

MVP Health Care[®]

2025 Formulario Comprensivo de MVP DualAccess (HMO D-SNP) (Lista de Drogas Cubiertas)

Lea: Este documento contiene información sobre los medicamentos que cubrimos en este plan. Este Formulario se actualizó el 1 de mayo de 2025. Para obtener información o preguntas más recientes, comuníquese con el Centro de Atención al Cliente de Medicare MVP.

Recursos adicionales para ayudar: Comuníquese con el Centro de Atención al Cliente de Medicare MVP al **1-866-954-1872** para obtener información adicional. Los usuarios de TTY deben llamar al 711. El horario es de siete días a la semana, de 8 a.m. a 8 p.m., hora del este. Del 1 de abril al 30 de septiembre, llame de lunes a viernes, de 8 a.m. a 8 p.m.

Visite mvphealthcare.com/partdformulary para obtener la lista de formularios más actualizada.

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Nota a los miembros existentes: Este formulario ha cambiado desde el año pasado. Examine este documento para asegurarse de que aún contiene lo medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros," "nos," o "nuestro," quiere decir MVP Health Care. Cuando se refiere a "plan" o "nuestro plan," quiere decir MVP DualAccess (HMO D-SNP)

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de mayo de 2025. Para obtener un formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en las cubiertas delantera y trasera.

Generalmente, debe utilizar farmacias de red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1 de enero de 2026, y de vez en cuando durante el año.

¿Qué es el Formulario del MVP Health Care?

Un formulario es una lista de medicamentos cubiertos seleccionados por MVP Health Care consultando con un equipo de proveedores de atención médica, que representa las terapias de receta que se cree son parte necesaria de un programa de tratamiento de calidad. Generalmente, MVP cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea necesario por motivos médicos, la receta se surta en una farmacia de la red de MVP y se sigan otras reglas del plan. Para obtener más información acerca de cómo surtir sus recetas, examine su Evidencia de Cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero MVP podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones.

Cambios que pueden afectarlo este año

En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año.

Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales

Es posible que eliminemos inmediatamente un medicamento de nuestro formulario si lo estamos reemplazando con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costo compartido o en el más bajo y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o si estamos agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriéndole el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al Formulario MVP Medicare Parte D?"

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

Medicamentos retirados del mercado

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

Otros cambios

Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el Formulario;

o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido diferente, o ambos. O podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un al menos el mes aplicable suministro de medicamentos (hasta treinta días)

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de MVP Health Care?”.

Cambios que no lo afectarán si actualmente toma el medicamento

En general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos.

No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está al día 1 de mayo de 2025. Para obtener información actualizada acerca de los medicamentos cubiertos por MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto aparece en las cubiertas delantera y trasera.

En el caso de un cambio o cambios en el Formulario durante el año, los cambios también se publicarán en mvphealthcare.com. La versión actualizada del Formulario completo se publicará en el sitio web de MVP mensualmente según sea necesario. Para ver la lista de cambios, visite mvphealthcare.com/partdformulary

O puede solicitar una fe de errata (una copia de los Cambios en el Formulario de 2025) llamando al Centro de Servicios a los Afiliados en los números de teléfono que aparecen en el reverso de su tarjeta de ID de miembro.

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardíaca se enumeran bajo la categoría, "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después, busque su medicamento bajo el nombre de la categoría.

Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 83. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice.

1. Mire en el Índice para encontrar su medicamento.
2. Al lado de su medicamento verá el número de la página donde puede encontrar información de cobertura.
3. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

MVP cubre tanto medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) indicando que tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

¿Hay restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

Autorización Previa

MVP requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto quiere decir que necesitará obtener la aprobación de MVP antes de surtir sus recetas. Si no obtiene aprobación, es posible que MVP no cubra el medicamento.

Límites de Cantidad

Para ciertos medicamentos, MVP limita la cantidad de medicamento que cubrirá MVP. Por ejemplo, MVP proporciona 30 tabletas cada 30 días por receta para JANUVIA. Esto puede ser además de un suministro estándar de un mes o tres meses.

