188	76

ORKAMBI GRA 75-94MG	76
ORKAMBI TAB 100-125.....	76
ORKAMBI TAB 200-125.....	76
ORSERDU	14
oseltamivir phosphate	8
oxacillin sodium	11
oxaliplatin	12
oxcarbazepine	39
oxybutynin chloride	63
oxycodone hcl	2
oxycodone w/ acetaminophen tab 10- 325 mg.....	3
oxycodone w/ acetaminophen tab 2.5- 325 mg.....	2
oxycodone w/ acetaminophen tab 5- 325 mg.....	2
oxycodone w/ acetaminophen tab 7.5- 325 mg.....	2
OZEMPIC (0.25 OR 0.5MG/DOSE)	48
OZEMPIC (0.25 OR 0.5 MG/DOSE)....	48
OZEMPIC (1MG/DOSE)	48
OZEMPIC (2MG/DOSE)	48
P	
pacerone	27
paclitaxel	15
paclitaxel inj 100mg	15
paliperidone	36
pamidronate disodium	50
PAMIDRONATE DISODIUM.....	50
PANRETIN	81
pantoprazole sodium	62
PANZYGA	67
paricalcitol	59
paroxetine hcl.....	33
PAXLOVID TAB 150-100	8
PAXLOVID TAB 300-100	8
pazopanib hcl	20
PEDIARIX INJ 0.5ML.....	69
PEDVAX HIB	69
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	61
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	61
PEGASYS	8
PEMAZYRE	20
pemetrexed disodium	13
PENBRAYA INJ	69

penicillamine	51
penicillin g potassium	11
penicillin g sodium	11
penicillin v potassium	11
PENNSAID.....	81
PENTACEL INJ	69
pentamidine isethionate inh	4
pentamidine isethionate inj	4
pentoxifylline.....	64
perindopril erbumine	24
periogard	82
permethrin	82
perphenazine.....	36
pfizerpen	11
phenelzine sulfate	33
phenobarbital	40
phenobarbital sodium	40
phenytek	40
phenytoin	40
phenytoin sodium	40
phenytoin sodium extended.....	40
PHESGO SOL.....	20
philith.....	55
PIFELTRO	6
pilocarpine hcl	73
pilocarpine hcl (oral).....	82
pimecrolimus.....	81
pimozide	36
pimtrea	55
pindolol	28
pioglitazone hcl.....	48
pioglitazone hcl-metformin hcl tab 15- 500 mg	48
pioglitazone hcl-metformin hcl tab 15- 850 mg	48
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	11
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....	11
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....	11
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	11
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....	11
PIQRAY 200MG DAILY DOSE.....	20
PIQRAY 250MG TAB DOSE.....	20

PIQRAY 300MG DAILY DOSE	20
pirfenidone	76
piroxicam	1
plenamine	71
PLENUV SOL	61
podoflox	81
polycin ophth oint	72
polymyxin b sulfate	4
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	72
POMALYST	14
portia-28	55
posaconazole	5
potassium chloride	71
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	71
potassium chloride microencapsulated crystals er	71
potassium citrate (alkalinizer)	62
POT CHL 20MEQ/L IN NACL 0.45% INJ	70
POT CHL 20MEQ/L IN NACL 0.9% INJ	70
POT CHL 40MEQ/L IN NACL 0.9% INJ	70
pramipexole dihydrochloride	34
prasugrel hcl	64
pravastatin sodium	27
praziquantel	4
prazosin hcl	25
prednisolone	57
prednisolone acetate (ophth)	73
PREDNISOLONE SODIUM PHOSP	73
prednisolone sodium phosphate	57
prednisone	57
PREDNISONE INTENSOL	57
pregabalin	40
PREMASOL SOL 10%	71
PRENATAL TAB 27-1MG	71
PRENATAL TAB PLUS	71
prevalite	28
PREVYMIS	9
PREZCOBIX TAB 800-150	7
PREZISTA	6
PRIFTIN	8
primaquine phosphate	6
PRIMAQUINE PHOSPHATE	6

