

Clover Health

Formulario de medicamentos 2024

Lista de medicamentos cubiertos para planes en New Jersey:

Clover Health Choice PPO (planes 001, 004, 032)

Clover Health Choice Value PPO (planes 007, 042)

Clover Health Premier PPO (plan 054)

Clover Health Premier Value PPO (plan 055)

Clover Health LiveHealthy PPO (plan 058)

Clover Health LiveHealthy Value PPO (plan 059)

Clover Health Classic HMO (plan 002)

Clover Health Value HMO (plan 003)

Mensaje importante sobre lo que paga por las vacunas:

Nuestro plan cubre la mayoría de las vacunas para adultos de la Parte D sin costo, incluso si no ha pagado el deducible (si corresponde). Llame a Servicios al Miembro para obtener más información.

Mensaje importante sobre lo que paga por la insulina:

No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido esté, incluso si no ha pagado el deducible (si corresponde).



**LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE
LOS MEDICAMENTOS QUE CUBRIMOS EN ESTOS PLANES.**

Este *Formulario de medicamentos* se actualizó el **03/19/2024**. Para obtener información más reciente o hacer otras preguntas, comuníquese con Servicios al Miembro de Clover al **1-888-778-1478 (TTY 711), de 8 a. m. a 8 p. m., hora local**, los 7 días de la semana, o visite **cloverhealth.com/formulary**. Entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, buzón de voz) los fines de semana y los días festivos.

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Nota para los miembros actuales: Este *Formulario de medicamentos* ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía incluye los medicamentos que toma.

Cuando esta *Lista de medicamentos (Formulario de medicamentos)* se refiere a «nosotros», «a nosotros» o «nuestro», significa Clover Health. Cuando se refiere a «plan» o «nuestro plan», significa Clover Health.

Este documento incluye una lista de los medicamentos (*Formulario de medicamentos*) de nuestro plan que es válida a partir de 03/19/2024. Para obtener un *Formulario de medicamentos* actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del *Formulario de medicamentos*, figura en las cubiertas delantera y trasera.

Por lo general, debe utilizar las farmacias de la red para utilizar el beneficio de medicamentos con receta. Los beneficios, el *Formulario de medicamentos*, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2024 y ocasionalmente durante el año.

¿Qué es el *Formulario de medicamentos* de Clover Health?

Un *Formulario de medicamentos* es una lista de los medicamentos cubiertos seleccionados por Clover Health en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. Por lo general, cubriremos los medicamentos que figuran en nuestro *Formulario de medicamentos* siempre que el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de Clover Health y se cumplan otras reglas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la *Evidencia de cobertura*.

¿Puede cambiar el *Formulario de medicamentos (Lista de medicamentos)*?

La mayoría de los cambios en la cobertura de medicamentos se producen el 1 de enero, pero podemos agregar o eliminar medicamentos de la *Lista de medicamentos* durante el año, pasarlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios.

Cambios que pueden afectarle este año: en los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra *Lista de medicamentos* si lo reemplazamos por un nuevo medicamento genérico que figurará en el mismo nivel de costo compartido o en uno inferior, y con las mismas restricciones o menos. Además, al añadir el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra *Lista de medicamentos*, pero pasarlo inmediatamente a un nivel de costo compartido o añadir nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos por adelantado antes de realizar ese cambio, pero más adelante le brindaremos información sobre los cambios específicos que hemos realizado.
 - Si hacemos ese cambio, usted o la persona que emite la receta pueden pedirnos que hagamos una excepción y continuaremos cubriendo el medicamento de marca. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción y puede encontrar información en la sección a continuación titulada «¿Cómo solicito una excepción al *Formulario de medicamentos* del plan?»

- **Medicamentos retirados del mercado.** Si la Administración de Medicamentos y Alimentos considera que un medicamento que está en nuestro *Formulario de medicamentos* no es seguro o el fabricante del medicamento lo retira del mercado, eliminaremos inmediatamente el medicamento de nuestro *Formulario de medicamentos* y notificaremos a los miembros que necesitan el medicamento.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos añadir un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente incluido en el *Formulario de medicamentos*, agregar nuevas restricciones al medicamento de marca o pasarlo a un nivel de costo compartido diferente, o ambas. O bien, podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro *Formulario de medicamentos* o añadimos una autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, o pasamos un medicamento a un nivel de costo compartido superior, notificaremos el cambio a los miembros afectados al menos 30 días antes de que se produzca el cambio o en el momento en que el miembro solicita una renovación del medicamento, momento en el que el miembro recibirá un suministro del medicamento para 30 días.
 - Si hacemos estos otros cambios, usted o la persona que emite la receta pueden pedirnos que hagamos una excepción y continuaremos cubriendo el medicamento de marca. El aviso que brindamos también incluirá información sobre cómo solicitar una excepción, y también puede buscar información en la sección a continuación titulada «¿Cómo solicito una excepción al *Formulario de medicamentos* del plan?»

Cambios que no lo afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro *Formulario de medicamentos* 2024 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto en los casos descritos anteriormente. Esto significa que estos medicamentos seguirán estando disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Este año no recibirá un aviso directo sobre los cambios que no lo afectan. Sin embargo, el 1 de enero del año siguiente, estos cambios lo afectarán y es importante que verifique la *Lista de medicamentos* del nuevo año de beneficios para verificar si hay cambios en los medicamentos.

El *Formulario de medicamentos* es válido a partir del 03/19/2024. Para obtener información actualizada sobre los medicamentos cubiertos por Clover Health, comuníquese con nosotros. Nuestra información de contacto figura en las cubiertas delantera y trasera. En caso de que se produzcan cambios en el *Formulario de medicamentos* que no sean de mantenimiento a mitad de año, la herramienta de búsqueda del *Formulario de medicamentos* publicada en nuestro sitio web cloverhealth.com/formulary se actualizará mensualmente y los Formularios de medicamentos impresos se actualizarán trimestralmente.

¿Cómo puedo utilizar el *Formulario de medicamentos*?

Hay dos maneras de buscar su medicamento dentro del *Formulario de medicamentos*:

Afección médica

El *Formulario de medicamentos* comienza en la página 8. Los medicamentos de este *Formulario de medicamentos* están agrupados en categorías según el tipo de afecciones médicas para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca figuran en la categoría CARDIOVASCULAR.

Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 8. A continuación, busque su medicamento en el nombre de la categoría.

Listado alfabético

Si no está seguro en qué categoría consultar, debe buscar su medicamento en el índice que comienza en la página 87. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. Los medicamentos de marca y genéricos figuran en el índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página indicada en el índice y busque el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Clover Health cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos (FDA) por tener la misma droga activa que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Clover Health requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Clover Health limita la cantidad del medicamento que cubriremos. Por ejemplo, Clover Health ofrece un comprimido por día por receta para rosuvastatina. Esto puede añadirse a un suministro estándar para un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Clover Health requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el B tratan su afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, entonces cubriremos el medicamento B.

Puede consultar si su medicamento tiene requisitos o límites adicionales en el *Formulario de medicamentos* que comienza en la página 8. También puede obtener más información sobre las restricciones aplicadas a determinados medicamentos cubiertos visitando nuestro sitio web. Publicamos documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del *Formulario de medicamentos*, figura en las cubiertas delantera y trasera.

Puede pedirnos que hagamos una excepción a estas restricciones o a estos límites, o solicitar una lista de otros medicamentos similares que puedan tratar su afección de salud. Consulte la sección «¿Cómo solicito una excepción al *Formulario de medicamentos* del plan?» en la página 4 para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el *Formulario de medicamentos*?

Si su medicamento no está incluido en este *Formulario de medicamentos* (*Lista de medicamentos cubiertos*), primero debe comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto. Nuestra información de contacto, junto con la fecha de la última actualización del *Formulario de medicamentos*, figura en las cubiertas delantera y trasera.

Si comprueba que Clover Health no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios al Miembro una *Lista de medicamentos* similares que están cubiertos por Clover Health. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede pedirnos que hagamos una excepción y cubramos su medicamento. A continuación encontrará información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al *Formulario de medicamentos* de Clover Health?

Puede solicitarnos que hagamos una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento aunque no esté en nuestro *Formulario de medicamentos*. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido inferior.
- Puede solicitarnos que cubramos un medicamento del *Formulario de medicamentos* a un nivel de costo compartido inferior, a menos que el medicamento se encuentre en el nivel de medicamento especializado. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.
- Puede pedirnos que renunciemos a las restricciones o a los límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, el plan limita el monto del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no lo apliquemos y cubramos una cantidad mayor.

Por lo general, solo aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el *Formulario de medicamentos* del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no fueran tan eficaces en el tratamiento de su afección o le causaran efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción al *Formulario de medicamentos*, al nivel o la restricción de utilización. **Cuando solicite una excepción al *Formulario de medicamentos*, al nivel o a la restricción de utilización, debe presentar una declaración de la persona que emite la receta o el médico que acredite su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración acreditativa de la persona que emite la receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse seriamente afectada por esperar hasta 72 horas para una decisión. Si se le concede la solicitud de aceleración, debemos tomar una decisión a más tardar 24 horas después de recibir una declaración acreditativa de su médico u otra persona que emite la receta.

Puede llamar a Servicios al Miembro de Clover Health para solicitar una excepción. Nuestra información de contacto figura en las cubiertas delantera y trasera.

También puede presentar una excepción electrónicamente en nuestro sitio web en **cloverhealth.com/part-d**. Desplácese hacia abajo hasta la sección «¿Cómo solicito una excepción?» y encontrará un enlace llamado «Online: Coverage Determination Form». (En línea: formulario de determinación de cobertura). Para que podamos procesar su solicitud, asegúrese de incluir su nombre, la información de contacto y la información que identifique el medicamento que se solicita.

O bien, descargue, complete y envíe por fax un formulario de determinación de cobertura de medicamentos con receta que también está disponible en nuestro sitio web en **cloverhealth.com/part-d**.

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

Como miembro nuevo o que continúa en nuestro plan, puede estar tomando medicamentos que no están en nuestro *Formulario de medicamentos*. O bien, puede estar tomando un medicamento que está en nuestro *Formulario de medicamentos* pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa nuestra antes de poder obtener su medicamento con receta. Debe hablar con su médico para decidir si debe cambiarse a un medicamento adecuado que cubramos o solicitar una excepción al *Formulario de medicamentos* para que cubramos el medicamento que toma. Mientras consulta con su médico para determinar el curso de acción correcto para usted, podemos cubrir 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 de medicamentos* o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal para 30 días. Si su receta se emitió para menos días, permitiremos renovaciones de un suministro máximo de medicación para 30 días. Después del primer suministro para 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro *Formulario de medicamentos* o si su capacidad para obtener sus medicamentos es limitada, pero ya ha pasado los primeros 90 días de membresía de nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita una excepción al *Formulario de medicamentos*.

Si experimenta un cambio en el tratamiento, como ser ingresado a un centro de atención a largo plazo (LTC) o dado de alta de este, se le dará acceso a una renovación en el momento del ingreso o del alta. Clover Health no utilizará modificaciones de renovación temprana para limitar el acceso adecuado y necesario a su beneficio de la Parte D. Se puede brindar un suministro temporal en la farmacia de su red si el reclamo de medicamento con receta presentado muestra que su tratamiento o el nivel de atención ha cambiado. De lo contrario, la farmacia llamará al servicio de asistencia de farmacia para obtener una anulación y presentar una solicitud de suministro temporal de nivel de atención.

Nuestra política de renovaciones de transición está disponible en el sitio web de Clover Health. **cloverhealth.com/en/members/prescription-drug-transition-policy**

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos con receta de Clover Health, consulte la *Evidencia de cobertura* y otros materiales del plan.

Si tiene preguntas sobre Clover Health, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del *Formulario de medicamentos*, figura en las cubiertas delantera y trasera.

Formulario de medicamentos de Clover Health

El siguiente *Formulario de medicamentos* de Clover Health brinda información sobre la cobertura de los medicamentos cubiertos por el plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página 87.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (p. ej., SYNTHROID) y los medicamentos genéricos se escriben en minúsculas y cursiva (p. ej., *levotiroxina*).

La información de la columna Requisitos/límites le informa si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

Se utilizan las siguientes abreviaturas:

B/D: este medicamento puede estar cubierto por la Parte B o D de Medicare según las circunstancias. Es posible que deba presentarse información que describa el uso y el entorno del medicamento para tomar la determinación.