Terapia en Pasos

En algunos casos, MVP requiere que pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que MVP no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no le va bien, MVP cubrirá entonces el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales mirando en el formulario que empieza en la página 1. También puede obtener más información acerca de las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web. Hemos puesto en línea documentos que explican nuestras restricciones de autorización previa y de terapia de paso.] También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Puede pedirle a MVP que haga una excepción a estas restricciones a límites, o pedirle una lista de otros medicamentos parecidos que puedan tratar su condición médica. Vea la sección, “¿Cómo se solicita una excepción al Formulario de MVP Health Care?” en la página E para ver información acerca de la manera de solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), lo primero que debe hacer es ponerse en contacto con Servicios de Miembros y preguntar si está cubierto su medicamento. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por eso es posible que MVP cubra su medicamento. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Si averigua que MVP Health Care no cubre su medicamento, tiene dos opciones:

1. Puede pedirle el Centro de Servicios a los Afiliados de MVP una lista de medicamentos parecidos que estén cubiertos por MVP. Cuando reciba la lista, enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por MVP.
2. Le puede pedir a MVP que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

¿Cómo se solicita una excepción al Formulario de MVP Health Care?

Le puede pedir a MVP Health Care que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento aún si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel predeterminado de costo compartido, y usted no podría pedirnos que proporcionemos el medicamento a un nivel más bajo de costo compartido.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel más bajo de costo compartido. Si se aprueba, esto reduciría la cantidad que debe pagar usted por su medicamento. **NOTA:** Usted no puede solicitarnos la cobertura de un medicamento de Nivel 5 (Nivel de medicamentos especializados) a un nivel de costo compartido más bajo.
- Puede pedirnos que demos una exención para las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, MVP Health Care limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, puede pedirnos que otorguemos una exención para el límite y que cubramos una cantidad agostor.

Generalmente, MVP solamente aprobará su solicitud de excepción si los medicamentos de alternativa incluidos en el formulario del plan, el medicamento de costo compartido más bajo, o las restricciones de utilización adicionales no serían tan efectivas en el tratamiento de su condición y/o harían que usted tuviera efectos médicos adversos.

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario o de las restricciones de utilización. **Cuando solicite una excepción al formulario o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente, tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo de o si continua en nuestro plan, puede que esté tomando medicamentos que no estén en nuestro formulario. O puede que esté tomando un medicamento que esté en el formulario pero su habilidad de obtenerlo sea limitada. Por ejemplo, puede que necesite autorización previa nuestra antes de poder surtir su receta. Debe hablar con su médico para decidir si debería cambiar a un medicamento

apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el rumbo correcto que seguir, puede que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal para un suministro de un mes. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Los miembros que estén cambiando los niveles de cuidado pueden ser elegibles para un suministro de medicamentos de transición fuera de su período de transición de inscripción inicial de 90 días. Los cambios en el nivel de atención pueden incluir: ingresar o salir de un centro de cuidados a largo plazo, dar de alta del hospital al hogar y terminar la estancia en un centro de enfermería especializada y regresar a la cobertura del Formulario de la Parte D bajo su plan.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos de receta de MVP Health Care, examine su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas acerca de MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las cubiertas delantera y trasera.

Si tiene preguntas generales acerca de la cobertura de medicamentos de receta de Medicare, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)** 24 horas al día / 7 días a la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite [medicare.gov](https://www.medicare.gov).

Formulario de MVP Health Care

El formulario que empieza en página 1 proporciona información de cobertura acerca de los medicamentos cubiertos por MVP Health Care. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 83.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca están en letras mayúsculas (por ejemplo, JANUVIA) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *allopurinol*).

La información de la columna de Requisitos/Límites le dice si MVP tiene algún requisito especial para la cobertura de su medicamento.

Abreviaturas y definiciones de los términos del formulario

Puede encontrar una o más de las siguientes abreviaturas en el Formulario bajo la columna Requisitos/Límites junto a un nombre de medicamento.

No disponible mediante pedido por correo (NM)

No se permiten ciertos medicamentos a través del programa de farmacia de pedidos por correo. Estas recetas solo pueden abastecerse en una farmacia minorista.

Autorización previa (PA)

Por razones de seguridad y/o ahorro de costos, MVP Health Care requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará tener una aprobación de MVP antes de surtir sus recetas. Si no obtiene la aprobación primero, es posible que MVP no cubra el medicamento.

Límites de cantidad (QL)

Por razones de seguridad y/o ahorro de costos, MVP Health Care establece un límite en la cantidad del medicamento que cubrimos para ciertos medicamentos. Por ejemplo, MVP proporciona una cápsula al día para JANUVIA. Este límite puede aplicarse a un suministro estándar de un mes o de tres meses.

