



2024 Formulary

LIST OF COVERED DRUGS



PLEASE READ. THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED IN THIS PLAN.

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, from 8 a.m. – 8 p.m. (From October 1 – March 31, seven days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES:

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN:

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

VIVA MEDICARE Plus
(HMO)

VIVA MEDICARE Prime
(HMO)

VIVA MEDICARE Premier
(HMO)

VIVA MEDICARE CLASSIC
(HMO)

INFIRMARY
HEALTH **VIVA MEDICARE**
INFIRMARY HEALTH ADVANTAGE (HMO)

Introduction

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means VIVA MEDICARE. When it refers to "plan" or "our plan," it means VIVA MEDICARE Plus, VIVA MEDICARE Prime, VIVA MEDICARE Premier, VIVA MEDICARE Classic, or VIVA MEDICARE Infirmary Health Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the VIVA MEDICARE Formulary?

A formulary is a list of covered drugs selected by VIVA MEDICARE in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. VIVA MEDICARE will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a VIVA MEDICARE network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but VIVA MEDICARE may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the VIVA MEDICARE Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the VIVA MEDICARE Formulary?"

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with

no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

VIVA MEDICARE will notify you in writing in the event of a mid-year change to the formulary if you have been identified as being treated for select drug therapies. VIVA MEDICARE maintains monthly updates to the formulary via the Member Resources page located at www.VivaHealth.com/Medicare.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

- **Medical Condition.** The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the **Index that begins on page 81**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where

you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

VIVA MEDICARE covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** VIVA MEDICARE requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VIVA MEDICARE before you fill your prescriptions. If you don't get approval, VIVA MEDICARE may not cover the drug.
- **Quantity Limits:** For certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. For example, VIVA MEDICARE provides 60 tablets per prescription for MITIGARE. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VIVA MEDICARE requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, VIVA MEDICARE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VIVA MEDICARE will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information

about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask VIVA MEDICARE to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VIVA MEDICARE Formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

- You can ask Member Services for a list of similar drugs that are covered by VIVA MEDICARE. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by VIVA MEDICARE.
- You can ask VIVA MEDICARE to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the VIVA MEDICARE Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide

the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, VIVA MEDICARE will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need

a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you are a current member and have a level of care change (for example, you are going home from a long-term care facility, a hospital admission, etc.), notify your pharmacist of your level of care change. For each of your drugs that are not on our formulary or if your ability to get your drugs is limited, we may cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 31-day supply runs out, you should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. After your temporary 31-day supply, we will not pay for drugs that are not on the formulary or have additional requirements or limits on coverage.

For more information:

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

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

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

VIVA MEDICARE's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VIVA MEDICARE. **If you have trouble finding your drug in the list, turn to the Index that begins on page 81.**

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

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

"PA" means the drug requires Prior Authorization.

"QL" means there is a quantity limit on the drug.

"NM" means the drug is not available at mail order.

"ST" means the drug requires step therapy.

"LA" means the drug has limited access and can only be dispensed by designated pharmacies.

"B/D" means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.

Table of Contents

For information on the amounts you pay for your covered prescription drugs, please find your plan and the applicable page below:

VIVA MEDICARE <i>Plus</i>	page VI
VIVA MEDICARE <i>Prime</i>	page VII
VIVA MEDICARE <i>Premier</i>	page VIII
VIVA MEDICARE <i>Classic</i>	page IX
VIVA MEDICARE <i>Infirmary Health Advantage</i>	page X
Formulary	page 1
Index	page 81

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Plus Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Plus Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	(Preferred & Standard Cost Sharing)	
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	
Tier 2 (Generics)	\$0	\$0	\$0	
Tier 3 (Preferred Brands)	\$0	\$0	\$0	
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Prime Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Prime Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	(Preferred & Standard Cost Sharing)	
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	
Tier 2 (Generics)	\$0	\$0	\$0	
Tier 3 (Preferred Brands)	\$0	\$0	\$0	
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Premier Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Premier Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$8	\$20	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	(Preferred & Standard Cost Sharing)	
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	
Tier 2 (Generics)	\$0	\$0	\$0	
Tier 3 (Preferred Brands)	\$0	\$0	\$0	
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	



2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Classic Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Classic Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	(Preferred & Standard Cost Sharing)	
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	
Tier 2 (Generics)	\$0	\$0	\$0	
Tier 3 (Preferred Brands)	\$0	\$0	\$0	
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	



2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Infirmary Health Advantage Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Infirmary Health Advantage Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	(Preferred & Standard Cost Sharing)	
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	
Tier 2 (Generics)	\$0	\$0	\$0	
Tier 3 (Preferred Brands)	\$0	\$0	\$0	
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

2024 Formulary

LIST OF COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
<i>MITIGARE</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<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	2	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	2	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	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	2	QL (10 mL / 30 days)
endocet tab 2.5-325mg	2	QL (360 tabs / 30 days)
endocet tab 5-325mg	2	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	2	QL (240 tabs / 30 days)
endocet tab 10-325mg	2	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	2	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	2	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	2	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
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	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	2	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	2	QL (240 tabs / 30 days)

ANESTHETICS**LOCAL ANESTHETICS**

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

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	2	
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
<i>CAYSTON</i> SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate</i> in d5w iv soln 300 mg/50ml	2	
<i>clindamycin phosphate</i> in d5w iv soln 600 mg/50ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
<i>DAPTOMYCIN SOLR 350mg</i>	5	
<i>daptomycin SOLR 350mg, 500mg</i>	5	
<i>EMVERM CHEW 100mg</i>	5	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin TABS 3mg</i>	2	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	2	
<i>meropenem SOLR 1gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>praziquantel TABS 600mg</i>	2	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	5	
<i>streptomycin sulfate SOLR 1gm</i>	5	
<i>sulfadiazine TABS 500mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800- 160 mg	1	
tinidazole TABS 250mg, 500mg	2	
tobramycin NEBU 300mg/5ml	5	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
trimethoprim TABS 100mg	2	
vancomycin hcl CAPS 125mg	2	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	2	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	2	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	2	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	2	
griseofulvin ultramicrosize TABS 125mg, 250mg	2	
itraconazole CAPS 100mg	2	PA
ketoconazole TABS 200mg	2	PA
micafungin sodium SOLR 50mg, 100mg	5	
nystatin TABS 500000unit	2	
posaconazole SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	5	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (90 tabs / year)
voriconazole SOLR 200mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
voriconazole SUSR 40mg/ml	5	PA
voriconazole TABS 50mg	2	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

atovaquone-proguanil hcl tab 62.5-25 mg	2
atovaquone-proguanil hcl tab 250-100 mg	2
chloroquine phosphate TABS 250mg, 500mg	2
COARTEM TAB 20-120MG	4
mefloquine hcl TABS 250mg	2
primaquine phosphate TABS 26.3mg	2
PRIMAQUINE PHOSPHATE TABS 26.3mg	3
quinine sulfate CAPS 324mg	2 PA

ANTIRETROVIRAL AGENTS

abacavir sulfate SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	2	NM
darunavir TABS 600mg	5	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	5	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	2	NM
emtricitabine CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
etravirine TABS 100mg, 200mg	5	NM
fosamprenavir calcium TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM, LA
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
LEXIVA SUSP 50mg/ml	4	NM
maraviroc TABS 150mg, 300mg	5	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg	4	NM

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir</i> df tab 600-200-300 mg	5	NM
<i>efavirenz-lamivudine-tenofovir</i> df tab 400-300-300 mg	5	NM
<i>efavirenz-lamivudine-tenofovir</i> df tab 600-300-300 mg	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 100-150 mg	5	QL (30 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5
<i>ethambutol hcl TABS 100mg, 400mg</i>	2
<i>isoniazid SYRP 50mg/5ml</i>	2
<i>isoniazid TABS 100mg, 300mg</i>	1
PRIFTIN TABS 150mg	4
<i>pyrazinamide TABS 500mg</i>	2
<i>rifabutin CAPS 150mg</i>	2
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2
SIRTURO TABS 20mg, 100mg	5 NM, LA, PA
TRECATOR TABS 250mg	4

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1
<i>acyclovir SUSP 200mg/5ml</i>	2
<i>acyclovir sodium SOLN 50mg/ml</i>	2 B/D
<i>adefovir dipivoxil TABS 10mg</i>	2 NM
BARACLUDE SOLN .05mg/ml	5 NM
<i>entecavir TABS .5mg, 1mg</i>	2 NM
EPCLUSA PAK 150-37.5	5 NM, PA
EPCLUSA PAK 200-50MG	5 NM, PA
EPCLUSA TAB 200-50MG	5 NM, PA

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	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	2	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	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
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2
CEFACLOR ER TB12 500mg	4
<i>cefadroxil</i> CAPS 500mg	1
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2
CEFAZOLIN SOLR 2gm, 3gm	4
CEFAZOLIN INJ 1GM/50ML	4
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2
CEFAZOLIN SOLN 2GM/100ML-4%	4
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2
<i>cefepime hcl</i> SOLR 1gm, 2gm	2

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
<i>TEFLARO</i> SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
<i>ERYTHROCIN LACTOBIONATE</i> SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
FLUOROQUINOLONES		
<i>CIPRO</i> SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl TABS 400mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	

Drug Name	Drug Tier	Requirements/Limits
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfiberpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

TETRACYCLINES

<i>doxy 100 SOLR 100mg</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	2	PA
<i>tigecycline SOLR 50mg</i>	5	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	2	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	2	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	2	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml</i>	5	B/D
<i>cyclophosphamide SOLR 2gm</i>	5	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA
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	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	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

Drug Name		Drug Tier	Requirements/Limits
<i>anastrozole</i> TABS 1mg		1	
<i>bicalutamide</i> TABS 50mg		2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg		4	NM, PA
ERLEADA TABS 60mg		5	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg		5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg		5	
<i>exemestane</i> TABS 25mg		2	
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		1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml		2	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
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		2	
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

Drug Name	Drug Tier	Requirements/Limits
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
bexarotene CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	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
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	2	B/D
docetaxel 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
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D, NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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 <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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
TAGRISSO 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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
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

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5- 10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5- 10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5- 20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5- 40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10- 20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10- 40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<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>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>ALTOPREV</i> 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)
<i>EZALLOR SPRINKLE</i> CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>ZYPITAMAG</i> TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	2	
<i>REPATHA SOSY 140mg/ml</i>	3	NM, PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml</i>	3	NM, PA
<i>REPATHA SURECLICK SOAJ 140mg/ml</i>	3	NM, PA
<i>VASCEPA CAPS .5gm, 1gm</i>	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2
<i>nebivolol hcl TABS 20mg</i>	2
<i>pindolol TABS 5mg, 10mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<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	2	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
<i>NYMALIZE</i> SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	

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

MISCELLANEOUS

<i>aliskiren fumarate TABS 150mg, 300mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<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	2	
<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	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; 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	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 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
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>treprostинil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam TABS .25mg, .5mg, 1mg, 2mg</i>		
<i>buspirone hcl TABS 5mg, 10mg, 15mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl TABS 7.5mg, 30mg</i>	2	
<i>fluvoxamine maleate TABS 25mg, 50mg, 100mg</i>	2	
<i>lorazepam CONC 2mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam SOLN 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam TABS .5mg, 1mg, 2mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol CONC 2mg/ml</i>	2	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride TABS 5mg; TBDP 5mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride TABS 10mg; TBDP 10mg</i>	1	
<i>galantamine hydrobromide CP24 8mg, 16mg, 24mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide SOLN 4mg/ml</i>	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide TABS 4mg, 8mg, 12mg</i>	2	QL (60 tabs / 30 days)
<i>memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg</i>	2	PA; PA applies if 29 years and younger
<i>NAMZARIC CAP 7-10MG</i>	4	
<i>NAMZARIC CAP 14-10MG</i>	4	
<i>NAMZARIC CAP 21-10MG</i>	4	
<i>NAMZARIC CAP 28-10MG</i>	4	
<i>NAMZARIC CAP PACK</i>	4	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	3	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	3	
<i>AUVELITY TAB 45-105MG</i>	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	2	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	2	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml</i>	2	