LA: acceso limitado. Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte el *Directorio de farmacias* o comuníquese con Servicios al Miembro de Clover Health en **1-888-778-1478** o, para usuarios de TTY, 711. Nuestro horario de atención es de 8 a. m. a 8 p. m., hora local, los 7 días de la semana. Desde el 1 de abril hasta el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, buzón de voz) los fines de semana y días festivos, o visite **cloverhealth.com**.

NM: no disponible en nuestras farmacias de envío por correo

PA: autorización previa

LA: el medicamento tiene límite de cantidad.

ST: se requiere terapia escalonada.

Niveles de copago por nivel de medicamentos

El *Formulario de medicamentos* de Clover Health de 2024 cubre la mayoría de los medicamentos identificados por Medicare como medicamentos de la Parte D, y el copago puede variar según el nivel en el que esté el medicamento. Los montos de copago y los porcentajes de coseguro para cada nivel varían según el plan. Consulte el *Resumen de beneficios* o la *Evidencia de cobertura* de su plan para conocer los montos de copagos o coseguros correspondientes.

Puede usar la «herramienta de beneficios en tiempo real» del plan para buscar cobertura de medicamentos registrando una cuenta a través de nuestro administrador de beneficios de farmacia, CVS Caremark, en **caremark.com** portal. Con esta herramienta puede buscar medicamentos en la «*Lista de medicamentos*» para ver una estimación de lo que pagará y si hay medicamentos alternativos en la «*Lista de medicamentos*» que podrían tratar la misma afección. El costo que se muestra se proporciona en «tiempo real», lo que significa que el costo que usted ve en la herramienta refleja un momento para proporcionarle una estimación de los costos de desembolso directo que se espera que pague.

Nivel de copago	Tipo de medicamento
Nivel 1	Genérico preferido: medicamentos que están disponibles en el nivel de costo compartido más bajo
Nivel 2	Medicamentos genéricos
Nivel 3	Marca preferida: incluye medicamentos de marca preferida y medicamentos genéricos no preferidos.
Nivel 4	Medicamento no preferido: incluye medicamentos de marca no preferidos y medicamentos genéricos no preferidos.
Nivel 5	Medicamento especializado: incluye medicamentos especializados y medicamentos de marca y genéricos de muy alto costo, que pueden requerir un control especial o un monitoreo cercano.

Clover Health, en algunos casos, combina medicamentos genéricos de mayor costo en niveles de marca. Consulte la *Lista de medicamentos* para determinar el nivel de cobertura de cada medicamento que toma.

Mensaje importante sobre lo que paga por las vacunas:

Nuestro plan cubre la mayoría de las vacunas adultas de la Parte D sin costo, incluso si no ha pagado el deducible (si corresponde). Llame a Servicios al Miembro para obtener más información.

Mensaje importante sobre lo que paga por la insulina:

No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido esté, incluso si no ha pagado el deducible (si corresponde).

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

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml	3	QL (10 mL / 30 days)
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	5	
<i>sulfadiazine</i> TABS 500mg	5	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	3	
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	LA
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
SUNLENCA TBPK 300mg	5	LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	4	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	3	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg	3	NM
ribavirin (hepatitis c) TABS 200mg	4	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	3	
VEMLIDY TABS 25mg	5	
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

cefaclor CAPS 250mg, 500mg	3	
cefaclor SUSR 250mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	3	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	

ERYTHROMYCINS/MACROLIDES

azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	4	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	4	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	4	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	3	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	3	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	4	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D

ANTIBIOTICS

<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	4	B/D

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM, LA
TABLOID TABS 40mg	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	

Drug Name	Drug Tier	Requirements/Limits
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	5	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	QL (8 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MESNEX TABS 400mg	5	

BLOOD GLUCOSE REGULATOR

DIABETIC TESTING SUPPLIES

ACCU-CHEK GUIDE	0	B
ONETOUCH TES VERIO	0	B

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>	3	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBYCLOR TAB 40-12.5</i>	4	QL (30 tabs / 30 days)
<i>EDARBYCLOR TAB 40-25MG</i>	4	QL (30 tabs / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	3	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	3	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	

ANTIPIPEMICS, FIBRATES

<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 145mg	2	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	

ANTIPIPEMICS, HMG-CoA REDUCTASE INHIBITORS

ALTOPREV TB24 20mg, 40mg, 60mg	5	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	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	3	PA
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50- 25 mg	3	
metoprolol & hydrochlorothiazide tab 100- 25 mg	3	
metoprolol & hydrochlorothiazide tab 100- 50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml	3	
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<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	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

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

ANTIDEMENTIA

donepezil hydrochloride TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
memantine hcl TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	3	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	3	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 40mg	4	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab</i> er 25-100 mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
<i>INBRIJA CAPS 42mg</i>	5	QL (300 caps / 30 days), NM, LA, PA
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	PA; PA if 70 years and older

ANTIPSYCHOTICS

<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	5	QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days)
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>	5	QL (1 syringe / 28 days)
<i>ARISTADA PRSY 1064mg/3.9ml</i>	5	QL (1 syringe / 56 days)
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	5	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	4	QL (270 tabs / 30 days)
clozapine TABS 200mg	4	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine elixir CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TB24 500mg, 750mg	3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	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	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>gabapentin (once-daily)</i> TABS 300mg	4	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	QL (2 packs / year), PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
<i>BAFIERTAM</i> CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>BETASERON</i> KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>KESIMPTA</i> SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	3	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	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	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
<i>SODIUM OXYBATE</i> SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA

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

CONTINUOUS GLUCOSE MONITORING SYSTEMS

DIABETIC TESTING SUPPLIES

<i>DEXCOM G6 MIS RECEIVER</i>	0	B
<i>DEXCOM G6 MIS SENSOR</i>	0	B
<i>DEXCOM G6 MIS TRANSMIT</i>	0	B
<i>DEXCOM G7 RECEIVER</i>	0	B
<i>DEXCOM G7 SENSOR</i>	0	B
<i>FREESTYLE LIBRE 2/READER</i>	0	B
<i>FREESTYLE LIBRE 2/SENSOR</i>	0	B
<i>FREESTYLE LIBRE 3/READER/</i>	0	B
<i>FREESTYLE LIBRE 3/SENSOR/</i>	0	B
<i>FREESTYLE LIBRE 14 DAY/RE</i>	0	B
<i>FREESTYLE LIBRE 14 DAY/SE</i>	0	B
<i>FREESTYLE LIBRE/READER/FL</i>	0	B
<i>FREESTYLE LIBRE/SENSOR/FL</i>	0	B

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	3	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>methyld testosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide 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	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N SUSP 100unit/ml	4	
HUMULIN N KWIKPEN SUPN 100unit/ml	4	
HUMULIN R SOLN 100unit/ml	4	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (30 devices / 30 days), PA
V-GO 30 KIT	4	QL (30 devices / 30 days), PA
V-GO 40 KIT	4	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
<i>deferasirox</i> TBSO 125mg	4	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>chateal eq</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	3	
<i>haloette</i>	4	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	3	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>turqoz</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	PA

ESTROGENS

<i>amabelz tab 0.5-0.1mg</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
<i>yargesa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	4	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	

THYROID AGENTS

<i>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	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS 20mg	3	
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	3	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	2	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	4	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	QL (3 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D

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

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	
DENGXVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	

Drug Name	Drug Tier	Requirements/Limits
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	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL 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)
TDVAX INJ 2-2 LF	1	B/D
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 INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/LYTES INJ #48	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3
<i>dextrose 5% in lactated ringers</i>	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	
<i>klor-con</i> 10 TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	3	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .07%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium (ophth)</i> SOLN .075%, .09%	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	gel forming solution, generic for TIMOPTIC-XE
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	solution, generic for TIMOPTIC
<i>travoprost</i> SOLN .004%	4	

Drug Name	Drug Tier	Requirements/Limits
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	3	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	3	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, LA, PA

NASAL STEROIDS

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

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
<i>SULFAMYLON</i> CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>klayesta POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	4	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene CREA .1%</i>	3	QL (60 gm / 30 days), PA
<i>TAZORAC CREA .05%</i>	4	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical) SHAM 2%</i>	2	QL (120 mL / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort CREA 1%</i>	1	
<i>ala-cort CREA 2.5%</i>	2	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical) CREA .05%</i>	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical) LOTN .05%</i>	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical) OINT .05%</i>	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented CREA .05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented GEL .05%; OINT .05%</i>	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented LOTN .05%</i>	4	QL (120 mL / 30 days)
<i>betamethasone valerate CREA .1%; OINT .1%</i>	3	QL (120 gm / 30 days)
<i>betamethasone valerate LOTN .1%</i>	3	QL (120 mL / 30 days)
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	4	QL (60 gm / 30 days)
<i>clobetasol propionate SOLN .05%</i>	4	QL (50 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> e CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	B/D, QL (30 gm / 30 days)
<i>lidocan iii</i> PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
FINACEA FOAM 15%	4	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 gm / 28 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
ABELCET	12
ABILIFY MAINTENA	41
<i>abiraterone acetate</i>	20
ABRYSVO.....	73
<i>acamprosate calcium</i>	51
<i>acarbose</i>	53
ACCU-CHEK GUIDE	29
<i>accutane</i>	83
<i>acebutolol hcl</i>	34
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	9
<i>acetaminophen w/ codeine tab 300-15 mg</i>	9
<i>acetaminophen w/ codeine tab 300-30 mg</i>	9
<i>acetaminophen w/ codeine tab 300-60 mg</i>	9
<i>acetazolamide</i>	36
<i>acetic acid</i>	68
<i>acetic acid (otic)</i>	79
<i>acetylcysteine</i>	81
<i>acitretin</i>	84
ACTHIB INJ	73
ACTIMMUNE.....	72
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	73
ADALIMUMAB-AACF (2 PEN).....	70
<i>adefovir dipivoxil</i>	15
ADEMPAS	38
ADMELOG	55
ADMELOG SOLOSTAR	55
ADVAIR HFA AER 115/21	82
ADVAIR HFA AER 230/21	82
ADVAIR HFA AER 45/21	82
<i>afirmelle</i>	57
AIMOVIG	49
AKEEGA TAB 100/500	20
AKEEGA TAB 50/500MG.....	20
<i>ala-cort</i>	84
<i>albendazole</i>	10
<i>albuterol sulfate</i>	80
<i>alclometasone dipropionate</i>	84
ALDURAZYME.....	62
ALECENSA.....	22
<i>alendronate sodium</i>	57
<i>alfuzosin hcl</i>	68
<i>aliskiren fumarate</i>	36
<i>allopurinol</i>	8
<i>alosetron hcl</i>	67
<i>alprazolam</i>	38
ALREX.....	77
<i>altavera</i>	57
ALTOPREV	33
ALUNBRIG	22
ALUNBRIG PAK.....	22
<i>alyacen 1/35</i>	57
<i>alyacen 7/7/7</i>	57
<i>amabelz tab 0.5-0.1mg</i>	61
<i>amantadine hcl</i>	40
<i>ambrisentan</i>	38
<i>amikacin sulfate</i>	10
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	36
<i>amiloride hcl</i>	36
<i>amiodarone hcl</i>	32
<i>amitriptyline hcl</i>	39
<i>amlodipine besylate</i>	35
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	37
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	37
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	37
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	37
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	36
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	36
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	36
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	36