Terapia escalonada (ST)

Por razones de seguridad y/o ahorro de costos, en algunos casos MVP Health Care requiere que primero pruebe algunos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esta afección. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, puede ser que MVP no cubra el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona para usted, entonces MVP cubrirá el medicamento B.

Límites de suministro (DL)

Por razones de seguridad y/o ahorro de costos, ciertos medicamentos se limitan a un suministro de 30 días a través de una farmacia minorista y no están disponibles a través del programa de pedido por correo.

Acceso limitado (LA)

Algunos medicamentos solamente están disponibles a través de una Farmacia especializada designada debido a la distribución limitada del fabricante.

Cobertura de medicamentos de la Parte B frente a la cobertura de medicamentos de la Parte D (B/D)

Algunos medicamentos podrían cubrirse bajo el beneficio de la Parte B o Parte D, dependiendo de ciertos requisitos. Esto significa que usted o su médico deberán presentar una solicitud a MVP Health Care para que podamos determinar, basándonos en las pautas de Medicare, si su medicamento estará cubierto como Parte B o Parte D. Sus costos compartidos se basarán en esta determinación.

Sus Costos Durante el Período Inicial de Cobertura

NOTA:

- 1. No todos los planes de MVP Medicare Advantage se ofrecen en cada condado de Nueva York.
- 2. Si usted califica para el EPIC (Programa de Cobertura de seguro farmacéutico para personas agostores) del Estado de Nueva York, o un Subsidio por bajos ingresos, los montos que se indican a continuación pueden ser reducidos.

Lo que paga por un suministro de 30 días en una farmacia minorista:

Tipo de plan de MVP Medicare Advantage	Deducible	Nivel 1	Nivel 2	Nivel 3	Nivel 4	Nivel 5
		Medicamentos genéricos preferidos	Medicamentos genéricos	Medicamentos de marca preferidos	Medicamentos de marca no preferidos	Medicamentos especializados
MVP DualAccess Plans		Lo que paga una vez se cumpla el deducible.				
Condados selectos ⁵	\$0*	Genérico: \$0; Marca: \$0*				

⁵**MVP DualAccess se ofrece en los siguientes condados** de Nueva York: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster y Westchester.

*Los planes MVP DualAccess están sujetos a costos compartidos de \$0 y deducibles de \$0, independientemente del nivel de LIS.

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MVP_CY25_1T_SNP eff 05/01/2025

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

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

MISCELLANEOUS

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

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

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

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (4 bottles / 30 days)
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	1	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	1	
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMYCIN SOLR 350mg	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	
EMVERM CHEW 100mg	1	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	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	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	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	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine</i> TABS 25mg	1	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

ANTIFUNGALS

<i>ABELCET</i> SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>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	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	QL (630 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole</i> TBEC 100mg	1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</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	
<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	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
FUZEON SOLR 90mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
SUNLENCA TBPK 300mg	1	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	NM
DESCOVY TAB 200/25MG	1	NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
<i>entecavir TABS .5mg, 1mg</i>	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	1	
<i>ganciclovir sodium SOLR 500mg</i>	1	B/D
HARVONI PAK 33.75-150MG	1	NM, PA
HARVONI PAK 45-200MG	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	1	NM, PA
HARVONI TAB 90-400MG	1	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM, PA
XOFLUZA TBPB 40mg, 80mg	1	QL (1 tab / 180 days)

CEPHALOSPORINS

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
<i>e.e.s. 400</i> 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		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
<i>BICILLIN L-A</i> SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg	1	QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg</i>	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NM, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), NM, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

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

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAPS 50mg	1	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	QL (280 mL / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NM, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO TABS 50mg	1	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, PA
TECENTRIQ INJ HYBREZA	1	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPB 160mg, 200mg	1	QL (4 packs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	1	QL (24 tabs / 28 days), NM, PA

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

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	1	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	1	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	1	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
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>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<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		
ALTOPREV TB24 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	1	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
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</i> CAPS 200mg, 400mg	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<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; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	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	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	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	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	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	1	

PULMONARY ARTERIAL HYPERTENSION

<i>alyq TABS 20mg</i>	1	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days), NM, PA
<i>bosentan TABS 62.5mg, 125mg</i>	1	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>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)

ANTI-DEMENTIA

<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	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	1	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<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</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> TABS 25mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25- <i>100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5- <i>150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50- <i>200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<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	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	1	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	QL (2 packs / year), NM, PA
<i>gabapentin (once-daily)</i> TABS 300mg	1	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin (once-daily)</i> TABS 600mg	1	QL (90 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)