Drug Name		Drug Tier	Requirements/Limits
<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	2	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, 40mg, 60mg	2	QL (60 caps / 30 days)	
<i>EMSAM</i> PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2		
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1		
<i>FETZIMA</i> CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA	
<i>FETZIMA</i> CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA	
<i>FETZIMA</i> CAP TITRATIO	4	QL (2 packs / year), PA	
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1		
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2		
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2		
<i>MARPLAN</i> TABS 10mg	4	QL (180 tabs / 30 days)	
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2		
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1		
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2		
<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	2		
<i>protriptyline hcl</i> TABS 5mg, 10mg	4		
<i>sertraline hcl</i> CONC 20mg/ml	2		
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1		
<i>tranylcypromine sulfate</i> TABS 10mg	2		
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1		

Drug Name		Drug Tier	Requirements/Limits
<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		1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg		2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg		2	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	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<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	2	
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa</i> TABS 25mg	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone</i> TABS 200mg	2	

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

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>ariPIPRAZOLE</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	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	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<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	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	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	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
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	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	

Drug Name		Drug Tier	Requirements/Limits
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg		2	
<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	2		
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2		
<i>phenytoin sodium</i> SOLN 50mg/ml	2		
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2		
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2		QL (120 caps / 30 days)
<i>pregabalin</i> CAPS 200mg	2		QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	2		QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	2		QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 125mg, 250mg	1		
<i>roweepra</i> TABS 500mg	2		
<i>rufinamide</i> SUSP 40mg/ml	5		QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2		QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5		QL (240 tabs / 30 days), PA
<i>SPRITAM</i> TB3D 250mg	4		QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	4		QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	4		QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	4		QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1		
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	5		QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2		
<i>topiramate</i> CPSP 15mg, 25mg	2		
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1		
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2		
<i>valproic acid</i> CAPS 250mg	2		
<i>VALTOCO</i> 5 MG DOSE LIQD 5mg/0.1ml	4		
<i>VALTOCO</i> 10 MG DOSE LIQD 10mg/0.1ml	4		

Drug Name		Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml		4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml		4	
vigabatrin PACK 500mg		5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg		5	QL (180 tabs / 30 days), NM, LA, PA
vigadroner PACK 500mg		5	QL (180 packets / 30 days), NM, LA, PA
vigadroner TABS 500mg		5	QL (180 tabs / 30 days), NM, LA, PA
vigpoder PACK 500mg		5	QL (180 packets / 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
zonisamide CAPS 25mg, 50mg, 100mg		2	
ZTALMY SUSP 50mg/ml		5	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexamphetamine hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexamphetamine hcl TABS 10mg</i>	2	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>	2	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	2	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	2	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	2	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>VYVANSE CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>VYVANSE CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	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	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	2	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</i> 1-100 mg	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	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	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	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

Drug Name	Drug Tier	Requirements/Limits
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	2	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	2	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
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
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
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)

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

ENDOCRINE AND METABOLIC**ANDROGENS**

<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>methyltestosterone CAPS 10mg</i>	5	QL (600 caps / 30 days), PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	2	QL (300 gm / 30 days), PA
<i>testosterone GEL 1.62%</i>	2	QL (150 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	2	PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	2	
<i>BYDUREON BCISE AUIJ 2mg/0.85ml</i>	3	QL (4 pens / 28 days), PA
<i>BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml</i>	4	QL (1 pen / 30 days), PA
<i>FARXIGA TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide 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)
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	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	

Drug Name	Drug Tier	Requirements/Limits
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)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	2	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	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	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	
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	2	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TABS 90mg; TBSO 125mg	2	NM, PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
sps SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

Drug Name	Drug Tier	Requirements/Limits
<u>CONTRACEPTIVES</u>		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane TABS .35mg</i>	2	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	4	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethynodiol estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarrylla</i>	2	
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethynodiol dihydrogen phosphate va ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethynodiol dihydrogen phosphate (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-ethynodiol dihydrogen phosphate tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyeq TABS .35mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethynodiol dihydrogesterone td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethynodiol dihydrogesterone tab 1- 20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethynodiol dihydrogesterone tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethynodiol dihydrogesterone tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethynodiol dihydrogesterone-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethynodiol dihydrogesterone tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-ethynodiol dihydrogesterone tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-ethynodiol dihydrogesterone tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarrylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarrylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienna</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	2	
<i>SYNAREL SOLN 2mg/ml</i>	5	PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	3	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol TABS .5mg, 1mg, 2mg</i>	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 CREA .1mg/gm; TABS 10mcg</i>	2	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem TABS 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	B/D
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	2	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	2	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	2	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	2	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	2	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOOPEN 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
<i>cabergoline</i> TABS .5mg	2	
<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	2	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	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK 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
javygtor 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	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg <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	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<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	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	2	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	2	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	2	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	2	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	

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	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
<i>SYNTHROID</i> 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	2	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
<i>RAYALDEE</i> CPCR 30mcg	5	

GASTROINTESTINAL**ANTIEMETICS**

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	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; TABS 20mg	3
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4
<i>glycopyrrolate</i> TABS 1mg	2
<i>glycopyrrolate</i> TABS 2mg	2

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2
<i>famotidine</i> SUSR 40mg/5ml	2
<i>famotidine</i> TABS 20mg	1
<i>famotidine</i> TABS 40mg	1
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2
<i>nizatidine</i> CAPS 150mg, 300mg	2

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	2
<i>budesonide</i> CPEP 3mg	2
<i>budesonide</i> TB24 9mg	5
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2

Drug Name	Drug Tier	Requirements/Limits
mesalamine CP24 .375gm	2	QL (120 caps / 30 days)
mesalamine CPDR 400mg	2	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	2	
mesalamine TBEC 1.2gm	2	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	2	
sulfasalazine TABS 500mg; TBEC 500mg	2	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	1	
gavilyte-g	1	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENUV SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
misoprostol TABS 100mcg, 200mcg	2	
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
sucralfate TABS 1gm	2	
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
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	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
<i>GEMTESA</i> TABS 75mg	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	4	QL (300 mL / 28 days)

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

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
<i>ELIQUIS</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>ELIQUIS</i> TABS 5mg	3	QL (74 tabs / 30 days)
<i>ELIQUIS</i> STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<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	2	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	

Drug Name	Drug Tier	Requirements/Limits
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	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
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
<i>pentoxifylline</i> TBCR 400mg	1	
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; TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	2	

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
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

Drug Name	Drug Tier	Requirements/Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
INFILIXIMAB 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
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)		
hydroxychloroquine sulfate TABS 200mg	2	
leflunomide TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	2	
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

Drug Name	Drug Tier	Requirements/Limits
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, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	2	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
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	2	B/D, NM

Drug Name		Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> SUSR 200mg/ml		5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg		2	B/D, NM
NULOJIX SOLR 250mg		5	B/D, NM
PROGRAF PACK .2mg, 1mg		4	B/D, NM
REZUROCK TABS 200mg		5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml		4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml		5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg		2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg		2	B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DACTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 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	
IPOV INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIOSUSP 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	
ROTAQUE 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>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
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>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2

Drug Name	Drug Tier	Requirements/Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
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>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	2	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	

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 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
<i>dextrose SOLN 50%, 70%</i>	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	2	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	2	
NATACYN SUSP 5%	4	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-1000unt op oin	2	
neomycin-polomyx-gramcid op sol 1.75- 10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	2	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .07%, .075%, .09%	2	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
<i>LOTEMAX OINT</i> .5%	3	
<i>loteprednol etabonate</i> SUSP .2%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
<i>PREDNISOLONE SODIUM PHOSP</i> SOLN 1%	3	
<i>PROLENSA</i> SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>ZERVIATE</i> SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
<i>BETOPTIC-S</i> SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
<i>COMBIGAN</i> SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
<i>LUMIGAN</i> SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
<i>RHOPRESSA</i> SOLN .02%	4	
<i>ROCKLATAN</i> DRO	4	
<i>SIMBRINZA</i> SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	2	
<i>VYZULTA</i> SOLN .024%	4	
MISCELLANEOUS		
<i>ATROPINE SULFATE</i> SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
<i>CYSTADROPS</i> SOLN .37%	5	NM, LA, PA
<i>CYSTARAN</i> SOLN .44%	5	NM, LA, PA
<i>MIEBO</i> SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
<i>RESTASIS</i> EMUL .05%	3	
<i>RESTASIS MULTIDOSE</i> EMUL .05%	3	
<i>TYRVAYA</i> SOLN .03mg/act	4	

Drug Name	Drug Tier	Requirements/Limits
XIIDRA SOLN 5%	3	

OTIC**OTIC AGENTS**

<i>acetic acid (otic)</i> SOLN 2%	2
CIPRO HC SUS OTIC	4
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2
<i>flac OIL .01%</i>	2
<i>fluocinolone acetonide (otic)</i> OIL .01%	2
<i>neomycin-polymyxin-hc otic soln 1%</i>	2
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2
<i>ofloxacin (otic)</i> SOLN .3%	2

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>	2	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)
INCROUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	

ANTIHISTAMINES

<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	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	2	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	

Drug Name		Drug Tier	Requirements/Limits
<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		2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg		2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%		2	

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	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	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/.03ml, .3mg/.03ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/.15ml, .3mg/.03ml	2	(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	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
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; TB24 400mg, 600mg	2	

Drug Name	Drug Tier	Requirements/Limits
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 SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, LA, PA

NASAL STEROIDS

flunisolide (nasal) SOLN .025%	2	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
mometasone furoate (nasal) SUSP 50mcg/act	2	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)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	2	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)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inh</i>	2	QL (60 inhalations / 30 days)

TOPICAL**DERMATOLOGY, ACNE**

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

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	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%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>klayesta</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
<i>TAZORAC</i> CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
<i>ENSTILAR</i> AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	2	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%	2	QL (1000 gm / 30 days)
<i>FINACEA</i> FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	2	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	2	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	2	QL (30 gm / 30 days)
<i>NORITATE CREA 1%</i>	5	QL (60 gm / 30 days)
<i>PANRETIN GEL .1%</i>	5	QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	2	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	2	
<i>proctosol hc CREA 2.5%</i>	2	
<i>proctozone-hc CREA 2.5%</i>	2	
<i>RECTIV OINT .4%</i>	4	QL (30 gm / 30 days)
<i>tacrolimus (topical) OINT .03%, .1%</i>	2	QL (100 gm / 30 days)
<i>VALCHLOR GEL .016%</i>	5	QL (60 gm / 30 days), NM, LA, PA
<i>ZYCLARA PUMP CREA 2.5%</i>	5	QL (7.5 gm / 28 days)

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion LOTN .5%</i>	2	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	2	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

<i>REGRANEX GEL .01%</i>	5	QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

