

CareFirst BlueCross BlueShield Group Advantage (PPO)

2026 Formulary

List of Covered Drugs or “Drug List”

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

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This formulary was updated on 10/15/2025. For more recent information or other questions, please contact CareFirst BlueCross BlueShield Group Advantage (PPO) Member Service at 1-888-970-0917 (TTY users should call 711), 24 hours a day, 7 days a week, or visit carefirst.com/learn/groupma.

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SUM MA04075 (10/25)

10/15/2025

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 CareFirst BlueCross BlueShield Group Advantage (PPO). When it refers to “plan” or “our plan,” it means CareFirst BlueCross BlueShield Group Advantage.

This document includes Drug List (formulary) for our plan which is current as of 10/15/2025. *For* an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the CareFirst BlueCross BlueShield Group Advantage (PPO) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by CareFirst BlueCross BlueShield Group Advantage (PPO) 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. CareFirst BlueCross BlueShield Group Advantage (PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareFirst BlueCross BlueShield Group Advantage (PPO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. For a complete listing of all prescription drugs covered by CareFirst BlueCross BlueShield Group Advantage (PPO), please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but CareFirst BlueCross BlueShield Group Advantage (PPO) may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: carefirst.com/learn/groupma.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was

already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the CareFirst BlueCross BlueShield Group Advantage (PPO)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/15/2025. To get updated information about the drugs covered by CareFirst BlueCross BlueShield Group Advantage (PPO) please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, **CARDIOVASCULAR**. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 135. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CareFirst BlueCross BlueShield Group Advantage (PPO) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CareFirst BlueCross BlueShield Group Advantage (PPO) before you fill your prescriptions. If you don’t get approval, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CareFirst BlueCross BlueShield Group Advantage (PPO) limits the amount of the drug that CareFirst BlueCross BlueShield Group Advantage (PPO) will cover. For example, CareFirst BlueCross BlueShield Group Advantage (PPO) provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareFirst BlueCross BlueShield Group Advantage (PPO) 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, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareFirst BlueCross BlueShield Group Advantage (PPO) 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 CareFirst BlueCross BlueShield Group Advantage (PPO) 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 CareFirst BlueCross BlueShield Group Advantage (PPO)’s formulary?” on page vi 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 CareFirst BlueCross BlueShield Group Advantage (PPO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CareFirst BlueCross BlueShield Group Advantage (PPO). When you receive the list, show it to your doctor and ask them

to prescribe a similar drug that is covered by CareFirst BlueCross BlueShield Group Advantage (PPO).

- You can ask CareFirst BlueCross BlueShield Group Advantage (PPO) 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 CareFirst BlueCross BlueShield Group Advantage (PPO)'s formulary?

You can ask CareFirst BlueCross BlueShield Group Advantage (PPO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, CareFirst BlueCross BlueShield Group Advantage (PPO) 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.
- You can ask us to cover a formulary drug at 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.
- Generally, CareFirst BlueCross BlueShield Group Advantage (PPO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum

30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 31-day supply) for the applicable drug(s). You must have drug(s) filled in at a network pharmacy. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your CareFirst BlueCross BlueShield Group Advantage (PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareFirst BlueCross BlueShield Group Advantage (PPO), 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>.

CareFirst BlueCross BlueShield Group Advantage (PPO) formulary

The formulary below provides coverage information about the drugs covered by CareFirst BlueCross BlueShield Group Advantage (PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page index 135

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

The second column, “Drug Tier,” will indicate what copay tiers the covered prescription medications are listed in. Copay amounts and coinsurance percentages for each tier vary. Consult your plan’s Evidence of Coverage for your applicable copays and coinsurance amounts.

- **Tier 1 – Generic:** is the lowest tier and includes most generic drugs and may include some brand drugs.
- **Tier 2 – Preferred Brand:** includes preferred brand drugs and non-preferred generic drugs.
- **Tier 3 – Non-Preferred Drug:** includes non-preferred brand and generic drugs.
- **Tier 4 – Specialty Tier:** is the highest tier and includes high-cost brand and generic drugs.

The information in the Requirements/Limits column tells you if CareFirst BlueCross BlueShield Group Advantage (PPO) has any special requirements for coverage of your drug. Below is a description of the acronyms we list in the Requirements/Limits column.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.

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

NM: Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark® Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark® Mail Service Pharmacy. Actual availability may vary.

B/D: Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CareFirst BlueCross BlueShield Group Advantage (PPO) Group Plus

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

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	1	ST
<i>allopurinol sodium</i> SOLR 500mg	4	
ALOPRIM SOLR 500mg	4	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml	3	QL (300 mL / 30 days)
KRYSTEXXA SOLN 8mg/ml	4	NM, PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA

MISCELLANEOUS

JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D

NSAIDS

ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
CELEBREX CAPS 400mg	3	QL (30 caps / 30 days)
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg	1	QL (20 tabs / 30 days), PA; PA applies if 65 years and older
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	4	

OPIOID ANALGESICS, LONG-ACTING

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL (60 buccal films / 30 days), PA
BELBUCA FILM 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	4	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	1	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	1	QL (30 caps / 30 days), PA
MS CONTIN TBCR 15mg, 30mg	3	QL (90 tabs / 30 days), PA
MS CONTIN TBCR 60mg	4	QL (90 tabs / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg	1	QL (300 caps / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	3	QL (180 tabs / 30 days)
<i>codeine sulfate</i> TABS 30mg	1	QL (180 tabs / 30 days)
DILAUDID LIQD 1mg/ml	3	QL (600 mL / 30 days)
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg	3	QL (180 tabs / 30 days)
DILAUDID TABS 8mg	4	QL (180 tabs / 30 days)
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen soln</i> 10-300 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen soln</i> 10-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 2.5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-300 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-300 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN .2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml</i>	3	B/D
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>oxycodone hcl CAPS 5mg</i>	1	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>oxymorphone hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
PERCOCET TAB 5-325MG	4	QL (360 tabs / 30 days), PA
PERCOCET TAB 7.5-325	4	QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TAB 10-325MG	4	QL (180 tabs / 30 days), PA
ROXICODONE TABS 15mg	3	QL (180 tabs / 30 days)
ROXICODONE TABS 30mg	4	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>trezix</i>	1	QL (300 caps / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	1	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NM, PA
CAYSTON SOLR 75mg	4	NM, PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
DALVANCE SOLR 500mg	4	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	

Drug Name	Drug Tier	Requirements/Limits
DAPTOMY/NACL INJ 500/50ML	3	
<i>daptomycin</i> SOLR 350mg, 500mg	4	
DAPTOMYCIN SOLR 350mg, 500mg	4	
EMBLAVEO INJ 2GM	4	
EMVERM CHEW 100mg	4	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL (1800 mL / 180 days)
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	4	PA
<i>ivermectin</i> TABS 3mg	1	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	1	QL (10 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	4	
KITABIS PAK NEBU 300mg/5ml	4	NM, PA
LIKMEZ SUSP 500mg/5ml	3	
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	4	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide</i> TABS 500mg	4	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	
ORLYNVAH TAB 500-500	4	
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> TABS 25mg	4	QL (90 tabs / 30 days), PA
RECARBRIO INJ 1.25GM	4	
SIVEXTRO SOLR 200mg; TABS 200mg	4	
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	4	
STROMECTOL TABS 3mg	3	QL (20 tabs / 90 days), PA
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NM, PA
TOBI PODHALER CAPS 28mg	4	NM, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	4	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	
VANCOCIN CAPS 125mg	4	QL (80 caps / 180 days)
VANCOCIN CAPS 250mg	4	QL (160 caps / 180 days)
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> SOLR 25mg/ml, 250mg/5ml	1	QL (1800 mL / 180 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	
XACDURO INJ 1-1GM	4	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)
ZEMDRI SOLN 500mg/10ml	4	
ZYVOX SOLN 600mg/300ml	4	
ZYVOX SUSR 100mg/5ml	4	QL (1800 mL / 30 days)
ZYVOX TABS 600mg	4	QL (60 tabs / 30 days)

ANTIFUNGALS

AMBISOME SUSR 50mg	4	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	4	B/D
ANCOBON CAPS 250mg, 500mg	4	PA
CANCIDAS SOLR 50mg, 70mg	4	
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	4	PA
<i>fulvicin p/g 165</i> TABS 165mg	4	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize</i> TABS 165mg	4	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>itraconazole</i> SOLN 10mg/ml	4	
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	
MICAFUNGIN/NACL INJ 100MG/100ML	4	
MICAFUNGIN/NACL INJ 150MG/150ML	4	
MYCAMINE SOLR 50mg, 100mg	4	
NOXAFIL PACK 300mg	4	QL (32 packets / 30 days), PA
NOXAFIL SOLN 300mg/16.7ml	4	
NOXAFIL SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SOLN 300mg/16.7ml	4	
<i>posaconazole</i> SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	4	QL (93 tabs / 30 days), PA
REZZAYO SOLR 200mg	4	
SPORANOX CAPS 100mg	3	QL (120 caps / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
TOLSURA CAPS 65mg	4	QL (120 caps / 30 days), PA
VFEND SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	4	QL (18 caps / 84 days), NM, PA
<i>voriconazole</i> SOLR 200mg	1	PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	

Drug Name	Drug Tier	Requirements/Limits
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	4	NM
EDURANT PED TBSO 2.5mg	4	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> TABS 100mg, 200mg	4	NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NM
ISENTRESS HD TABS 600mg	4	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	4	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NM
PREZISTA SUSP 100mg/ml	4	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days), NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	4	NM
TIVICAY PD TBSO 5mg	4	NM
TROGARZO SOLN 200mg/1.33ml	4	NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NM
ZIAGEN SOLN 20mg/ml	3	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	4	NM
BIKTARVY TAB 50-200-25 MG	4	NM
CIMDUO TAB 300-300	4	NM
COMPLERA TAB	4	NM
DELSTRIGO TAB	4	NM
DESCOVY TAB 120-15MG	4	NM
DESCOVY TAB 200/25MG	4	NM
DOVATO TAB 50-300MG	4	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	4	NM
GENVOYA TAB	4	NM
JULUCA TAB 50-25MG	4	NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	4	NM
PREZCOBIX TAB 675/150	4	NM
PREZCOBIX TAB 800-150	4	NM
STRIBILD TAB	4	NM
SYMFI TAB	4	NM
SYMTUZA TAB	4	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	4	
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	4	NM, PA

ANTIVIRALS

<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDE SOLN .05mg/ml	4	NM, ST
BARACLUDE TABS .5mg, 1mg	4	NM
<i>cidofovir SOLN 75mg/ml</i>	1	
<i>entecavir TABS .5mg, 1mg</i>	1	NM
EPCLUSA PAK 150-37.5	4	NM, PA
EPCLUSA PAK 200-50MG	4	NM, PA
EPCLUSA TAB 200-50MG	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 400-100	4	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> SOLN 6000mg/250ml	4	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NM, PA
HARVONI PAK 45-200MG	4	NM, PA
HARVONI TAB 45-200MG	4	NM, PA
HARVONI TAB 90-400MG	4	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	4	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	4	NM, PA
MAVYRET TAB 100-40MG	4	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NM, PA
PREVYMIS PACK 20mg, 120mg	4	QL (120 packets / 30 days), PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	
PREVYMIS TABS 240mg, 480mg	4	QL (28 tabs / 28 days), PA
RAPIVAB SOLN 200mg/20ml	4	
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg	3	QL (168 caps / year)
TAMIFLU CAPS 45mg, 75mg	3	QL (84 caps / year)
TAMIFLU SUSR 6mg/ml	3	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	
<i>valganciclovir hcl</i> SOLR 50mg/ml	4	
<i>valganciclovir hcl</i> TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VOSEVI TAB	4	NM, PA
XOFLUZA TBPK 40mg, 80mg	3	QL (1 tab / 180 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	
ZERBAXA INJ 1.5GM	4	
ZEVERTA SOLR 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml; TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> SUSR 400mg/5ml	4	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	4	
ZITHROMAX SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
NAFCILLIN INJ 2GM/100	4	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	4	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	

TETRACYCLINES

<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	4	NM
NUZYRA TABS 150mg	4	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
TIGECYCLINE SOLR 50mg	4	
TYGACIL SOLR 50mg	4	
XERAVA SOLR 50mg, 100mg	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl</i> SOLR 25mg, 100mg	4	B/D, NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
BENDEKA SOLN 100mg/4ml	4	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	B/D, NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NM
GRAFAPEX SOLR 1gm, 5gm	4	B/D, NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	4	B/D
TREANDA SOLR 25mg, 100mg	4	B/D, NM
VIVIMUSTA SOLN 100mg/4ml	4	B/D, NM
ZEPZELCA SOLR 4mg	4	NM, PA

ANTIMETABOLITES

AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	4	B/D, NM
AXTLE SOLR 100mg, 500mg	4	B/D, NM
<i>azacitidine</i> SUSR 100mg	4	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	B/D, NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NM, PA
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	4	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	4	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	4	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	4	NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	4	QL (14 tabs / 28 days), NM, PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	4	B/D
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	4	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	B/D
PURIXAN SUSP 2000mg/100ml	4	NM
TABLOID TABS 40mg	4	PA
VIDAZA SUSR 100mg	4	B/D, NM