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

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

ANTIDIABETICS, INSULINS

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

CALCIUM REGULATORS

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

CHELATING AGENTS

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

CONTRACEPTIVES

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

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<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>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
<i>betaine powder for oral solution</i>	1	NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	1	NM, PA
lanreotide acetate SOLN 120mg/0.5ml	1	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM, PA
mifepristone (hyperglycemia) TABS 300mg	1	NM, PA
NAGLAZYME SOLN 1mg/ml	1	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
raloxifene hcl TABS 60mg	1	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, PA
SYNAREL SOLN 2mg/ml	1	PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</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	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)

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine w/ cleanser KIT 4gm</i>	1	QL (28 bottles / 28 days)
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	1	
LAXATIVES		
<i>constulose SOLN 10gm/15ml</i>	1	
<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 .5mg, 1mg</i>	1	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	1	
<i>CREON CAP 6000UNIT</i>	1	
<i>CREON CAP 12000UNIT</i>	1	
<i>CREON CAP 24000UNIT</i>	1	
<i>CREON CAP 36000UNIT</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	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	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	QL (12 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 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>lansoprazole</i> TBDD 15mg, 30mg	1	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	1	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)

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

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

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

MISCELLANEOUS

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

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOLN 125mg/5ml	1	NM, PA
COSENTYX SOSY 75mg/0.5ml	1	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
INFLIXIMAB SOLR 100mg	1	NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLEXIS SOLR 100mg	1	NM, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	1	QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	1	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM, PA
TYENNE SOSY 162mg/0.9ml	1	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

Drug Name	Drug Tier	Requirements/Limits
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, PA
ARCALYST SOLR 220mg	1	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, PA
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAIXA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D10W/NACL INJ 0.2%	1
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	1
ISOLYTE-S INJ PH 7.4	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

Drug Name	Drug Tier	Requirements/Limits
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVY SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%, .09%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate SUSP .2%</i>	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM, PA
CYSTARAN SOLN .44%	1	NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cypheptadine 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>desloratadine</i> TABS 5mg	1	QL (30 tabs / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NM, PA
BRONCHITOL CAPS 40mg	1	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, PA

NASAL STEROIDS

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

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)

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

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented LOTN .05%</i>	1	QL (120 mL / 30 days)
<i>betamethasone valerate CREA .1%; OINT .1%</i>	1	QL (120 gm / 30 days)
<i>betamethasone valerate LOTN .1%</i>	1	QL (120 mL / 30 days)
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	1	QL (60 gm / 30 days)
<i>clobetasol propionate SOLN .05%</i>	1	QL (50 mL / 30 days)
<i>clobetasol propionate e CREA .05%</i>	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide CREA .01%</i>	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide CREA .025%; OINT .025%</i>	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide OIL .01%</i>	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide SOLN .01%</i>	1	QL (60 mL / 30 days)
<i>fluocinonide CREA .05%</i>	1	QL (120 gm / 30 days)
<i>fluocinonide GEL .05%; OINT .05%</i>	1	QL (60 gm / 30 days)
<i>fluocinonide SOLN .05%</i>	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base CREA .05%</i>	1	QL (120 gm / 30 days)
<i>fluticasone propionate CREA .05%; OINT .005%</i>	1	
<i>halobetasol propionate CREA .05%; OINT .05%</i>	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%</i>	1	
<i>hydrocortisone (topical) OINT 1%</i>	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate CREA .2%</i>	1	QL (60 gm / 30 days)
<i>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</i>	1	
<i>triamcinolone acetonide (topical) CREA .025%, .1%, .5%</i>	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%</i>	1	
<i>triderm CREA .5%</i>	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo PRSY 2%</i>	1	QL (60 mL / 30 days), PA
<i>lidocaine OINT 5%</i>	1	QL (50 gm / 30 days), PA
<i>lidocaine PTCH 5%</i>	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl SOLN 4%</i>	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	1	QL (3 patches / 1 day), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	1	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	1	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	1	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	