<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-20 mg</i>	37	
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-40 mg</i>	37	
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-80 mg</i>	37	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>10-20 mg</i>	29	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>10-40 mg</i>	29	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>2.5-10 mg</i>	29	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-10 mg</i>	29	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-20 mg</i>	29	
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-40 mg</i>	29	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 10-20 mg</i>	31	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 10-40 mg</i>	31	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 5-20 mg</i>	31	
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 5-40 mg</i>	31	
<i>amlodipine besylate-valsartan tab 10-</i>		
<i>160 mg</i>	31	
<i>amlodipine besylate-valsartan tab 10-</i>		
<i>320 mg</i>	31	
<i>amlodipine besylate-valsartan tab 5-</i>		
<i>160 mg</i>	31	
<i>amlodipine besylate-valsartan tab 5-</i>		
<i>320 mg</i>	31	
<i>amnestem</i>	83	
<i>amoxapine</i>	39	
<i>amoxicillin</i>	17	
<i>amoxicillin & k clavulanate chew tab</i>		
<i>200-28.5 mg</i>	17	
<i>amoxicillin & k clavulanate chew tab</i>		
<i>400-57 mg</i>	17	
<i>amoxicillin & k clavulanate for susp</i>		
<i>200-28.5 mg/5ml</i>	17	
<i>amoxicillin & k clavulanate for susp</i>		
<i>250-62.5 mg/5ml</i>	17	
<i>amoxicillin & k clavulanate for susp</i>		
<i>400-57 mg/5ml</i>	17	
<i>amoxicillin & k clavulanate for susp</i>		
<i>600-42.9 mg/5ml</i>	17	
<i>amoxicillin & k clavulanate tab 250-125</i>		
<i>mg</i>	17	
<i>amoxicillin & k clavulanate tab 500-125</i>		
<i>mg</i>	17	
<i>amoxicillin & k clavulanate tab 875-125</i>		
<i>mg</i>	18	
<i>amoxicillin & k clavulanate tab er 12hr</i>		
<i>1000-62.5 mg</i>	18	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 10 mg</i>	47	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 15 mg</i>	48	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 20 mg</i>	48	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 25 mg</i>	48	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 30 mg</i>	48	
<i>amphetamine-dextroamphetamine cap</i>		
<i>er 24hr 5 mg</i>	47	
<i>amphetamine-dextroamphetamine tab</i>		
<i>10 mg</i>	48	
<i>amphetamine-dextroamphetamine tab</i>		
<i>12.5 mg</i>	48	
<i>amphetamine-dextroamphetamine tab</i>		
<i>15 mg</i>	48	
<i>amphetamine-dextroamphetamine tab</i>		
<i>20 mg</i>	48	
<i>amphetamine-dextroamphetamine tab</i>		
<i>30 mg</i>	48	
<i>amphetamine-dextroamphetamine tab</i>		
<i>5 mg</i>	48	
<i>amphetamine-dextroamphetamine tab</i>		
<i>7.5 mg</i>	48	
<i>amphotericin b</i>	12	
<i>amphotericin b liposome</i>	12	
<i>ampicillin</i>	18	
<i>ampicillin & sulbactam sodium for inj</i>		
<i>1.5 (1-0.5) gm</i>	18	
<i>ampicillin & sulbactam sodium for inj 3</i>		
<i>(2-1) gm</i>	18	

<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	18	<i>aubra eq</i>	58
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	18	AUGTYRO	22
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	18	<i>aurovela 1/20</i>	58
<i>ampicillin sodium</i>	18	<i>aurovela fe 1.5/30</i>	58
<i>anagrelide hcl</i>	69	<i>aurovela fe 1/20</i>	58
<i>anastrozole</i>	20	AUSTEDO	50
ANORO ELLIPT AER 62.5-25	79	AUSTEDO XR	50
<i>aprepitant</i>	65	AUSTEDO XR TAB TITR KIT	50
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	65	AUVELITY TAB 45-105MG	39
<i>apri</i>	57	<i>aviane</i>	58
APTIOM	44	<i>ayuna</i>	58
APTIVUS.....	13	AYVAKIT	22
ARALAST NP.....	81	<i>azacitidine</i>	19
<i>aranelle</i>	57	<i>azathioprine</i>	73
ARCALYST	72	<i>azelaic acid</i>	85
AREXVY.....	73	<i>azelastine hcl</i>	80
<i>arformoterol tartrate</i>	80	<i>azelastine hcl (ophth)</i>	78
<i>aripiprazole</i>	41	<i>azithromycin</i>	16
ARISTADA	41	<i>aztreonam</i>	10
ARISTADA INITIO	41	<i>azurette</i>	58
<i>armodafinil</i>	51	B	
ARNUITY ELLIPTA	82	<i>bacitracin (ophthalmic)</i>	77
<i>asenapine maleate</i>	41	<i>bacitracin-polymyxin b ophth oint</i>	77
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	70	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	77
ASTAGRAF XL.....	72	<i>baclofen</i>	51
<i>atazanavir sulfate</i>	13	BAFIERTAM.....	51
<i>atenolol</i>	34	<i>balsalazide disodium</i>	66
<i>atenolol & chlorthalidone tab 100-25 mg</i>	34	BALVERSA	22
<i>atenolol & chlorthalidone tab 50-25 mg</i>	34	<i>balziva</i>	58
<i>atomoxetine hcl</i>	48	BARACLUDE.....	15
<i>atorvastatin calcium</i>	33	BASAGLAR KWIKPEN.....	55
<i>atovaquone</i>	10	BCG VACCINE	73
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12	BD ALCOHOL SWABS	55
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	29
ATROPINE SULFATE	79	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>atropine sulfate (ophthalmic)</i>	79	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	29
ATROVENT HFA	79	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	29
		<i>benazepril hcl</i>	30
		BENDEKA	19
		BENLYSTA	73

<i>benzoyl peroxide-erythromycin gel 5-3%</i>	83	BRILINTA	70
<i>benztropine mesylate</i>	40	<i>brimonidine tartrate</i>	78
BERINERT	69	<i>brinzolamide</i>	78
BESIVANCE	77	BRIVIACT	44
BESREMI	21	<i>bromfenac sodium (ophth)</i>	77, 78
<i>betaine powder for oral solution</i>	62	<i>bromocriptine mesylate</i>	40
<i>betamethasone dipropionate (topical)</i>	84	BROMSITE	78
<i>betamethasone dipropionate augmented</i>	84	BRONCHITOL	81
<i>betamethasone valerate</i>	84	BRUKINSA	23
BETASERON	51	<i>budesonide</i>	66
<i>betaxolol hcl (ophth)</i>	78	<i>budesonide (inhalation)</i>	82
<i>bethanechol chloride</i>	68	<i>bumetanide</i>	36
BETOPTIC-S	78	<i>buprenorphine hcl</i>	51
BEVESPI AER 9-4.8MCG	79	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	52
<i>bexarotene</i>	21	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	52
<i>bexarotene (topical)</i>	85	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	52
BEXSERO INJ	73	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	52
<i>bicalutamide</i>	20	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	52
BICILLIN L-A	18	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	52
BIKTARVY TAB 30-120-15 MG	14	<i>bupropion hcl</i>	39
BIKTARVY TAB 50-200-25 MG	14	<i>bupropion hcl (smoking deterrent)</i> ...	52
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	34	<i>buspirone hcl</i>	38
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	34	<i>butorphanol tartrate</i>	9
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	34	BYDUREON BCISE	53
<i>bisoprolol fumarate</i>	34	BYETTA	53
BIVIGAM	72	C	
<i>blisovi fe 1.5/30</i>	58	<i>cabergoline</i>	63
BOOSTRIX INJ	73	CABOMETYX	23
<i>bortezomib</i>	22	<i>calcipotriene</i>	84
BORTEZOMIB	22	<i>calcitonin (salmon) spray</i>	57
<i>bosentan</i>	38	<i>calcitrene</i>	84
BOSULIF	22	<i>calcitriol</i>	65
BRAFTOVI	23	<i>calcitriol (oral)</i>	65
BREO ELLIPTA INH 100-25	82	<i>calcium acetate (phosphate binder)</i> ..	64
BREO ELLIPTA INH 200-25	82	CALQUENCE	23
BREO ELLIPTA INH 50-25MCG	82	<i>camila</i>	58
BREZTRI AERO AER SPHERE	79	<i>candesartan cilexetil</i>	32
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	79	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	31
<i>briellyn</i>	58		

<i>candesartan cilexetil-</i>		<i>cartia xt</i>	35
<i>hydrochlorothiazide tab 32-12.5 mg</i>		<i>carvedilol</i>	34
.....	31	<i>caspofungin acetate</i>	12
<i>candesartan cilexetil-</i>		CAYSTON	10
<i>hydrochlorothiazide tab 32-25 mg</i>	31	<i>cefaclor</i>	16
CAPLYTA.....	42	CEFACLO ER	16
CAPRELSA	23	<i>cefadroxil</i>	16
<i>captopril</i>	30	CEFAZOLIN	16
<i>captopril & hydrochlorothiazide tab 25-</i>		CEFAZOLIN INJ 1GM/50ML.....	16
<i>15 mg</i>	30	<i>cefazolin sodium</i>	16
<i>captopril & hydrochlorothiazide tab 25-</i>		CEFAZOLIN SOLN 2GM/100ML-4%...	16
<i>25 mg</i>	30	<i>cefdinir</i>	16
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>cefepime hcl</i>	16
<i>15 mg</i>	30	<i>cefixime</i>	16
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>cefoxitin sodium</i>	16
<i>25 mg</i>	30	<i>cefpodoxime proxetil</i>	16
<i>carb/levo orally disintegrating tab 10-</i>		<i>cefprozil</i>	16
<i>100mg</i>	40	<i>ceftazidime</i>	16
<i>carb/levo orally disintegrating tab 25-</i>		<i>ceftriaxone sodium</i>	16
<i>100mg</i>	40	<i>cefuroxime axetil</i>	16
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefuroxime sodium</i>	16
<i>250mg</i>	40	<i>celecoxib</i>	8
<i>carbamazepine</i>	44	<i>cephalexin</i>	16
<i>carbidopa</i>	40	CERDELGA.....	63
<i>carbidopa & levodopa tab 10-100 mg</i>	40	CEREZYME.....	63
<i>carbidopa & levodopa tab 25-100 mg</i>	40	<i>cetirizine hcl</i>	80
<i>carbidopa & levodopa tab 25-250 mg</i>	40	<i>cevimeline hcl</i>	86
<i>carbidopa & levodopa tab er 25-100</i>		<i>chateal eq</i>	58
<i>mg</i>	40	CHEMET	57
<i>carbidopa & levodopa tab er 50-200</i>		<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>mg</i>	41		86
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chloroquine phosphate</i>	12
<i>12.5-50-200 mg</i>	41	<i>chlorpromazine hcl</i>	42
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorthalidone</i>	36
<i>18.75-75-200 mg</i>	41	<i>cholestyramine</i>	34
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine light</i>	34
<i>25-100-200 mg</i>	41	<i>choline fenofibrate</i>	33
<i>carbidopa-levodopa-entacapone tabs</i>		<i>ciclopirox olamine</i>	83
<i>31.25-125-200 mg</i>	41	<i>cilostazol</i>	69
<i>carbidopa-levodopa-entacapone tabs</i>		CILOXAN	77
<i>37.5-150-200 mg</i>	41	CIMDUO TAB 300-300	14
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cinacalcet hcl</i>	63
<i>50-200-200 mg</i>	41	CIPRO.....	17
<i>carboplatin</i>	19	CIPRO HC SUS OTIC	79
<i>carglumic acid</i>	63	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	17
<i>carteolol hcl (ophth)</i>	78	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	17