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	4	QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	4	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	4	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
ARIMIDEX TABS 1mg	4	
AROMASIN TABS 25mg	4	
<i>bicalutamide</i> TABS 50mg	1	
CASODEX TABS 50mg	4	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM, PA
ERLEADA TABS 60mg	4	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	4	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i> TABS 25mg	1	
FARESTON TABS 60mg	4	PA
FASLODEX SOSY 250mg/5ml	4	B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM, PA
FIRMAGON SOLR 120mg/vial	4	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	4	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
<i>leuprolide acetate (3 month)</i> INJ 22.5mg	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NM, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NM, PA
LUTRATE DEPOT INJ 22.5mg	3	NM, PA
LYSODREN TABS 500mg	4	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	4	
NUBEQA TABS 300mg	4	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	4	NM, PA
ORSERDU TABS 86mg	4	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	4	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	4	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM, PA
XTANDI CAPS 40mg	4	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	4	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	4	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	4	QL (120 tabs / 30 days), NM, PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM, PA
ZYTIGA TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
ZYTIGA TABS 500mg	4	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	4	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	QL (21 caps / 28 days), NM, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), NM, PA
REVLIMID CAPS 20mg, 25mg	4	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	4	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	4	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NM, PA
BESREMI SOSY 500mcg/ml	4	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	B/D
DOXIL SUSP 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	4	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	4	QL (240 tabs / 30 days), NM, PA
KHAPZORY SOLR 175mg	4	B/D, NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D, NM
MATULANE CAPS 50mg	4	NM
<i>mesna</i> TABS 400mg	4	
MESNEX TABS 400mg	4	
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D, NM
MODEYSO CAPS 125mg	4	QL (20 caps / 28 days), NM, PA
NIPENT SOLR 10mg	4	B/D
ONCASPAR SOLN 750unit/ml	4	NM, PA
ONIVYDE SUSP 43mg/10ml	4	B/D, NM
RYLAZE SOLN 10mg/0.5ml	4	NM, PA
TARGRETIN CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
<i>topotecan hcl</i> SOLN 4mg/4ml	1	B/D
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> SOLR 4mg	4	B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	
<i>valrubicin</i> SOLN 40mg/ml	4	B/D, NM
VALSTAR SOLN 40mg/ml	4	B/D, NM
WELIREG TABS 40mg	4	QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	4	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D, NM
<i>eribulin mesylate</i> SOLN 1mg/2ml	4	B/D, NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	B/D, NM
IXEMPRA KIT SOLR 15mg, 45mg	4	B/D, NM
JEVTANA SOLN 60mg/1.5ml	4	NM, PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	4	B/D, NM
PACLITAXEL INJ 100MG	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

MOLECULAR TARGET AGENTS

AFINITOR DISPERZ TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	4	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	4	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	4	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	4	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	4	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	4	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	4	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	4	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	4	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	4	QL (28 tabs / 28 days), NM, PA
BAVENCIO SOLN 200mg/10ml	4	NM, PA
BELEODAQ SOLR 500mg	4	NM, PA
BESPONSA SOLR .9mg	4	NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM, PA
<i>bortezomib</i> SOLR 3.5mg	4	NM, PA
BORUZU SOLN 3.5mg/1.4ml	4	NM, PA
BOSULIF CAPS 50mg	4	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	4	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	4	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	4	QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAPS 80mg	4	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	4	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	4	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	4	QL (30 tabs / 30 days), NM, PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	4	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	4	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	4	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	4	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	4	QL (63 tabs / 28 days), NM, PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
DANZITEN TABS 71mg, 95mg	4	QL (112 tabs / 28 days), NM, PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NM, PA
DARZALEX INJ FASPRO	4	NM, PA
<i>dasatinib</i> TABS 20mg	4	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), NM, PA
DATROWAY SOLR 100mg	4	NM, PA
DAURISMO TABS 25mg	4	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	4	QL (30 tabs / 30 days), NM, PA
ELAHERE SOLN 100mg/20ml	4	NM, PA
EMPLICITI SOLR 300mg, 400mg	4	NM, PA
EMRELIS SOLR 20mg, 100mg	4	NM, PA
ENHERTU SOLR 100mg	4	NM, PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NM, PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	B/D, NM
ERIVEDGE CAPS 150mg	4	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 25mg	4	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	4	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	4	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	4	QL (21 caps / 28 days), NM, PA
FYARRO SUSR 100mg	4	NM, PA
GAVRETO CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
GAZYVA SOLN 1000mg/40ml	4	NM, PA
<i>gefitinib</i> TABS 250mg	4	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	QL (30 tabs / 30 days), NM, PA
GLEEVEC TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
GLEEVEC TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	4	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	4	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	4	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	4	NM, PA
HERCEPTIN SOLR 150mg	4	NM, PA
HERNEXEOS TABS 60mg	4	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	4	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	4	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	4	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	4	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	4	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	4	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	4	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	4	QL (30 tabs / 30 days), NM, PA
IMDELLTRA SOLR 1mg, 10mg	4	NM, PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NM, PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NM, PA
IMKELDI SOLN 80mg/ml	4	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	4	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	4	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
IRESSA TABS 250mg	4	QL (60 tabs / 30 days), NM, PA
ITOVEBI TABS 3mg	4	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	4	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	4	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	4	QL (60 tabs / 30 days), NM, PA
JEMPERLI SOLN 500mg/10ml	4	NM, PA
KADCYLA SOLR 100mg, 160mg	4	B/D, NM
KANJINTI SOLR 150mg, 420mg	4	NM, PA
KEYTRUDA SOLN 100mg/4ml	4	NM, PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NM, PA
KISQALI 200 DOSE TBPK 200mg	4	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	4	QL (42 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	4	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	4	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	4	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	4	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	4	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	4	QL (180 tabs / 30 days), NM, PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	4	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	4	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	4	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), NM, PA
LIBTAYO SOLN 350mg/7ml	4	NM, PA
LOQTORZI SOLN 240mg/6ml	4	NM, PA
LORBRENA TABS 25mg	4	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	4	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	4	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	4	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	4	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NM, PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	NM, PA
LYNPARZA TABS 100mg, 150mg	4	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	4	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	4	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	4	QL (140 tabs / 28 days), NM, PA
MARGENZA SOLN 250mg/10ml	4	NM, PA
MEKINIST SOLR .05mg/ml	4	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	4	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	4	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	4	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	4	NM, PA
MYLOTARG SOLR 4.5mg	4	NM, PA
NERLYNX TABS 40mg	4	QL (180 tabs / 30 days), NM, PA
NEXAVAR TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
NILOTINIB CAPS 50mg	4	QL (120 caps / 30 days), PA
NILOTINIB CAPS 150mg, 200mg	4	QL (112 caps / 28 days), PA
<i>nilotinib hcl</i> CAPS 50mg	4	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	4	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	4	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	4	NM, PA
OGSIVEO TABS 50mg	4	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	4	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	4	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	4	QL (24 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 100mg, 150mg, 200mg	4	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	4	NM, PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NM, PA
OPDIVO INJ QVANTIG	4	NM, PA
OPDUALAG SOL	4	NM, PA
PADCEV SOLR 20mg, 30mg	4	NM, PA
<i>pazopanib hcl</i> TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	QL (28 tabs / 28 days), NM, PA
PERJETA SOLN 420mg/14ml	4	NM, PA
PHESGO SOL	4	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	4	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	4	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	4	QL (56 tabs / 28 days), NM, PA
POLIVY SOLR 30mg, 140mg	4	NM, PA
POTELIGEO SOLN 20mg/5ml	4	NM, PA
QINLOCK TABS 50mg	4	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	4	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	4	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	4	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	4	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	4	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	4	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	4	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	4	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	4	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	4	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	4	QL (336 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TABS 200mg, 250mg, 300mg	4	QL (120 tabs / 30 days), NM, PA
RYBREVA NT SOLN 350mg/7ml	4	NM, PA
RYDAPT CAPS 25mg	4	QL (224 caps / 28 days), NM, PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NM, PA
SCEMBLIX TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	4	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	4	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	4	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	4	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	4	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	4	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	4	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	4	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	4	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	4	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	4	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	4	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	4	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NM, PA
TECENTRIQ INJ HYBREZA	4	QL (1 vial / 21 days), NM, PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NM, PA
<i>temsirolimus</i> SOLN 25mg/ml	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO TABS 225mg	4	QL (60 tabs / 30 days), NM, PA
TEVIMBRA SOLN 100mg/10ml	4	NM, PA
TIBSOVO TABS 250mg	4	QL (60 tabs / 30 days), NM, PA
TIVDAK SOLR 40mg	4	NM, PA
TORISEL SOLN 25mg/ml	4	B/D, NM
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	4	NM, PA
TRODELVY SOLR 180mg	4	NM, PA
TRUQAP TABS 160mg, 200mg	4	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPk 160mg, 200mg	4	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
TUKYSA TABS 50mg, 150mg	4	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	4	QL (120 caps / 30 days), NM, PA
TYKERB TABS 250mg	4	QL (180 tabs / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	4	QL (56 tabs / 28 days), NM, PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	B/D, NM
VELCADE SOLR 3.5mg	4	NM, PA
VENCLEXTA TABS 10mg	2	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	4	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	4	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	4	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	4	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	4	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	4	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 10mg	4	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	4	QL (30 tabs / 30 days), NM, PA
VOTRIENT TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
VYLOY SOLR 100mg, 300mg	4	NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	4	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	4	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	4	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	4	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	4	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	4	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	4	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	4	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	4	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	4	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	4	QL (8 tabs / 28 days), NM, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NM, PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	4	QL (240 tabs / 30 days), NM, PA
ZIIHERA SOLR 300mg	4	NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NM, PA
ZOLINZA CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	4	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	4	QL (84 tabs / 28 days), NM, PA
ZYNLONTA SOLR 10mg	4	NM, PA
ZYNYZ SOLN 500mg/20ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
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	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
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 SOLN 1mg/ml; 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	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
QBRELIS SOLN 1mg/ml	4	
<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	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone TABS 25mg, 50mg</i>	1	
INSPIRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
<i>spironolactone SUSP 25mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml	3	QL (600 mL / 30 days), ST

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL (30 tabs / 30 days)
ATACAND HCT TAB 16-12.5	3	QL (60 tabs / 30 days)
ATACAND HCT TAB 32-12.5	3	QL (30 tabs / 30 days)
ATACAND HCT TAB 32-25MG	3	QL (30 tabs / 30 days)
AVALIDE TAB 150-12.5	3	QL (60 tabs / 30 days)
AVALIDE TAB 300-12.5	3	QL (30 tabs / 30 days)
AZOR TAB 5-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 20-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT TAB 40-25MG	3	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)
DIOVAN HCT TAB 80-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-25MG	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-25MG	3	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	3	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	3	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	2	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	2	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
EXFORGE HCT TAB 5-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 5-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-320-25MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	3	QL (30 tabs / 30 days)
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<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	
MICARDIS HCT TAB 40/12.5	3	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80-25MG	3	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80/12.5	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
TRIBENZOR TAB 20-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-25MG	3	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		
ARBLI SUSP 10mg/ml	3	QL (330 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ATACAND TABS 4mg, 8mg, 16mg	3	QL (60 tabs / 30 days)
ATACAND TABS 32mg	3	QL (30 tabs / 30 days)
AVAPRO TABS 150mg, 300mg	3	QL (30 tabs / 30 days)
BENICAR TABS 5mg	3	QL (60 tabs / 30 days)
BENICAR TABS 20mg, 40mg	3	QL (30 tabs / 30 days)
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg	3	QL (60 tabs / 30 days)
DIOVAN TABS 320mg	3	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	3	QL (30 tabs / 30 days), ST
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	3	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	QL (60 tabs / 30 days)
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM

ANTILIPEMICS, FIBRATES

choline fenofibrate CPDR 45mg, 135mg	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	QL (600 mL / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	QL (30 caps / 30 days), ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	QL (300 mL / 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
LESCOL XL TB24 80mg	3	QL (30 tabs / 30 days), ST
LIVALO TABS 1mg, 2mg, 4mg	3	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)
ZOCOR TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	3	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NM, PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg	2	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	2	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-20MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-40MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-80MG	3	QL (30 tabs / 30 days)
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	QL (30 tabs / 30 days)

BETA-BLOCKER/DIURETIC COMBINATIONS

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

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	3	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg	1	QL (30 caps / 30 days)
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	4	QL (30 caps / 30 days)
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i>	1	
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i>	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> TABS 50mg	4	NM, PA
DIURIL SUSP 250mg/5ml	3	
EDECRIN TABS 25mg	4	
<i>ethacrynic acid</i> TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml	3	QL (320 mL / 30 days)
KEVEYIS TABS 50mg	4	NM, PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormaldi</i> TABS 50mg	4	NM, PA
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
THALITONE TABS 15mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
ATTRUBY TBPK 356mg	4	QL (112 tabs / 28 days), NM, PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (30 caps / 30 days), NM, PA
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml	2	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	3	QL (60 tabs / 30 days)
DEMSER CAPS 250mg	4	NM, PA
DIBENZYLINE CAPS 10mg	4	PA
<i>digoxin SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	4	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i>	2	PA; PA applies if 65 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
INPEFA TABS 200mg, 400mg	3	QL (30 tabs / 30 days)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	QL (30 tabs / 30 days), PA
<i>methyldopa</i> TABS 250mg, 500mg	3	PA; PA applies if 65 years and older
<i>metyrosine</i> CAPS 250mg	4	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
NORTHERA CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	4	PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	QL (30 tabs / 30 days)
TRYNGOLZA SOAJ 80mg/0.8ml	4	QL (1 autoinjector / 30 days), NM, PA
TRYVIO TABS 12.5mg	3	QL (30 tabs / 30 days), PA
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	4	QL (30 caps / 30 days), NM, PA
VYNDAQEL CAPS 20mg	4	QL (120 caps / 30 days), NM, PA