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<i>calcium tab 5-10 mg</i>	30	<i>mg</i>	11
<i>amlodipine besylate-atorvastatin</i>		<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>calcium tab 5-20 mg</i>	30	<i>mg</i>	11
<i>amlodipine besylate-atorvastatin</i>		<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>calcium tab 5-40 mg</i>	30	<i>mg</i>	11
<i>amlodipine besylate-atorvastatin</i>		<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>calcium tab 5-80 mg</i>	30	<i>1000-62.5 mg</i>	11
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>10-20 mg</i>	23	<i>er 24hr 10 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>10-40 mg</i>	23	<i>er 24hr 15 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>2.5-10 mg</i>	23	<i>er 24hr 20 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>5-10 mg</i>	23	<i>er 24hr 25 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>5-20 mg</i>	23	<i>er 24hr 30 mg</i>	42
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>5-40 mg</i>	23	<i>er 24hr 5 mg</i>	42
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>medoxomil tab 10-20 mg</i>	25	<i>10 mg</i>	42
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>medoxomil tab 10-40 mg</i>	25	<i>12.5 mg</i>	42
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>medoxomil tab 5-20 mg</i>	25	<i>15 mg</i>	42
<i>amlodipine besylate-olmesartan</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>medoxomil tab 5-40 mg</i>	25	<i>20 mg</i>	42
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>160 mg</i>	25	<i>30 mg</i>	42
<i>amlodipine besylate-valsartan tab 10-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>320 mg</i>	25	<i>5 mg</i>	42
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>160 mg</i>	25	<i>7.5 mg</i>	42
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphotericin b</i>	5
<i>320 mg</i>	25	<i>amphotericin b liposome</i>	5
<i>amnestem</i>	78	<i>ampicillin</i>	11
<i>amoxapine</i>	33	<i>ampicillin & sulbactam sodium for inj</i>	
<i>amoxicillin</i>	11	<i>1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>200-28.5 mg/5ml</i>	11	<i>(2-1) gm</i>	11
<i>amoxicillin & k clavulanate for susp</i>		<i>ampicillin & sulbactam sodium for iv</i>	
<i>250-62.5 mg/5ml</i>	11	<i>soln 1.5 (1-0.5) gm</i>	11

<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11	AUGTYRO	15
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11	<i>aurovela 1/20</i>	51
<i>ampicillin sodium</i>	11	<i>aurovela 24 fe</i>	51
<i>anagrelide hcl</i>	64	<i>aurovela fe 1.5/30</i>	51
<i>anastrozole</i>	13	<i>aurovela fe 1/20</i>	52
ANORO ELLIPT AER 62.5-25	74	AUSTEDO	44
<i>aprepitant</i>	59	AUSTEDO XR	44
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59	AUSTEDO XR TAB TITR KIT	44
<i>apri</i>	51	AUVELITY TAB 45-105MG	33
APTIOM	38	<i>aviane</i>	52
APTIVUS	6	<i>ayuna</i>	52
ARALAST NP	75	AYVAKIT	15
<i>aranelle</i>	51	<i>azacitidine</i>	13
ARCALYST	67	<i>azathioprine</i>	67
AREXVY	68	<i>azelaic acid</i>	81
<i>arformoterol tartrate</i>	75	<i>azelastine hcl</i>	74
ARIKAYCE	3	<i>azelastine hcl (ophth)</i>	72
<i>aripiprazole</i>	35	<i>azithromycin</i>	10
ARISTADA	35	<i>aztreonam</i>	3
ARISTADA INITIO	35	<i>azurette</i>	52
<i>armodafinil</i>	46	B	
ARNUITY ELLIPTA	77	<i>bacitracin (ophthalmic)</i>	72
<i>asenapine maleate</i>	35	<i>bacitracin-polymyxin b ophth oint</i>	72
<i>ashlyna</i>	51	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	71
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	64	<i>baclofen</i>	45
ASTAGRAF XL	67	BAFIERTAM	45
<i>atazanavir sulfate</i>	6	<i>balsalazide disodium</i>	60
<i>atenolol</i>	29	BALVERSA	15
<i>atenolol & chlorthalidone tab 100-25 mg</i>	28	<i>balziva</i>	52
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28	BARACLUDE	8
<i>atomoxetine hcl</i>	42	BASAGLAR KWIKPEN	49
<i>atorvastatin calcium</i>	27	BCG VACCINE	68
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	23
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	6	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	6	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	23
ATROPINE SULFATE	73	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	23
<i>atropine sulfate (ophthalmic)</i>	73	<i>benazepril hcl</i>	24
ATROVENT HFA	74	BENDAMUSTINE HYDROCHLORID	12
<i>aubra eq</i>	51	BENDEKA	12
		BENLYSTA	67
		<i>benzoyl peroxide-erythromycin gel 5-3%</i>	78