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

Index

A

abacavir sulfate 6
abacavir sulfate-lamivudine tab 600-300 mg 7
ABELCET 5
ABILIFY MAINTENA 35
abiraterone acetate 13
ABRYSVO 67
acamprosate calcium 45
acarbose 46
accutane 77
acebutolol hcl 28
acetaminophen w/ codeine soln 120-12 mg/5ml 2
acetaminophen w/ codeine tab 300-15 mg 2
acetaminophen w/ codeine tab 300-30 mg 2
acetaminophen w/ codeine tab 300-60 mg 2
acetazolamide 29
acetic acid 61
acetic acid (otic) 73
acetylcysteine 74
acitretin 78
ACTHIB INJ 67
ACTIMMUNE 66
acyclovir 8
acyclovir sodium 8
ADACEL INJ 67
ADALIMUMAB-AACF (2 PEN) 64
adefovir dipivoxil 8
ADEMPAS 31
ADMELOG 48
ADMELOG SOLOSTAR 48
ADVAIR HFA AER 115/21 76
ADVAIR HFA AER 230/21 76
ADVAIR HFA AER 45/21 76
afirmelle 51
AIMOVIG 43
AKEEGA TAB 100/500 13
AKEEGA TAB 50/500MG 13
ala-cort 78
albendazole 3

albuterol sulfate 74
alclometasone dipropionate 78
ALDURAZYME 56
ALECENSA 15
alendronate sodium 50
alfuzosin hcl 61
aliskiren fumarate 30
allopurinol 1
alosetron hcl 60
alprazolam 32
ALREX 71
altavera 51
ALTOPREV 27
ALUNBRIG 16
ALUNBRIG PAK 16
alyacen 1/35 51
alyacen 7/7/7 51
amabelz tab 0.5-0.1mg 54
amantadine hcl 34
ambrisentan 31
amikacin sulfate 3
amiloride & hydrochlorothiazide tab 5-50 mg 29
amiloride hcl 30
amiodarone hcl 26
amitriptyline hcl 32
amlodipine besylate 29
amlodipine besylate-atorvastatin calcium tab 10-10 mg 30
amlodipine besylate-atorvastatin calcium tab 10-20 mg 30
amlodipine besylate-atorvastatin calcium tab 10-40 mg 30
amlodipine besylate-atorvastatin calcium tab 10-80 mg 30
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 30
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 30
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 30
amlodipine besylate-atorvastatin calcium tab 5-10 mg 30

amlodipine besylate-atorvastatin
 calcium tab 5-20 mg 30
amlodipine besylate-atorvastatin
 calcium tab 5-40 mg 30
amlodipine besylate-atorvastatin
 calcium tab 5-80 mg 30
amlodipine besylate-benazepril hcl cap
 10-20 mg 23
amlodipine besylate-benazepril hcl cap
 10-40 mg 23
amlodipine besylate-benazepril hcl cap
 2.5-10 mg 23
amlodipine besylate-benazepril hcl cap
 5-10 mg 23
amlodipine besylate-benazepril hcl cap
 5-20 mg 23
amlodipine besylate-benazepril hcl cap
 5-40 mg 23
amlodipine besylate-olmesartan
 medoxomil tab 10-20 mg 24
amlodipine besylate-olmesartan
 medoxomil tab 10-40 mg 24
amlodipine besylate-olmesartan
 medoxomil tab 5-20 mg 24
amlodipine besylate-olmesartan
 medoxomil tab 5-40 mg 24
amlodipine besylate-valsartan tab 10-
 160 mg 25
amlodipine besylate-valsartan tab 10-
 320 mg 25
amlodipine besylate-valsartan tab 5-
 160 mg 24
amlodipine besylate-valsartan tab 5-
 320 mg 25
amnesteem 77
amoxapine 32
amoxicillin 11
amoxicillin & k clavulanate chew tab
 200-28.5 mg 11
amoxicillin & k clavulanate chew tab
 400-57 mg 11
amoxicillin & k clavulanate for susp
 200-28.5 mg/5ml 11
amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml 11

amoxicillin & k clavulanate for susp
 400-57 mg/5ml 11
amoxicillin & k clavulanate for susp
 600-42.9 mg/5ml 11
amoxicillin & k clavulanate tab 250-125
 mg 11
amoxicillin & k clavulanate tab 500-125
 mg 11
amoxicillin & k clavulanate tab 875-125
 mg 11
amoxicillin & k clavulanate tab er 12hr
 1000-62.5 mg 11
amphetamine-dextroamphetamine cap
 er 24hr 10 mg 41
amphetamine-dextroamphetamine cap
 er 24hr 15 mg 41
amphetamine-dextroamphetamine cap
 er 24hr 20 mg 41
amphetamine-dextroamphetamine cap
 er 24hr 25 mg 41
amphetamine-dextroamphetamine cap
 er 24hr 30 mg 41
amphetamine-dextroamphetamine cap
 er 24hr 5 mg 41
amphetamine-dextroamphetamine tab
 10 mg 41
amphetamine-dextroamphetamine tab
 12.5 mg 41
amphetamine-dextroamphetamine tab
 15 mg 42
amphetamine-dextroamphetamine tab
 20 mg 42
amphetamine-dextroamphetamine tab
 30 mg 42
amphetamine-dextroamphetamine tab
 5 mg 41
amphetamine-dextroamphetamine tab
 7.5 mg 41
amphotericin b 5
amphotericin b liposome 5
ampicillin 11
ampicillin & sulbactam sodium for inj
 1.5 (1-0.5) gm 11
ampicillin & sulbactam sodium for inj 3
 (2-1) gm 11

<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11
<i>ampicillin sodium</i>	11
<i>anagrelide hcl</i>	63
<i>anastrozole</i>	14
<i>ANORO ELLIPT AER 62.5-25</i>	73
<i>aprepitant</i>	58
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	58
<i>apri</i>	51
<i>APTIOM</i>	37
<i>APTIVUS</i>	6
<i>ARALAST NP</i>	74
<i>aranelle</i>	51
<i>ARCALYST</i>	66
<i>AREXVY</i>	67
<i>arformoterol tartrate</i>	74
<i>ariPIPrazole</i>	35
<i>ARISTADA</i>	35
<i>ARISTADA INITIO</i>	35
<i>armodafinil</i>	45
<i>ARNUITY ELLIPTA</i>	76
<i>asenapine maleate</i>	35
<i>aspirin-dipyridamole cap er 12hr 25- 200 mg</i>	63
<i>ASTAGRAF XL</i>	66
<i>atazanavir sulfate</i>	6
<i>atenolol</i>	28
<i>atenolol & chlorthalidone tab 100-25 mg</i>	28
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28
<i>atomoxetine hcl</i>	42
<i>atorvastatin calcium</i>	27
<i>atovaquone</i>	3
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	6
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	6
<i>ATROPINE SULFATE</i>	72
<i>atropine sulfate (ophthalmic)</i>	72
<i>ATROVENT HFA</i>	73

<i>aubra eq.</i>	51
<i>AUGTYRO</i>	16
<i>aurovela 1/20</i>	51
<i>aurovela fe 1.5/30</i>	51
<i>aurovela fe 1/20</i>	51
<i>AUSTEDO</i>	43
<i>AUSTEDO XR</i>	44
<i>AUSTEDO XR TAB TITR KIT</i>	44
<i>AUVELITY TAB 45-105MG</i>	32
<i>aviane</i>	51
<i>ayuna</i>	51
<i>AYVAKIT</i>	16
<i>azacitidine</i>	13
<i>azathioprine</i>	66
<i>azelaic acid</i>	79
<i>azelastine hcl</i>	73
<i>azelastine hcl (ophth)</i>	72
<i>azithromycin</i>	10
<i>aztreonam</i>	3
<i>azurette</i>	51
B	
<i>bacitracin (ophthalmic)</i>	71
<i>bacitracin-polymyxin b ophth oint</i>	71
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	70
<i>baclofen</i>	45
<i>BAFIERTAM</i>	44
<i>balsalazide disodium</i>	59
<i>BALVERSA</i>	16
<i>balziva</i>	51
<i>BARACLUDE</i>	8
<i>BASAGLAR KWIKPEN</i>	48
<i>BCG VACCINE</i>	67
<i>BD ALCOHOL SWABS</i>	48
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	23
<i>benazepril hcl</i>	24
<i>BENDEKA</i>	12
<i>BENLYSTA</i>	66

benzoyl peroxide-erythromycin gel 5-3%	77
benztropine mesylate	34
BERINERT	63
BESIVANCE	71
BESREMI	15
betaine powder for oral solution	56
betamethasone dipropionate (topical)	78
betamethasone dipropionate augmented	78
betamethasone valerate	78
BETASERON	44
betaxolol hcl (ophth)	72
bethanechol chloride	61
BETOPTIC-S	72
BEVESPI AER 9-4.8MCG	73
bexarotene	15
bexarotene (topical)	79
BEXSERO INJ	67
bicalutamide	14
BICILLIN L-A	11
BIKTARVY TAB 30-120-15 MG	7
BIKTARVY TAB 50-200-25 MG	7
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	28
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	28
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	28
bisoprolol fumarate	28
BIVIGAM	65
blisovi fe 1.5/30	51
BOOSTRIX INJ	67
bortezomib	16
BORTEZOMIB	16
bosentan	31
BOSULIF	16
BRAUTOVI	16
BREO ELLIPTA INH 100-25	76
BREO ELLIPTA INH 200-25	76
BREO ELLIPTA INH 50-25MCG	76
BREZTRI AERO AER SPHERE	73
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	73
briellyn	51

BRILINTA	63
brimonidine tartrate	72
brinzolamide	72
BRIVIACT	37, 38
bromfenac sodium (ophth)	71
bromocriptine mesylate	34
BROMSITE	71
BRONCHITOL	75
BRUKINSA	16
budesonide	59
budesonide (inhalation)	76
bumetanide	30
buprenorphine hcl	45
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	45
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	45
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	46
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	46
bupropion hcl	32
bupropion hcl (smoking deterrent)	46
buspirone hcl	32
butorphanol tartrate	2
BYDUREON BCISE	46
BYETTA	46
C	
cabergoline	56
CABOMETYX	16
calcipotriene	78
calcitonin (salmon) spray	50
calcitrene	78
calcitriol	58
calcitriol (oral)	58
calcium acetate (phosphate binder)	57
CALQUENCE	16
camila	51
candesartan cilexetil	26
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	25

candesartan cilexetil-	
hydrochlorothiazide tab 32-12.5 mg	
.....	25
candesartan cilexetil-	
hydrochlorothiazide tab 32-25 mg	25
CAPLYTA	35
CAPRELSA	16
captopril	24
captopril & hydrochlorothiazide tab 25-	
15 mg	23
captopril & hydrochlorothiazide tab 25-	
25 mg	23
captopril & hydrochlorothiazide tab 50-	
15 mg	23
captopril & hydrochlorothiazide tab 50-	
25 mg	23
carb/levo orally disintegrating tab 10-	
100mg	34
carb/levo orally disintegrating tab 25-	
100mg	34
carb/levo orally disintegrating tab 25-	
250mg	34
carbamazepine	38
carbidopa	34
carbidopa & levodopa tab 10-100 mg	34
carbidopa & levodopa tab 25-100 mg	34
carbidopa & levodopa tab 25-250 mg	34
carbidopa & levodopa tab er 25-100	
mg	34
carbidopa & levodopa tab er 50-200	
mg	34
carbidopa-levodopa-entacapone tabs	
12.5-50-200 mg	34
carbidopa-levodopa-entacapone tabs	
18.75-75-200 mg	34
carbidopa-levodopa-entacapone tabs	
25-100-200 mg	34
carbidopa-levodopa-entacapone tabs	
31.25-125-200 mg	34
carbidopa-levodopa-entacapone tabs	
37.5-150-200 mg	34
carbidopa-levodopa-entacapone tabs	
50-200-200 mg	34
carboplatin	12
carglumic acid	56
carteolol hcl (ophth)	72

cartia xt	29
carvedilol.....	28
caspofungin acetate.....	5
CAYSTON.....	3
cefaclor	9
CEFACLOR ER.....	9
cefadroxil.....	9
CEFAZOLIN	9
CEFAZOLIN INJ 1GM/50ML.....	9
cefazolin sodium	9
CEFAZOLIN SOLN 2GM/100ML-4%	9
cefdinir.....	9
cefepime hcl.....	9
cefixime	10
cefoxitin sodium.....	10
cefpodoxime proxetil.....	10
ceprozil	10
ceftazidime	10
ceftriaxone sodium	10
cefuroxime axetil	10
cefuroxime sodium	10
celecoxib	1
cephalexin	10
CERDELGA	56
CEREZYME	56
cetirizine hcl.....	73
cevimeline hcl.....	80
chateal eq.....	51
CHEMET	50
chlorhexidine gluconate (mouth-throat)	
.....	80
chloroquine phosphate	6
chlorpromazine hcl	35
chlorthalidone.....	30
cholestyramine	27
cholestyramine light	27
choline fenofibrate.....	27
ciclopirox olamine	77
cilstazol	63
CILOXAN	71
CIMDUO TAB 300-300.....	7
cinacalcet hcl.....	56
CIPRO	10
CIPRO HC SUS OTIC.....	73
ciprofloxacin 200 mg/100ml in d5w ..	10
ciprofloxacin 400 mg/200ml in d5w ..	10