NITRATES

ISORDIL TITRADOSE TABS 5mg	3	
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	4	QL (120 tabs / 30 days), NM, PA
epoprostenol sodium SOLR .5mg, 1.5mg	4	B/D, NM
FLOLAN SOLR .5mg, 1.5mg	4	B/D, NM
LETAIRIS TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	4	QL (30 tabs / 30 days), NM, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NM, PA
ORENITRAM TBCR .125mg	3	NM, PA
ORENITRAM TAB MONTH 1	4	NM, PA
ORENITRAM TAB MONTH 2	4	NM, PA
ORENITRAM TAB MONTH 3	4	NM, PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, PA
REVATIO SOLN 10mg/12.5ml	4	NM, PA
REVATIO TABS 20mg	4	QL (360 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) SOLN 10mg/12.5ml	4	NM, PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml	4	QL (784 mL / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
TADLIQ SUSP 20mg/5ml	4	QL (300 mL / 30 days), NM, PA
TRACLEER TBSO 32mg	4	QL (120 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, PA
TYVASO SOLN .6mg/ml	4	NM, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	4	QL (112 cartridges / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 16-32-48	4	QL (252 cartridges / 28 days), NM, PA
UPTRAVI SOLR 1800mcg	4	NM, PA
UPTRAVI TABS 200mcg	4	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	4	QL (1 pack / 28 days), NM, PA
VELETRI SOLR .5mg, 1.5mg	4	B/D, NM
WINREVAIR KIT 45mg, 60mg	4	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	4	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	4	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	4	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	4	QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TB24 2mg, 3mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>alprazolam</i> TB24 .5mg, 1mg	1	QL (150 tabs / 30 days), PA; PA applies if 65 years and older
<i>alprazolam</i> TBDP .25mg	1	QL (120 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	QL (300 mL / 30 days)
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	4	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	1	QL (60 caps / 30 days)
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	QL (150 tabs / 30 days)
XANAX XR TB24 2mg, 3mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
XANAX XR TB24 .5mg, 1mg	3	QL (150 tabs / 30 days), PA; PA applies if 65 years and older

ANTIDEMENTIA

ADLARITY PTWK 5mg/day, 10mg/day	3	QL (4 patches / 28 days), PA
ARICEPT TABS 5mg	3	QL (30 tabs / 30 days)
ARICEPT TABS 10mg, 23mg	3	
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg; TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ZUNVEYL TBEC 5mg, 10mg, 15mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	PA; PA applies if 65 years and older
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	PA
AUVELITY TAB 45-105MG	3	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
CELEXA TABS 10mg, 20mg, 40mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
DESVENLAFAXINE ER TB24 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days)
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	3	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	3	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> CPDR 90mg	1	QL (4 caps / 28 days)
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	PA; PA applies if 65 years and older
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	PA; PA applies if 65 years and older
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml	3	QL (1800 mL / 30 days), PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	4	NM, PA
SPRAVATO SOL 84MG DOS	4	NM, PA
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	3	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg	4	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	4	QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	B/D, NM
<i>entacapone</i> TABS 200mg	1	
GOCOVRI CP24 68.5mg	4	QL (30 caps / 30 days), NM, PA
GOCOVRI CP24 137mg	4	QL (60 caps / 30 days), NM, PA
INBRIJA CAPS 42mg	4	QL (300 caps / 30 days), NM, PA
LODOSYN TABS 25mg	4	
NOURIANZ TABS 20mg, 40mg	4	QL (30 tabs / 30 days), NM
ONGENTYS CAPS 25mg, 50mg	3	QL (30 caps / 30 days), PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	4	NM, PA
XADAGO TABS 50mg, 100mg	4	
ZELAPAR TBDP 1.25mg	4	

ANTIPSYCHOTICS

ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (30 tabs / 30 days)
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	4	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	4	QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA SRER 300mg, 400mg	4	QL (1 injection / 28 days)
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days), PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days), PA
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	4	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	4	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg	4	QL (270 tabs / 30 days)
COBENFY CAP 50-20MG	4	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	4	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	4	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	4	QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	4	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	3	QL (2 packs / year), PA

Drug Name	Drug Tier	Requirements/Limits
FANAPT PAK PACK B	3	QL (2 packs / year), PA
FANAPT PAK PACK C	3	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
GEODON SOLR 20mg	3	QL (6 injections / 3 days)
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg	3	QL (30 tabs / 30 days)
INVEGA TB24 6mg	3	QL (60 tabs / 30 days)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	4	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	4	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	4	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL SOLN 1mg/ml	3	QL (240 mL / 30 days)
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg	3	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	4	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	4	QL (2 injections / 28 days)
RYKINDO SRER 25mg, 37.5mg, 50mg	4	QL (2 vials / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
SEROQUEL TABS 25mg	3	QL (180 tabs / 30 days)
SEROQUEL TABS 50mg, 100mg, 200mg	3	QL (90 tabs / 30 days)
SEROQUEL TABS 300mg, 400mg	3	QL (60 tabs / 30 days)
SEROQUEL XR TB24 150mg, 200mg	3	QL (30 tabs / 30 days), PA
SEROQUEL XR TB24 300mg, 400mg	3	QL (60 tabs / 30 days), PA
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	4	QL (1 syringe / 30 days)
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	QL (1 syringe / 60 days)
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA SOLR 10mg	3	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg	3	QL (60 tabs / 30 days)
ZYPREXA TABS 20mg	4	QL (30 tabs / 30 days)
ZYPREXA RELPREVV SUSR 210mg	3	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	4	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
BANZEL TABS 200mg	4	QL (480 tabs / 30 days), PA
BANZEL TABS 400mg	4	QL (240 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	4	QL (600 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg	4	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	4	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	4	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	4	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	
EPIDIOLEX SOLN 100mg/ml	4	QL (600 mL / 30 days), NM, PA
EPRONTIA SOLN 25mg/ml	3	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	4	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	4	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	
KLONOPIN TABS 2mg	3	QL (300 tabs / 30 days)
KLONOPIN TABS .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	ST
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
LAMICTAL XR KIT	3	
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> KIT 25mg	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	4	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	3	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
LYRICA CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
LYRICA SOLN 20mg/ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>methsuximide</i> CAPS 300mg	1	
MOTPOLY XR CP24 100mg	3	QL (60 caps / 30 days), PA
MOTPOLY XR CP24 150mg, 200mg	4	QL (60 caps / 30 days), PA
MYSOLINE TABS 50mg, 250mg	4	
NAYZILAM SOLN 5mg/0.1ml	3	QL (10 nasal units / 30 days)
NEURONTIN CAPS 100mg, 300mg	3	QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	3	QL (270 caps / 30 days)
NEURONTIN SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4	QL (120 tabs / 30 days)
ONFI SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
ONFI TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> TB24 600mg	4	PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	PA
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	3	QL (1500 mL / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	4	QL (240 tabs / 30 days), PA
SABRIL PACK 500mg	4	QL (180 packets / 30 days), NM, PA
SABRIL TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
SPRITAM TB3D 250mg	3	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	3	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	3	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	3	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> KIT 25mg	1	
<i>subvenite starter kit/gre</i>	4	
<i>subvenite starter kit/ora</i>	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	4	QL (60 films / 30 days), PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	
TRILEPTAL TABS 150mg	3	
VALIUM TABS 2mg, 5mg, 10mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	4	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	4	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	4	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	4	QL (180 packets / 30 days), NM, PA
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	3	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	4	QL (28 tabs / 28 days)
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	4	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADDERALL TAB 5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 7.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 10MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 12.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 15MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 20MG	3	QL (90 tabs / 30 days), PA
ADDERALL TAB 30MG	3	QL (60 tabs / 30 days), PA
ADDERALL XR CAP 5MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 10MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 15MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 20MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 25MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 30MG	3	QL (30 caps / 30 days), PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg	3	QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg	3	QL (30 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	3	QL (30 caps / 30 days), PA
CONCERTA TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
CONCERTA TBCR 54mg	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL (60 tabs / 30 days), PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	QL (30 patches / 30 days), PA
DEXEDRINE CP24 10mg	4	QL (150 caps / 30 days), PA
DEXEDRINE CP24 15mg	4	QL (120 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	1	QL (150 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 15mg	1	QL (120 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 15mg	1	QL (120 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 20mg	1	QL (90 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 30mg	1	QL (60 tabs / 30 days), PA
DYANAVEL XR SUER 2.5mg/ml	3	QL (240 mL / 30 days), PA
DYANAVEL XR TBCR 5mg	3	QL (60 tabs / 30 days), PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days), PA
FOCALIN TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
FOCALIN TABS 10mg	3	QL (60 tabs / 30 days), PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	3	QL (60 caps / 30 days), PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	3	QL (30 caps / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	2	QL (60 tabs / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
INTUNIV TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
INTUNIV TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
JORNAY PM CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	3	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	1	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	1	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	1	QL (30 tabs / 30 days), PA
METADATE CD CPCR 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
METADATE CD CPCR 40mg, 50mg, 60mg	3	QL (30 caps / 30 days), PA
METHYLIN SOLN 5mg/5ml	3	QL (1800 mL / 30 days), PA
METHYLIN SOLN 10mg/5ml	3	QL (900 mL / 30 days), PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL (30 patches / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> CP24 10mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
<i>methylphenidate hcl</i> CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg	1	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	3	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 37.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	3	QL (30 caps / 30 days), PA
QELBREE CP24 100mg	3	QL (180 caps / 30 days), PA
QELBREE CP24 150mg	3	QL (60 caps / 30 days), PA
QELBREE CP24 200mg	3	QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	3	QL (60 tabs / 30 days), PA
QUILLICHEW ER CHER 40mg	3	QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	3	QL (360 mL / 30 days), PA
RELEXXII TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg	3	QL (30 tabs / 30 days), PA
RITALIN TABS 10mg	3	QL (180 tabs / 30 days), PA
RITALIN TABS 20mg	3	QL (90 tabs / 30 days), PA
RITALIN LA CP24 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
RITALIN LA CP24 40mg	3	QL (30 caps / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 30 days), PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	QL (30 patches / 30 days), PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
zenzedi TABS 15mg	1	QL (120 tabs / 30 days), PA
zenzedi TABS 20mg	1	QL (90 tabs / 30 days), PA
zenzedi TABS 30mg	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
AMBIEN TABS 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
AMBIEN CR TBCR 6.25mg, 12.5mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
EDLUAR SUBL 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
estazolam TABS 1mg, 2mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone TABS 1mg, 2mg, 3mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HALCION TABS .25mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	4	QL (30 caps / 30 days), NM, PA
HETLIOZ LQ SUSP 4mg/ml	4	QL (158 ml / 30 days), NM, PA
LUNESTA TABS 1mg, 2mg, 3mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
QUVIVIQ TABS 25mg, 50mg	3	QL (30 tabs / 30 days)
ramelteon TABS 8mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RESTORIL CAPS 7.5mg, 22.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
RESTORIL CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
SILENOR TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	4	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>triazolam</i> TABS .25mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>triazolam</i> TABS .125mg	2	QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ZOLPIDEM TARTRATE CAPS 7.5mg	3	QL (30 caps / 30 days), PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA
almotriptan malate TABS 6.25mg, 12.5mg	1	QL (12 tabs / 30 days), ST
dihydroergotamine mesylate SOLN 1mg/ml	4	
dihydroergotamine mesylate SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
eletriptan hydrobromide TABS 20mg, 40mg	1	QL (12 tabs / 30 days), ST
EMGALITY SOAJ 120mg/ml	2	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	2	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	2	QL (2 syringes / 30 days), NM, PA
ERGOMAR SUBL 2mg	4	QL (20 tabs / 28 days), PA
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
FROVA TABS 2.5mg	4	QL (18 tabs / 30 days), ST
frovatriptan succinate TABS 2.5mg	1	QL (18 tabs / 30 days), ST
IMITREX TABS 25mg, 50mg, 100mg	3	QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml	4	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	4	QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	4	QL (12 injections / 30 days)
MAXALT TABS 10mg	3	QL (18 tabs / 30 days)
MAXALT-MLT TBDP 10mg	3	QL (18 tabs / 30 days)
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
RELPAK TABS 20mg	3	QL (12 tabs / 30 days), ST
RELPAK TABS 40mg	4	QL (12 tabs / 30 days), ST
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	4	QL (24 pens / 30 days), ST
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	1	QL (12 units / 30 days), ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST
ZOMIG SOLN 2.5mg, 5mg	3	QL (12 units / 30 days), ST
<i>zomig</i> TABS 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST

MISCELLANEOUS

AMVUTTRA SOSY 25mg/0.5ml	4	QL (1 syringe / 90 days), NM, PA
AUSTEDO TABS 6mg	4	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	4	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	4	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	4	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	4	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	4	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	4	QL (2 packs / year), NM, PA
DAYBUE SOLN 200mg/ml	4	QL (3600 mL / 30 days), NM, PA
DUVYZAT SUSP 8.86mg/ml	4	QL (420 mL / 30 days), NM, PA
<i>edaravone</i> SOLN 30mg/100ml, 60mg/100ml	4	NM, PA
ENSPRYNG SOSY 120mg/ml	4	NM, PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE TABS 10mg	4	QL (300 tabs / 30 days), NM, PA
<i>gabapentin (once-daily)</i> TABS 300mg	1	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	1	QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	3	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	3	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	3	QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	3	QL (60 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
LITHOBID TBCR 300mg	4	
LYRICA CR TB24 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR TB24 330mg	3	QL (60 tabs / 30 days), PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	
MESTINON TIMESPAN TBCR 180mg	4	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg	1	QL (90 tabs / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 330mg	1	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	4	QL (70 mL / 28 days), NM, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	QL (70 mL / 28 days), NM, PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	3	QL (2 packs / year), PA
SKYCLARYS CAPS 50mg	4	QL (90 caps / 30 days), NM, PA
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	4	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TIGLUTIK SUSP 50mg/10ml	4	QL (600 mL / 30 days), NM, PA
UPLIZNA SOLN 100mg/10ml	4	NM, PA
WAINUA SOAJ 45mg/0.8ml	4	QL (1 pen / 30 days), NM, PA
XENAZINE TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
XENAZINE TABS 25mg	4	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA TB12 10mg	4	QL (60 tabs / 30 days), NM, PA
AVONEX PSKT 30mcg/0.5ml	4	QL (4 syringes / 28 days), NM, PA
AVONEX PEN AJKT 30mcg/0.5ml	4	QL (4 injections / 28 days), NM, PA
BAFIERTAM CPDR 95mg	4	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	4	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>dimethyl fumarate</i> CPDR 120mg	4	QL (14 caps / 7 days), NM, PA
<i>dimethyl fumarate</i> CPDR 240mg	4	QL (60 caps / 30 days), NM, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	QL (2 packs / year), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	4	QL (30 caps / 30 days), NM, PA
GILENYA CAPS .25mg, .5mg	4	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
MAVENCLAD (4 TABS) TBPK 10mg	4	QL (16 tabs per lifetime), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (5 TABS) TBPk 10mg	4	QL (20 tabs per lifetime), NM, PA
MAVENCLAD (6 TABS) TBPk 10mg	4	QL (24 tabs per lifetime), NM, PA
MAVENCLAD (7 TABS) TBPk 10mg	4	QL (28 tabs per lifetime), NM, PA
MAVENCLAD (8 TABS) TBPk 10mg	4	QL (32 tabs per lifetime), NM, PA
MAVENCLAD (9 TABS) TBPk 10mg	4	QL (36 tabs per lifetime), NM, PA
MAVENCLAD (10 TABS) TBPk 10mg	4	QL (40 tabs per lifetime), NM, PA
MAYZENT TABS 1mg, 2mg	4	QL (30 tabs / 30 days), NM, PA
MAYZENT TABS .25mg	4	QL (112 tabs / 28 days), NM, PA
MAYZENT STARTER PACK (7) TBPk .25mg	4	QL (2 packs / year), NM, PA
MAYZENT STARTER PACK (12) TBPk .25mg	4	QL (2 packs / year), NM, PA
OCREVUS SOLN 300mg/10ml	4	NM, PA
OCREVUS INJ ZUNOVO	4	QL (23 mL / 180 days), NM, PA
PLEGRIDY SOAJ 125mcg/0.5ml	4	QL (2 pens / 28 days), NM, PA
PLEGRIDY SOSY 125mcg/0.5ml	4	QL (2 syringes / 28 days), NM, PA
PLEGRIDY INJ STARTER	4	QL (2 packs / year), NM, PA
PLEGRIDY PEN INJ STARTER	4	QL (2 packs / year), NM, PA
PONVORY TABS 20mg	4	QL (30 tabs / 30 days), NM, PA
PONVORY TAB STARTER	4	QL (2 packs / year), NM, PA
TASCENSO ODT TBDP .25mg, .5mg	4	QL (30 tabs / 30 days), NM, PA
<i>teriflunomide</i> TABS 7mg, 14mg	4	QL (30 tabs / 30 days), NM, PA
VUMERITY CPDR 231mg	4	QL (120 caps / 30 days), NM, PA
ZEPOSIA CAPS .92mg	4	QL (30 caps / 30 days), NM, PA
ZEPOSIA 7DAY CAP STR PACK	4	QL (2 packs / year), NM, PA
ZEPOSIA CAP STR KIT	4	QL (2 packs / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	1	PA
<i>baclofen</i> SUSP 25mg/5ml	4	PA
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	PA
<i>carisoprodol</i> TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM, PA
DYSPORT SOLR 500unit	4	NM, PA
FLEQSUVY SUSP 25mg/5ml	4	PA
<i>metaxalone</i> TABS 800mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol</i> TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol</i> TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM, PA
MYOBLOC SOLN 10000unit/2ml	4	NM, PA
OZOBAX DS SOLN 10mg/5ml	4	PA
SOMA TABS 350mg	4	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	1	
XEOMIN SOLR 50unit	3	NM, PA
XEOMIN SOLR 100unit, 200unit	4	NM, PA
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	4	QL (30 packets / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUMRYZ PAK STARTER	4	QL (2 packs / year), NM, PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
NUVIGIL TABS 50mg	3	QL (60 tabs / 30 days), PA
NUVIGIL TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 100mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 200mg	4	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, PA
SUNOSI TABS 75mg, 150mg	3	QL (30 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	4	QL (60 tabs / 30 days), NM, PA
XYREM SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, PA
XYWAV SOL 0.5GM/ML	4	QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NM
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> TABS .18mg	4	QL (228 tabs / 14 days), PA
LUCEMYRA TABS .18mg	4	QL (228 tabs / 14 days), PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NM
SUBOXONE MIS 2-0.5MG	3	QL (180 films / 30 days)
SUBOXONE MIS 4-1MG	3	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	3	QL (120 films / 30 days)
SUBOXONE MIS 12-3MG	3	QL (90 films / 30 days)
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	4	NM
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC

ANDROGENS

AVEED SOLN 750mg/3ml	4	NM, PA
AZMIRO SOSY 200mg/ml	3	PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg	3	QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	4	QL (60 caps / 30 days), PA
TESTIM GEL 1%	3	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL (150 gm / 30 days), PA
<i>testosterone</i> SOLN 30mg/act	1	QL (180 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
TLANDO CAPS 112.5mg	3	QL (120 caps / 30 days), PA
UNDECATREX CAPS 200mg	3	QL (120 caps / 30 days), PA
VOGELXO GEL 50mg/5gm	3	QL (300 gm / 30 days), PA
VOGELXO PUMP GEL 1%	3	QL (300 gm / 30 days), PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	QL (90 tabs / 30 days)
ACTOS TABS 15mg, 30mg, 45mg	3	QL (30 tabs / 30 days)
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
DUETACT TAB 30-2MG	3	QL (30 tabs / 30 days)
DUETACT TAB 30-4MG	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-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)
GLUCOTROL XL TB24 5mg	3	QL (90 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days), ST
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
<i>liraglutide</i> SOPN 6mg/ml	1	QL (3 pens / 30 days), PA
<i>metformin hcl</i> SOLN 500mg/5ml	1	QL (765 mL / 30 days), ST
<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)
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days), PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
TZIELD SOLN 2mg/2ml	4	NM, PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
CEQR SIMPL KIT PATCH 2U (3-DAY)	3	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	3	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	3	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	2	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	2	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	2	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	2	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD 5 DX KIT INT G7G6	3	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	3	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	3	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	3	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	3	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	3	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)

CALCIUM REGULATORS

ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NM, PA
FORTEO SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA
FOSAMAX TABS 70mg	3	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	1	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	3	QL (1 syringe / 180 days), NM
RECLAST SOLN 5mg/100ml	3	B/D, NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
<i>teriparatide</i> SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA; (generic of Forteo)
TYMLOS SOPN 3120mcg/1.56ml	4	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	4	NM, PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
CUVRIOR TABS 300mg	4	NM, PA
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	4	NM, PA
<i>deferasirox</i> TABS 90mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	3	NM, PA
<i>deferiprone</i> TABS 500mg, 1000mg	4	NM, PA
<i>deferoxamine mesylate</i> SOLR 2gm, 500mg	1	NM, PA
DEPEN TITRATABS TABS 250mg	4	NM
DESFERAL SOLR 500mg	3	NM, PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NM, PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NM, PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NM, PA
JADENU TABS 90mg, 180mg, 360mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> TABS 250mg	4	NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NM, PA
<i>trientine hcl</i> CAPS 250mg, 500mg	4	NM, PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	

CONTRACEPTIVES

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI TAB	3	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV TAB 1/0.02MG	3	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	2	NM
<i>LO LOESTRIN TAB 1-10-10</i>	3	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>orquidea TABS .35mg</i>	1	
PHEXXI GEL	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
SAFYRAL TAB	3	

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec</i> 28	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina</i> 24 fe	1	
<i>tarina</i> fe 1/20 eq	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia</i> fe	1	
<i>tri-estarylla</i>	1	
<i>tri-legest</i> fe	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra</i> lo	1	
<i>turqoz</i>	1	
<i>valtya</i> 1/50	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya</i> fe	1	
<i>xarah</i> fe	1	
<i>xelria</i> fe	1	
<i>xulane</i>	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
<i>zafemy</i>	1	
<i>zovia</i> 1/35	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>abigale</i>	2	
<i>abigale</i> lo	2	
ACTIVEVILLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	3	

Drug Name	Drug Tier	Requirements/Limits
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm	3	
<i>estradiol</i> GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey</i>	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-2.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
yuvaferm TABS 10mcg	1	

GLUCOCORTICOIDS

ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NM, PA
ALKINDI SPRINKLE CPSP .5mg	3	NM, PA
<i>betamethasone sod phosphate & acetate</i> <i>inj susp 6 (3-3) mg/ml</i>	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
KHINDIVI SOLN 1mg/ml	4	PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPk 4mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPk 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 5mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPk 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> SUSP 10mg/ml, 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D, NM
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	4	
PROGLYCEM SUSP 50mg/ml	4	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NM, PA
AQNEURSA PACK 1gm	4	QL (112 packets / 28 days), NM, PA
<i>betaine powder for oral solution</i>	4	NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NM, PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NM, PA
<i>carglumic acid</i> TBSO 200mg	4	NM, PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NM, PA
CEREZYME SOLR 400unit	4	NM, PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CRENESSITY CAPS 25mg, 50mg, 100mg	4	QL (60 caps / 30 days), NM, PA
CRENESSITY SOLN 50mg/ml	4	QL (120 mL / 30 days), NM, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NM, PA
CYSTADANE POW	4	NM
CYSTAGON CAPS 50mg, 150mg	3	NM, PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> SOLN 4mcg/ml	4	
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NM, PA
EGRIFTA SV SOLR 2mg	4	NM, PA
EGRIFTA WR KIT 11.6mg	4	NM, PA
ELAPRASE SOLN 6mg/3ml	4	NM, PA
ELELYSO SOLR 200unit	4	NM, PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NM, PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NM, PA
FENSOLVI KIT 45mg	4	NM, PA
GALAFOLD CAPS 123mg	4	NM, PA
GENOTROPIN CART 5mg, 12mg	4	NM, PA
GENOTROPIN MINIUICK PRSY .2mg	2	NM, PA
GENOTROPIN MINIUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM, PA
INCRELEX SOLN 40mg/4ml	4	NM, PA
ISTURISA TABS 1mg	4	QL (240 tabs / 30 days), NM, PA
ISTURISA TABS 5mg	4	QL (360 tabs / 30 days), NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	4	NM, PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NM, PA
JYNARQUE PAK 30-15MG	4	NM, PA
JYNARQUE PAK 45-15MG	4	NM, PA
JYNARQUE PAK 60-30MG	4	NM, PA
JYNARQUE PAK 90-30MG	4	NM, PA
KANUMA SOLN 20mg/10ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
KORLYM TABS 300mg	4	NM, PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NM, PA
LAMZEDE SOLR 10mg	4	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NM, PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	4	NM, PA
<i>miglustat</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg	4	QL (90 caps / 30 days), NM, PA
MYALEPT SOLR 11.3mg	4	NM, PA
MYCAPSSA CPDR 20mg	4	QL (112 caps / 28 days), NM, PA
MYFEMBREE TAB	4	PA
NAGLAZYME SOLN 1mg/ml	4	NM, PA
NEXVIAZYME SOLR 100mg	4	NM, PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	4	NM, PA
NITYR TABS 2mg, 5mg, 10mg	4	NM, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NM, PA
NOVAREL SOLR 5000unit	3	NM, PA
<i>octreotide acetate</i> KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NM, PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NM, PA
OPFOLDA CAPS 65mg	3	QL (8 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NM, PA
ORIAHNN CAP	4	PA
ORILISSA TABS 150mg, 200mg	4	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NM, PA
PHEBURANE PLLT 483mg/gm	4	NM, PA
POMBILITI SOLR 105mg	4	NM, PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM, PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NM, PA
RECORLEV TABS 150mg	4	QL (240 tabs / 30 days), NM, PA
REVCОВI SOLN 2.4mg/1.5ml	4	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	4	QL (30 tabs / 30 days), NM, PA
SAMSCA TABS 15mg, 30mg	4	NM, PA
SANDOSTATIN SOLN 50mcg/ml	3	NM, PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NM, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	4	NM, PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NM, PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NM, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	4	NM, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NM, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NM, PA
SYNAREL SOLN 2mg/ml	4	PA
TEPEZZA SOLR 500mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan</i> TABS 15mg, 30mg	4	NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TABS 15mg, 30mg	4	NM, PA; (generic of SAMSCA)
<i>tolvaptan</i> TBPk 15mg	4	NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NM, PA
VEOZAH TABS 45mg	3	QL (30 tabs / 30 days), PA
VIJOICE PACK 50mg	4	QL (28 packets / 28 days), NM, PA
VIJOICE TBPk 50mg, 125mg	4	QL (28 tabs / 28 days), NM, PA
VIJOICE TAB 250MG	4	QL (56 tabs / 28 days), NM, PA
VIMIZIM SOLN 5mg/5ml	4	NM, PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NM, PA
VPRIV SOLR 400unit	4	NM, PA
VYKAT XR TB24 25mg	4	QL (120 tabs / 30 days), NM, PA
VYKAT XR TB24 75mg	4	QL (30 tabs / 30 days), NM, PA
VYKAT XR TB24 150mg	4	QL (90 tabs / 30 days), NM, PA
XENPOZYME SOLR 4mg, 20mg	4	NM, PA
<i>yargesa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
ZAVESCA CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
ZOMACTON SOLR 5mg	3	NM, PA
ZOMACTON SOLR 10mg	4	NM, PA