<i>benztropine mesylate</i>	34	BRILINTA	64
BERINERT	64	<i>brimonidine tartrate</i>	73
BESIVANCE	72	<i>brinzolamide</i>	73
BESREMI	14	BRIVIACT	38
<i>betaine powder for oral solution</i>	57	<i>bromfenac sodium (ophth)</i>	72
<i>betamethasone dipropionate (topical)</i>	79	<i>bromocriptine mesylate</i>	34
<i>betamethasone dipropionate</i> <i>augmented</i>	79, 80	BRONCHITOL.....	75
<i>betamethasone valerate</i>	80	BRUKINSA.....	16
BETASERON.....	45	<i>budesonide</i>	60
<i>betaxolol hcl</i>	29	<i>budesonide (inhalation)</i>	77
<i>betaxolol hcl (ophth)</i>	73	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	78
<i>bethanechol chloride</i>	62	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	77
BETOPTIC-S	73	<i>bumetanide</i>	30
BEVESPI AER 9-4.8MCG	74	<i>buprenorphine hcl</i>	46
<i>bexarotene</i>	14	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	46
<i>bexarotene (topical)</i>	81	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	46
BEXSERO INJ.....	68	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	46
<i>bicalutamide</i>	13	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	46
BICILLIN L-A	11	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	46
BIKTARVY TAB 30-120-15 MG.....	7	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	46
BIKTARVY TAB 50-200-25 MG.....	7	<i>bupropion hcl</i>	33
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	28	<i>bupropion hcl (smoking deterrent)</i> ...	46
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	28	<i>buspirone hcl</i>	32
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	28	<i>butorphanol tartrate</i>	2
<i>bisoprolol fumarate</i>	29	C	
BIVIGAM	67	<i>cabergoline</i>	57
<i>blisovi 24 fe</i>	52	CABOMETYX	16
<i>blisovi fe 1.5/30</i>	52	<i>calcipotriene</i>	79
BOOSTRIX INJ	68	<i>calcitonin (salmon) spray</i>	51
<i>bortezomib</i>	15	<i>calcitrene</i>	79
BOORTEZOMIB.....	15	<i>calcitriol</i>	59
<i>bosentan</i>	31	<i>calcitriol (oral)</i>	59
BOSULIF	16	CALQUENCE	16
BRAFTOVI	16	<i>camila</i>	52
BREO ELLIPTA INH 100-25	77	<i>camrese</i>	52
BREO ELLIPTA INH 200-25	77	<i>camrese lo</i>	52
BREO ELLIPTA INH 50-25MCG.....	77	<i>candesartan cilexetil</i>	26
<i>breyana</i>	77		
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BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	74		
<i>brielllyn</i>	52		

<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	25
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	25
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	25
CAPLYTA	35
CAPRELSA	16
<i>captopril</i>	24
<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	24
<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	24
<i>captopril & hydrochlorothiazide tab 50- 15 mg</i>	24
<i>captopril & hydrochlorothiazide tab 50- 25 mg</i>	24
<i>carb/levo orally disintegrating tab 10- 100mg</i>	34
<i>carb/levo orally disintegrating tab 25- 100mg</i>	34
<i>carb/levo orally disintegrating tab 25- 250mg</i>	34
<i>carbamazepine</i>	38
<i>carbidopa</i>	34
<i>carbidopa & levodopa tab 10-100 mg</i>	34
<i>carbidopa & levodopa tab 25-100 mg</i>	34
<i>carbidopa & levodopa tab 25-250 mg</i>	34
<i>carbidopa & levodopa tab er 25-100 mg</i>	34
<i>carbidopa & levodopa tab er 50-200 mg</i>	34
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	34
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	35
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	35
<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>	29
<i>caspofungin acetate</i>	5
CAYSTON	3
<i>cefaclor</i>	9
<i>cefadroxil</i>	9
CEFAZOLIN	9
CEFAZOLIN INJ 1GM/50ML	9
<i>cefazolin sodium</i>	9
CEFAZOLIN SOLN 2GM/100ML-4%	9
CEFAZOLIN/DEX SOL 1GM/50ML-4% .	9
CEFAZOLIN/DEX SOL 2GM/50ML-3% .	9
CEFAZOLIN/DEX SOL 3GM/150ML-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>	10
<i>ceftazidime</i>	10
<i>ceftriaxone sodium</i>	10
<i>cefuroxime axetil</i>	10
<i>cefuroxime sodium</i>	10
<i>celecoxib</i>	1
<i>cephalexin</i>	10
CEQUR SIMPL KIT PATCH 2U (3-DAY)	49
CEQUR SIMPL KIT PATCH 2U (4-DAY)	49
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<i>cetirizine hcl</i>	74
<i>cevimeline hcl</i>	81
<i>chateal eq</i>	52
CHEMET	51
<i>chlorhexidine gluconate (mouth-throat)</i>	81
<i>chloroquine phosphate</i>	6
<i>chlorpromazine hcl</i>	35
<i>chlorthalidone</i>	30
<i>cholestyramine</i>	28
<i>cholestyramine light</i>	28