<i>ciprofloxacin hcl</i>	10
<i>ciprofloxacin hcl (ophth)</i>	71
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	73
<i>cisplatin</i>	12
<i>citalopram hydrobromide</i>	32, 33
<i>claravis</i>	77
<i>clarithromycin</i>	10
<i>clindamycin hcl</i>	3
<i>clindamycin palmitate hydrochloride</i> ...	3
<i>clindamycin phosphate</i>	3
<i>clindamycin phosphate (topical)</i>	77
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4
<i>clindamycin phosphate vaginal</i>	62
<i>CLINDMYC/NAC INJ 300/50ML</i>	4
<i>CLINDMYC/NAC INJ 600/50ML</i>	4
<i>CLINDMYC/NAC INJ 900/50ML</i>	4
<i>CLINIMIX INJ 4.25/D10</i>	70
<i>CLINIMIX INJ 4.25/D5W</i>	70
<i>CLINIMIX INJ 5%/D15W</i>	70
<i>CLINIMIX INJ 5%/D20W</i>	70
<i>CLINIMIX INJ 6/5</i>	70
<i>CLINIMIX INJ 8/10</i>	70
<i>CLINIMIX INJ 8/14</i>	70
<i>clenisol sf 15%</i>	70
<i>CLINOLIPID EMU 20%</i>	70
<i>clobazam</i>	38
<i>clobetasol propionate</i>	78
<i>clobetasol propionate e</i>	78
<i>clomipramine hcl</i>	33
<i>clonazepam</i>	38
<i>clonidine</i>	31
<i>clonidine hcl</i>	31
<i>clopidogrel bisulfate</i>	63
<i>clorazepate dipotassium</i>	38
<i>clotrimazole</i>	80
<i>clotrimazole (topical)</i>	77
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	77
<i>clozapine</i>	35, 36
<i>COARTEM TAB 20-120MG</i>	6

<i>colchicine</i>	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>colesevelam hcl</i>	27
<i>colestipol hcl</i>	27
<i>colistimethate sodium</i>	4
<i>COMBIGAN SOL 0.2/0.5%</i>	72
<i>COMBIVENT AER 20-100</i>	73
<i>COMETRIQ (60MG DOSE)</i>	16
<i>COMETRIQ KIT 100MG</i>	16
<i>COMETRIQ KIT 140MG</i>	16
<i>COMPLERA TAB</i>	7
<i>compro</i>	58
<i>constulose</i>	60
<i>COPIKTRA</i>	17
<i>CORLANOR</i>	31
<i>COTELLIC</i>	17
<i>CREON CAP 12000UNT</i>	61
<i>CREON CAP 24000UNT</i>	61
<i>CREON CAP 3000UNIT</i>	61
<i>CREON CAP 36000UNT</i>	61
<i>CREON CAP 6000UNIT</i>	61
<i>cromolyn sodium</i>	75
<i>cromolyn sodium (mastocytosis)</i>	60
<i>cromolyn sodium (ophth)</i>	72
<i>cryselle-28</i>	51
<i>cyclobenzaprine hcl</i>	45
<i>cyclophosphamide</i>	12
<i>CYCLOPHOSPHAMIDE</i>	12
<i>CYCLOPHOSPHAMIDE MONOHYDR</i>	13
<i>cycloserine</i>	8
<i>cyclosporine</i>	66
<i>cyclosporine modified (for microemulsion)</i>	66
<i>cyproheptadine hcl</i>	73
<i>cyred eq</i>	51
<i>CYSTADROPS</i>	72
<i>CYSTAGON</i>	56
<i>CYSTARAN</i>	72
<i>cytarabine</i>	13
D	
<i>D10W/NACL INJ 0.2%</i>	68
<i>D2.5W/NACL INJ 0.45%</i>	68
<i>D5W/LYTES INJ #48</i>	68
<i>dabigatran etexilate mesylate</i>	62
<i>dalfampridine</i>	44

<i>danazol</i>	54
<i>dantrolene sodium</i>	45
<i>dapsone</i>	4
<i>DAPTACEL INJ</i>	67
<i>daptomycin</i>	4
<i>DAPTO MYCIN</i>	4
<i>darifenacin hydrobromide</i>	61
<i>darunavir</i>	6
<i>dasetta 1/35</i>	51
<i>dasetta 7/7/7</i>	51
<i>DAURISMO</i>	17
<i>DAYVIGO</i>	42
<i>deblitane</i>	51
<i>deferasirox</i>	50
<i>DELSTRIGO TAB</i>	7
<i>DENGVAXIA SUS</i>	67
<i>DEPO-SUBQ PROVERA 104</i>	51
<i>depo-testosterone</i>	46
<i>DESCOVY TAB 120-15MG</i>	7
<i>DESCOVY TAB 200/25MG</i>	7
<i>desipramine hcl</i>	33
<i>desloratadine</i>	73
<i>desmopressin acetate</i>	56
<i>desmopressin acetate spray</i>	56
<i>desmopressin acetate spray refrigerated</i>	56
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	51
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	51
<i>desvenlafaxine succinate</i>	33
<i>dexamethasone</i>	55
<i>DEXAMETHASONE INTENSOL</i>	55
<i>dexamethasone sodium phosphate</i> ..	55
<i>dexamethasone sodium phosphate (ophth)</i>	71
<i>dexmethylphenidate hcl</i>	42
<i>dextrose</i>	70
<i>dextrose 10% w/ sodium chloride 0.45%</i>	68
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	68
<i>dextrose 5% in lactated ringers</i>	68
<i>dextrose 5% w/ sodium chloride 0.2%</i>	68
<i>dextrose 5% w/ sodium chloride</i>	68
<i>0.225%</i>	68
<i>dextrose 5% w/ sodium chloride 0.3%</i>	68
<i>dextrose 5% w/ sodium chloride 0.45%</i>	68
<i>dextrose 5% w/ sodium chloride 0.9%</i>	68
<i>DIACOMIT</i>	38
<i>diazepam</i>	38
<i>diazepam (anticonvulsant)</i>	38
<i>diazepam inj</i>	38
<i>diazepam intensol</i>	38
<i>diazoxide</i>	56
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	71
<i>diclofenac sodium (topical)</i>	79
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>dicloxacillin sodium</i>	11
<i>dicyclomine hcl</i>	59
<i>DIFICID</i>	10
<i>diflunisal</i>	1
<i>dilfuprednate</i>	71
<i>digoxin</i>	31
<i>dihydroergotamine mesylate</i>	43
<i>DILANTIN</i>	38
<i>DILANTIN INFATABS</i>	38
<i>DILANTIN-125</i>	38
<i>diltiazem hcl</i>	29
<i>diltiazem hcl coated beads</i>	29
<i>diltiazem hcl extended release beads</i> ..	29
<i>dilt-xr</i>	29
<i>DIP/TET PED INJ 25-5LFU</i>	67
<i>diphenhydramine hcl</i>	73
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	60
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	60
<i>dipyridamole</i>	64
<i>disopyramide phosphate</i>	26
<i>disulfiram</i>	46
<i>divalproex sodium</i>	39

<i>docetaxel</i>	15
DOCETAXEL.....	15
<i>dofetilide</i>	26
<i>donepezil hydrochloride</i>	32
DOPTELET	63
<i>dorzolamide hcl</i>	72
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	72
<i>dotti</i>	54
DOVATO TAB 50-300MG	7
<i>doxazosin mesylate</i>	24
<i>doxepin hcl</i>	33
<i>doxepin hcl (sleep)</i>	43
<i>doxercalciferol</i>	58
<i>doxorubicin hcl</i>	13
<i>doxorubicin hcl liposomal</i>	13
<i>doxy 100</i>	12
<i>doxycycline (monohydrate)</i>	12
<i>doxycycline hyclate</i>	12
<i>dronabinol</i>	58
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	51
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	51
DROXIA	63
<i>droxidopa</i>	31
DULERA AER 100-5MCG	76
DULERA AER 200-5MCG	76
DULERA AER 50-5MCG	76
<i>duloxetine hcl</i>	33
DUPIXENT	64
<i>dutasteride</i>	61
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	61
E	
e.e.s. 400.....	10
<i>ec-naproxen</i>	1
EDARBI	26
EDARBYCLOR TAB 40-12.5	25
EDARBYCLOR TAB 40-25MG	25
EDURANT	6
<i>efavirenz</i>	6
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	7
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	7

<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	7
ELIGARD	14
<i>elnest</i>	51
ELIQUIS	62
ELIQUIS STARTER PACK	62
ELLENCE	13
<i>eluryng</i>	51
EMSAM	33
<i>emtricitabine</i>	6
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	7
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	8
EMTRIVA	6
EMVERM	4
<i>enalapril maleate</i>	24
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	23
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	23
ENBREL	64
ENBREL MINI	64
ENBREL SURECLICK	64
ENDARI	63
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325mg</i>	2
INGERIX-B	67
<i>enilloring</i>	51
<i>enoxaparin sodium</i>	62
<i>enpresse-28</i>	51
<i>enskyce</i>	51
ENSTILAR AER	78
<i>entacapone</i>	34
<i>entecavir</i>	8
ENTRESTO TAB 24-26MG	25
ENTRESTO TAB 49-51MG	25
ENTRESTO TAB 97-103MG	25
<i>enulose</i>	60
EPCLUSIA PAK 150-37.5	8

EPCLUSA PAK 200-50MG.....	8
EPCLUSA TAB 200-50MG.....	8
EPCLUSA TAB 400-100	9
EPIDIOLEX	39
epinephrine (<i>anaphylaxis</i>)	31, 75
epitol.....	39
eplerenone	24
EPRONTIA	39
ergotamine w/ caffeine tab 1-100 mg	43
ERIVEDGE	17
ERLEADA.....	14
erlotinib hcl	17
errin.....	51
ertapenem sodium	4
ery.....	77
ery-tab	10
ERYTHROCIN LACTOBIONATE	10
erythrocin stearate.....	10
erythromycin (<i>acne aid</i>)	77
erythromycin (<i>ophth</i>)	71
erythromycin base	10
erythromycin ethylsuccinate	10
erythromycin lactobionate	10
escitalopram oxalate	33
esomeprazole magnesium	61
estarrylla.....	51
estradiol.....	55
estradiol & norethindrone acetate tab 0.5-0.1 mg	55
estradiol & norethindrone acetate tab 1-0.5 mg	55
estradiol vaginal	55
estradiol valerate.....	55
ethambutol hcl	8
ethosuximide	39
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg	51
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg	51
etodolac	1
etonogestrel-ethynodiol va ring 0.12-0.015 mg/24hr.....	52
etoposide	15
etravirine	6
EULEXIN	14
euthyrox.....	58
everolimus	17
everolimus (<i>immunosuppressant</i>)	66
EVOTAZ TAB 300-150	8
exemestane	14
EXKIVITY	17
EYSUVIS.....	71
EZALLOR SPRINKLE	27
ezetimibe.....	27
ezetimibe-simvastatin tab 10-10 mg.....	28
ezetimibe-simvastatin tab 10-20 mg.....	28
ezetimibe-simvastatin tab 10-40 mg.....	28
ezetimibe-simvastatin tab 10-80 mg.....	28
F	
FABRAZYME	56
falmina.....	52
famciclovir	9
famotidine	59
famotidine in nacl 0.9% iv soln 20 mg/50ml.....	59
FANAPT	36
FANAPT PAK.....	36
FARXIGA	46
FASENRA	75
FASENRA PEN.....	75
febuxostat	1
felbamate	39
felodipine.....	29
fenofibrate	27
fenofibrate micronized.....	27
fentanyl.....	1
fentanyl citrate	2
fesoterodine fumarate	61
FETZIMA.....	33
FETZIMA CAP TITRATIO.....	33
FIASP.....	48
FIASP FLEXTOUCH.....	48
FIASP PENFILL.....	48
FIASP PUMPCART	48
FINACEA.....	79
finasteride	61
fingolimod hcl	44
FINTEPLA.....	39
FIRMAGON	14
flac	73
FLAREX	71