PROGESTINS

CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
RAYALDEE CPCR 30mcg	4	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	3	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg	3	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg; TBDP 5mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBDP 16mg	4	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
PROMETHAZINE HYDROCHLORID SOLN 6.25mg/5ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	4	QL (4 patches / 28 days)
<i>scopolamine</i> PT72 1mg/3days	3	QL (10 patches / 30 days)
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D, NM
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	3	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	PA; PA applies if 65 years and older

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	QL (1200 mL / 30 days)
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	

INFLAMMATORY BOWEL DISEASE

APRISO CP24 .375gm	3	QL (120 caps / 30 days)
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	4	QL (30 tabs / 30 days), PA
<i>budesonide (intrarectal)</i> FOAM 2mg	1	
CANASA SUPP 1000mg	4	QL (30 suppositories / 30 days)
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	QL (120 tabs / 30 days)
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPCR 500mg	1	QL (240 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine</i> TBEC 800mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine w/ cleanser KIT 4gm</i>	1	QL (28 bottles / 28 days)
PENTASA CPCR 250mg	3	QL (480 caps / 30 days)
PENTASA CPCR 500mg	4	QL (240 caps / 30 days)
ROWASA KIT 4gm	4	QL (28 bottles / 28 days)
SFROWASA ENEM 4gm/60ml	4	QL (1680 mL / 28 days)
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	4	QL (30 tabs / 30 days), PA

LAXATIVES

CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose SOLN 10gm/15ml</i>	1	
<i>enulose SOLN 10gm/15ml</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac SOLN 10gm/15ml</i>	1	
GOLYTELY SOL	3	
<i>lactulose SOLN 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	

MISCELLANEOUS

<i>alosetron hcl TABS 1mg</i>	4	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	1	QL (60 tabs / 30 days), PA
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NM, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NM, PA
CHOLBAM CAPS 50mg, 250mg	4	NM, PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	3	
EOHILIA SUSP 2mg/10ml	4	QL (600 mL / 30 days), PA
GASTROCROM CONC 100mg/5ml	4	
GATTEX KIT 5mg	4	NM, PA
IQIRVO TABS 80mg	4	QL (30 tabs / 30 days), NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LIVDELZI CAPS 10mg	4	QL (30 caps / 30 days), NM, PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NM, PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
<i>lubiprostone</i> CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
OICALIVA TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml	4	QL (150 mL / 30 days), NM, PA
RELISTOR SOLN 12mg/0.6ml	4	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	4	QL (28 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TABS 150mg	4	QL (90 tabs / 30 days), PA
SUCRAID SOLN 8500unit/ml	4	NM, PA
<i>sucralfate</i> TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL (30 tabs / 30 days)
TALICIA CAP	3	
TRULANCE TABS 3mg	3	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VIBERZI TABS 75mg, 100mg	4	PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	
VOQUEZNA PAK DUAL PAK	2	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	2	QL (2 kits / year), PA
VOWST CAP	4	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	4	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	4	PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

PROTON PUMP INHIBITORS

ACIPHEX TBEC 20mg	4	QL (30 tabs / 30 days), ST
DEXILANT CPDR 30mg, 60mg	3	QL (30 caps / 30 days)
<i>dexlansoprazole</i> CPDR 30mg, 60mg	1	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> PACK 10mg, 20mg, 40mg	1	QL (30 packets / 30 days)
<i>esomeprazole sodium</i> SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
NEXIUM CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg	3	QL (30 packets / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
PANTOPRAZOLE SODIUM SOLR 40mg	3	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg	3	QL (60 caps / 30 days)
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
VOQUEZNA TABS 10mg	3	QL (30 tabs / 30 days), PA
VOQUEZNA TABS 20mg	3	QL (60 tabs / 30 days), PA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
AVODART CAPS .5mg	4	QL (30 caps / 30 days)
CARDURA XL TB24 4mg, 8mg	3	QL (30 tabs / 30 days), ST
CIALIS TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
JALYN CAP 0.5-0.4	3	QL (30 caps / 30 days)
PROSCAR TABS 5mg	3	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	1	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	4	QL (90 caps / 30 days)
FILSPARI TABS 200mg, 400mg	4	QL (30 tabs / 30 days), NM, PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NM, PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NM, PA
TARPEYO CPDR 4mg	4	QL (120 caps / 30 days), NM, PA
THIOLA TABS 100mg	4	NM
THIOLA EC TBEC 100mg, 300mg	4	NM
<i>tiopronin</i> TABS 100mg; TBEC 100mg, 300mg	4	NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg	4	QL (30 tabs / 30 days), NM, PA
<i>venxxiva</i> TBEC 100mg, 300mg	4	NM

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	2	QL (30 tabs / 30 days)
<i>mirabegron</i> TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	3	QL (8 patches / 28 days), ST
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	1	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VESICARE TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
VESICARE LS SUSP 5mg/5ml	3	QL (300 mL / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	2	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	4	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
PRADAXA CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	3	QL (120 caps / 30 days)
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM, PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NM, PA
FULPHILA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
LEUKINE SOLR 250mcg	4	NM, PA
MOZOBIL SOLN 24mg/1.2ml	4	NM, PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NM, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	4	NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NM, PA
XOLREMDI CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA

MISCELLANEOUS

ADAKVEO SOLN 100mg/10ml	4	NM, PA
ADZYNMA KIT 500unit, 1500unit	4	NM, PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg	4	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	4	QL (90 tabs / 30 days), NM, PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
ANDEMBRY SOAJ 200mg/1.2ml	4	QL (13 pens / 365 days), NM, PA
BERINERT KIT 500unit	4	QL (24 boxes / 30 days), NM, PA
BKEMV SOLN 300mg/30ml	4	NM, PA
CABLIVI KIT 11mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	4	QL (20 vials / 30 days), NM, PA
DOPTelet TABS 20mg	4	NM, PA
EKTERLY TABS 300mg	4	QL (12 tabs / 30 days), NM, PA
EMPAVELI SOLN 1080mg/20ml	4	QL (200 mL / 30 days), NM, PA
ENDARI PACK 5gm	4	NM, PA
ENJAYMO SOLN 1100mg/22ml	4	NM, PA
EPYSQLI SOLN 300mg/30ml	4	NM, PA
FABHALTA CAPS 200mg	4	QL (60 caps / 30 days), NM, PA
GIVLAARI SOLN 189mg/ml	4	NM, PA
HAEGARDA SOLR 2000unit	4	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	4	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
KALBITOR SOLN 10mg/ml	4	QL (18 mL / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	4	NM, PA
MULPLETA TABS 3mg	4	NM, PA
ORLADEYO CAPS 110mg, 150mg	4	QL (28 caps / 28 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NM, PA
PYRUKYND TABS 5mg, 20mg, 50mg	4	QL (56 tabs / 28 days), NM, PA
PYRUKYND TAB 20MGX5MG	4	QL (14 tabs / 14 days), NM, PA
PYRUKYND TAB 50MGX20M	4	QL (14 tabs / 14 days), NM, PA
PYRUKYND TAPER PACK TBPK 5mg	4	QL (7 tabs / 7 days), NM, PA
REBLOZYL SOLR 25mg, 75mg	4	NM, PA
RUCONEST SOLR 2100unit	4	QL (12 vials / 30 days), NM, PA
RYTELO SOLR 47mg, 188mg	4	NM, PA
<i>sajazir</i> SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	
SOLIRIS SOLN 300mg/30ml	4	NM, PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	4	QL (2 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE TABS 100mg, 150mg	4	QL (60 tabs / 30 days), NM, PA
TAVNEOS CAPS 10mg	4	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NM, PA
VOYDEYA TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
VOYDEYA TAB 50-100MG	4	QL (180 tabs / 30 days), NM, PA
XROMI SOLN 100mg/ml	4	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg, 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	PA; PA applies if 65 years and older
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADBRY SOAJ 300mg/2ml	4	QL (28 pens / 365 days), NM, PA
ADBRY SOSY 150mg/ml	4	QL (56 syringes / 365 days), NM, PA
AVSOLA SOLR 100mg	4	NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	4	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	4	QL (2 syringes / 28 days), NM, PA
CIBINQO TABS 50mg, 100mg, 200mg	4	QL (30 tabs / 30 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	4	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	4	QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	4	QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	4	QL (20 syringes / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25mg/0.5ml	4	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	4	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	4	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	4	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	4	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	4	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	4	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	4	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	4	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	4	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	4	QL (3 pens / 28 days), NM, PA
KINERET SOSY 100mg/0.67ml	4	QL (28 syringes / 28 days), NM, PA
NEMLUVIO AUIJ 30mg	4	QL (2 pens / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	2	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	4	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	4	NM, PA
PYZCHIVA SOSY 45mg/0.5ml	2	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
RENFLEXIS SOLR 100mg	4	NM, PA
RINVOQ TB24 15mg, 30mg	4	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 45mg	4	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	4	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	4	NM, PA
SKYRIZI SOSY 150mg/ml	4	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	4	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	4	QL (30 tabs / 30 days), NM, PA
SPEVIGO SOLN 450mg/7.5ml	4	NM, PA
SPEVIGO SOSY 150mg/ml	4	QL (28 syringes / 365 days), NM, PA
SPEVIGO SOSY 300mg/2ml	4	QL (14 syringes / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	4	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	4	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	4	NM, PA
TREMFYA SOPN 100mg/ml	4	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	4	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	4	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	4	QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	4	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NM, PA
TYENNE SOSY 162mg/0.9ml	4	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	4	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	4	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	4	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	4	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	4	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	2	NM, PA
YESINTEK SOSY 45mg/0.5ml	2	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	4	QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ARAVA TABS 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>hydroxychloroquine sulfate</i> TABS 100mg, 200mg, 300mg, 400mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NM, PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NM, PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NM, PA
CYTOGAM SOLN 50mg/ml	4	B/D, NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NM, PA
GAMASTAN INJ	3	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
HEPAGAM B SOLN 312unit/ml	4	B/D, NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NM, PA
HYQVIA INJ 2.5-200	4	NM, PA
HYQVIA INJ 5-400	4	NM, PA
HYQVIA INJ 10-800	4	NM, PA
HYQVIA INJ 20-1600	4	NM, PA
HYQVIA INJ 30-2400	4	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NM, PA
ARCALYST SOLR 220mg	4	NM, PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NM, PA
IMAAVY SOLN 1200mg/6.5ml	4	NM, PA
JOENJA TABS 70mg	4	QL (60 tabs / 30 days), NM, PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NM, PA
PALFORZIA CAP LEVEL 3	4	NM, PA
PALFORZIA CAP LEVEL 7	4	NM, PA
PALFORZIA CAP LEVEL 8	4	NM, PA
PALFORZIA CAP LEVEL 10	4	NM, PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NM, PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NM, PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NM, PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NM, PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NM, PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NM, PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NM, PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NM, PA
VYVGART SOLN 400mg/20ml	4	NM, PA
VYVGART INJ HYTRULO	4	NM, PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	4	QL (28 syringes / 28 days), NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D, NM
ATGAM SOLN 50mg/ml	4	B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine TABS 50mg, 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml	4	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	4	NM, PA
BENLYSTA SOSY 200mg/ml	4	QL (8 syringes / 28 days), NM, PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	B/D, NM
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
ENVARUSUS XR TB24 4mg	4	B/D, NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	4	B/D, NM
everolimus (immunosuppressant) TABS .25mg	1	B/D, NM
engraf CAPS 25mg, 100mg	1	B/D, NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NM, PA
mycophenolate mofetil CAPS 250mg; TABS 500mg	1	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	4	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	1	B/D, NM
MYFORTIC TBEC 180mg	3	B/D, NM
MYFORTIC TBEC 360mg	4	B/D, NM
MYHIBBIN SUSP 200mg/ml	4	B/D, NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NM, PA
NULOJIX SOLR 250mg	4	B/D, NM
PROGRAF CAPS 5mg	4	B/D, NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D, NM
REZUROCK TABS 200mg	4	QL (30 tabs / 30 days), NM, PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D, NM
SANDIMMUNE CAPS 100mg	4	B/D, NM
SAPHNELO SOLN 300mg/2ml	4	NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	B/D, NM

VACCINES

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

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
MG SO4/D5W INJ 10MG/ML	2	
<i>multiple electrolytes ph 5.5</i>	1	
PLASMA-LYTE INJ -A	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	

ANTI-INFECTIVES

AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL (12 mL / 30 days)
XDEMVY SOLN .25%	4	NM, PA
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%, .09%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> GEL .5%; SUSP .2%, .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM, PA
YUTIQ IMPL .18mg	4	NM

Drug Name	Drug Tier	Requirements/Limits
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIAE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .1%, .15%, .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth)</i> SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NM, PA
BYOOVIZ SOLN .5mg/0.05ml	4	NM, PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	4	NM, PA
CYSTADROPS SOLN .37%	4	NM, PA
CYSTARAN SOLN .44%	4	NM, PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NM, PA
EYLEA HD SOLN 8mg/0.07ml	4	NM, PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NM, PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NM, PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	4	QL (112 mL / year), NM, PA
PAVBLU SOSY 2mg/0.05ml	4	NM, PA
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NM, PA
SYFOVRE SOLN 15mg/0.1ml	4	NM, PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NM, PA
XIIDRA SOLN 5%	2	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 inhaler / 30 days)
<i>tiotropium bromide CAPS 18mcg</i>	1	QL (30 caps / 30 days)

ANTI-HISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	PA; PA applies if 65 years and older
RYALTRIS SPR 665-25	3	QL (29 gm / 30 days)

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	1	
<i>carbinoxamine maleate SOLN 4mg/5ml</i>	3	PA; PA applies if 65 years and older
<i>carbinoxamine maleate TABS 4mg</i>	2	PA; PA applies if 65 years and older
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
CLARINEX TABS 5mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate</i> TABS 2.68mg	2	PA; PA applies if 65 years and older
<i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg; TBP 2.5mg, 5mg	1	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	4	QL (30 mL / 30 days), PA