<i>ciprofloxacin hcl</i>	17	<i>colchicine</i>	8
<i>ciprofloxacin hcl (ophth)</i>	77	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>mg</i>	8
0.3-0.1%	79	<i>colesevelam hcl</i>	34
<i>cisplatin</i>	19	<i>colestipol hcl</i>	34
<i>citalopram hydrobromide</i>	39	<i>colistimethate sodium</i>	10
<i>claravis</i>	83	COMBIGAN SOL 0.2/0.5%	78
<i>clarithromycin</i>	17	COMBIVENT AER 20-100	79
<i>clindamycin hcl</i>	10	COMETRIQ (60MG DOSE)	23
<i>clindamycin palmitate hydrochloride</i> .	10	COMETRIQ KIT 100MG	23
<i>clindamycin phosphate</i>	10	COMETRIQ KIT 140MG	23
<i>clindamycin phosphate (topical)</i>	83	COMPLERA TAB	14
<i>clindamycin phosphate in d5w iv soln</i>		<i>compro</i>	65
300 mg/50ml	10	<i>constulose</i>	66
<i>clindamycin phosphate in d5w iv soln</i>		COPIKTRA	23
600 mg/50ml	10	CORLANOR	37
<i>clindamycin phosphate in d5w iv soln</i>		COTELLIC	23
900 mg/50ml	10	CREON CAP 12000UNT	67
<i>clindamycin phosphate vaginal</i>	68	CREON CAP 24000UNT	67
CLINDMYC/NAC INJ 300/50ML	10	CREON CAP 3000UNIT.....	67
CLINDMYC/NAC INJ 600/50ML	10	CREON CAP 36000UNT	67
CLINDMYC/NAC INJ 900/50ML	10	CREON CAP 6000UNIT.....	67
CLINIMIX INJ 4.25/D10	76	<i>cromolyn sodium</i>	81
CLINIMIX INJ 4.25/D5W	76	<i>cromolyn sodium (mastocytosis)</i>	67
CLINIMIX INJ 5%/D15W	76	<i>cromolyn sodium (ophth)</i>	78
CLINIMIX INJ 5%/D20W	76	<i>cryselle-28</i>	58
CLINIMIX INJ 6/5.....	76	<i>cyclobenzaprine hcl</i>	51
CLINIMIX INJ 8/10.....	76	<i>cyclophosphamide</i>	19
CLINIMIX INJ 8/14.....	76	CYCLOPHOSPHAMIDE.....	19
<i>clinisol sf 15%</i>	76	CYCLOPHOSPHAMIDE MONOHYDR ...	19
CLINOLIPID EMU 20%	76	<i>cycloserine</i>	15
<i>clobazam</i>	44	<i>cyclosporine</i>	73
<i>clobetasol propionate</i>	84	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate e</i>	85	<i>microemulsion)</i>	73
<i>clomipramine hcl</i>	39	<i>cypheptadine hcl</i>	80
<i>clonazepam</i>	44	<i>cyred eq</i>	58
<i>clonidine</i>	37	CYSTADROPS	79
<i>clonidine hcl</i>	37	CYSTAGON	63
<i>clopidogrel bisulfate</i>	70	CYSTARAN.....	79
<i>clorazepate dipotassium</i>	44	<i>cytarabine</i>	19
<i>clotrimazole</i>	86	D	
<i>clotrimazole (topical)</i>	83	D10W/NACL INJ 0.2%	74
<i>clotrimazole w/ betamethasone cream</i>		D2.5W/NACL INJ 0.45%	74
1-0.05%	84	D5W/LYTES INJ #48	74
<i>clozapine</i>	42	<i>dabigatran etexilate mesylate</i>	68
COARTEM TAB 20-120MG	13	<i>dalfampridine</i>	51

<i>danazol</i>	61	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>dantrolene sodium</i>	51	0.45%	74
<i>dapsone</i>	10	<i>dextrose 5% in lactated ringers</i>	74
DAPTACEL INJ	73	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>daptomycin</i>	11		74
DAPTOMYCIN	11	<i>dextrose 5% w/ sodium chloride</i>	
<i>darifenacin hydrobromide</i>	68	0.225%	75
<i>darunavir</i>	13	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>dasetta 1/35</i>	58		74
<i>dasetta 7/7/7</i>	58	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
DAURISMO	23		74
DAYVIGO	49	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>deblitane</i>	58		74
<i>deferasirox</i>	57	DIACOMIT	44
DELSTRIGO TAB	14	<i>diazepam</i>	44, 45
DENGVAxia SUS	73	<i>diazepam (anticonvulsant)</i>	45
DEPO-SUBQ PROVERA 104	58	<i>diazepam inj</i>	45
<i>depo-testosterone</i>	52	<i>diazepam intensol</i>	45
DESCOVY TAB 120-15MG	14	<i>diazoxide</i>	62
DESCOVY TAB 200/25MG	14	<i>diclofenac potassium</i>	8
<i>desipramine hcl</i>	39	<i>diclofenac sodium</i>	8
<i>desloratadine</i>	80	<i>diclofenac sodium (ophth)</i>	78
<i>desmopressin acetate</i>	63	<i>diclofenac sodium (topical)</i>	85
<i>desmopressin acetate spray</i>	63	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desmopressin acetate spray</i>		<i>release 50-0.2 mg</i>	8
<i>refrigerated</i>	63	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desogest-eth estrad & eth estrad tab</i>		<i>release 75-0.2 mg</i>	8
0.15-0.02/0.01 mg(21/5)	58	<i>dicloxacillin sodium</i>	18
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>dicyclomine hcl</i>	65, 66
<i>mg-30 mcg</i>	58	DIFICID	17
<i>desvenlafaxine succinate</i>	39	<i>diflunisal</i>	8
<i>dexamethasone</i>	62	<i>difluprednate</i>	78
DEXAMETHASONE INTENSOL	62	<i>digoxin</i>	37
<i>dexamethasone sodium phosphate</i>	62	<i>dihydroergotamine mesylate</i>	49
<i>dexamethasone sodium phosphate</i>		DILANTIN	45
<i>(ophth)</i>	78	DILANTIN INFATABS	45
DEXCOM G6 MIS RECEIVER	52	DILANTIN-125	45
DEXCOM G6 MIS SENSOR	52	<i>diltiazem hcl</i>	35
DEXCOM G6 MIS TRANSMIT	52	<i>diltiazem hcl coated beads</i>	35
DEXCOM G7 RECEIVER	52	<i>diltiazem hcl extended release beads</i>	35
DEXCOM G7 SENSOR	52	<i>dilt-xr</i>	35
<i>dexmethylphenidate hcl</i>	48	DIP/TET PED INJ 25-5LFU	73
<i>dextrose</i>	76	<i>diphenhydramine hcl</i>	80
<i>dextrose 10% w/ sodium chloride</i>		<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
0.45%	75	<i>mg/5ml</i>	67

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	67	EDURANT	13
<i>dipyridamole</i>	70	<i>efavirenz</i>	13
<i>disopyramide phosphate</i>	32	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14
<i>disulfiram</i>	52	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>divalproex sodium</i>	45	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>docetaxel</i>	22	ELIGARD	20
DOCETAXEL	22	<i>elinest</i>	58
<i>dofetilide</i>	33	ELIQUIS	68
<i>donepezil hydrochloride</i>	38	ELIQUIS STARTER PACK	68
DOPTelet	69	ELLENCe	19
<i>dorzolamide hcl</i>	78	<i>eluryng</i>	58
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	78	EMCYT	20
<i>dotti</i>	61	EMSAM	39
DOVATO TAB 50-300MG	14	<i>emtricitabine</i>	13
<i>doxazosin mesylate</i>	30	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>doxepin hcl</i>	39	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14
<i>doxepin hcl (sleep)</i>	49	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>doxercalciferol</i>	65	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
<i>doxorubicin hcl</i>	19	EMTRIVA	13
<i>doxorubicin hcl liposomal</i>	19	EMVERM.....	11
<i>doxy 100</i>	18	<i>enalapril maleate</i>	30
<i>doxycycline (monohydrate)</i>	18, 19	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	30
<i>doxycycline hyclate</i>	19	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	30
<i>dronabinol</i>	65	ENBREL.....	70
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	58	ENBREL MINI	70
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	58	ENBREL SURECLICK.....	70
DROXIA.....	69	ENDARI.....	69
<i>droxidopa</i>	37	<i>endocet tab 10-325mg</i>	9
DULERA AER 100-5MCG.....	83	<i>endocet tab 2.5-325mg</i>	9
DULERA AER 200-5MCG.....	83	<i>endocet tab 5-325mg</i>	9
DULERA AER 50-5MCG	82	<i>endocet tab 7.5-325mg</i>	9
<i>duloxetine hcl</i>	39	ENGERIX-B.....	73
DUPIXENT.....	70	<i>enilloring</i>	58
<i>dutasteride</i>	68	<i>enoxaparin sodium</i>	69
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	68	<i>enpresse-28</i>	58
E		<i>enskyce</i>	58
<i>e.e.s. 400</i>	17	ENSTILAR AER	85
<i>ec-naproxen</i>	8		
EDARBI	32		
EDARBYCLOR TAB 40-12.5.....	31		
EDARBYCLOR TAB 40-25MG	31		

<i>entacapone</i>	41	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>entecavir</i>	15	<i>tab 1 mg-50 mcg</i>	58
ENTRESTO TAB 24-26MG	31	<i>etodolac</i>	8
ENTRESTO TAB 49-51MG	31	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENTRESTO TAB 97-103MG	31	<i>0.120-0.015 mg/24hr</i>	58
<i>enulose</i>	66	<i>etoposide</i>	22
EPCLUSA PAK 150-37.5	15	<i>etravirine</i>	13
EPCLUSA PAK 200-50MG	15	EULEXIN	20
EPCLUSA TAB 200-50MG	15	<i>euthyrox</i>	64
EPCLUSA TAB 400-100	15	<i>everolimus</i>	23
EPIDIOLEX	45	<i>everolimus (immunosuppressant)</i>	73
<i>epinephrine (anaphylaxis)</i>	37, 81	EVOTAZ TAB 300-150	14
<i>epitol</i>	45	<i>exemestane</i>	20
<i>eplerenone</i>	30	EXKIVITY	23
EPRONTIA	45	EYSUVIS	78
<i>ergotamine w/ caffeine tab 1-100 mg</i>		EZALLOR SPRINKLE	33
.....	49	<i>ezetimibe</i>	34
ERIVEDGE	23	<i>ezetimibe-simvastatin tab 10-10 mg</i>	34
ERLEADA	20	<i>ezetimibe-simvastatin tab 10-20 mg</i>	34
<i>erlotinib hcl</i>	23	<i>ezetimibe-simvastatin tab 10-40 mg</i>	34
<i>errin</i>	58	<i>ezetimibe-simvastatin tab 10-80 mg</i>	34
<i>ertapenem sodium</i>	11	F	
<i>ery</i>	83	FABRAZYME	63
<i>ery-tab</i>	17	<i>falmina</i>	58
ERYTHROCIN LACTOBIONATE	17	<i>famciclovir</i>	15
<i>erythrocin stearate</i>	17	<i>famotidine</i>	66
<i>erythromycin (acne aid)</i>	83	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythromycin (ophth)</i>	77	<i>mg/50ml</i>	66
<i>erythromycin base</i>	17	FANAPT	42
<i>erythromycin ethylsuccinate</i>	17	FANAPT PAK	42
<i>erythromycin lactobionate</i>	17	FARXIGA	53
<i>escitalopram oxalate</i>	39	FASENRA	81
<i>esomeprazole magnesium</i>	67	FASENRA PEN	81
<i>estarylla</i>	58	<i>febuxostat</i>	8
<i>estradiol</i>	61	<i>felbamate</i>	45
<i>estradiol & norethindrone acetate tab</i>		<i>felodipine</i>	35
<i>0.5-0.1 mg</i>	61	<i>fenofibrate</i>	33
<i>estradiol & norethindrone acetate tab</i>		<i>fenofibrate micronized</i>	33
<i>1-0.5 mg</i>	61	<i>fentanyl</i>	8
<i>estradiol vaginal</i>	61	<i>fentanyl citrate</i>	9
<i>estradiol valerate</i>	61	<i>fesoterodine fumarate</i>	68
<i>ethambutol hcl</i>	15	FETZIMA	39
<i>ethosuximide</i>	45	FETZIMA CAP TITRATIO	39
<i>ethynodiol diacetate & ethinyl estradiol</i>		FIASP	55
<i>tab 1 mg-35 mcg</i>	58	FIASP FLEXTOUCH	55
		FIASP PENFILL	55

FIASP PUMPCART.....	55
FINACEA.....	85
<i>finasteride</i>	68
<i> fingolimod hcl</i>	51
FINTEPLA.....	45
FIRMAGON.....	20
<i>flac</i>	79
FLAREX	78
FLEBOGAMMA DIF.....	72
<i>flecainide acetate</i>	33
<i>fluconazole</i>	12
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	12
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	12
<i>flucytosine</i>	12
<i>fludrocortisone acetate</i>	62
<i>flunisolide (nasal)</i>	82
<i>fluocinolone acetonide</i>	85
<i>fluocinolone acetonide (otic)</i>	79
<i>fluocinonide</i>	85
<i>fluocinonide emulsified base</i>	85
<i>fluorometholone (ophth)</i>	78
<i>fluorouracil</i>	19
<i>fluorouracil (topical)</i>	86
<i>fluoxetine hcl</i>	39
<i>fluphenazine decanoate</i>	42
<i>fluphenazine elixir</i>	42
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	78
<i>fluticasone propionate</i>	85
<i>fluticasone propionate (nasal)</i>	82
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	83
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	83
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	83
<i>fluvastatin sodium</i>	33
<i>fluvoxamine maleate</i>	38
<i>fondaparinux sodium</i>	69
<i>formoterol fumarate</i>	80
FOSAMAX + D TAB 70-2800	57
FOSAMAX + D TAB 70-5600	57
<i>fosamprenavir calcium</i>	13
<i>fosinopril sodium</i>	30