FLEBOGAMMA DIF.....	66
flecainide acetate.....	26
fluconazole	5
fluconazole in nacl 0.9% inj 200 mg/100ml.....	5
fluconazole in nacl 0.9% inj 400 mg/200ml.....	5
flucytosine.....	5
fludrocortisone acetate	55
flunisolide (nasal)	76
fluocinolone acetonide	78, 79
fluocinolone acetonide (otic)	73
fluocinonide	79
fluocinonide emulsified base	79
fluorometholone (ophth)	71
fluorouracil	13
fluorouracil (topical)	79
fluoxetine hcl	33
fluphenazine decanoate	36
fluphenazine hcl	36
flurbiprofen.....	1
flurbiprofen sodium	72
fluticasone propionate	79
fluticasone propionate (nasal)	76
fluticasone-salmeterol aer powder ba 100-50 mcg/act	77
fluticasone-salmeterol aer powder ba 250-50 mcg/act	77
fluticasone-salmeterol aer powder ba 500-50 mcg/act	77
fluvastatin sodium	27
fluvoxamine maleate	32
fondaparinux sodium	62
formoterol fumarate	74
FOSAMAX + D TAB 70-2800	50
FOSAMAX + D TAB 70-5600	50
fosamprenavir calcium	6
fosinopril sodium	24
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	23
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	23
FOTIVDA	17
FRUZAQLA.....	17
fulvestrant.....	14
furosemide	30

furosemide inj	30
FUZEON	6
fyavolv tab 0.5mg-2.5mcg	55
fyavolv tab 1mg-5mcg	55
FYCOMPA.....	39
G	
gabapentin.....	39
gabapentin (once-daily)	44
galantamine hydrobromide	32
GAMASTAN INJ	66
GAMMAGARD LIQUID	66
GAMMAGARD S/D IGA LESS TH	66
GAMMAKED	66
GAMMAPLEX	66
GAMUNEX-C	66
ganciclovir sodium	9
GARDASIL 9 INJ.....	67
gatifloxacin (ophth)	71
GATTEX	60
GAUZE PADS 2	48
gavilyte-c	60
gavilyte-g	60
GAVRETO.....	17
gefitinib	17
gemcitabine hcl	13
gemfibrozil	27
GEMTESA.....	61
generlac	60
genograf	66
GENOTROPIN	56
GENOTROPIN MINIQUICK	56
gentamicin in saline inj 0.8 mg/ml	4
gentamicin in saline inj 1 mg/ml	4
gentamicin in saline inj 1.2 mg/ml	4
gentamicin in saline inj 1.6 mg/ml	4
gentamicin in saline inj 2 mg/ml	4
gentamicin sulfate	4
gentamicin sulfate (ophth)	71
gentamicin sulfate (topical).....	77
GENVOYA TAB	8
GILOTrif.....	17
glatiramer acetate	44
glatopa.....	45
GLEOSTINE	13
glimepiride.....	46
glipizide.....	46, 47

<i>glipizide xl</i>	47
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	47
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	47
<i>glipizide-metformin hcl tab 5-500 mg</i>	47
<i>glycopyrrolate</i>	59
<i>glydo</i>	79
GLYXAMBI TAB 10-5 MG	47
GLYXAMBI TAB 25-5 MG	47
GRALISE	44
<i>granisetron hcl</i>	59
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	31
<i>guanfacine hcl (adhd)</i>	42
GVOKE HYPOPEN 2-PACK	56
GVOKE KIT	56
GVOKE PFS	56
H	
HAEGARDA	63
<i>hailey 1.5/30</i>	52
<i>halobetasol propionate</i>	79
<i>haloette</i>	52
<i>haloperidol</i>	36
<i>haloperidol decanoate</i>	36
<i>haloperidol lactate</i>	36
HARVONI PAK 33.75-150MG	9
HARVONI PAK 45-200MG	9
HARVONI TAB 45-200MG	9
HARVONI TAB 90-400MG	9
HAVRIX	67
<i>heather</i>	52
HEP SOD/D5W INJ 20000UNT	62
HEP SOD/D5W INJ 25000UNT	62
HEP SOD/NACL INJ 12500UNT	62
HEP SOD/NACL INJ 25000UNT	62
<i>heparin sodium (porcine)</i>	62
HEPARIN/NACL INJ 25000UNT	62
HEPLISAV-B	67
HERCEP HYLEC SOL 60-10000	17
HERCEPTIN	17
HERZUMA	17
HIBERIX	67
HUMIRA	64
HUMIRA PEDIA INJ CROHNS	64

HUMIRA PEDIATRIC CROHNS D	64
HUMIRA PEN	64
HUMIRA PEN KIT PS/UV	64
HUMIRA PEN-CD/UC/HS START	64
HUMIRA PEN-PEDIATRIC UC S	64
HUMIRA PEN-PS/UV STARTER	64
HUMULIN R U-500 (CONCENTR.)	48
HUMULIN R U-500 KWIKPEN	48
<i>hydralazine hcl</i>	31
<i>hydrochlorothiazide</i>	30
<i>hydrocodone bitartrate</i>	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	55
<i>hydrocortisone (intrarectal)</i>	59
<i>hydrocortisone (rectal)</i>	79
<i>hydrocortisone (topical)</i>	79
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	65
<i>hydroxyurea</i>	15
<i>hydroxyzine hcl</i>	74
<i>hydroxyzine pamoate</i>	74
HYSINGLA ER	2
I	
<i>ibandronate sodium</i>	50
IBRANCE	17
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	63
<i>iclevia</i>	52
ICLUSIG	17
IDACIO (2 PEN)	64
IDACIO (2 SYRINGE)	64
IDACIO CROHN INJ DISEASE	64
IDACIO PLAQU INJ PSORIASIS	65
IDHIFA	18
<i>imatinib mesylate</i>	18
IMBRUVICA	18

<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
<i>imipramine hcl</i>	33
<i>imiquimod</i>	79
<i>IMOVAX RABIES (H.D.C.V.)</i>	67
<i>INBRIJA</i>	35
<i>incassia</i>	52
<i>INCRELEX</i>	56
<i>INCRUSE ELLIPTA</i>	73
<i>indapamide</i>	30
<i>INFANRIX INJ</i>	67
<i>INFLIXIMAB</i>	65
<i>INLYTA</i>	18
<i>INQOVI TAB 35-100MG</i>	13
<i>INREBIC</i>	18
<i>INSULIN PEN NEEDLES: BD/NOVO</i>	48
<i>INSULIN SAFETY NEEDLES</i>	48
<i>INSULIN SYRINGES: BD</i>	48
<i>INTELENCE</i>	6
<i>INTRALIPID</i>	70
<i>introvale</i>	52
<i>INVEGA HAFYERA</i>	36
<i>INVEGA SUSTENNA</i>	36
<i>INVEGA TRINZA</i>	36
<i>IPOP INJ INACTIVE</i>	67
<i>ipratropium bromide</i>	73
<i>ipratropium bromide (nasal)</i>	73
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	73
<i>irbesartan</i>	26
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	25
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	25
<i>irinotecan hcl</i>	15
<i>ISENTRESS</i>	6
<i>ISENTRESS HD</i>	6
<i>isibloom</i>	52
<i>ISOLYTE-P INJ /D5W</i>	68
<i>ISOLYTE-S INJ</i>	68
<i>ISOLYTE-S INJ PH 7.4</i>	68
<i>isoniazid</i>	8
<i>isosorbide dinitrate</i>	31
<i>isosorbide mononitrate</i>	31
<i>isotretinoin</i>	77
<i>isradipine</i>	29
<i>itraconazole</i>	5
<i>ivermectin</i>	4
<i>IWLFIN</i>	15
<i>IXCHIQ INJ</i>	67
<i>IXIARO INJ</i>	67
J	
<i>JAKAFI</i>	18
<i>jantoven</i>	62
<i>JANUMET TAB 50-1000</i>	47
<i>JANUMET TAB 50-500MG</i>	47
<i>JANUMET XR TAB 100-1000</i>	47
<i>JANUMET XR TAB 50-1000</i>	47
<i>JANUMET XR TAB 50-500MG</i>	47
<i>JANUVIA</i>	47
<i>JARDIANCE</i>	47
<i>jasmiel</i>	52
<i>javygtor</i>	56
<i>JAYPIRCA</i>	18
<i>JENTADUETO TAB 2.5-1000</i>	47
<i>JENTADUETO TAB 2.5-500</i>	47
<i>JENTADUETO TAB 2.5-850</i>	47
<i>JENTADUETO TAB XR 2.5-1000MG</i>	47
<i>JENTADUETO TAB XR 5-1000MG</i>	47
<i>jinteli</i>	55
<i>jolessa</i>	52
<i>juleber</i>	52
<i>JULUCA TAB 50-25MG</i>	8
<i>junel 1.5/30</i>	52
<i>junel 1/20</i>	52
<i>junel fe 1.5/30</i>	52
<i>junel fe 1/20</i>	52
<i>JYNNEOS</i>	67
K	
<i>KADCYLA</i>	18
<i>KALYDECO</i>	75
<i>KANJINTI</i>	18
<i>kariva</i>	52
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	68
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	68

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	68
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	69
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	69
KCL/D5W/NACL INJ 0.3/0.9%	69
<i>kelnor 1/35</i>	52
<i>kelnor 1/50</i>	52
KERENDIA	24
KESIMPTA	45
<i>ketoconazole</i>	5
<i>ketoconazole (topical)</i>	77, 78
<i>ketorolac tromethamine (ophth)</i>	72
KEVZARA	65
KEYTRUDA	18
KINRIX INJ	67
KISQALI 200 DOSE	18
KISQALI 200 PAK FEMARA	15
KISQALI 400 DOSE	18
KISQALI 400 PAK FEMARA	15
KISQALI 600 DOSE	18
KISQALI 600 PAK FEMARA	15
<i>klayesta</i>	78
<i>klor-con</i>	69
<i>klor-con 10</i>	69
<i>klor-con 8</i>	69
<i>klor-con m10</i>	69
<i>klor-con m15</i>	70
<i>klor-con m20</i>	70
KORLYM	56
KOSELUGO	18
<i>kourzeq</i>	80
KRAZATI	18
<i>kurvelo</i>	52
L	
<i>labetalol hcl</i>	28
<i>lacosamide</i>	39
<i>lacosamide oral</i>	39
<i>lactated ringer's solution</i>	69
<i>lactic acid (ammonium lactate)</i>	80
<i>lactulose</i>	60
<i>lactulose (encephalopathy)</i>	60
<i>lamivudine</i>	6
<i>lamivudine (hbv)</i>	9
<i>lamivudine-zidovudine tab 150-300 mg</i>	8
<i>lamotrigine</i>	39
<i>lansoprazole</i>	61
<i>lanthanum carbonate</i>	57
LANTUS	48
LANTUS SOLOSTAR	48
<i>lapatinib ditosylate</i>	18
<i>larin 1.5/30</i>	52
<i>larin 1/20</i>	52
<i>larin fe 1.5/30</i>	52
<i>larin fe 1/20</i>	52
<i>latanoprost</i>	72
<i>leena</i>	52
<i>leflunomide</i>	65
<i>lenalidomide</i>	14
LENVIMA 10 MG DAILY DOSE	19
LENVIMA 12MG DAILY DOSE	19
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	18
LENVIMA 8 MG DAILY DOSE	19
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
<i>lessina</i>	52
<i>letrozole</i>	14
<i>leucovorin calcium</i>	23
LEUKERAN	13
<i>leuprolide acetate</i>	14
<i>levalbuterol hcl</i>	74
<i>levalbuterol tartrate</i>	74
<i>levetiracetam</i>	39
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	39
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	39
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	39