primidone	40
PRIORIX INJ	69
PRIVIGEN	67
probenecid	1
prochlorperazine	60
prochlorperazine edisylate	60
prochlorperazine maleate	60
PROCIT	64
proctocort	81
proto-med hc	81
proctosol hc	82
proctozone-hc	82
progesterone	58
PROGRAF	68
PROLASTIN-C	76
PROLIA	50
promethazine hcl	60
propafenone hcl	27
proparacaine hcl	74
propranolol hcl	29
propylthiouracil	59
PROQUAD INJ	69
PROSOL INJ 20%	71
protriptyline hcl	33
PULMOZYME	76
PURIXAN	13
pyrazinamide	8
pyridostigmine bromide	44
pyrimethamine	4
Q	
QINLOCK	20
QUADRACEL INJ 0.5ML	69
quetiapine fumarate	36
quinapril hcl	24
quinidine sulfate	27
quinine sulfate	6
QULIPTA	44
R	
RABAVERT INJ	69
rabeprazole sodium	62
raloxifene hcl	58
ramipril	24
ranolazine	30
rasagiline mesylate	34
reclipsen	55
RECOMBIVAX HB	69
REGRANEX	82

RELENZA DISKHALER	9
RELISTOR	61
REMICADE	66
RENFLEXIS.....	66
<i>repaglinide</i>	48
REPATHA	28
REPATHA PUSHTRONEX SYSTEM	28
REPATHA SURECLICK	28
RESTASIS	74
RESTASIS MULTIDOSE.....	74
RETEVMO.....	20
REVUFORJ.....	20
REXULTI	37
REYATAZ	6
REZLIDHIA.....	20
REZUROCK.....	68
RHOPRESSA	73
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	8
<i>rifampin</i>	8
<i>riluzole</i>	44
<i>rimantadine hydrochloride</i>	9
RINVOQ.....	66
RINVOQ LQ	66
<i>risedronate sodium</i>	51
<i>risperidone</i>	37
<i>risperidone microspheres</i>	37
<i>ritonavir</i>	6
<i>rivaroxaban</i>	63
<i>rivastigmine</i>	32
<i>rivastigmine tartrate</i>	32
<i>rivelsa</i>	55
<i>rizatriptan benzoate</i>	44
ROCKLATAN DRO	73
<i>roflumilast</i>	77
<i>ropinirole hydrochloride</i>	34
<i>rosuvastatin calcium</i>	27
ROTARIX SUS.....	69
ROTATEQ SOL	69
<i>roweepra</i>	40
ROZLYTREK.....	20
RUBRACA.....	20
<i>rufinamide</i>	40
RUKOBIA	6
RYBELSUS.....	48
RYDAPT	20

S	
<i>sajazir</i>	64
SANTYL	82
<i>sapropterin dihydrochloride</i>	58
SCEMBLIX	20, 21
<i>scopolamine</i>	60
SECUADO	37
<i>selegiline hcl</i>	34
<i>selenium sulfide</i>	79
SELZENTRY.....	6
SEREVENT DISKUS.....	75
<i>sertraline hcl</i>	33
<i>setlakin</i>	55
<i>sharobel</i>	55
SHINGRIX.....	69
SIGNIFOR	58
SIKLOS.....	64
<i>sildenafil citrate (pulmonary hypertension)</i>	31
<i>silver sulfadiazine</i>	79
SIMBRINZA SUS 1-0.2%	73
<i>simliya</i>	55
<i>simpesse</i>	55
<i>simvastatin</i>	27
<i>sirolimus</i>	68
SIRTURO	8
SKYRIZI.....	66
SKYRIZI PEN	66
<i>sodium chloride</i>	71
<i>sodium chloride (gu irrigant)</i>	82
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	71
SODIUM OXYBATE.....	46
<i>sodium phenylbutyrate</i>	58
<i>sodium polystyrene sulfonate powder</i>	51
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	61
<i>solifenacin succinate</i>	63
SOLIQUA INJ 100/33	50
SOLTAMOX.....	14
SOLU-CORTEF	57
SOMATULINE DEPOT	58
SOMAVERT.....	58
<i>sorafenib tosylate</i>	21
<i>sotalol hcl</i>	27
<i>sotalol hcl (afib/afl)</i>	27