<i>choline fenofibrate</i>	27	<i>clonidine hcl</i>	31
<i>ciclopirox</i>	79	<i>clopidogrel bisulfate</i>	64
<i>ciclopirox olamine</i>	79	<i>clorazepate dipotassium</i>	38
<i>cilostazol</i>	64	<i>clotrimazole</i>	81
CILOXAN	72	<i>clotrimazole (topical)</i>	79
CIMDUO TAB 300-300	7	<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	79
<i>cinacalcet hcl</i>	57	<i>clozapine</i>	35, 36
CIPRO	10	COARTEM TAB 20-120MG.....	6
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10	COBENFY CAP 100-20MG	36
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10	COBENFY CAP 125-30MG	36
<i>ciprofloxacin hcl</i>	10	COBENFY CAP 50-20MG	36
<i>ciprofloxacin hcl (ophth)</i>	72	COBENFY STRT CAP PACK	36
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%.....	73	<i>colchicine</i>	1
<i>cisplatin</i>	12	<i>colchicine w/ probenecid tab 0.5-500</i> mg	1
<i>citalopram hydrobromide</i>	33	<i>colesevelam hcl</i>	28
<i>claravis</i>	78	<i>colestipol hcl</i>	28
<i>clarithromycin</i>	10	<i>colistimethate sodium</i>	4
<i>clindamycin hcl</i>	3	COMBIGAN SOL 0.2/0.5%	73
<i>clindamycin palmitate hydrochloride</i> ..	3	COMBIVENT AER 20-100	74
<i>clindamycin phosphate</i>	3	COMETRIQ (60MG DOSE).....	16
<i>clindamycin phosphate (topical)</i>	78	COMETRIQ KIT 100MG.....	16
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	3	COMETRIQ KIT 140MG.....	16
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4	COMPLERA TAB.....	7
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	4	<i>compro</i>	59
<i>clindamycin phosphate vaginal</i>	63	<i>constulose</i>	61
CLINDMYC/NAC INJ 300/50ML	4	COPAXONE	45
CLINDMYC/NAC INJ 600/50ML	4	COPIKTRA	16
CLINDMYC/NAC INJ 900/50ML	4	CORLANOR.....	31
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CLINIMIX INJ 5%/D15W	71	COSENTYX UNOREADY.....	65
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CLINIMIX INJ 6/5	71	CREON CAP 12000UNT.....	61
CLINIMIX INJ 8/10	71	CREON CAP 24000UNT.....	61
CLINIMIX INJ 8/14	71	CREON CAP 3000UNIT	61
<i>clinisol sf 15%</i>	71	CREON CAP 36000UNT.....	61
CLINOLIPID EMU 20%	71	CREON CAP 6000UNIT	61
<i>clobazam</i>	38	<i>cromolyn sodium</i>	75
<i>clobetasol propionate</i>	80	<i>cromolyn sodium (mastocytosis)</i>	61
<i>clobetasol propionate e</i>	80	<i>cromolyn sodium (ophth)</i>	73
<i>clomipramine hcl</i>	33	<i>cryselle-28</i>	52
<i>clonazepam</i>	38	<i>cyclobenzaprine hcl</i>	46
<i>clonidine</i>	31	<i>cyclophosphamide</i>	12
		CYCLOPHOSPHAMIDE	12
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<i>cycloserine</i>	8	<i>dexamethasone</i>	56
<i>cyclosporine</i>	67	DEXAMETHASONE INTENSOL.....	56
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	67	<i>dexamethasone sodium phosphate</i> ...	57
<i>cyproheptadine hcl</i>	74	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	72
<i>cyred eq.</i>	52	<i>dexmethylphenidate hcl</i>	42
CYSTADROPS.....	73	<i>dextrose</i>	71
CYSTAGON	57	<i>dextrose 10% w/ sodium chloride</i>	
CYSTARAN.....	73	0.45%	69
<i>cytarabine</i>	13	<i>dextrose 2.5% w/ sodium chloride</i>	
D		0.45%	69
D10W/NACL INJ 0.2%	69	<i>dextrose 5% in lactated ringers</i>	69
D2.5W/NACL INJ 0.45%.....	69	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>dabigatran etexilate mesylate</i>	63		69
<i>dalfampridine</i>	45	<i>dextrose 5% w/ sodium chloride</i>	
<i>danazol</i>	47	0.225%.....	69
<i>dantrolene sodium</i>	46	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
DANZITEN	16		69
<i>dapsone</i>	4	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
DAPTACEL INJ.....	68		69
<i>daptomycin</i>	4	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
DAPTOMYCIN.....	4		69
<i>darifenacin hydrobromide</i>	62	DIACOMIT	38
<i>darunavir</i>	6	<i>diazepam</i>	38, 39
<i>dasatinib</i>	16	<i>diazepam (anticonvulsant)</i>	39
<i>dasetta 1/35</i>	52	<i>diazepam inj</i>	39
<i>dasetta 7/7/7</i>	52	<i>diazepam intensol</i>	39
DAURISMO	16	<i>diazoxide</i>	57
<i>daysee</i>	52	<i>diclofenac potassium</i>	1
DAYVIGO	43	<i>diclofenac sodium</i>	1
<i>deblitane</i>	52	<i>diclofenac sodium (ophth)</i>	72
<i>deferasirox</i>	51	<i>diclofenac sodium (topical)</i>	81
DELSTRIGO TAB.....	7	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	1
DENGVAIXA SUS	68	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	1
DEPO-SUBQ PROVERA 104	52	<i>dicloxacillin sodium</i>	11
<i>depo-testosterone</i>	47	<i>dicyclomine hcl</i>	60
DESCOVY TAB 120-15MG	7	DIFICID	10
DESCOVY TAB 200/25MG	7	<i>diflunisal</i>	1
<i>desipramine hcl</i>	33	<i>difluprednate</i>	72
<i>desloratadine</i>	74	<i>digoxin</i>	31
<i>desmopressin acetate</i>	57	<i>dihydroergotamine mesylate</i>	44
<i>desmopressin acetate spray</i>	57	DILANTIN.....	39
<i>refrigerated</i>	57	<i>diltiazem hcl</i>	29
<i>desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	52	<i>diltiazem hcl coated beads</i>	29
<i>desvenlafaxine succinate</i>	33	<i>diltiazem hcl extended release beads</i>	29