<i>levobunolol hcl</i>	72
<i>levocarnitine (metabolic modifiers)</i> ..	56
<i>levocetirizine dihydrochloride</i>	74
<i>levofloxacin</i>	10
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	11
<i>levonest</i>	52
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	52
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	52
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	52
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	52
<i>levora 0.15/30-28</i>	52
<i>levo-t</i>	58
<i>levothyroxine sodium</i>	58
<i>levoxyl</i>	58
<i>LEXIVA</i>	6
<i>lidocaine</i>	79
<i>lidocaine hcl</i>	79
<i>lidocaine hcl (local anesth.)</i>	3
<i>lidocaine hcl (mouth-throat)</i>	80
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ..	79
<i>lidocan</i>	79
<i>linezolid</i>	4
<i>LINEZOLID INJ 2MG/ML</i>	4
<i>LINZESS</i>	60
<i>liothyronine sodium</i>	58
<i>lisdexamphetamine dimesylate</i>	42
<i>lisinopril</i>	24
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	24
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	24
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	24
<i>lithium</i>	44
<i>lithium carbonate</i>	44
<i>loestrin 1.5/30-21</i>	52
<i>loestrin 1/20-21</i>	52
<i>loestrin fe 1.5/30</i>	52
<i>loestrin fe 1/20</i>	52
<i>LOKELMA</i>	50
<i>LONSURF TAB 15-6.14</i>	13
<i>LONSURF TAB 20-8.19</i>	13
<i>loperamide hcl</i>	60
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	8
<i>lopinavir-ritonavir tab 100-25 mg</i>	8
<i>lopinavir-ritonavir tab 200-50 mg</i>	8
<i>lorazepam</i>	32
<i>lorazepam intensol</i>	32
<i>LORBRENA</i>	19
<i>loryna</i>	52
<i>losartan potassium</i>	26
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	25
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	25
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	25
<i>LOTEMAX</i>	72
<i>loteprednol etabonate</i>	72
<i>lovastatin</i>	27
<i>low-ogestrel</i>	52
<i>loxapine succinate</i>	36
<i>LUMAKRAS</i>	19
<i>LUMIGAN</i>	72
<i>LUMIZYME</i>	56
<i>LUPRON DEPOT (1-MONTH)</i>	14
<i>LUPRON DEPOT (3-MONTH)</i>	14
<i>LUPRON DEPOT-PED (1-MONTH)</i>	56
<i>LUPRON DEPOT-PED (3-MONTH)</i>	57
<i>LUPRON DEPOT-PED (6-MONTH)</i>	57
<i>lurasidone hcl</i>	36
<i>lutera</i>	52
<i>lyleq</i>	52
<i>lyllana</i>	55
<i>LYNPARZA</i>	19
<i>LYSODREN</i>	14
<i>LYTGOBI (12 MG DAILY DOSE)</i>	19
<i>LYTGOBI (16 MG DAILY DOSE)</i>	19
<i>LYTGOBI (20 MG DAILY DOSE)</i>	19
<i>lyza</i>	53

M

<i>magnesium sulfate</i>	69
MAGNESIUM SULFATE	69
<i>magnesium sulfate in dextrose 5% iv</i>	
<i>soln 1 gm/100ml</i>	69
<i>malathion</i>	80
<i>maraviroc</i>	6
<i>marlissa</i>	53
MARPLAN	33
MATULANE	15
<i>matzim la</i>	29
MAVYRET PAK 50-20MG	9
MAVYRET TAB 100-40MG	9
<i>meclizine hcl</i>	59
<i>medroxyprogesterone acetate</i>	57
<i>medroxyprogesterone acetate</i>	
(<i>contraceptive</i>)	53
<i>mefloquine hcl</i>	6
<i>megestrol acetate</i>	14, 57
<i>megestrol acetate (appetite)</i>	58
MEKINIST.....	19
MEKTOVI.....	19
<i>meloxicam</i>	1
<i>memantine hcl</i>	32
MENACTRA INJ	67
MENQUADFI INJ	67
MENVEO INJ	67
MENVEO SOL	67
<i>mercaptopurine</i>	13
<i>meropenem</i>	4
<i>mesalamine</i>	60
<i>mesalamine w/ cleanser</i>	60
MESNEX	23
<i>metformin hcl</i>	47
<i>methadone hcl</i>	2
<i>methadone hydrochloride i</i>	2
<i>methazolamide</i>	30
<i>methenamine hippurate</i>	4
<i>methimazole</i>	58
<i>methocarbamol</i>	45
<i>methotrexate sodium</i>	13, 65
<i>methsuximide</i>	39
<i>methylphenidate hcl</i>	42
<i>methylprednisolone</i>	55
<i>methylprednisolone acetate</i>	55
<i>methylprednisolone sod succ</i>	55

<i>methyltestosterone</i>	46
<i>metoclopramide hcl</i>	59
<i>metolazone</i>	30
<i>metoprolol & hydrochlorothiazide tab</i>	
100-25 mg	28
<i>metoprolol & hydrochlorothiazide tab</i>	
100-50 mg	28
<i>metoprolol & hydrochlorothiazide tab</i>	
50-25 mg.....	28
<i>metoprolol succinate</i>	28
<i>metoprolol tartrate</i>	28
<i>metronidazole</i>	4
<i>metronidazole (topical)</i>	80
<i>metronidazole vaginal</i>	62
<i>metyrosine</i>	31
MG SO4/D5W INJ 10MG/ML	69
<i>micafungin sodium</i>	5
<i>microgestin 1.5/30</i>	53
<i>microgestin 1/20</i>	53
<i>microgestin fe 1.5/30</i>	53
<i>microgestin fe 1/20</i>	53
<i>midodrine hcl</i>	31
MIEBO.....	72
<i>mifepristone (hyperglycemia)</i>	57
<i> miglustat</i>	57
<i> mili</i>	53
<i> mimvey</i>	55
<i> minocycline hcl</i>	12
<i> minoxidil</i>	31
<i> mirtazapine</i>	33
<i> misoprostol</i>	60
MITIGARE	1
M-M-R II INJ	67
M-NATAL PLUS TAB	70
<i> modafinil</i>	45
<i> moexipril hcl</i>	24
<i> molindone hcl</i>	36
<i> mometasone furoate</i>	79
<i> mometasone furoate (nasal)</i>	76
MONJUVI	19
<i> mono-linyah</i>	53
<i> montelukast sodium</i>	74
<i> morphine sulfate</i>	2, 3
MORPHINE SULFATE	2
MORPHINE SULFATE/SODIUM C.....	3
MOUNJARO	47

MOVANTIK.....	60
<i>moxifloxacin hcl</i>	11
<i>moxifloxacin hcl (ophth)</i>	71
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	11
MULTAQ.....	26
<i>multiple electrolytes ph 5.5</i>	69
<i>multiple electrolytes ph 7.4</i>	69
<i>mupirocin</i>	77
<i>mycophenolate mofetil</i>	66, 67
<i>mycophenolate sodium</i>	67
MYRBETRIQ	61, 62
N	
<i>nabumetone</i>	1
<i>nadolol</i>	28
<i>nafcillin sodium</i>	11
<i>NAGLAZYME</i>	57
<i>nalbuphine hcl</i>	3
<i>naloxone hcl</i>	46
<i>naltrexone hcl</i>	46
<i>NAMZARIC CAP 14-10MG</i>	32
<i>NAMZARIC CAP 21-10MG</i>	32
<i>NAMZARIC CAP 28-10MG</i>	32
<i>NAMZARIC CAP 7-10MG</i>	32
<i>NAMZARIC CAP PACK</i>	32
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	43
<i>NATACYN</i>	71
<i>nateglinide</i>	47
<i>NATPARA</i>	50
<i>NAYZILAM</i>	39
<i>nebivolol hcl</i>	28
<i>necon 0.5/35-28</i>	53
<i>nefazodone hcl</i>	33
<i>neomycin sulfate</i>	4
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	71
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..	71
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	70
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	70
<i>neomycin-polymyxin-hc ophth susp</i> ..	70
<i>neomycin-polymyxin-hc otic soln 1%</i>	73

<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	73
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	71
<i>neo-polycin hc ophth oint 1%</i>	70
<i>NERLYNX</i>	19
<i>NEUPRO</i>	35
<i>nevirapine</i>	6
<i>NEXAVAR</i>	19
<i>niacin (antihyperlipidemic)</i>	28
<i>nicardipine hcl</i>	29
<i>NICOTROL INHALER</i>	46
<i>NICOTROL NS</i>	46
<i>nifedipine</i>	29
<i>nikki</i>	53
<i>nilutamide</i>	14
<i>nimodipine</i>	29
<i>NINLARO</i>	19
<i>nisoldipine</i>	29
<i>nitazoxanide</i>	4
<i>nitisinone</i>	57
<i>NITRO-BID</i>	31
<i>nitrofurantoin macrocrystal</i>	4
<i>nitrofurantoin monohyd macro</i>	4
<i>nitroglycerin</i>	31
<i>nitroglycerin (intra-anal)</i>	80
<i>nizatidine</i>	59
<i>nora-be</i>	53
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	53
<i>norethindrone (contraceptive)</i>	53
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	53
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	53
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	53
<i>norethindrone acetate</i>	58
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	55
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	55
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	53
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	53

<i>norgestimate-eth estrad tab 0.18-</i>	20
<i>25/0.215-25/0.25-25 mg-mcg.....</i>	53
<i>norgestimate-eth estrad tab 0.18-</i>	20
<i>35/0.215-35/0.25-35 mg-mcg.....</i>	53
NORITATE	80
<i>norlyroc</i>	53
NORPACE CR.....	26
<i>nortrel 0.5/35 (28).....</i>	53
<i>nortrel 1/35 (21)</i>	53
<i>nortrel 1/35 (28)</i>	53
<i>nortrel 7/7/7.....</i>	53
<i>nortriptyline hcl</i>	33
NORVIR	6
NOVOLIN INJ 70/30	49
NOVOLIN INJ 70/30 FP	49
NOVOLIN N.....	49
NOVOLIN N FLEXPEN.....	49
NOVOLIN R.....	49
NOVOLIN R FLEXPEN	49
NOVOLOG MIX INJ 70/30	49
NOVOLOG MIX INJ FLEXPEN	49
NUBEQA.....	14
NUEDEXTA CAP 20-10MG	44
NULOJIX	67
NUPLAZID	36
NURTEC	43
NUTRILIPID	70
NUZYRA	12
<i>nyamyc.....</i>	78
<i>nylia 1/35.....</i>	53
<i>nylia 7/7/7</i>	53
NYMALIZE	29
<i>nymyo</i>	53
<i>nystatin</i>	5
<i>nystatin (mouth-throat)</i>	80
<i>nystatin (topical)</i>	78
<i>nystop</i>	78
O	
<i>ocella</i>	53
OCTAGAM.....	66
<i>octreotide acetate</i>	57
ODEFSEY TAB	8
ODOMZO	19
OFEV	75
<i>ofloxacin (ophth)</i>	71
<i>ofloxacin (otic)</i>	73
OGIVRI	20
OGIVRI INJ 420MG.....	20
OGSIVEO	20
OJJAARA.....	20
<i>olanzapine</i>	36
<i>olmesartan medoxomil</i>	26
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 20-12.5 mg</i>	
.....	25
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-12.5 mg</i>	
.....	25
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-25 mg .25</i>	
<i>olmesartanamlodipine-</i>	
<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>mg.....</i>	25
<i>olmesartanamlodipine-</i>	
<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>mg.....</i>	25
<i>olmesartanamlodipine-</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i>	
.....	25
<i>olmesartanamlodipine-</i>	
<i>hydrochlorothiazide tab 40-5-12.5</i>	
<i>mg.....</i>	25
<i>olmesartanamlodipine-</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>	
.....	25
<i>olopatadine hcl (nasal)</i>	74
<i>omega-3-acid ethyl esters cap 1 gm .28</i>	28
<i>omeprazole</i>	61
OMNARIS.....	76
OMNIPOD 5 G6 KIT INTRO.....	49
OMNIPOD 5 G6 MIS PODS	49
OMNIPOD 5 G7 KIT INTRO	49
OMNIPOD 5 G7 MIS PODS	49
OMNIPOD DASH KIT INTRO	49
OMNIPOD DASH MIS PODS	49
OMNIPOD GO KIT 10UNT/DY	49
OMNIPOD GO KIT 15UNT/DY	49
OMNIPOD GO KIT 20UNT/DY	49
OMNIPOD GO KIT 25UNT/DY	49
OMNIPOD GO KIT 30UNT/DY	49
OMNIPOD GO KIT 35UNT/DY	49
OMNIPOD GO KIT 40UNT/DY	49