SOTYKTU	66
spironolactone	24
spironolactone & hydrochlorothiazide	
tab 25-25 mg	30
sprintec 28.....	55
SPRITAM.....	40
sps.....	51
sps rectal.....	51
sronyx	55
ssd.....	79
STELARA.....	66
STIVARGA.....	21
streptomycin sulfate.....	4
STRIBILD TAB	7
subvenite	40
sucralfate.....	61
sulfacetamide sodium (acne)	79
sulfacetamide sodium (ophth).....	72
sulfacetamide sodium-prednisolone	
ophth soln 10-0.23(0.25)%	72
sulfadiazine.....	4
sulfamethoxazole-trimethoprim iv soln	
400-80 mg/5ml	4
sulfamethoxazole-trimethoprim susp	
200-40 mg/5ml	4
sulfamethoxazole-trimethoprim tab	
400-80 mg	4
sulfamethoxazole-trimethoprim tab	
800-160 mg	4
SULFAMYLYON	79
sulfasalazine.....	60
sulindac.....	1
sumatriptan	44
sumatriptan succinate.....	44
sunitinib malate	21
SUNLENCA.....	6
syeda	55
SYMDEKO TAB 100-150	77
SYMDEKO TAB 50-75MG	77
SYMPAZAN	40
SYMTUZA TAB	8
SYNAREL	58
SYNJARDY TAB 12.5-1000MG	48
SYNJARDY TAB 12.5-500.....	48
SYNJARDY TAB 5-1000MG.....	48
SYNJARDY TAB 5-500MG.....	48
SYNJARDY XR TAB 10-1000.....	48
SYNJARDY XR TAB 12.5-1000	48
SYNJARDY XR TAB 25-1000.....	48
SYNJARDY XR TAB 5-1000MG	48
SYNTROID	59
T	
TABLOID	13
TABRECTA.....	21
tacrolimus	68
tacrolimus (topical)	82
tadalafil	62
tadalafil (pulmonary hypertension) ..	31
TAFINLAR	21
TAGRISSO	21
TALZENNA	21
tamoxifen citrate.....	14
tamsulosin hcl	62
tarina 24 fe	55
tarina fe 1/20 eq	55
TASIGNA	21
tasimelteon	43
TAVNEOS	64
tazarotene	80
tazicef	9
TAZORAC	80
TAZVERIK	21
TECENTRIQ	21
TECENTRIQ INJ HYBREZA.....	21
TEFLARO	9
telmisartan	26
telmisartan-amlodipine tab 40-10 mg	
.....	26
telmisartan-amlodipine tab 40-5 mg	.26
telmisartan-amlodipine tab 80-10 mg	
.....	26
telmisartan-amlodipine tab 80-5 mg	.26
telmisartan-hydrochlorothiazide tab 40-	
12.5 mg	26
telmisartan-hydrochlorothiazide tab 80-	
12.5 mg	26
telmisartan-hydrochlorothiazide tab 80-	
25 mg.....	26
temazepam	43
TENIVAC INJ 5-2LF.....	69
tenofovir disoproxil fumarate.....	6
TEPMETKO	21
terazosin hcl.....	25
terbinafine hcl	5