<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	30
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	30
FOTIVDA	23
FREESTYLE LIBRE 14 DAY/RE	52
FREESTYLE LIBRE 14 DAY/SE	52
FREESTYLE LIBRE 2/READER.....	52
FREESTYLE LIBRE 2/SENSOR	52
FREESTYLE LIBRE 3/READER/	52
FREESTYLE LIBRE 3/SENSOR/	52
FREESTYLE LIBRE/READER/FL	52
FREESTYLE LIBRE/SENSOR/FL.....	52
FRUZAQLA.....	23, 24
<i>fulvestrant</i>	20
<i>furosemide</i>	36
<i>furosemide inj</i>	36
FUZEON	13
<i>fyavolv tab 0.5mg-2.5mcg</i>	61
<i>fyavolv tab 1mg-5mcg</i>	61
FYCOMPA	45
G	
<i>gabapentin</i>	45
<i>gabapentin (once-daily)</i>	50
<i>galantamine hydrobromide</i>	38
GAMASTAN INJ	72
GAMMAGARD LIQUID	72
GAMMAGARD S/D IGA LESS TH	72
GAMMAKED	72
GAMMAPLEX	72
GAMUNEX-C	72
<i>ganciclovir sodium</i>	15
GARDASIL 9 INJ	73
<i>gatifloxacin (ophth)</i>	77
GATTEX.....	67
GAUZE PADS 2.....	55
<i>gavilyte-c</i>	66
<i>gavilyte-g</i>	66
GAVRETO	24
<i>gefitinib</i>	24
<i>gemcitabine hcl</i>	19
<i>gemfibrozil</i>	33
GEMTESA	68
<i>generlac</i>	66
<i>gengraf</i>	73
GENOTROPIN	63

GENOTROPIN MINISQUICK	63	HARVONI TAB 90-400MG.....	15
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	11	HAVRIX.....	73
<i>gentamicin in saline inj 1 mg/ml</i>	11	<i>heather</i>	58
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	11	HEP SOD/D5W INJ 20000UNT	69
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	11	HEP SOD/D5W INJ 25000UNT	69
<i>gentamicin in saline inj 2 mg/ml</i>	11	HEP SOD/NACL INJ 12500UNT.....	69
<i>gentamicin sulfate</i>	11	HEP SOD/NACL INJ 25000UNT.....	69
<i>gentamicin sulfate (ophth)</i>	77	<i>heparin sodium (porcine)</i>	69
<i>gentamicin sulfate (topical)</i>	83	HEPARIN/NACL INJ 25000UNT.....	69
GENVOYA TAB.....	14	HEPLISAV-B.....	73
GILOTRIF.....	24	HERCEP HYLEC SOL 60-10000.....	24
<i>glatiramer acetate</i>	51	HERCEPTIN.....	24
<i>glatopa</i>	51	HERZUMA.....	24
GLEOSTINE.....	19	HIBERIX.....	73
<i>glimepiride</i>	53	HUMALOG	55
<i>glipizide</i>	53	HUMALOG JUNIOR KWIKPEN	55
<i>glipizide xl</i>	53	HUMALOG KWIKPEN	55
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	53	HUMALOG MIX INJ 50/50KWP	55
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	53	HUMALOG MIX INJ 75/25KWP	55
<i>glipizide-metformin hcl tab 5-500 mg</i>	53	HUMALOG MIX SUS 75/25	55
<i>glycopyrrolate</i>	66	HUMIRA	70
<i>glydo</i>	85	HUMIRA PEDIA INJ CROHNS	70
GLYXAMBI TAB 10-5 MG	53	HUMIRA PEDIATRIC CROHNS D	70
GLYXAMBI TAB 25-5 MG	53	HUMIRA PEN.....	71
GRALISE.....	50	HUMIRA PEN KIT PS/UV.....	71
<i>granisetron hcl</i>	65	HUMIRA PEN-CD/UC/HS START	71
<i>griseofulvin microsize</i>	12	HUMIRA PEN-PEDIATRIC UC S.....	71
<i>griseofulvin ultramicrosize</i>	12	HUMIRA PEN-PS/UV STARTER	71
<i>guanfacine hcl</i>	37	HUMULIN INJ 70/30	55
<i>guanfacine hcl (adhd)</i>	48	HUMULIN INJ 70/30KWP.....	55
GVOKE HYOPEN 2-PACK.....	62	HUMULIN N	55
GVOKE KIT	62	HUMULIN N KWIKPEN	55
GVOKE PFS	62	HUMULIN R.....	55
H		HUMULIN R U-500 (CONCENTR	55
HAEGARDA	69	HUMULIN R U-500 KWIKPEN	55
<i>hailey 1.5/30</i>	58	<i>hydralazine hcl</i>	37
<i>halobetasol propionate</i>	85	<i>hydrochlorothiazide</i>	36
<i>haloette</i>	58	<i>hydrocodone bitartrate</i>	8
<i>haloperidol</i>	42	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	9
<i>haloperidol decanoate</i>	42	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	9
<i>haloperidol lactate</i>	42	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	9
HARVONI PAK 33.75-150MG	15	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	9
HARVONI PAK 45-200MG	15		
HARVONI TAB 45-200MG	15		

<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9
<i>hydrocortisone</i>	62
<i>hydrocortisone (intrarectal)</i>	66
<i>hydrocortisone (rectal)</i>	86
<i>hydrocortisone (topical)</i>	85
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	72
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	80
<i>hydroxyzine pamoate</i>	80
HYSINGLA ER	9
I	
<i>ibandronate sodium</i>	57
IBRANCE	24
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>icatibant acetate</i>	69
<i>iclevia</i>	58
ICLUSIG	24
IDACIO (2 PEN)	71
IDACIO (2 SYRINGE)	71
IDACIO CROHN INJ DISEASE	71
IDACIO PLAQU INJ PSORIASIS	71
IDHIFA	24
<i>imatinib mesylate</i>	24
IMBRUVICA	24
<i>imipenem-cilastatin intravenous for</i>	
<i>soln 250 mg</i>	11
<i>imipenem-cilastatin intravenous for</i>	
<i>soln 500 mg</i>	11
<i>imipramine hcl</i>	39
<i>imiquimod</i>	86
IMOVAX RABIES (H.D.C.V.)	73
INBRIJA	41
<i>incassia</i>	58
INCRELEX	63
INCRUSE ELLIPTA	79
<i>indapamide</i>	36
INFANRIX INJ	73
INFLIXIMAB	71
INLYTA	24
INQOVI TAB 35-100MG	19
INREBIC	24
INSULIN PEN NEEDLES: BD/NOVO	55
INSULIN SAFETY NEEDLES	55

INSULIN SYRINGES: BD	55
INTELENCE	13
INTRALIPID	76
<i>introvale</i>	59
INVEGA HAFYERA	42
INVEGA SUSTENNA	42
INVEGA TRINZA	42
IPOL INJ INACTIVE	73
<i>ipratropium bromide</i>	79
<i>ipratropium bromide (nasal)</i>	80
<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>2.5(3) mg/3ml</i>	79
<i>irbesartan</i>	32
<i>irbesartan-hydrochlorothiazide tab</i>	
<i>150-12.5 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab</i>	
<i>300-12.5 mg</i>	31
<i>irinotecan hcl</i>	21
ISENTRESS	13
ISENTRESS HD	13
<i>isibloom</i>	59
ISOLYTE-P INJ /D5W	75
ISOLYTE-S INJ	75
ISOLYTE-S INJ PH 7.4	75
<i>isoniazid</i>	15
<i>isosorbide dinitrate</i>	37
<i>isosorbide mononitrate</i>	37
<i>isotretinoin</i>	83
<i>isradipine</i>	35
<i>itraconazole</i>	12
<i>ivermectin</i>	11
IWILFIN	21
IXIARO INJ	74
J	
JAKAFI	24
<i>jantoven</i>	69
JANUMET TAB 50-1000	53
JANUMET TAB 50-500MG	53
JANUMET XR TAB 100-1000	53
JANUMET XR TAB 50-1000	53
JANUMET XR TAB 50-500MG	53
JANUVIA	53
JARDIANCE	53
<i>jasmiel</i>	59
<i>javygtor</i>	63
JAYPIRCA	24

JENTADUETO TAB 2.5-1000	53	<i>ketoconazole (topical)</i>	84
JENTADUETO TAB 2.5-500	53	<i>ketorolac tromethamine (ophth)</i>	78
JENTADUETO TAB 2.5-850	53	KEVZARA	71
JENTADUETO TAB XR 2.5-1000MG ...	53	KEYTRUDA.....	24
JENTADUETO TAB XR 5-1000MG	53	KINRIX INJ	74
<i>jinteli</i>	61	KISQALI 200 DOSE	24
<i>jolessa</i>	59	KISQALI 200 PAK FEMARA	21
<i>juleber</i>	59	KISQALI 400 DOSE	25
JULUCA TAB 50-25MG	14	KISQALI 400 PAK FEMARA	21
<i>junel 1.5/30</i>	59	KISQALI 600 DOSE	25
<i>junel 1/20</i>	59	KISQALI 600 PAK FEMARA	21
<i>junel fe 1.5/30</i>	59	<i>klayesta</i>	84
<i>junel fe 1/20</i>	59	<i>klor-con</i>	76
JYNNEOS	74	<i>klor-con 10</i>	76
K		<i>klor-con 8</i>	76
KADCYLA.....	24	<i>klor-con m10</i>	76
KALYDECO	81	<i>klor-con m15</i>	76
KANJINTI.....	24	<i>klor-con m20</i>	76
<i>kariva</i>	59	KORLYM	63
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	75	KOSELUGO	25
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i> <i>inj</i>	75	<i>kourzeq</i>	86
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i>	75	KRAZATI	25
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	75	<i>kurvelo</i>	59
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	75	L	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	75	<i>labetalol hcl</i>	34
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	75	<i>lacosamide</i>	45
<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	75	<i>lacosamide oral</i>	45
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	75	<i>lactated ringer's solution</i>	75
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	75	<i>lactic acid (ammonium lactate)</i>	86
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> 75		<i>lactulose</i>	66
KCL/D5W/NACL INJ 0.3/0.9%.....	75	<i>lactulose (encephalopathy)</i>	66
<i>kelnor 1/35</i>	59	<i>lamivudine</i>	13
<i>kelnor 1/50</i>	59	<i>lamivudine (hbv)</i>	15
KERENDIA	30	<i>lamivudine-zidovudine tab 150-300 mg</i>	14
KESIMPTA.....	51	<i>lamotrigine</i>	45, 46
<i>ketoconazole</i>	12	<i>lansoprazole</i>	67
		LANTUS.....	55
		LANTUS SOLOSTAR	55
		<i>lapatinib ditosylate</i>	25
		<i>larin 1.5/30</i>	59
		<i>larin 1/20</i>	59
		<i>larin fe 1.5/30</i>	59
		<i>larin fe 1/20</i>	59
		<i>latanoprost</i>	78
		<i>leena</i>	59