OMNIPOD MIS CLASSIC	49
ondansetron	59
ondansetron hcl.....	59
ONTRUZANT	20
ONUREG	13
OPSUMIT.....	31
ORGOVYX.....	14
ORKAMBI GRA 100-125	75
ORKAMBI GRA 150-188	75
ORKAMBI GRA 75-94MG	75
ORKAMBI TAB 100-125.....	75
ORKAMBI TAB 200-125.....	75
ORSERDU	14
oseltamivir phosphate.....	9
OTEZLA.....	65
OTEZLA TAB 10/20/30.....	65
oxacillin sodium.....	11
oxaliplatin	13
oxaprozin	1
oxcarbazepine	40
oxybutynin chloride.....	62
oxycodone hcl	3
oxycodone w/ acetaminophen tab 10- 325 mg	3
oxycodone w/ acetaminophen tab 2.5- 325 mg	3
oxycodone w/ acetaminophen tab 5- 325 mg	3
oxycodone w/ acetaminophen tab 7.5- 325 mg	3
OZEMPIC (0.25 OR 0.5 MG/DOSE) ...	47
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	47
OZEMPIC (1MG/DOSE)	47
OZEMPIC (2MG/DOSE)	47
P	
pacerone	26
paclitaxel	15
paclitaxel protein-bound particles for iv susp 100 mg	15
paliperidone.....	36
pamidronate disodium	50
PAMIDRONATE DISODIUM.....	50
PANRETIN	80
pantoprazole sodium	61
PANZYGA	66
paraplatin.....	13
paricalcitol	58
paroxetine hcl.....	33
PAXLOVID TAB 150-100	9
PAXLOVID TAB 300-100	9
pazopanib hcl	20
PEDIARIX INJ 0.5ML	67
PEDVAX HIB.....	67
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	60
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	60
PEGASYS	9
PEMAZYRE	20
pemetrexed disodium	13
PEN GK/DEXTR INJ 40000/ML	11
PEN GK/DEXTR INJ 60000/ML	12
PENBRAYA INJ	67
penicillamine	50
penicillin g potassium.....	12
penicillin g sodium.....	12
penicillin v potassium.....	12
PENTACEL INJ	67
pentamidine isethionate inh	4
pentamidine isethionate inj	4
pentoxifylline.....	63
perindopril erbumine.....	24
periogard.....	80
permethrin.....	80
perphenazine.....	36
PERSERIS	36
pfizerpen	12
phenelzine sulfate	33
phenobarbital	40
phenobarbital sodium	40
phenytek	40
phenytoin	40
phenytoin sodium.....	40
phenytoin sodium extended	40
PHESGO SOL.....	20
philith	53
PIFELTRO	7
pilocarpine hcl	72
pilocarpine hcl (oral).....	80
pimozide.....	36
pimtrea	53
pindolol	28

pioglitazone hcl 47
pioglitazone hcl-metformin hcl tab 15-500 mg 47
pioglitazone hcl-metformin hcl tab 15-850 mg 47
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 12
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 12
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 12
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 12
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 12
PIQRAY 200MG DAILY DOSE 20
PIQRAY 250MG TAB DOSE 20
PIQRAY 300MG DAILY DOSE 20
pirfenidone 75
piroxicam 1
pitavastatin calcium 27
PLASMA-LYTE INJ -148 69
PLASMA-LYTE INJ -A 69
plenamine 70
PLENVU SOL 60
podofilox 80
polycin ophth oint 71
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 71
POMALYST 14
portia-28 53
posaconazole 5
POT CHL 20MEQ/L IN NACL 0.45% INJ 69
POT CHL 20MEQ/L IN NACL 0.9% INJ 69
POT CHL 40MEQ/L IN NACL 0.9% INJ 69
potassium chloride 69, 70
POTASSIUM CHLORIDE 69
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 69
potassium chloride microencapsulated crystals er 70
potassium citrate (alkalinizer) 61
PRADAXA 62

pramipexole dihydrochloride 35
prasugrel hcl 64
pravastatin sodium 27
praziquantel 4
prazosin hcl 24
prednisolone 55
prednisolone acetate (ophth) 72
PREDNISOLONE SODIUM PHOSP 72
prednisolone sodium phosphate 55
prednisone 56
PREDNISONE INTENSOL 56
pregabalin 40
PREHEVBARIO 68
PREMASOL SOL 10% 70
PRENATAL TAB 27-1MG 70
PRENATAL TAB PLUS 70
prevalite 28
PREVYMIS 9
PREZCOBIX TAB 800-150 8
PREZISTA 7
PRIFTIN 8
primaquine phosphate 6
PRIMAQUINE PHOSPHATE 6
primidone 40
PRIORIX INJ 68
PRIVIGEN 66
probenecid 1
prochlorperazine 59
prochlorperazine edisylate 59
prochlorperazine maleate 59
PROCIT 63
procto-med hc 80
proctosol hc 80
proctozone-hc 80
progesterone 58
PROGRAF 67
PROLASTIN-C 75
PROLENSA 72
PROLIA 50
PROMACTA 63
promethazine hcl 59
propafenone hcl 26
paracetamol hcl 72
propranolol hcl 29
propylthiouracil 58
PROQUAD INJ 68

PROSOL INJ 20%	70
<i>protriptyline hcl</i>	33
PULMOZYME	75
PURIXAN	13
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	44
Q	
QINLOCK	20
QUADRACEL INJ	68
QUADRACEL INJ 0.5ML	68
<i>quetiapine fumarate</i>	36, 37
<i>quinapril hcl</i>	24
<i>quinidine sulfate</i>	27
<i>quinine sulfate</i>	6
QULIPTA	43
R	
RABAVERT INJ	68
<i>rabeprazole sodium</i>	61
<i>raloxifene hcl</i>	57
<i>ramipril</i>	24
<i>ranolazine</i>	31
<i>rasagiline mesylate</i>	35
RAYALDEE	58
<i>reclipsen</i>	53
RECOMBIVAX HB	68
RECTIV	80
REGRANEX	80
RELENZA DISKHALER	9
RELISTOR	60
REMICADE	65
RENFLEXIS	65
<i>repaglinide</i>	48
REPATHA	28
REPATHA PUSHTRONEX SYSTEM	28
REPATHA SURECLICK	28
RESTASIS	72
RESTASIS MULTIDOSE	72
RETEVMO	20
REVLIMID	14, 15
REXULTI	37
REYATAZ	7
REZLIDHIA	20
REZUROCK	67
RHOPRESSA	72
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	8

<i>rifampin</i>	8
<i>riluzole</i>	44
<i>rimantadine hydrochloride</i>	9
RINVOQ	65
<i>risedronate sodium</i>	50
<i>risperidone</i>	37
<i>risperidone microspheres</i>	37
<i>ritonavir</i>	7
<i>rivastigmine</i>	32
<i>rivastigmine tartrate</i>	32
<i>rizatriptan benzoate</i>	43
ROCKLATAN DRO	72
<i>roflumilast</i>	75
<i>ropinirole hydrochloride</i>	35
<i>rosuvastatin calcium</i>	27
ROTARIX SUS	68
ROTATEQ SOL	68
<i>roweepra</i>	40
ROZLYTREK	20
RUBRACA	20
<i>rufinamide</i>	40
RUKOBIA	7
RYBELSUS	48
RYDAPT	20
S	
<i>sajazir</i>	63
SANDIMMUNE	67
SANTYL	80
<i>sapropterin dihydrochloride</i>	57
SAVELLA	44
SAVELLA MIS TITR PAK	44
SCEMBLIX	20
<i>scopolamine</i>	59
SECUADO	37
<i>selegiline hcl</i>	35
<i>selenium sulfide</i>	78
SELZENTRY	7
SEREVENT DISKUS	74
<i>sertraline hcl</i>	33
<i>setlakin</i>	54
<i>sevelamer carbonate</i>	57
<i>sharobel</i>	54
SHINGRIX	68
SIGNIFOR	57
<i>sildenafil citrate (pulmonary hypertension)</i>	31

<i>silodosin</i>	61
<i>silver sulfadiazine</i>	77
SIMBRINZA SUS 1-0.2%.....	72
<i>simliya</i>	54
<i>simvastatin</i>	27
<i>sirolimus</i>	67
SIRTURO	8
SIVEXTRO	4
SKYRIZI.....	65
SKYRIZI PEN.....	65
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	60
<i>sodium chloride</i>	69
<i>sodium chloride (gu irrigant)</i>	80
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	70
SODIUM OXYBATE	45
<i>sodium phenylbutyrate</i>	57
<i>sodium polystyrene sulfonate powder</i>	50
<i>solifenacin succinate</i>	62
SOLIQUA INJ 100/33	49
SOLTAMOX	14
SOLU-CORTEF	56
SOMATULINE DEPOT	57
SOMAVERT	57
<i>sorafenib tosylate</i>	20
<i>sorine</i>	27
<i>sotalol hcl</i>	27
<i>sotalol hcl (afib/afl)</i>	27
<i>spironolactone</i>	24
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	30
<i>sprintec 28</i>	54
SPRITAM	40
SPRYCEL	20
<i>sps</i>	50
<i>sronyx</i>	54
<i>ssd</i>	77
STELARA	65
STIVARGA	21
<i>streptomycin sulfate</i>	4
STRIBILD TAB	8
<i>subvenite</i>	40
<i>sucralfate</i>	60
<i>sulfacetamide sodium (acne)</i>	77

<i>sulfacetamide sodium (ophth)</i>	71
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	71
<i>sulfadiazine</i>	4
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	5
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	5
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	5
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	5
SULFAMYLYON	77
<i>sulfasalazine</i>	60
<i>sulindac</i>	1
<i>sumatriptan</i>	43
<i>sumatriptan succinate</i>	43
<i>sunitinib malate</i>	21
SUNLENCA.....	7
<i>syeda</i>	54
SYMDEKO TAB 100-150.....	75
SYMDEKO TAB 50-75MG.....	75
SYMPAZAN.....	40
SYMTUZA TAB	8
SYNAREL	54
SYNJARDY TAB 12.5-1000MG	48
SYNJARDY TAB 12.5-500	48
SYNJARDY TAB 5-1000MG	48
SYNJARDY TAB 5-500MG	48
SYNJARDY XR TAB 10-1000	48
SYNJARDY XR TAB 12.5-1000.....	48
SYNJARDY XR TAB 25-1000	48
SYNJARDY XR TAB 5-1000MG.....	48
SYNTROID	58
T	
TABLOID	13
TABRECTA	21
<i>tacrolimus</i>	67
<i>tacrolimus (topical)</i>	80
TAFINLAR	21
TAGRISSO	21
TALTZ	65
TALZENNA	21
<i>tamoxifen citrate</i>	14
<i>tamsulosin hcl</i>	61
<i>tarina fe 1/20 eq</i>	54