<i>terbutaline sulfate</i>	75
<i>terconazole vaginal</i>	63
TERIPARATIDE	51
<i>testosterone</i>	47
<i>testosterone cypionate</i>	47
<i>testosterone enanthate</i>	47
<i>testosterone pump</i>	47
<i>tetrabenazine</i>	44
<i>tetracycline hcl</i>	12
THALOMID	14
THEO-24	77
<i>theophylline</i>	77
<i>thioridazine hcl</i>	37
<i>thiothixene</i>	37
<i>tiadylt er</i>	29
<i>tiagabine hcl</i>	40
TIBSOVO	21
TICOVAC	69
<i>tigecycline</i>	12
<i>tilia fe</i>	55
<i>timolol maleate</i>	29
<i>timolol maleate (ophth)</i>	73
<i>tinidazole</i>	4
TIVICAY	6, 7
TIVICAY PD	7
<i>tizanidine hcl</i>	45
TOBI PODHALER	4
TOBRADEX OIN 0.3-0.1%	72
<i>tobramycin</i>	4
<i>tobramycin (ophth)</i>	72
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	72
<i>tobramycin sulfate</i>	4
<i>tolterodine tartrate</i>	63
<i>topiramate</i>	40
<i>toremifene citrate</i>	14
<i>torpenz</i>	21
<i>torsemide</i>	30
TOUJEO MAX SOLOSTAR	50
TOUJEO SOLOSTAR	50
TPN ELECTROL INJ	71
TRADJENTA	48
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3
<i>tramadol hcl</i>	3
<i>trandolapril</i>	24
<i>tranexamic acid</i>	64
<i>tranylcypromine sulfate</i>	33
TRAVASOL INJ 10%	72
<i>travoprost</i>	73
TRAZIMERA	21
<i>trazodone hcl</i>	33
TRECATOR	8
TRELEGY AER ELLIPTA 100-62.5-25 MCG	74
TRELEGY AER ELLIPTA 200-62.5-25 MCG	74
TREMFYA	66
<i>treprostinil</i>	31
TRESIBA	50
TRESIBA FLEXTOUCH	50
<i>tretinoi</i> n	79
<i>tretinoi</i> n (chemotherapy)	14
<i>triamcinolone acetonide (mouth)</i>	82
<i>triamcinolone acetonide (topical)</i>	80, 81
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	30
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	30
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	30
<i>tridacaine ii</i>	81
<i>triderm</i>	81
<i>trientine hcl</i>	51
<i>tri-estarrylla</i>	55
<i>trifluoperazine hcl</i>	37
<i>trifluridine</i>	72
<i>trihexyphenidyl hcl</i>	34
TRIJARDY XR TAB ER 24HR 10-5-1000MG	48
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	48
TRIJARDY XR TAB ER 24HR 25-5-1000MG	48
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	48
TRIKAFTA PAK 59.5MG	77
TRIKAFTA PAK 75MG	77
TRIKAFTA TAB 100-50-75MG & 150MG	77
TRIKAFTA TAB 50-25-37.5MG & 75MG	77
<i>tri-legest fe</i>	55
<i>tri-linyah</i>	55

<i>tri-lo-estarrylla</i>	55
<i>tri-lo-marzia</i>	55
<i>tri-lo-mili</i>	55
<i>tri-lo-sprintec</i>	55
<i>trimethoprim</i>	4
<i>tri-mili</i>	55
<i>trimipramine maleate</i>	33
TRINTELLIX	33
<i>tri-nymyo</i>	55
<i>tri-sprintec</i>	55
TRIUMEQ PD TAB	8
TRIUMEQ TAB	8
<i>trivora-28</i>	55
<i>tri-vylibra</i>	55
<i>tri-vylibra lo</i>	55
TROGARZO	7
TROPHAMINE INJ 10%	72
<i>trospium chloride</i>	63
TRULICITY	48
TRUMENBA INJ	69
TRUQAP	21
TRUXIMA	21
TUKYSA	22
TURALIO	22
<i>turqoz</i>	55
<i>twice-daily clindamycin phosphate (topical)</i>	79
TWINRIX INJ	69
TYBOST	7
<i>tydemy</i>	55
TYENNE	66
TYPHIM VI	69
U	
UBRELVY	44
<i>unithroid</i>	59
<i>ursodiol</i>	61
V	
<i>valacyclovir hcl</i>	9
VALCHLOR	82
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	40
<i>valproic acid</i>	40
<i>valsartan</i>	26
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	26
VALTOCO 10 MG DOSE	41
VALTOCO 15 MG DOSE	41
VALTOCO 20 MG DOSE	41
VALTOCO 5 MG DOSE	40
<i>valtya 1/50</i>	55
<i>vancomycin hcl</i>	4, 5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	22
VAQTA	69
<i>varenicline tartrate</i>	46
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	46
VARIVAX	69
VASCEPA	28
VAXCHORA SUS	69
<i>velivet</i>	55
VELSIPITY	66
VENCLEXTA	22
VENCLEXTA TAB START PK	22
<i>venlafaxine hcl</i>	33
VENTOLIN HFA	75
VENTOLIN HFA (INSTITUTIONAL PACK)	75
VEOZAH	58
<i>verapamil hcl</i>	29
VERQUVO	30
VERSACLOZ	37
VERZENIO	22
<i>vestura</i>	55
<i>vienna</i>	55
<i>vigabatrin</i>	41
<i>vigadron</i>	41
VIGAFYDE	41
<i>vigpoder</i>	41
<i>vilazodone hcl</i>	33
<i>vincristine sulfate</i>	15
<i>vinorelbine tartrate</i>	15
<i>viorele</i>	55
VIRACEPT	7