<i>leflunomide</i>	72	<i>levoxyl</i>	64
<i>lenalidomide</i>	21	LEXIVA	13
LENVIMA 10 MG DAILY DOSE	25	<i>lidocaine</i>	85
LENVIMA 12MG DAILY DOSE	25	<i>lidocaine hcl</i>	85
LENVIMA 20 MG DAILY DOSE	25	<i>lidocaine hcl (local anesth.)</i>	10
LENVIMA 4 MG DAILY DOSE	25	<i>lidocaine hcl (mouth-throat)</i>	86
LENVIMA 8 MG DAILY DOSE	25	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	85
LENVIMA CAP 14 MG	25	<i>lidocan iii</i>	85
LENVIMA CAP 18 MG	25	<i>linezolid</i>	11
LENVIMA CAP 24 MG	25	LINEZOLID INJ 2MG/ML.....	11
<i>lessina</i>	59	LINZESS	67
<i>letrozole</i>	20	<i>liothyronine sodium</i>	64
<i>leucovorin calcium</i>	29	<i>lisdexamphetamine dimesylate</i>	48
LEUKERAN	19	<i>lisinopril</i>	30
<i>leuprolide acetate</i>	20	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>levabuterol hcl</i>	80	12.5 mg	30
<i>levabuterol tartrate</i>	80	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levetiracetam</i>	46	12.5 mg	30
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
1000 mg/100ml.....	46	25 mg	30
<i>levetiracetam in sodium chloride iv soln</i>		LITHIUM.....	50
1500 mg/100ml.....	46	<i>lithium carbonate</i>	50
<i>levetiracetam in sodium chloride iv soln</i>		LIVALO	33
500 mg/100ml.....	46	<i>loestrin 1.5/30-21</i>	59
<i>levobunolol hcl</i>	78	<i>loestrin 1/20-21</i>	59
<i>levocarnitine (metabolic modifiers)</i> ...	63	<i>loestrin fe 1.5/30</i>	59
<i>levocetirizine dihydrochloride</i>	80	<i>loestrin fe 1/20</i>	59
<i>levofloxacin</i>	17	LOKELMA.....	57
<i>levofloxacin in d5w iv soln 250</i>		LONSURF TAB 15-6.14	20
mg/50ml.....	17	LONSURF TAB 20-8.19	20
<i>levofloxacin in d5w iv soln 500</i>		<i>loperamide hcl</i>	67
mg/100ml.....	17	<i>lopinavir-ritonavir soln 400-100</i>	
<i>levofloxacin in d5w iv soln 750</i>		mg/5ml (80-20 mg/ml)	14
mg/150ml.....	17	<i>lopinavir-ritonavir tab 100-25 mg</i>	14
<i>levonest</i>	59	<i>lopinavir-ritonavir tab 200-50 mg</i>	14
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>lorazepam</i>	38
<i>day) tab 0.15-0.03 mg</i>	59	<i>lorazepam intensol</i>	38
<i>levonorgestrel & ethinyl estradiol tab</i>		LORBRENA	25
0.1 mg-20 mcg.....	59	<i>loryna</i>	59
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>losartan potassium</i>	32
0.15 mg-30 mcg	59	<i>losartan potassium &</i>	
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
30/0.075-40/0.125-30mg-mcg	59		31
<i>levora 0.15/30-28</i>	59	<i>losartan potassium &</i>	
<i>levo-t</i>	64	<i>hydrochlorothiazide tab 100-25 mg</i>	31
<i>levothyroxine sodium</i>	64		

<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	31	MEKTOVI.....	26
LOTEMAX.....	78	<i>meloxicam</i>	8
<i>lovastatin</i>	33	<i>memantine hcl</i>	38
<i>low-ogestrel</i>	59	MENACTRA INJ.....	74
<i>loxapine succinate</i>	42	MENQUADFI INJ	74
LUMAKRAS.....	25	MENVEO INJ	74
LUMIGAN.....	78	MENVEO SOL	74
LUMIZYME	63	<i>mercaptopurine</i>	20
LUPRON DEPOT (1-MONTH)	20	<i>meropenem</i>	11
LUPRON DEPOT (3-MONTH)	20	<i>mesalamine</i>	66
LUPRON DEPOT-PED (1-MONTH.....	63	<i>mesalamine w/ cleanser</i>	66
LUPRON DEPOT-PED (3-MONTH.....	63	MESNEX	29
LUPRON DEPOT-PED (6-MONTH.....	63	<i>metformin hcl</i>	53, 54
<i>lurasidone hcl</i>	42	<i>methadone hcl</i>	9
<i>lutea</i>	59	<i>methadone hydrochloride i</i>	9
<i>lyleq</i>	59	<i>methazolamide</i>	36
<i>lyllana</i>	62	<i>methenamine hippurate</i>	11
LYNPARZA	25	<i>methimazole</i>	64
LYSODREN.....	20	<i>methotrexate sodium</i>	20, 72
LYTGOBI (12 MG DAILY DOSE)	25	<i>methsuximide</i>	46
LYTGOBI (16 MG DAILY DOSE)	25	<i>methylphenidate hcl</i>	48, 49
LYTGOBI (20 MG DAILY DOSE)	25	<i>methylprednisolone</i>	62
<i>lyza</i>	59	<i>methylprednisolone acetate</i>	62
M		<i>methylprednisolone sod succ</i>	62
<i>magnesium sulfate</i>	75	<i>methyltestosterone</i>	53
MAGNESIUM SULFATE	75	<i>metoclopramide hcl</i>	65
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	75	<i>metolazone</i>	36
<i>malathion</i>	86	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	34
<i>maraviroc</i>	13	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	34
<i>marlissa</i>	59	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	34
MARPLAN.....	39	<i>metoprolol succinate</i>	35
MATULANE.....	21	<i>metoprolol tartrate</i>	35
<i>matzim la</i>	35	<i>metronidazole</i>	11
MAVYRET PAK 50-20MG.....	15	<i>metronidazole (topical)</i>	86
MAVYRET TAB 100-40MG	15	<i>metronidazole vaginal</i>	68
<i>meclizine hcl</i>	65	<i>metyrosine</i>	37
<i>medroxyprogesterone acetate</i>	64	MG SO4/D5W INJ 10MG/ML	75
<i>medroxyprogesterone acetate (contraceptive)</i>	59	<i>micafungin sodium</i>	12
<i>mefloquine hcl</i>	13	<i>microgestin 1.5/30</i>	59
<i>megestrol acetate</i>	20, 64	<i>microgestin 1/20</i>	59
<i>megestrol acetate (appetite)</i>	64	<i>microgestin fe 1.5/30</i>	59
MEKINIST	25, 26	<i>microgestin fe 1/20</i>	59
		<i>midodrine hcl</i>	37

<i>mifepristone (hyperglycemia)</i>	63	NAMZARIC CAP 7-10MG	38
<i>miglustat</i>	63	NAMZARIC CAP PACK	38
<i>mili</i>	60	<i>naproxen</i>	8
<i>mimvey</i>	62	<i>naproxen sodium</i>	8
<i>minocycline hcl</i>	19	<i>naratriptan hcl</i>	49
<i>minoxidil</i>	37	NATACYN	77
<i>mirtazapine</i>	39	<i>nateglinide</i>	54
<i>misoprostol</i>	67	NATPARA	57
MITIGARE	8	NAYZILAM	46
M-M-R II INJ	74	<i>nebivolol hcl</i>	35
M-NATAL PLUS TAB	76	<i>necon 0.5/35-28</i>	60
<i>modafinil</i>	51	<i>nefazodone hcl</i>	39
<i>moexipril hcl</i>	30	<i>neomycin sulfate</i>	11
<i>molindone hcl</i>	42	<i>neomycin-bacitrac zn-polymyx</i>	
<i>mometasone furoate</i>	85	5(3.5)mg-400unt-10000unt op oin	77
<i>mometasone furoate (nasal)</i>	82	<i>neomycin-polymy-gramicid op sol</i>	
MONJUVI	26	1.75-10000-0.025mg-unt-mg/ml ..	77
<i>mono-lynyah</i>	60	<i>neomycin-polymyxin-dexamethasone</i>	
<i>montelukast sodium</i>	81	<i>ophth oint 0.1%</i>	77
<i>morphine sulfate</i>	9	<i>neomycin-polymyxin-dexamethasone</i>	
MORPHINE SULFATE	9	<i>ophth susp 0.1%</i>	77
MORPHINE SULFATE/SODIUM C	10	<i>neomycin-polymyxin-hc ophth susp</i> .	77
MOUNJARO	54	<i>neomycin-polymyxin-hc otic soln 1%</i>	79
MOVANTIK	67	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>moxifloxacin hcl</i>	17	mg/ml-10000 unit/ml-1%	79
<i>moxifloxacin hcl (ophth)</i>	77	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>moxifloxacin hcl 400 mg/250ml in</i>		10000unt op oin	77
<i>sodium chloride 0.8% inj</i>	17	<i>neo-polycin hc ophth oint 1%</i>	77
MULTAQ	33	NERLYNX	26
<i>multiple electrolytes ph 5.5</i>	75	NEUPRO	41
<i>multiple electrolytes ph 7.4</i>	75	<i>nevirapine</i>	13
<i>mupirocin</i>	83	NEXAVAR	26
<i>mycophenolate mofetil</i>	73	<i>niacin (antihyperlipidemic)</i>	34
<i>mycophenolate sodium</i>	73	<i>nicardipine hcl</i>	35
MYRBETRIQ	68	NICOTROL INHALER	52
N		NICOTROL NS	52
<i>nabumetone</i>	8	<i>nifedipine</i>	35
<i>nadolol</i>	35	<i>nikki</i>	60
<i>nafcillin sodium</i>	18	<i>nilutamide</i>	20
NAGLAZYME	63	<i>nimodipine</i>	35
<i>nalbuphine hcl</i>	10	NINLARO	26
<i>naloxone hcl</i>	52	<i>nisoldipine</i>	35
<i>naltrexone hcl</i>	52	<i>nitazoxanide</i>	11
NAMZARIC CAP 14-10MG	38	<i>nitisinone</i>	63
NAMZARIC CAP 21-10MG	38	NITRO-BID	37
NAMZARIC CAP 28-10MG	38	<i>nitrofurantoin macrocrystal</i>	11