TASIGNA	21
tasimelteon.....	43
tazarotene.....	78
tazicef	10
TAZORAC	78
taztia xt	29
TAZVERIK.....	21
TDVAX INJ 2-2 LF	68
TECENTRIQ.....	21
TEFLARO	10
telmisartan	26
telmisartan-amlodipine tab 40-10 mg	25
telmisartan-amlodipine tab 40-5 mg	25
telmisartan-amlodipine tab 80-10 mg	26
telmisartan-amlodipine tab 80-5 mg	25
telmisartan-hydrochlorothiazide tab 40-12.5 mg	26
telmisartan-hydrochlorothiazide tab 80-12.5 mg	26
telmisartan-hydrochlorothiazide tab 80-25 mg	26
temazepam	43
TENIVAC INJ 5-2LF	68
tenofovir disoproxil fumarate	7
TEPMETKO.....	21
terazosin hcl	24
terbinafine hcl	5
terbutaline sulfate.....	74
terconazole vaginal	62
TERIPARATIDE	50
testosterone	46
testosterone cypionate.....	46
testosterone enanthate	46
tetrabenazine	44
tetracycline hcl	12
THALOMID.....	15
THEO-24	75
theophylline	75
thioridazine hcl	37
thiothixene	37
tiadylt er	29
tiagabine hcl	40
TIBSOVO.....	21
TICOVAC	68
tigecycline	12
tilia fe	54
timolol maleate.....	29
timolol maleate (ophth).....	72
tinidazole	5
TIVICAY	7
TIVICAY PD	7
tizanidine hcl	45
TOBRADEX OIN 0.3-0.1%.....	71
TOBRADEX ST SUS 0.3-0.05	71
tobramycin	5
tobramycin (ophth)	71
tobramycin sulfate.....	5
tobramycin-dexamethasone ophth susp 0.3-0.1%	71
tolterodine tartrate	62
topiramate	40
toremifene citrate.....	14
torsemide	30
TOUJEO MAX SOLOSTAR	49
TOUJEO SOLOSTAR	49
TPN ELECTROL INJ	69
TRADJENTA.....	48
tramadol hcl	3
tramadol-acetaminophen tab 37.5-325 mg	3
trandolapril	24
tranexamic acid	63
tranylcypromine sulfate	33
TRAVASOL INJ 10%.....	70
travoprost.....	72
TRAZIMERA.....	21
trazodone hcl	33
TRECATOR	8
TRELEGY AER ELLIPTA 100-62.5-25 MCG	73
TRELEGY AER ELLIPTA 200-62.5-25 MCG	73
treprostинil	31
TRESIBA.....	49
TRESIBA FLEXTOUCH	50
tretinoин	77
tretinoин (chemotherapy)	15
TREXALL.....	65
triamcinolone acetonide (mouth).....	80
triamcinolone acetonide (topical)	79

<i>triamterene & hydrochlorothiazide cap</i>	
37.5-25 mg.....	30
<i>triamterene & hydrochlorothiazide tab</i>	
37.5-25 mg.....	30
<i>triamterene & hydrochlorothiazide tab</i>	
75-50 mg	30
<i>trientine hcl</i>	50
<i>tri-estarylla</i>	54
<i>trifluoperazine hcl</i>	37
<i>trifluridine</i>	71
<i>trihexyphenidyl hcl</i>	35
TRIJARDY XR TAB ER 24HR 10-5-	
1000MG	48
TRIJARDY XR TAB ER 24HR 12.5-2.5-	
1000MG	48
TRIJARDY XR TAB ER 24HR 25-5-	
1000MG	48
TRIJARDY XR TAB ER 24HR 5-2.5-	
1000MG	48
TRIKAFTA PAK 59.5MG	76
TRIKAFTA PAK 75MG	76
TRIKAFTA TAB 100-50-75MG & 150MG	
.....	76
TRIKAFTA TAB 50-25-37.5MG & 75MG	
.....	76
<i>tri-legest fe</i>	54
<i>tri-linyah</i>	54
<i>tri-lo-estarylla</i>	54
<i>tri-lo-marzia</i>	54
<i>tri-lo-mili</i>	54
<i>tri-lo-sprintec</i>	54
<i>trimethoprim</i>	5
<i>tri-mili</i>	54
<i>trimipramine maleate</i>	34
TRINTELLIX	34
<i>tri-nymyo</i>	54
<i>tri-sprintec</i>	54
TRIUMEQ PD TAB	8
TRIUMEQ TAB	8
<i>trivora-28</i>	54
<i>tri-vylibra</i>	54
<i>tri-vylibra lo</i>	54
TRIZIVIR TAB	8
TROGARZO	7
TROPHAMINE INJ 10%	70
<i>trospium chloride</i>	62

TRULICITY	48
TRUMENBA INJ	68
TRUQAP	21
TRUXIMA	21
TUKYSA	21
TURALIO	21
<i>turqoz</i>	54
TWINRIX INJ	68
TYBOST	7
TYPHIM VI	68
TYRVAYA	72
U	
UBRELVY	43
<i>unithroid</i>	58
<i>ursodiol</i>	60
V	
<i>valacyclovir hcl</i>	9
VALCHLOR	80
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	40
<i>valproic acid</i>	40
<i>valsartan</i>	26
<i>valsartan-hydrochlorothiazide tab 160-</i>	
12.5 mg.....	26
<i>valsartan-hydrochlorothiazide tab 160-</i>	
25 mg	26
<i>valsartan-hydrochlorothiazide tab 320-</i>	
12.5 mg.....	26
<i>valsartan-hydrochlorothiazide tab 320-</i>	
25 mg	26
<i>valsartan-hydrochlorothiazide tab 80-</i>	
12.5 mg.....	26
VALTOCO 10 MG DOSE	40
VALTOCO 15 MG DOSE	41
VALTOCO 20 MG DOSE	41
VALTOCO 5 MG DOSE	40
<i>vancomycin hcl</i>	5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	21
VAQTA	68
<i>varenicline tartrate</i>	46
<i>varenicline tartrate tab 11 x 0.5 mg &</i>	
42 x 1 mg start pack.....	46
VARIVAX	68

VASCEPA.....	28
velivet	54
VELPHORO	57
VELTASSA	50
VEMLIDY	9
VENCLEXTA	21
VENCLEXTA TAB START PK	21
<i>venlafaxine hcl</i>	34
VENTAVIS	31
VENTOLIN HFA	74
VENTOLIN HFA (INSTITUTIONAL PACK)	74
<i>verapamil hcl</i>	29
VERQUVO	31
VERSACLOZ	37
VERZENIO	22
<i>vestura</i>	54
V-GO 20 KIT	50
V-GO 30 KIT	50
V-GO 40 KIT	50
<i>vienna</i>	54
<i>vigabatrin</i>	41
<i>vigadron</i>	41
<i>vigpoder</i>	41
<i>vilazodone hcl</i>	34
<i>vincristine sulfate</i>	15
<i>vinorelbine tartrate</i>	15
<i>viorele</i>	54
VIRACEPT	7
VIREAD	7
VITRAKVI	22
VIVITROL	46
VIZIMPRO	22
VONJO	22
<i>voriconazole</i>	5, 6
VOSEVI TAB.....	9
VRAYLAR	37
VRAYLAR CAP 1.5-3MG	37
<i>vyfemla</i>	54
<i>vylbra</i>	54
VYVANSE.....	42
VYZULTA	72
W	
<i>warfarin sodium</i>	62
<i>water for irrigation, sterile irrigation soln</i>	80
WELIREG	15
<i>wera</i>	54
<i>wixela inhub</i>	77
X	
XALKORI	22
XARELTO	63
XARELTO STAR TAB 15/20MG.....	63
XATMEP	65
XCOPRI	41
XCOPRI PAK 100-150.....	41
XCOPRI PAK 12.5-25	41
XCOPRI PAK 150-200MG (MAINTENANCE).....	41
XCOPRI PAK 150-200MG (TITRATION)	41
XCOPRI PAK 50-100MG	41
XELJANZ	65
XELJANZ XR	65
XERMELO	60
XGEVA	50
XHANCE	76
XIFAXAN	60
XIGDUO XR TAB 10-1000	48
XIGDUO XR TAB 10-500MG	48
XIGDUO XR TAB 2.5-1000	48
XIGDUO XR TAB 5-1000MG	48
XIGDUO XR TAB 5-500MG	48
XIIDRA	73
XOLAIR	76
XOSPATA	22
XPOVIO 100 MG ONCE WEEKLY	22
XPOVIO 40 MG ONCE WEEKLY	22
XPOVIO 40 MG TWICE WEEKLY	22
XPOVIO 60 MG ONCE WEEKLY	22
XPOVIO 60 MG TWICE WEEKLY	22
XPOVIO 80 MG ONCE WEEKLY	22
XPOVIO 80 MG TWICE WEEKLY	22
XTANDI	14
<i>xulane</i>	54
XULTOPHY INJ 100/3.6	50
Y	
<i>yargesa</i>	57
YF-VAX INJ	68
<i>yuvafem</i>	55
Z	
<i>zafemy</i>	54

<i>zafirlukast</i>	74	<i>ziprasidone mesylate</i>	37
ZARXIO.....	63	ZIRABEV.....	22
ZEJULA	22	ZIRGAN.....	71
ZELBORAF	22	<i>zoledronic acid</i>	50
ZEMAIRA.....	76	ZOLINZA	22
<i>zenatane</i>	77	<i>zolpidem tartrate</i>	43
ZENPEP CAP 10000UNT	61	ZONISADE	41
ZENPEP CAP 15000UNT	61	<i>zonisamide</i>	41
ZENPEP CAP 20000UNT	61	<i>zovia 1/35</i>	54
ZENPEP CAP 25000UNT	61	ZTALMY	41
ZENPEP CAP 3000UNIT	61	<i>zumandimine</i>	54
ZENPEP CAP 40000UNT	61	ZURZUVAE.....	34
ZENPEP CAP 5000UNIT	61	ZYCLARA PUMP.....	80
ZENPEP CAP 60000UNT	61	ZYDELIG.....	22
ZERVIATE.....	72	ZYKADIA	22
<i>zidovudine</i>	7	ZYLET SUS 0.5-0.3%	71
ZIEXTENZO	63	ZYPITAMAG.....	27
<i>ziprasidone hcl</i>	37	ZYPREXA RELPREVV.....	37

**THIS PAGE
INTENTIONALLY
LEFT BLANK**



Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-633-1542 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-633-1542 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-633-1542 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-633-1542 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-633-1542 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-633-1542 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-633-1542 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-633-1542 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-633-1542 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-633-1542 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न केजवाब कैरेलिए हमारेपास मुफ्त दुभाषिया खाँड़पतलब्ध हैं। एक दुभाषिया प्राप्त करनेक्लिए, बस हमें 1-800-633-1542 (TTY: 711) पर फोन करेंकोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-633-1542 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-633-1542 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-633-1542 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-633-1542 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-633-1542 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料 のサー ビスです。



417 20th Street North, Suite 1100
Birmingham, Alabama 35203

www.VivaHealth.com/Medicare

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, 8 a.m. – 8 p.m. (Oct. 1 – Mar. 31, 7 days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務. 請致電 1-800-633-1542 (TTY: 711).

H0154_mcdoc3898A_C_09/05/2023