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
PERFOROMIST NEBU 20mcg/2ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 30 days)
terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
XOPENEX HFA AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST

LEUKOTRIENE MODULATORS

ACCOLATE TABS 10mg, 20mg	3	
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
zafirlukast TABS 10mg, 20mg	1	

MISCELLANEOUS

acetylcysteine SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	4	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	4	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	4	NM, PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg	3	QL (56 tabs / year)
DALIRESP TABS 500mcg	3	QL (30 tabs / 30 days)
elixophyllin ELIX 80mg/15ml	4	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	4	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	4	QL (1 pen / 28 days), NM, PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	4	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	4	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS 100mg, 150mg	4	QL (60 caps / 30 days), NM, PA
OHTUVAYRE SUSP 3mg/2.5ml	4	NM, PA
ORKAMBI GRA 75-94MG	4	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	4	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	4	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	4	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	4	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	4	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	4	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	4	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	4	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	4	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	4	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	4	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	4	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	4	QL (8 vials / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	4	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	4	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NM, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	QL (2 bottles / 30 days)
OMNARIS SUSP 50mcg/act	3	QL (1 inhaler / 30 days), ST
QNASL AERS 80mcg/act	3	QL (1 inhaler / 30 days), ST
QNASL CHILDRENS AERS 40mcg/act	3	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	3	QL (32 mL / 30 days), PA

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	2	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)

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

TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	PA
ACANYA GEL 1.2-2.5%	3	QL (50 gm / 30 days)
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5%	3	QL (90 gm / 30 days)
adapalene CREA .1%; GEL .3%	1	QL (45 gm / 30 days), PA
ADAPALENE SOLN .1%	3	QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	QL (45 gm / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	QL (60 gm / 30 days), PA
AKLIEF CREA .005%	3	QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	3	QL (45 gm / 30 days), PA
<i>amnesteam CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
AMZEEQ FOAM 4%	3	QL (30 gm / 30 days), PA
ARAZLO LOTN .045%	3	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ATRALIN GEL .05%	3	QL (45 gm / 30 days), PA
AZELEX CREA 20%	3	QL (50 gm / 30 days), PA
BENZAMYCIN GEL 5-3%	3	QL (46.6 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
CABTREO GEL	4	QL (50 gm / 30 days), PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1%	3	QL (60 mL / 30 days)
<i>clindacin</i> FOAM 1%	1	QL (100 gm / 30 days)
<i>clindacin etz pledgets</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindacin-p</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> FOAM 1%	1	QL (100 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>clindamycin phosphate (topical)</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2- 0.025%</i>	1	QL (60 gm / 30 days), PA
<i>dapsone (topical)</i> GEL 5%, 7.5%	1	QL (90 gm / 30 days)
DIFFERIN PUMP GEL .3%	3	QL (45 gm / 30 days), PA
EPIDUO FORTE GEL 0.3-2.5%	3	QL (60 gm / 30 days), PA
EPIDUO GEL 0.1-2.5%	3	QL (45 gm / 30 days), PA
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
FABIOR FOAM .1%	3	QL (100 gm / 30 days), PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
KLARON LOTN 10%	3	QL (118 mL / 30 days)
<i>neuac gel</i> 1.2-5%	1	QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	3	QL (50 gm / 30 days)
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	QL (45 gm / 30 days), PA
RETIN-A MICRO GEL .04%, .06%, .1%	3	QL (50 gm / 30 days), PA
RETIN-A MICRO PUMP GEL .08%	3	QL (50 gm / 30 days), PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	3	QL (100 gm / 30 days), PA
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	1	QL (45 gm / 30 days), PA
<i>tretinoin microsphere</i> GEL .04%, .08%, .1%	1	QL (50 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (60 gm / 30 days)
TWYNEO CRE 0.1-3%	3	QL (30 gm / 30 days), PA
WINLEVI CREA 1%	3	QL (60 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL	3	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL .77%	1	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
EXELDERM CREA 1%	3	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
EXELDERM SOLN 1%	3	QL (30 mL / 30 days), PA
JUBLIA SOLN 10%	4	QL (8 mL / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (50 gm / 30 days), PA
<i>naftifine hcl</i> CREA 1%	1	QL (90 gm / 30 days)
<i>naftifine hcl</i> CREA 2%; GEL 2%	1	QL (60 gm / 30 days)
NAFTIN GEL 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
OXISTAT LOTN 1%	3	QL (60 mL / 30 days), PA
<i>selenium sulfide</i> LOTN 2.5%	1	
VUSION OIN	3	QL (50 gm / 30 days), PA
ZORYVE FOAM .3%	3	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
CALCIPOTRIENE FOAM .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	4	
SORILUX FOAM .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
<i>tazarotene</i> GEL .05%, .1%	1	QL (100 gm / 30 days), PA
TAZORAC CREA .05%	3	QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	3	QL (100 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VTAMA CREA 1%	4	QL (60 gm / 30 days), PA
ZORYVE CREA .3%	3	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	4	QL (60 mL / 30 days)
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> FOAM .05%	1	QL (100 gm / 30 days)
<i>clobetasol propionate</i> LIQD .05%	1	QL (125 mL / 30 days)
<i>clobetasol propionate</i> LOTN .05%	1	QL (118 mL / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate emulsion</i> FOAM .05%	1	QL (100 gm / 30 days)
CLOBEX LIQD .05%	3	QL (125 mL / 30 days)
CLOBEX LOTN .05%	3	QL (118 mL / 30 days)
CLOBEX SHAM .05%	3	QL (236 mL / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
DERMA-SMOOTH/FS BODY OIL .01%	3	QL (118.28 mL / 30 days)
DERMA-SMOOTH/FS SCALP OIL .01%	3	QL (118.28 mL / 30 days)
<i>desonide</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>desonide</i> LOTN .05%	1	QL (118 mL / 30 days)
<i>desoximetasone</i> LIQD .25%	1	QL (100 mL / 30 days)
DIPROLENE OINT .05%	3	QL (120 gm / 30 days)
DUOBRII LOT	4	QL (200 gm / 28 days), PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2%	4	QL (60 mL / 30 days)
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone butyrate</i> SOLN .1%	1	QL (60 mL / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025%	3	QL (120 gm / 30 days)
tovet FOAM .05%	1	QL (100 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
QUTENZA KIT 8% 1-PCH	4	QL (4 patches / 90 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
QUTENZA KIT 8% 2-PCH	4	QL (4 patches / 90 days), NM, PA
QUTENZA KIT 8% 4-PCH	4	QL (4 patches / 90 days), NM, PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
ZTLIDO PTCH 1.8%	3	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i> OINT 5%	1	QL (30 gm / 30 days)
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> GEL 15%	1	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	4	QL (60 gm / 30 days), NM, PA
<i>brimonidine tartrate (topical)</i> GEL .33%	1	QL (30 gm / 30 days), PA
CONDYLOX GEL .5%	3	QL (7 gm / 28 days)
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	QL (5 gm / 30 days)
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	QL (100 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
ELIDEL CREA 1%	3	QL (100 gm / 30 days), PA
EMROSI CP24 40mg	4	QL (30 caps / 30 days), PA
EPSOLAY CREA 5%	3	QL (30 gm / 30 days), PA
EUCRISA OINT 2%	3	QL (120 gm / 30 days), PA
FINACEA FOAM 15%	3	QL (50 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
HYFTOR GEL .2%	4	QL (20 gm / 25 days), NM, PA
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
KLISYRI OINT 1%	4	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
MIRVASO GEL .33%	3	QL (30 gm / 30 days), PA
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
NORITATE CREA 1%	4	QL (60 gm / 30 days), PA
OPZELURA CREA 1.5%	4	QL (240 gm / 28 days), PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	4	QL (60 gm / 30 days), PA
<i>penciclovir</i> CREA 1%	1	QL (5 gm / 30 days)
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> GEL .5%	1	QL (7 gm / 28 days)
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
QBREXZA PADS 2.4%	3	QL (30 cloths / 30 days), PA
RECTIV OINT .4%	3	QL (30 gm / 30 days)
RHOFADE CREA 1%	3	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
TARGRETIN GEL 1%	4	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	4	QL (60 gm / 30 days), NM, PA
XERESE CRE 5-1%	4	QL (5 gm / 30 days)
YCANTH SOLN .7%	3	NM, PA
ZELSUVMI GEL 10.3%	4	PA
ZILXI FOAM 1.5%	3	QL (30 gm / 30 days), PA
ZORYVE CREA .15%	3	QL (60 gm / 30 days), PA
ZOVIRAX OINT 5%	3	QL (30 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	4	QL (454 gm / 30 days), PA
ELIMITE CREA 5%	3	QL (60 gm / 30 days)
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
<i>pruradik</i> LOTN 10%	4	QL (454 gm / 30 days), PA
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	3	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
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AZOR TAB 5-40MG	35	BEPREVE.....	119
AZSTARYS CAP 26.1-5.2	64	BERINERT	105
AZSTARYS CAP 39.2-7.8	64	BESIVANCE	117
AZSTARYS CAP 52.3-10.	64	BESPONSA	23
<i>aztreonam</i>	5	BESREMI	21
AZULFIDINE	98	<i>betaine powder for oral solution</i>	90
AZULFIDINE EN-TABS.....	98	<i>betamethasone dipropionate (topical)</i>	130
<i>azurette</i>	83	<i>betamethasone dipropionate</i> <i>augmented</i>	130
B		<i>betamethasone sod phosphate &</i> <i>acetate inj susp 6 (3-3) mg/ml</i>	89
<i>bacitracin (ophthalmic)</i>	117	<i>betamethasone valerate</i>	130
<i>bacitracin-polymyxin b ophth oint</i> ...117			
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	117		
<i>baclofen</i>	75		
BACTRIM DS TAB 800-160	5		
BACTRIM TAB 400-80MG	5		
BAFIERTAM	73		

BETASERON	73	BREZTRI AERO AER SPHERE	121
<i>betaxolol hcl</i>	40	BREZTRI AERO AER SPHERE	
<i>betaxolol hcl (ophth)</i>	119	(INSTITUTIONAL PACK)	121
<i>bethanechol chloride</i>	102	<i>briellyn</i>	83
BETHKIS	5	BRILINTA	107
BETIMOL	119	<i>brimonidine tartrate</i>	119
BEVESPI AER 9-4.8MCG	121	<i>brimonidine tartrate (topical)</i>	132
<i>bexarotene</i>	21	<i>brimonidine tartrate-timolol maleate</i>	
<i>bexarotene (topical)</i>	132	<i>ophth soln 0.2-0.5%</i>	119
BXSERO	113	<i>brinzolamide</i>	119
<i>bicalutamide</i>	19	BRIVIACT	56, 57
BICILLIN C-R INJ 1200000	16	BRIXADI	76
BICILLIN C-R INJ 900/300	16	<i>bromfenac sodium (ophth)</i>	118
BICILLIN L-A	16	<i>bromocriptine mesylate</i>	51
BIDIL TAB	44	BROMSITE	118
BIJUVA CAP 0.5-100	87	BROVANA	122
BIJUVA CAP 1-100MG	88	BRUKINSA	24
BIKTARVY TAB 30-120-15 MG	11	<i>budesonide</i>	98
BIKTARVY TAB 50-200-25 MG	11	<i>budesonide (inhalation)</i>	125
BIMZELX	107	<i>budesonide (intrarectal)</i>	98
BINOSTO	81	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>aerosol 160-4.5 mcg/act</i>	126
<i>10-6.25 mg</i>	40	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>aerosol 80-4.5 mcg/act</i>	125
<i>2.5-6.25 mg</i>	40	<i>bumetanide</i>	43
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		BUPHENYL	90
<i>6.25 mg</i>	40	<i>buprenorphine</i>	2
<i>bisoprolol fumarate</i>	41	<i>buprenorphine hcl</i>	76
BIVIGAM	110	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BKEMV	105	<i>12-3 mg (base equiv)</i>	76
<i>bleomycin sulfate</i>	21	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>blisovi 24 fe</i>	83	<i>2-0.5 mg (base equiv)</i>	76
<i>blisovi fe 1.5/30</i>	83	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BONJESTA TAB 20-20MG	96	<i>4-1 mg (base equiv)</i>	76
BONSITY	81	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BOOSTRIX INJ	113	<i>8-2 mg (base equiv)</i>	76
<i>bortezomib</i>	23	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BORTEZOMIB	23	<i>2-0.5 mg (base equiv)</i>	76
BORUZU	23	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bosentan</i>	46	<i>8-2 mg (base equiv)</i>	76
BOSULIF	23	<i>bupropion hcl</i>	49
BOTOX	75	<i>bupropion hcl (smoking deterrent)</i> ...	76
BRAFTOVI	23	<i>buspirone hcl</i>	47
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BREO ELLIPTA INH 200-25	125	BUTRANS	2
BREO ELLIPTA INH 50-25MCG	125	BYLVAY	99
<i>breynd</i>	125	BYLVAY (PELLETS)	99

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<i>cabergoline</i>	90
CABLIVI	105
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<i>calcitonin (salmon) spray</i>	81
<i>calcitrene</i>	129
<i>calcitriol</i>	95
<i>calcitriol (oral)</i>	95
CALQUENCE	24
<i>camila</i>	83
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<i>camrese</i>	83
<i>camrese lo</i>	83
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CANASA.....	98
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<i>candesartan cilexetil</i>	38
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	36
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	36
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	36
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<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	33
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	33