<i>nitrofurantoin monohyd macro</i>	11	NUBEQA.....	20
<i>nitroglycerin</i>	37	NUDEXTA CAP 20-10MG	50
<i>nizatidine</i>	66	NULOJIX.....	73
<i>nora-be</i>	60	NUPLAZID	42
<i>norelgestromin-ethinyl estradiol td</i>		NURTEC	49
<i>ptwk 150-35 mcg/24hr</i>	60	NUTRILIPID	76
<i>norethindrone (contraceptive)</i>	60	NUZYRA	19
<i>norethindrone ace & ethinyl estradiol</i>		<i>nyamyc</i>	84
<i>tab 1 mg-20 mcg</i>	60	<i>nylia 1/35</i>	60
<i>norethindrone ace & ethinyl estradiol</i>		<i>nylia 7/7/7</i>	60
<i>tab 1.5 mg-30 mcg</i>	60	NYMALIZE	35
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>nymyo</i>	60
<i>tab 1 mg-20 mcg</i>	60	<i>nystatin</i>	12
<i>norethindrone acetate</i>	64	<i>nystatin (mouth-throat)</i>	86
<i>norethindrone acetate-ethinyl estradiol</i>		<i>nystatin (topical)</i>	84
<i>tab 0.5 mg-2.5 mcg</i>	62	<i>nystop</i>	84
<i>norethindrone acetate-ethinyl estradiol</i>		O	
<i>tab 1 mg-5 mcg</i>	62	<i>ocella</i>	60
<i>norethindrone ac-ethinyl estrad-fe tab</i>		OCTAGAM.....	72
<i>1-20/1-30/1-35 mg-mcg</i>	60	<i>octreotide acetate</i>	63
<i>norgestimate & ethinyl estradiol tab</i>		ODEFSEY TAB	14
<i>0.25 mg-35 mcg</i>	60	ODOMZO.....	26
<i>norgestimate-eth estrad tab 0.18-</i>		OFEV	81
<i>25/0.215-25/0.25-25 mg-mcg</i>	60	<i>ofloxacin (ophth)</i>	77
<i>norgestimate-eth estrad tab 0.18-</i>		<i>ofloxacin (otic)</i>	79
<i>35/0.215-35/0.25-35 mg-mcg</i>	60	OGIVRI	26
NORITATE.....	86	OGIVRI INJ 420MG	26
<i>norlyroc</i>	60	OGSIVEO	26
NORPACE CR.....	33	OJJAARA	26
<i>nortrel 0.5/35 (28)</i>	60	<i>olanzapine</i>	42, 43
<i>nortrel 1/35 (21)</i>	60	<i>olmesartan medoxomil</i>	32
<i>nortrel 1/35 (28)</i>	60	<i>olmesartan medoxomil-</i>	
<i>nortrel 7/7/7</i>	60	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>nortriptyline hcl</i>	40		31
NORVIR.....	13	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30	55	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NOVOLIN INJ 70/30 FP	55		31
NOVOLIN N	55	<i>olmesartan medoxomil-</i>	
NOVOLIN N FLEXPEN.....	55	<i>hydrochlorothiazide tab 40-25 mg</i> .	31
NOVOLIN R	55	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN.....	55	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLOG.....	55	<i>mg</i>	31
NOVOLOG FLEXPEN.....	56	<i>olmesartan-amlodipine-</i>	
NOVOLOG MIX INJ 70/30	56	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG MIX INJ FLEXPEN	56	<i>mg</i>	32
NOVOLOG PENFILL.....	56		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	32	<i>oxcarbazepine.....</i>	46
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg.....</i>	32	<i>oxybutynin chloride</i>	68
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	32	<i>oxycodone hcl.....</i>	10
<i>olopatadine hcl (nasal)</i>	80	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	10
<i>omega-3-acid ethyl esters cap 1 gm.</i>	34	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	10
<i>omeprazole.....</i>	67	<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	10
<i>OMNARIS</i>	82	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	10
<i>OMNIPOD 5 G6 KIT INTRO</i>	56	<i>OZEMPIC (0.25 OR 0.5 MG/DOSE) ...</i>	54
<i>OMNIPOD 5 G6 MIS PODS.....</i>	56	<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	54
<i>OMNIPOD 5 G7 KIT INTRO</i>	56	<i>OZEMPIC (1MG/DOSE)</i>	54
<i>OMNIPOD 5 G7 MIS PODS.....</i>	56	<i>OZEMPIC (2MG/DOSE)</i>	54
<i>OMNIPOD DASH KIT INTRO.....</i>	56	P	
<i>OMNIPOD DASH MIS PODS</i>	56	<i>pacerone</i>	33
<i>OMNIPOD GO KIT 10UNT/DY</i>	56	<i>paclitaxel.....</i>	22
<i>OMNIPOD GO KIT 15UNT/DY</i>	56	<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	22
<i>OMNIPOD GO KIT 20UNT/DY</i>	56	<i>paliperidone.....</i>	43
<i>OMNIPOD GO KIT 25UNT/DY</i>	56	<i>pamidronate disodium.....</i>	57
<i>OMNIPOD GO KIT 30UNT/DY</i>	56	<i>PAMIDRONATE DISODIUM</i>	57
<i>OMNIPOD GO KIT 35UNT/DY</i>	56	<i>PANRETIN</i>	86
<i>OMNIPOD GO KIT 40UNT/DY</i>	56	<i>pantoprazole sodium.....</i>	67
<i>OMNIPOD MIS CLASSIC.....</i>	56	<i>PANZYGA</i>	72
<i>ondansetron.....</i>	65	<i>paraplatin.....</i>	19
<i>ondansetron hcl.....</i>	65	<i>paricalcitol.....</i>	65
<i>ONETOUCH TES VERIO</i>	29	<i>paroxetine hcl</i>	40
<i>ONTRUZANT</i>	26	<i>PAXLOVID TAB 150-100</i>	15
<i>ONUREG.....</i>	20	<i>PAXLOVID TAB 300-100</i>	15
<i>OPSUMIT</i>	38	<i>pazopanib hcl.....</i>	26
<i>ORGOVYX</i>	20	<i>PEDIARIX INJ 0.5ML</i>	74
<i>ORKAMBI GRA 100-125</i>	81	<i>PEDVAX HIB</i>	74
<i>ORKAMBI GRA 150-188</i>	81	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	66
<i>ORKAMBI GRA 75-94MG</i>	81	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	66
<i>ORKAMBI TAB 100-125.....</i>	81	<i>PEGASYS.....</i>	15
<i>ORKAMBI TAB 200-125.....</i>	81	<i>PEMAZYRE.....</i>	26
<i>ORSERDU</i>	21	<i>pemetrexed disodium.....</i>	20
<i>oseltamivir phosphate</i>	15	<i>PEN GK/DEXTR INJ 40000/ML</i>	18
<i>OTEZLA</i>	71	<i>PEN GK/DEXTR INJ 60000/ML</i>	18
<i>OTEZLA TAB 10/20/30.....</i>	71	<i>PENBRAYA INJ</i>	74
<i>oxacillin sodium.....</i>	18	<i>penicillamine.....</i>	57
<i>oxaliplatin.....</i>	19	<i>penicillin g potassium.....</i>	18
<i>oxaprozin</i>	8		

<i>penicillin g sodium</i>	18	<i>piroxicam</i>	8
<i>penicillin v potassium</i>	18	<i>pitavastatin calcium</i>	33
PENTACEL INJ	74	PLASMA-LYTE INJ -148.....	75
<i>pentamidine isethionate inh</i>	11	PLASMA-LYTE INJ -A	75
<i>pentamidine isethionate inj</i>	11	<i>plenamine</i>	76
<i>pentoxifylline</i>	70	PLENVU SOL	66
<i>perindopril erbumine</i>	30	<i>podofilox</i>	86
<i>periogard</i>	86	<i>polycin ophth oint</i>	77
<i>permethrin</i>	86	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	77
<i>perphenazine</i>	43	POMALYST.....	21
PERSERIS	43	<i>portia-28</i>	60
<i>pfizerpen</i>	18	<i>posaconazole</i>	12
<i>phenelzine sulfate</i>	40	POT CHL 20MEQ/L IN NACL 0.45% INJ	75
<i>phenobarbital</i>	46	POT CHL 20MEQ/L IN NACL 0.9% INJ	75
<i>phenobarbital sodium</i>	46	POT CHL 40MEQ/L IN NACL 0.9% INJ	75
<i>phenytek</i>	46	<i>potassium chloride</i>	75, 76
<i>phenytoin</i>	46	POTASSIUM CHLORIDE	75
<i>phenytoin sodium</i>	46	<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	76
<i>phenytoin sodium extended</i>	46	<i>potassium chloride microencapsulated</i> <i>crystals er</i>	76
PHESGO SOL.....	26	<i>potassium citrate (alkalinizer)</i>	68
<i>philith</i>	60	PRADAXA	69
PIFELTRO	13	<i>pramipexole dihydrochloride</i>	41
<i>pilocarpine hcl</i>	78	<i>prasugrel hcl</i>	70
<i>pilocarpine hcl (oral)</i>	86	<i>pravastatin sodium</i>	33
<i>pimozide</i>	43	<i>praziquantel</i>	11
<i>pimtrea</i>	60	<i>prazosin hcl</i>	31
<i>pindolol</i>	35	<i>prednisolone</i>	62
<i>pioglitazone hcl</i>	54	<i>prednisolone acetate (ophth)</i>	78
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i>	54	PREDNISOLONE SODIUM PHOSP	78
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i>	54	<i>prednisolone sodium phosphate</i>	62
<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	18	<i>prednisone</i>	62
<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i>	18	PREDNISONE INTENSOL.....	62
<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	18	<i>pregabalin</i>	46
<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	18	PREHEVBRIO	74
<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	18	PREMASOL SOL 10%.....	76
PIQRAY 200MG DAILY DOSE.....	26	PRENATAL TAB 27-1MG	76
PIQRAY 250MG TAB DOSE.....	26	PRENATAL TAB PLUS.....	76
PIQRAY 300MG DAILY DOSE.....	26	<i>prevalite</i>	34
<i>pirfenidone</i>	81	PREVYMIS	15
		PREZCOBIX TAB 800-150	14

PREZISTA	13	<i>ramipril</i>	30
PRIFTIN.....	15	<i>ranolazine</i>	37
<i>primaquine phosphate</i>	13	<i>rasagiline mesylate</i>	41
PRIMAQUINE PHOSPHATE	13	RAYALDEE	65
<i>primidone</i>	46	<i>reclipsen</i>	60
PRIORIX INJ.....	74	RECOMBIVAX HB	74
PRIVIGEN	72	RECTIV	86
<i>probenecid</i>	8	REGRANEX	86
<i>prochlorperazine</i>	65	RELENZA DISKHALER.....	16
<i>prochlorperazine edisylate</i>	65	RELISTOR.....	67
<i>prochlorperazine maleate</i>	65	REMICADE.....	71
PROCRIT	69	RENFLEXIS	71
<i>procto-med hc</i>	86	<i>repaglinide</i>	54
<i>proctosol hc</i>	86	REPATHA.....	34
<i>proctozone-hc</i>	86	REPATHA PUSHTRONEX SYSTEM.....	34
<i>progesterone</i>	64	REPATHA SURECLICK.....	34
PROGRAF.....	73	RESTASIS.....	79
PROLASTIN-C.....	81	RESTASIS MULTIDOSE	79
PROLENSA	78	RETEVMO	26
PROLIA.....	57	REVLIMID.....	21
PROMACTA	70	REXULTI.....	43
<i>promethazine hcl</i>	65	REYATAZ	13
<i>propafenone hcl</i>	33	REZLIDHIA	26
<i>proparacaine hcl</i>	79	REZUROCK	73
<i>propranolol hcl</i>	35	RHOPRESSA	78
<i>propylthiouracil</i>	64	<i>ribavirin (hepatitis c)</i>	16
PROQUAD INJ.....	74	<i>rifabutin</i>	15
PROSOL INJ 20%.....	76	<i>rifampin</i>	15
<i>protriptyline hcl</i>	40	<i>riluzole</i>	50
PULMOZYME.....	81	<i>rimantadine hydrochloride</i>	16
PURIXAN	20	RINVOQ	71
<i>pyrazinamide</i>	15	<i>risedronate sodium</i>	57
<i>pyridostigmine bromide</i>	50	RISPERDAL CONSTA	43
Q		<i>risperidone</i>	43
QINLOCK.....	26	<i>risperidone microspheres</i>	43
QUADRACEL INJ	74	<i>ritonavir</i>	13
QUADRACEL INJ 0.5ML	74	<i>rivastigmine</i>	38
<i>quetiapine fumarate</i>	43	<i>rivastigmine tartrate</i>	39
<i>quinapril hcl</i>	30	<i>rizatriptan benzoate</i>	49
<i>quinidine sulfate</i>	33	ROCKLATAN DRO.....	78
<i>quinine sulfate</i>	13	<i>roflumilast</i>	81
QULIPTA.....	49	<i>ropinirole hydrochloride</i>	41
R		<i>rosuvastatin calcium</i>	33
RABAVERT INJ.....	74	ROTARIX SUS	74
<i>rabeprazole sodium</i>	67	ROTATEQ SOL.....	74
<i>raloxifene hcl</i>	63	<i>roweepra</i>	46

ROZLYTREK	26
RUBRACA	26
<i>rufinamide</i>	46, 47
RUKOBIA	13
RYBELSUS	54
RYDAPT	27
S	
<i>sajazir</i>	70
SANDIMMUNE	73
SANTYL	86
<i>sapropterin dihydrochloride</i>	63
SAVELLA	50
SAVELLA MIS TITR PAK	50
SCSEMBLIX	27
<i>scopolamine</i>	65
SECUADO	43
<i>selegiline hcl</i>	41
<i>selenium sulfide</i>	84
SELZENTRY	13
SEREVENT DISKUS	80
<i>sertraline hcl</i>	40
<i>setlakin</i>	60
<i>sevelamer carbonate</i>	64
<i>sharobel</i>	60
SHINGRIX	74
SIGNIFOR	63
<i>sildenafil citrate (pulmonary hypertension)</i>	38
<i>silodosin</i>	68
<i>silver sulfadiazine</i>	83
SIMBRINZA SUS 1-0.2%	78
<i>simliya</i>	60
<i>simvastatin</i>	33
<i>sirolimus</i>	73
SIRTURO	15
SIVEXTRO	11
SKYRIZI	71
SKYRIZI PEN	71
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	66
<i>sodium chloride</i>	76
<i>sodium chloride (gu irrigant)</i>	86
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	76
SODIUM OXYBATE	51
<i>sodium phenylbutyrate</i>	64

<i>sodium polystyrene sulfonate powder</i>	57
<i>solifenacin succinate</i>	68
SOLQUA INJ 100/33	56
SOLTAMOX	21
SOLU-CORTEF	62
SOMATULINE DEPOT	64
SOMAVERT	64
<i>sorafenib tosylate</i>	27
<i>sorine</i>	33
<i>sotalol hcl</i>	33
<i>sotalol hcl (afib/afl)</i>	33
<i>spironolactone</i>	30
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	36
<i>sprintec 28</i>	60
SPRITAM	47
SPRYCEL	27
<i>sps</i>	57
<i>sronyx</i>	60
<i>ssd</i>	83
STELARA	71
STIVARGA	27
<i>streptomycin sulfate</i>	11
STRIBILD TAB	14
<i>subvenite</i>	47
<i>sucalfate</i>	67
<i>sulfacetamide sodium (acne)</i>	83
<i>sulfacetamide sodium (ophth)</i>	77
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	77
<i>sulfadiazine</i>	11
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	11
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	11
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	11
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	11
SULFAMYLON	83
<i>sulfasalazine</i>	66
<i>sulindac</i>	8
<i>sumatriptan</i>	50
<i>sumatriptan succinate</i>	50
<i>sunitinib malate</i>	27