<i>dilt-xr</i>	29
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<i>diphenhydramine hcl</i>	74
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	61
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	61
<i>dipyridamole</i>	64
<i>disopyramide phosphate</i>	27
<i>disulfiram</i>	46
<i>divalproex sodium</i>	39
<i>docetaxel</i>	15
DOCETAXEL	15
DOCIVYX	15
<i>dofetilide</i>	27
<i>dolishale</i>	52
<i>donepezil hydrochloride</i>	32
DOPTLET	64
<i>dorzolamide hcl</i>	73
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	73
<i>dotti</i>	56
DOVATO TAB 50-300MG	7
<i>doxazosin mesylate</i>	25
<i>doxepin hcl</i>	33
<i>doxepin hcl (sleep)</i>	43
<i>doxercalciferol</i>	59
<i>doxorubicin hcl</i>	14
<i>doxorubicin hcl liposomal</i>	14
<i>doxy 100</i>	12
<i>doxycycline (monohydrate)</i>	12
<i>doxycycline hyclate</i>	12
DRIZALMA SPRINKLE	33
<i>dronabinol</i>	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 estrad-levomefolate tab 3-0.02-0.451 mg</i>	52
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	52
<i>droxidopa</i>	31
DULERA AER 100-5MCG	78
DULERA AER 200-5MCG	78
DULERA AER 50-5MCG	78
<i>duloxetine hcl</i>	33

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LUMIZYME	58	<i>24hr 14-10 mg</i>	32
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LUPRON DEPOT (3-MONTH)	14	<i>24hr 21-10 mg</i>	32
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<i>phenytoin</i>	40	POT CHL 40MEQ/L IN NACL 0.9% INJ	
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Este formulario fue actualizado el 1 de mayo de 2025. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con el Centro de Servicios a los Afiliados de MVP.

Para miembros de MVP DualAccess (HMO D-SNP):

1-866-954-1872

Siete días a la semana, de 8 am a 8 pm hora del este

1 de abril al 30 de septiembre, lunes a viernes, de 8 am a 8 pm

TTY: 711

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