<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	33
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	51
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	51
<i>carb/levo orally disintegrating tab 25-</i> <i>250mg</i>	51
CARBAGLU	90
<i>carbamazepine</i>	57
CARBATROL	57
<i>carbidopa</i>	51
<i>carbidopa & levodopa tab 10-100 mg</i>	51
<i>carbidopa & levodopa tab 25-100 mg</i>	51
<i>carbidopa & levodopa tab 25-250 mg</i>	51
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	51
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	51
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	51
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<i>carboplatin</i>	18
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<i>carvedilol</i>	41
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<i>cefaclor</i>	14	<i>chlorhexidine gluconate (mouth-throat)</i>	134
CEFACLOR ER	14	<i>chloroquine phosphate</i>	9
<i>cefadroxil</i>	14	<i>chlorpromazine hcl</i>	53
CEFAZOLIN	14	<i>chlorthalidone</i>	43
CEFAZOLIN/DEX SOL 1GM/50ML-4% ..	14	CHOLBAM	99
CEFAZOLIN/DEX SOL 2GM/50ML-3% ..	14	<i>cholestyramine</i>	39
CEFAZOLIN/DEX SOL 3GM/150ML-4%	14	<i>cholestyramine light</i>	39
CEFAZOLIN/DEX SOL 3GM/50ML-2% ..	14	<i>choline fenofibrate</i>	38
CEFAZOLIN INJ 1GM/50ML	14	CHORIONIC GONADOTROPIN	90
<i>cefazolin sodium</i>	14	CIALIS	102
CEFAZOLIN SOLN 2GM/100ML-4% ...	14	CIBINQO	107
<i>cefdinir</i>	14	<i>ciclopirox</i>	128
CEFEPIME	14	<i>ciclopirox olamine</i>	128
CEFEPIME/DEX INJ 1GM	14	<i>cidofovir</i>	12
CEFEPIME/DEX INJ 2GM	14	<i>cilostazol</i>	106
<i>cefepime hcl</i>	14	CILOXAN	117
<i>cefixime</i>	14	CIMDUO TAB 300-300	11
<i>cefotetan disodium</i>	14	CIMERLI	120
CEFOXITIN INJ 1GM	14	<i>cimetidine</i>	98
CEFOXITIN INJ 2GM	14	<i>cimetidine hcl</i>	98
<i>cefoxitin sodium</i>	14	<i>cinacalcet hcl</i>	90, 91
<i>cefpodoxime proxetil</i>	14	CINRYZE	106
<i>cefprozil</i>	14	CINVANTI	96
<i>ceftazidime</i>	14	CIPRO	15
<i>ceftriaxone sodium</i>	14	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	15
<i>cefuroxime axetil</i>	14	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	15
<i>cefuroxime sodium</i>	14	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	120
CELEBREX	1	<i>ciprofloxacin hcl</i>	15
<i>celecoxib</i>	1	<i>ciprofloxacin hcl (ophth)</i>	117
CELESTONE INJ SOLUSPAN	89	<i>ciprofloxacin hcl (otic)</i>	120
CELEXA	49	CIPRO HC SUS OTIC	120
CELLCEPT	112	<i>cisplatin</i>	18
CELONTIN	57	<i>citalopram hydrobromide</i>	49
<i>cephalexin</i>	14	<i>claravis</i>	127
CEQUR SIMPL KIT PATCH 2U (3-DAY)	80	CLARINEX	121
CEQUR SIMPL KIT PATCH 2U (4-DAY)	80	CLARINEX-D TAB 2.5-120	121
CEQUR SIMPL MIS INSERTER	80	<i>clarithromycin</i>	15
CERDELGA	90	<i>clemastine fumarate</i>	122
CEREZYME	90	CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	99
<i>cetirizine hcl</i>	121	CLEOCIN	5, 103
<i>cevimeline hcl</i>	134	CLEOCIN PEDIATRIC GRANULE	5

CLEOCIN PHOSPHATE.....	5	CLINOLIPID EMU 20%	116
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CLIMARA PRO DIS WEEKLY	88	<i>clobetasol propionate e</i>	130
<i>clindacin</i>	127	<i>clobetasol propionate emulsion</i>	130
<i>clindacin etz pledgets</i>	127	CLOBEX	130
<i>clindacin-p</i>	127	<i>clodan</i>	130
<i>clindamycin hcl</i>	5	<i>clomipramine hcl</i>	49
<i>clindamycin palmitate hydrochloride</i> ...	5	<i>clonazepam</i>	57
<i>clindamycin phosphate</i>	5	<i>clonidine</i>	44
<i>clindamycin phosphate (topical)</i>	127	<i>clonidine hcl</i>	44
<i>clindamycin phosphate-benzoyl</i>		<i>clopidogrel bisulfate</i>	107
<i>peroxide gel 1.2-2.5%</i>	127	<i>clorazepate dipotassium</i>	57
<i>clindamycin phosphate-benzoyl</i>		<i>clotrimazole</i>	134
<i>peroxide gel 1.2-3.75%</i>	127	<i>clotrimazole (topical)</i>	128
<i>clindamycin phosphate-benzoyl</i>		<i>clotrimazole w/ betamethasone cream</i>	
<i>peroxide gel 1-5%</i>	127	1-0.05%	128
<i>clindamycin phosphate in d5w iv soln</i>		<i>clozapine</i>	53
300 mg/50ml	5	CLOZARIL	53
<i>clindamycin phosphate in d5w iv soln</i>		COARTEM TAB 20-120MG	9
600 mg/50ml	5	COBENFY CAP 100-20MG	53
<i>clindamycin phosphate in d5w iv soln</i>		COBENFY CAP 125-30MG	53
900 mg/50ml	5	COBENFY CAP 50-20MG	53
<i>clindamycin phosphate-tretinoin gel</i>		COBENFY STRT CAP PACK	53
1.2-0.025%	127	<i>codeine sulfate</i>	3
<i>clindamycin phosphate vaginal</i>	103	CODEINE SULFATE.....	3
<i>clindamycin phosph-benzoyl peroxide</i>		<i>colchicine</i>	1
<i>(refrig) gel 1.2 (1)-5%</i>	127	<i>colchicine w/ probenecid tab 0.5-500</i>	
CLINDESSE	103	mg.....	1
CLINDMYC/NAC INJ 300/50ML	5	<i>colesevelam hcl</i>	39
CLINDMYC/NAC INJ 600/50ML	5	COLESTID	39
CLINDMYC/NAC INJ 900/50ML	5	<i>colestipol hcl</i>	39
CLINIMIX E INJ 2.75/D5W	116	<i>colistimethate sodium</i>	5
CLINIMIX E INJ 4.25/D10	116	COLUMVI	24
CLINIMIX E INJ 4.25/D5W	116	COLY-MYCIN M	5
CLINIMIX E INJ 5%/D15W	116	COMBIGAN SOL 0.2/0.5%	119
CLINIMIX E INJ 5%/D20W	116	COMBIPATCH DIS	88
CLINIMIX E INJ 8/10.....	116	COMBIVENT AER 20-100	121
CLINIMIX E INJ 8/14.....	116	COMETRIQ (60MG DOSE).....	24
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<i>clinisol sf 15%</i>	116	COPAXONE.....	73

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CORTEF	89	CYTOGAM.....	110
CORTENEMA.....	98	CYTOMEL	95
CORTIFOAM.....	132	CYTOTEC.....	100
CORTISPORIN SUS -TC OTIC	120	D	
COSOPT PF SOL 2%-0.5%.....	119	D10W/NACL INJ 0.2%.....	114
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COTELLIC	24	D5W/LYTES INJ #48.....	114
COTEMPLA XR-ODT	65	<i>dabigatran etexilate mesylate</i>	104
COZAAR	38	<i>dacarbazine</i>	21
CRENESSITY	91	<i>dalfampridine</i>	73
CREON CAP 12000UNT.....	100	DALIRESP	123
CREON CAP 24000UNT.....	100	DALVANCE.....	5
CREON CAP 3000UNIT.....	99	<i>danazol</i>	77
CREON CAP 36000UNT.....	100	DANTRIUM	75
CREON CAP 6000UNIT.....	99	<i>dantrolene sodium</i>	75
CRESEMBA.....	8	DANZITEN.....	24
CREXONT CAP 35-140MG	52	<i>dapagliflozin propanediol</i>	78
CREXONT CAP 52.5-210.....	52	<i>dapsone</i>	5
CREXONT CAP 70-280MG	52	<i>dapsone (topical)</i>	127
CREXONT CAP 87.5-350.....	52	DAPTACEL INJ.....	113
CRINONE	94	DAPTOMY/NACL INJ 350/50ML	5
<i>cromolyn sodium</i>	123	DAPTOMY/NACL INJ 500/50ML	6
<i>cromolyn sodium (mastocytosis)</i>	100	<i>daptomycin</i>	6
<i>cromolyn sodium (ophth)</i>	119	DAPTOMYCIN	6
<i>crotan</i>	133	<i>darifenacin hydrobromide</i>	103
<i>cryselle-28</i>	83	<i>darunavir</i>	10
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<i>cyclosporine</i>	112	DAYTRANA	65
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		<i>deferiprone</i>	82

<i>deferoxamine mesylate</i>	82	<i>dextrose 10% w/ sodium chloride</i>	
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DELSTRIGO TAB	11	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>demeclocycline hcl</i>	17	0.45%	114
DEMSER	44	<i>dextrose 5% in lactated ringers</i>	114
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DEPAKOTE	57	<i>dextrose 5% w/ sodium chloride</i>	
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DEPAKOTE SPRINKLES.....	57	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
DEPEN TITRATABS	82		114
DEPO-ESTRADIOL	88	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
DEPO-MEDROL	89		114
DEPO-PROVERA CONTRACEPTIV	84	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
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DERMOTIC	120	<i>diazepam (anticonvulsant)</i>	57
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DESCOVY TAB 200/25MG	11	<i>diazepam intensol</i>	58
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<i>desipramine hcl</i>	49	DIBENZYLINE	44
<i>desloratadine</i>	122	<i>dichlorphenamide</i>	43
<i>desmopressin acetate</i>	91	DICLEGIS TAB 10-10MG	96
<i>desmopressin acetate spray</i>	91	<i>diclofenac potassium</i>	1
<i>desmopressin acetate spray</i>		<i>diclofenac sodium</i>	1
<i>refrigerated</i>	91	<i>diclofenac sodium (actinic keratoses)</i>	
<i>desogest-eth estrad & eth estrad tab</i>			132
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<i>desonide</i>	130	<i>diclofenac sodium (topical)</i>	132
<i>desoximetasone</i>	130	<i>diclofenac w/ misoprostol tab delayed</i>	
DESVENLAFAXINE ER	49	<i>release 50-0.2 mg</i>	1
<i>desvenlafaxine succinate</i>	49	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dexamethasone</i>	89	<i>release 75-0.2 mg</i>	1
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<i>dexamethasone sodium phosphate</i> ...89		<i>dicyclomine hcl</i>	97, 98
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<i>(ophth)</i>	118	DIFICID	15
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DEXILANT	101	<i>diflunisal</i>	1
<i>dexlansoprazole</i>	101	<i>difluprednate</i>	118
<i>dexmethyphenidate hcl</i>	65	<i>digoxin</i>	44
<i>dexrazoxane hcl</i>	21	<i>dihydroergotamine mesylate</i>	70
<i>dextroamphetamine sulfate</i>	65	DILANTIN	58
<i>dextrose</i>	116	DILANTIN-125	58
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diltiazem hcl	42	doxorubicin hcl liposomal	21
diltiazem hcl coated beads	42	DOXORUBICIN HYDROCHLORIDE	21
diltiazem hcl extended release beads	42	doxy 100	17
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pack 120 mg & 240 mg	73	doxylamine-pyridoxine tab delayed	
DIOVAN	38	release 10-10 mg	96
DIOVAN HCT TAB 160-12.5	36	DRIZALMA SPRINKLE	49
DIOVAN HCT TAB 160-25MG	36	dronabinol	96
DIOVAN HCT TAB 320-12.5	36	drospirenone-ethinyl estradiol tab 3-	
DIOVAN HCT TAB 320-25MG	36	0.02 mg	84
DIOVAN HCT TAB 80-12.5	36	drospirenone-ethinyl estradiol tab 3-	
DIPENTUM	98	0.03 mg	84
diphenhydramine hcl	122	drospirenone-ethinyl estrad-	
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mg/5ml	100	drospirenone-ethinyl estrad-	
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<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>fumarate tab 167-250 mg</i>	12
<i>600-200-300 mg</i>	11	<i>emtricitabine-tenofovir disoproxil</i>	
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>fumarate tab 200-300 mg</i>	12
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<i>fulvicin p/g 165</i>	8	<i>gentamicin in saline inj 1 mg/ml</i>	6
<i>furosemide</i>	43	<i>gentamicin in saline inj 2 mg/ml</i>	6
<i>furosemide inj</i>	43	<i>gentamicin sulfate</i>	6
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<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	3
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	4
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	4
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<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3
<i>hydrocodone bitartrate</i>	2
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	4
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IWILFIN.....	21	JYNARQUE PAK 45-15MG	91
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JANUMET XR TAB 100-1000.....	78	KANUMA	91
JANUMET XR TAB 50-1000	78	KAPSPARGO SPRINKLE	41
JANUMET XR TAB 50-500MG.....	78	<i>kariva</i>	85
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JARDIANCE	78	KCL/D5W/LACT INJ 20MEQ/L	115
<i>jasmiel</i>	84	KCL/D5W/NACL INJ 0.3/0.9%	115
JATENZO	77	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
<i>javygtor</i>	91	& nacl 0.45% inj	115

<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	115
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	115
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	115
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	115
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	115
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	115
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	115
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	115
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	115
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	115
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<i>ketorolac tromethamine (ophth)</i>	118
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<i>lactated ringer's solution</i>	115
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<i>lamivudine (hbv)</i>	13
<i>lamivudine-zidovudine tab 150-300 mg</i>	12
<i>lamotrigine</i>	59