SUNLENCA.....	13
<i>syeda</i>	60
SYMDEKO TAB 100-150.....	82
SYMDEKO TAB 50-75MG.....	81
SYMPAZAN.....	47
SYMTUZA TAB.....	14
SYNAREL.....	61
SYNJARDY TAB 12.5-1000MG.....	54
SYNJARDY TAB 12.5-500.....	54
SYNJARDY TAB 5-1000MG.....	54
SYNJARDY TAB 5-500MG.....	54
SYNJARDY XR TAB 10-1000.....	54
SYNJARDY XR TAB 12.5-1000.....	54
SYNJARDY XR TAB 25-1000.....	54
SYNJARDY XR TAB 5-1000MG.....	54
SYNTHROID.....	65
T	
TABLOID.....	20
TABRECTA.....	27
<i>tacrolimus</i>	73
<i>tacrolimus (topical)</i>	86
TAFINLAR.....	27
TAGRISSO.....	27
TALTZ.....	72
TALZENNA.....	27
<i>tamoxifen citrate</i>	21
<i>tamsulosin hcl</i>	68
<i>tarina fe 1/20 eq</i>	60
TASIGNA.....	27
<i>tasimelteon</i>	49
<i>tazarotene</i>	84
<i>tazicef</i>	16
TAZORAC.....	84
<i>taztia xt</i>	35
TAZVERIK.....	27
TDVAX INJ 2-2 LF.....	74
TECENTRIQ.....	27
TEFLARO.....	16
<i>telmisartan</i>	32
<i>telmisartan-amlodipine tab 40-10 mg</i>	32
<i>telmisartan-amlodipine tab 40-5 mg</i>	32
<i>telmisartan-amlodipine tab 80-10 mg</i>	32
<i>telmisartan-amlodipine tab 80-5 mg</i>	32

<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	32
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	32
<i>temazepam</i>	49
TENIVAC INJ 5-2LF.....	74
<i>tenofovir disoproxil fumarate</i>	13
TEPMETKO.....	27
<i>terazosin hcl</i>	31
<i>terbinafine hcl</i>	12
<i>terbutaline sulfate</i>	80
<i>terconazole vaginal</i>	68
TERIPARATIDE.....	57
<i>testosterone</i>	53
<i>testosterone cypionate</i>	53
<i>testosterone enanthate</i>	53
<i>tetrabenazine</i>	50, 51
<i>tetracycline hcl</i>	19
THALOMID.....	21
THEO-24.....	82
<i>theophylline</i>	82
<i>thioridazine hcl</i>	43
<i>thiothixene</i>	43
<i>tiadylt er</i>	36
<i>tiagabine hcl</i>	47
TIBSOVO.....	27
TICOVAC.....	74
<i>tigecycline</i>	19
<i>tilia fe</i>	60
<i>timolol maleate</i>	35
<i>timolol maleate (ophth)</i>	78
<i>tinidazole</i>	11
TIVICAY.....	13
TIVICAY PD.....	14
<i>tizanidine hcl</i>	51
TOBRADEX OIN 0.3-0.1%.....	77
TOBRADEX ST SUS 0.3-0.05.....	77
<i>tobramycin</i>	11
<i>tobramycin (ophth)</i>	77
<i>tobramycin sulfate</i>	12
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	77
<i>tolterodine tartrate</i>	68
<i>topiramate</i>	47

<i>toremifene citrate</i>	21	TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	54
<i>toremifene</i>	36	TRIKAFTA PAK 59.5MG	82
TOUJEO MAX SOLOSTAR.....	56	TRIKAFTA PAK 75MG.....	82
TOUJEO SOLOSTAR.....	56	TRIKAFTA TAB 100-50-75MG & 150MG	82
TPN ELECTROL INJ.....	76	TRIKAFTA TAB 50-25-37.5MG & 75MG	82
TRADJENTA.....	54	<i>tri-legest fe</i>	60
<i>tramadol hcl</i>	10	<i>tri-linyah</i>	60
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	10	<i>tri-lo-estarylla</i>	61
<i>trandolapril</i>	30	<i>tri-lo-marzia</i>	61
<i>tranexamic acid</i>	70	<i>tri-lo-mili</i>	61
<i>tranylcypromine sulfate</i>	40	<i>tri-lo-sprintec</i>	61
TRAVASOL INJ 10%	76	<i>trimethoprim</i>	12
<i>travoprost</i>	78	<i>tri-mili</i>	61
TRAZIMERA	27	<i>trimipramine maleate</i>	40
<i>trazodone hcl</i>	40	TRINTELLIX	40
TRECTOR.....	15	<i>tri-nymyo</i>	61
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	79	<i>tri-sprintec</i>	61
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	79	TRIUMEQ PD TAB	14
<i>treprostinil</i>	38	TRIUMEQ TAB	15
TRESIBA.....	56	<i>trivora-28</i>	61
TRESIBA FLEXTOUCH	56	<i>tri-vylibra</i>	61
<i>tretinoin</i>	83	<i>tri-vylibra lo</i>	61
<i>tretinoin (chemotherapy)</i>	21	TRIZIVIR TAB	15
TREXALL.....	72	TROGARZO	14
<i>triamcinolone acetonide (mouth)</i>	86	TROPHAMINE INJ 10%	76
<i>triamcinolone acetonide (topical)</i>	85	<i>trospium chloride</i>	68
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	36	TRULICITY.....	54
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	36	TRUMENBA INJ.....	74
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	36	TRUQAP	27
<i>trientine hcl</i>	57	TRUXIMA.....	27
<i>tri-estarylla</i>	60	TUKYSA	27
<i>trifluoperazine hcl</i>	43	TURALIO	28
<i>trifluridine</i>	77	<i>turqoz</i>	61
<i>trihexyphenidyl hcl</i>	41	TWINRIX INJ.....	74
TRIJARDY XR TAB ER 24HR 10-5- 1000MG.....	54	TYBOST.....	14
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG.....	54	TYPHIM VI	74
TRIJARDY XR TAB ER 24HR 25-5- 1000MG.....	54	TYRVAYA	79
		U	
		UBRELVY	50
		<i>unithroid</i>	65
		<i>ursodiol</i>	67
		V	
		<i>valacyclovir hcl</i>	16

VALCHLOR	86	V-GO 20 KIT	56
<i>valganciclovir hcl</i>	16	V-GO 30 KIT	56
<i>valproate sodium</i>	47	V-GO 40 KIT	56
<i>valproic acid</i>	47	<i>vienva</i>	61
<i>valsartan</i>	32	<i>vigabatrin</i>	47
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>vigadrone</i>	47
<i>12.5 mg</i>	32	<i>vilazodone hcl</i>	40
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>vincristine sulfate</i>	22
<i>25 mg</i>	32	<i>vinorelbine tartrate</i>	22
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>viorele</i>	61
<i>12.5 mg</i>	32	VIRACEPT.....	14
<i>valsartan-hydrochlorothiazide tab 320-</i>		VIREAD.....	14
<i>25 mg</i>	32	VITRAKVI	28
<i>valsartan-hydrochlorothiazide tab 80-</i>		VIVITROL	52
<i>12.5 mg</i>	32	VIZIMPRO	28
VALTOCO 10 MG DOSE.....	47	VONJO	28
VALTOCO 15 MG DOSE.....	47	<i>voriconazole</i>	12
VALTOCO 20 MG DOSE.....	47	VOSEVI TAB	16
VALTOCO 5 MG DOSE.....	47	VOTRIENT	28
<i>vancomycin hcl</i>	12	VRAYLAR.....	43
VANCOMYCIN INJ 1 GM	12	VRAYLAR CAP 1.5-3MG.....	43
VANCOMYCIN INJ 500MG.....	12	<i>vyfemla</i>	61
VANCOMYCIN INJ 750MG.....	12	<i>vylibra</i>	61
VANFLYTA.....	28	VYVANSE.....	49
VAQTA	74	VYZULTA	79
<i>varenicline tartrate</i>	52	W	
<i>varenicline tartrate tab 11 x 0.5 mg &</i>		<i>warfarin sodium</i>	69
<i>42 x 1 mg start pack</i>	52	<i>water for irrigation, sterile irrigation</i>	
VARIVAX	74	<i>soln</i>	86
VASCEPA.....	34	WELIREG.....	22
<i>velivet</i>	61	<i>wera</i>	61
VELPHORO.....	64	<i>wixela inhub</i>	83
VELTASSA	57	X	
VEMLIDY	16	XALKORI	28
VENCLEXTA.....	28	XARELTO.....	69
VENCLEXTA TAB START PK.....	28	XARELTO STAR TAB 15/20MG	69
<i>venlafaxine hcl</i>	40	XATMEP	72
VENTAVIS.....	38	XCOPRI.....	47
VENTOLIN HFA	80	XCOPRI PAK 100-150.....	47
VENTOLIN HFA (INSTITUTIONAL PACK)		XCOPRI PAK 12.5-25.....	47
.....	80	XCOPRI PAK 150-200MG	
<i>verapamil hcl</i>	36	(MAINTENANCE).....	47
VERQUVO	37	XCOPRI PAK 150-200MG (TITRATION)	
VERSACLOZ	43		47
VERZENIO	28	XCOPRI PAK 50-100MG	47
<i>vestura</i>	61	XELJANZ	72

XELJANZ XR.....	72	ZEMAIRA.....	82
XERMELO.....	67	<i>zenatane</i>	83
XGEVA	57	ZENPEP CAP 10000UNT	67
XHANCE	82	ZENPEP CAP 15000UNT	67
XIFAXAN.....	67	ZENPEP CAP 20000UNT	67
XIGDUO XR TAB 10-1000.....	54	ZENPEP CAP 25000UNT	67
XIGDUO XR TAB 10-500MG.....	54	ZENPEP CAP 3000UNIT.....	67
XIGDUO XR TAB 2.5-1000.....	54	ZENPEP CAP 40000UNT	67
XIGDUO XR TAB 5-1000MG.....	54	ZENPEP CAP 5000UNIT.....	67
XIGDUO XR TAB 5-500MG.....	54	ZENPEP CAP 60000UNT	67
XIIDRA.....	79	ZERViate.....	78
XOLAIR	82	<i>zidovudine</i>	14
XOSPATA.....	28	ZIEXTENZO	69
XPOVIO 100 MG ONCE WEEKLY	28	<i>ziprasidone hcl</i>	43
XPOVIO 40 MG ONCE WEEKLY	28	<i>ziprasidone mesylate</i>	44
XPOVIO 40 MG TWICE WEEKLY.....	28	ZIRABEV	29
XPOVIO 60 MG ONCE WEEKLY	28	ZIRGAN.....	77
XPOVIO 60 MG TWICE WEEKLY.....	28	<i>zoledronic acid</i>	57
XPOVIO 80 MG ONCE WEEKLY	28	ZOLINZA	29
XPOVIO 80 MG TWICE WEEKLY.....	28	<i>zolpidem tartrate</i>	49
XTANDI	21	ZONISADE.....	47
<i>xulane</i>	61	<i>zonisamide</i>	47
XULTOPHY INJ 100/3.6.....	56	<i>zovia 1/35</i>	61
Y		ZTALMY.....	47
<i>yargesa</i>	64	<i>zumandimine</i>	61
YF-VAX INJ	74	ZURZUVAE	40
<i>yuvaferm</i>	62	ZYCLARA PUMP	86
Z		ZYDELIG	29
<i>zafemy</i>	61	ZYKADIA	29
<i>zafirlukast</i>	81	ZYLET SUS 0.5-0.3%	77
ZARXIO	69	ZYPITAMAG	34
ZEJULA.....	29	ZYPREXA RELPREVV.....	44
ZELBORAF	29		

Estamos a su disposición para ayudarlo.

Este *Formulario de medicamentos* se actualizó el **03/19/2024**. Para obtener información más reciente o hacer otras preguntas, comuníquese con Servicios al Miembro de Clover al **1-888-778-1478 (TTY 711), de 8 a. m. a 8 p. m., hora local**, los 7 días de la semana, o visite **cloverhealth.com/formulary**. Entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, buzón de voz) los fines de semana y los días festivos.

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