VIREAD	7
VITRAKVI.....	22
VIVITROL.....	46
VIVOTIF CAP EC.....	69
VIZIMPRO	22
VONJO.....	22
VORANIGO.....	22
<i>voriconazole</i>	5
VOSEVI TAB.....	9
VOWST CAP	61
VRAYLAR	37
<i>vyfemla</i>	55
<i>vylbra</i>	55
VYZULTA.....	73
W	
<i>warfarin sodium</i>	63
<i>water for irrigation, sterile irrigation soln</i>	82
WELIREG	14
<i>wera</i>	55
WESTAB PLUS TAB 27-1MG	71
<i>wixela inh</i>	78
<i>wymzya fe</i>	55
X	
XALKORI.....	22
<i>xarah fe</i>	55
XARELTO	63
XARELTO STAR TAB 15/20MG	63
XATMEP	67
XCOPRI	41
XCOPRI PAK 100-150	41
XCOPRI PAK 12.5-25	41
XCOPRI PAK 150-200MG (MAINTENANCE)	41
XCOPRI PAK 150-200MG (TITRATION)	41
XCOPRI PAK 50-100MG.....	41
XDEMVY	72
XELJANZ	67
XELJANZ XR	67
XERMELO	61
XGEVA.....	51
XHANCE.....	77
XIFAXAN	62
XIGDUO XR TAB 10-1000.....	48
XIGDUO XR TAB 10-500MG	48
XIGDUO XR TAB 2.5-1000.....	48

XIGDUO XR TAB 5-1000MG	48
XIGDUO XR TAB 5-500MG	48
XIIDRA.....	74
XOFLUZA.....	9
XOLAIR.....	77
XOSPATA	22
<i>XPOVIO PAK (100 MG ONCE WEEKLY)</i>	23
<i>XPOVIO PAK (40 MG ONCE WEEKLY)</i> 22	
<i>XPOVIO PAK (40 MG TWICE WEEKLY)</i>	22
<i>XPOVIO PAK (60 MG ONCE WEEKLY)</i> 22	
<i>XPOVIO PAK (60 MG TWICE WEEKLY)</i>	22
<i>XPOVIO PAK (80 MG ONCE WEEKLY)</i> 23	
<i>XPOVIO PAK (80 MG TWICE WEEKLY)</i>	23
XTANDI	14
<i>xulane</i>	56
XULTOPHY INJ 100/3.6	50
Y	
YF-VAX INJ.....	69
<i>yuvafem</i>	56
Z	
<i>zafemy</i>	56
<i>zafirlukast</i>	76
<i>zaleplon</i>	43
ZARXIO	64
ZEGALOGUE	57
ZEJULA.....	23
ZELBORAF.....	23
ZEMAIRA	77
<i>zenatane</i>	79
ZENPEP CAP 10000UNT	62
ZENPEP CAP 15000UNT	62
ZENPEP CAP 20000UNT	62
ZENPEP CAP 25000UNT	62
ZENPEP CAP 3000UNIT	62
ZENPEP CAP 40000UNT	62
ZENPEP CAP 5000UNIT	62
ZENPEP CAP 60000UNT	62
<i>zidovudine</i>	7
<i>ziprasidone hcl</i>	37
<i>ziprasidone mesylate</i>	37
ZIRABEV	23
ZIRGAN	72
<i>zoledronic acid</i>	51

ZOLINZA.....	23	<i>zumandimine</i>	56
<i>zolpidem tartrate</i>	43	ZURZUVAE	33
ZONISADE	41	ZYDELIG	23
<i>zonisamide</i>	41	ZYKADIA.....	23
<i>zovia 1/35</i>	56	ZYLET SUS 0.5-0.3%.....	72
ZTALMY	41		



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 05/01/2025. 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.