<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	59	<i>leuprolide acetate</i>	20
<i>lamotrigine tab 35 x 25 mg starter kit</i>	59	<i>leuprolide acetate (3 month)</i>	20
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	59	<i>levabuterol hcl</i>	122
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	59	<i>levabuterol tartrate</i>	122
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	59	LEVETIR/NACL INJ 10MG/ML	59
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	59	LEVETIR/NACL INJ 15MG/ML	59
LAMZEDE	92	LEVETIR/NACL INJ 5MG/ML	59
LANOXIN	45	<i>levetiracetam</i>	59
LANOXIN PEDIATRIC	45	LEVETIRACETAM	59
<i>lanreotide acetate</i>	92	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	60
LANREOTIDE ACETATE.....	92	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	60
<i>lansoprazole</i>	101	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	59
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<i>larin 1.5/30</i>	85	<i>levofloxacin (ophth)</i>	117
<i>larin 24 fe</i>	85	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	15
<i>larin fe 1/20</i>	85	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	15
<i>larin fe 1.5/30</i>	85	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	15
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<i>latanoprost</i>	119	<i>levonest</i>	85
LATUDA	54	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	85
LAZCLUZE.....	27	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	85
<i>leflunomide</i>	110	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	85
<i>lenalidomide</i>	21	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	85
LENVIMA 10 MG DAILY DOSE	27	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	85
LENVIMA 12MG DAILY DOSE	27	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	85
LENVIMA 20 MG DAILY DOSE	27	<i>levora 0.15/30-28</i>	85
LENVIMA 4 MG DAILY DOSE	27	<i>levo-t</i>	95
LENVIMA 8 MG DAILY DOSE	27	<i>levothyroxine sodium</i>	95
LENVIMA CAP 14 MG	27	<i>levoxyl</i>	95
LENVIMA CAP 18 MG	27	LEXAPRO	49
LENVIMA CAP 24 MG	27	<i>l-glutamine (sickle cell)</i>	106
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<i>lessina</i>	85		
LETAIRIS	46		
<i>letrozole</i>	20		
<i>leucovorin calcium</i>	21		
LEUKERAN	18		
LEUKINE	105		

LIALDA	98	<i>lopinavir-ritonavir tab 100-25 mg</i>	12
LIBTAYO	27	<i>lopinavir-ritonavir tab 200-50 mg</i>	12
<i>lidocaine</i>	131	LOPRESSOR	41
<i>lidocaine hcl</i>	131	LOQTORZI	27
<i>lidocaine hcl (local anesth.)</i>	1	<i>lorazepam</i>	47
<i>lidocaine hcl (mouth-throat)</i>	134	<i>lorazepam intensol</i>	47
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	131	LORBRENA	27
<i>lidocan</i>	131	<i>loryna</i>	85
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<i>linezolid</i>	6	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 36	
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<i>liothyronine sodium</i>	95	LOTEMAX SM	118
<i>liraglutide</i>	79	LOTENSIN.....	34
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<i>lisinopril</i>	34	LOTRONEX	100
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	33	<i>lovastatin</i>	39
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	33	LOVAZA CAP 1GM	40
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	33	LOVENOX	104
<i>lithium</i>	72	<i>low-ogestrel</i>	85
<i>lithium carbonate</i>	72	<i>loxapine succinate</i>	54
LITHOBID	72	<i>lubiprostone</i>	100
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LIVMARLI	100	LUMIGAN	119
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<i>loestrin 1.5/30-21</i>	85	LUNSUMIO	28
<i>loestrin fe 1/20</i>	85	LUPKYNIS	112
<i>loestrin fe 1.5/30</i>	85	LUPRON DEPOT (1-MONTH).....	20
<i>lofexidine hcl</i>	77	LUPRON DEPOT (3-MONTH).....	20
<i>lojaimiess</i>	85	LUPRON DEPOT (4-MONTH).....	20
LOKELMA	83	LUPRON DEPOT (6-MONTH).....	20
LO LOESTRIN TAB 1-10-10.....	85	LUPRON DEPOT-PED (1-MONTH	92
LOMOTIL TAB 2.5MG	100	LUPRON DEPOT-PED (3-MONTH	92
LONSURF TAB 15-6.14.....	19	LUPRON DEPOT-PED (6-MONTH	92
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<i>loperamide hcl</i>	100	<i>lutra</i>	85
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LYBALVI TAB 10-10MG	54	MAYZENT STARTER PACK (7)	74
LYBALVI TAB 15-10MG	54	<i>meclizine hcl</i>	96
LYBALVI TAB 20-10MG	54	<i>meclofenamate sodium</i>	2
LYBALVI TAB 5-10MG	54	MEDROL	90
<i>lyleq</i>	85	MEDROL DOSEPAK	90
<i>lyllana</i>	88	<i>medroxyprogesterone acetate</i>	94
LYNOZYFIC	28	<i>medroxyprogesterone acetate</i>	
LYNPARZA	28	<i>(contraceptive)</i>	85
LYRICA	60	<i>mefloquine hcl</i>	10
LYRICA CR	72	<i>megestrol acetate</i>	20, 94
LYSODREN	20	<i>megestrol acetate (appetite)</i>	94
LYTGOBI (12 MG DAILY DOSE)	28	MEKINIST	28
LYTGOBI (16 MG DAILY DOSE)	28	MEKTOVI	28
LYTGOBI (20 MG DAILY DOSE)	28	<i>meleya</i>	85
<i>lyza</i>	85	<i>meloxicam</i>	2
M		<i>memantine hcl</i>	48
MACROBID	6	<i>memantine hcl-donepezil hcl cap er</i>	
<i>magnesium sulfate</i>	115	24hr 14-10 mg	48
MAGNESIUM SULFATE	115	<i>memantine hcl-donepezil hcl cap er</i>	
<i>magnesium sulfate in dextrose 5% iv</i>		24hr 21-10 mg	48
<i>soln 1 gm/100ml</i>	115	<i>memantine hcl-donepezil hcl cap er</i>	
MALARONE TAB 250-100	10	24hr 28-10 mg	48
MALARONE TAB 62.5-25	10	<i>memantine hcl tab 28 x 5 mg & 21 x</i>	
<i>malathion</i>	133	10 mg titration pack	48
<i>maraviroc</i>	10	MENEST	88
MARGENZA	28	MENOSTAR	88
MARINOL	96	MENQUADFI	113
<i>marlissa</i>	85	MENVEO INJ	113
MARPLAN	49	MENVEO SOL	113
MATULANE	22	MEPRON	6
<i>matzim la</i>	42	<i>mercaptopurine</i>	19
MAVENCLAD (10 TABS)	74	MEROP/NACL INJ 1GM/50ML	6
MAVENCLAD (4 TABS)	73	MEROP/NACL INJ 500/50ML	6
MAVENCLAD (5 TABS)	74	<i>meropenem</i>	6
MAVENCLAD (6 TABS)	74	<i>merzee</i>	85
MAVENCLAD (7 TABS)	74	<i>mesalamine</i>	98
MAVENCLAD (8 TABS)	74	<i>mesalamine w/ cleanser</i>	99
MAVENCLAD (9 TABS)	74	<i>mesna</i>	22
MAVYRET PAK 50-20MG	13	MESNEX	22
MAVYRET TAB 100-40MG	13	MESTINON	72
MAXALT	70	MESTINON TIMESPAN	72
MAXALT-MLT	70	METADATE CD	66
MAXIDEX	118	<i>metaxalone</i>	75
MAXITROL OIN 0.1% OP	117	<i>metformin hcl</i>	79
MAXITROL SUS 0.1% OP	117	<i>methadone hcl</i>	2
MAYZENT	74	METHADONE HCL INJ	2

<i>methadone hydrochloride i</i>	2	<i>microgestin fe 1/20</i>	86
<i>methazolamide</i>	43	<i>microgestin fe 1.5/30</i>	86
<i>methenamine hippurate</i>	6	<i>midodrine hcl</i>	45
<i>methimazole</i>	95	MIEBO	120
<i>methocarbamol</i>	75	<i>mifepristone (hyperglycemia)</i>	92
<i>methotrexate sodium</i>	19, 110	<i>miglitol</i>	79
<i>methoxsalen rapid</i>	129	<i>miglustat</i>	92
<i>methscopolamine bromide</i>	98	<i>mili</i>	86
<i>methsuximide</i>	60	<i>mimvey</i>	89
<i>methyldopa</i>	45	MINIVELLE	89
METHYLIN	66	<i>minocycline hcl</i>	17
<i>methylphenidate</i>	66	<i>minoxidil</i>	45
<i>methylphenidate hcl</i>	66	MIPLYFFA.....	92
<i>methylprednisolone</i>	90	<i>mirabegron</i>	103
<i>methylprednisolone acetate</i>	90	<i>mirtazapine</i>	50
<i>methylprednisolone sod succ</i>	90	MIRVASO	133
<i>metoclopramide hcl</i>	96	<i>misoprostol</i>	100
<i>metolazone</i>	43	MITIGARE	1
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	40	<i>mitomycin</i>	22
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	40	<i>mitoxantrone hcl</i>	22
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	40	M-M-R II INJ.....	113
<i>metoprolol succinate</i>	41	M-NATAL PLUS TAB	116
<i>metoprolol tartrate</i>	41	<i>modafinil</i>	76
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METRONIDAZOLE.....	6	<i>molindone hcl</i>	54
<i>metronidazole (topical)</i>	133	<i>mometasone furoate</i>	131
<i>metronidazole vaginal</i>	103	<i>mometasone furoate (nasal)</i>	125
<i>metyrosine</i>	45	MONJUVI	28
MG SO4/D5W INJ 10MG/ML.....	115	<i>mono-lynyah</i>	86
<i>mibelas 24 fe</i>	85	<i>montelukast sodium</i>	123
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MICAFUNGIN/NACL INJ 100MG/100ML9		MORPHINE SULFATE.....	4
MICAFUNGIN/NACL INJ 150MG/150ML9		MORPHINE SULFATE/SODIUM C.....	4
MICAFUNGIN/NACL INJ 50MG/50ML...9		<i>morphine sulfate beads</i>	3
<i>micafungin sodium</i>	9	MOTPOLY XR	60
MICARDIS HCT TAB 40/12.5.....	36	MOUNJARO	79
MICARDIS HCT TAB 80/12.5.....	36	MOVANTIK	100
MICARDIS HCT TAB 80-25MG	36	<i>moxifloxacin hcl</i>	15
<i>miconazole 3</i>	103	<i>moxifloxacin hcl (ophth)</i>	117
<i>miconazole-zinc oxide-white</i> petrolatum oint 0.25-15-81.35% .	129	<i>moxifloxacin hcl 400 mg/250ml in</i> sodium chloride 0.8% inj.....	15
<i>microgestin 1/20</i>	86	MOXIFLOXACIN HYDROCHLORID.....	15
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<i>mupirocin</i>	128	5(3.5)mg-400unt-10000unt op oin	
MYALEPT.....	92		117
MYCAMINE.....	9	<i>neomycin-polymy-gramicid op sol</i>	
MYCAPSSA.....	92	1.75-10000-0.025mg-unt-mg/ml.	117
<i>mycophenolate mofetil</i>	112	<i>neomycin-polymyxin b gu irrigation</i>	
<i>mycophenolate sodium</i>	112	soln	102
MYDAYIS CAP 12.5MG	66	<i>neomycin-polymyxin-dexamethasone</i>	
MYDAYIS CAP 25MG	66	ophth oint 0.1%	117
MYDAYIS CAP 37.5MG	67	<i>neomycin-polymyxin-dexamethasone</i>	
MYDAYIS CAP 50MG	67	ophth susp 0.1%	117
MYFEMBREE TAB.....	92	<i>neomycin-polymyxin-hc ophth susp</i>	117
MYFORTIC.....	112	<i>neomycin-polymyxin-hc otic soln 1%</i>	
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MYLOTARG.....	28	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MYOBLOC	75	mg/ml-10000 unit/ml-1%.....	121
MYSOLINE.....	60	<i>neomycin sulfate</i>	6
N		<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>nabumetone</i>	2	10000unt op oin	117
<i>nadolol</i>	41	<i>neo-polycin hc ophth oint 1%</i>	117
NAFCILLIN INJ 2GM/100	16	NEORAL	112
<i>nafcillin sodium</i>	16	NERLYNX	28
<i>naftifine hcl</i>	129	<i>neuac gel 1.2-5%</i>	128
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NAGLAZYME	92	NEVANAC.....	118
<i>nalbuphine hcl</i>	4	<i>nevirapine</i>	10
<i>naloxone hcl</i>	77	NEXAVAR.....	28
<i>naltrexone hcl</i>	77	NEXICLON XR.....	45
NAMZARIC CAP 14-10MG	48	NEXIUM	101
NAMZARIC CAP 21-10MG	48	NEXLETOL.....	40
NAMZARIC CAP 28-10MG	48	NEXLIZET TAB 180/10MG.....	40
NAMZARIC CAP 7-10MG.....	48	NEXPLANON	86
<i>naproxen</i>	2	NEXTSTELLIS TAB 3-14.2MG	86
<i>naproxen dr</i>	2	NEXVIAZYME.....	92
<i>naproxen sodium</i>	2	NGENLA.....	92
<i>naratriptan hcl</i>	70	<i>niacin (antihyperlipidemic)</i>	40
NARDIL	50	<i>nicardipine hcl</i>	42
NATACYN	117	<i>nicardipine hcl iv soln 20 mg/200ml in</i>	
NATAZIA TAB	86	sodium chloride 0.9%	42
<i>nateglinide</i>	79	<i>nicardipine hcl iv soln 40 mg/200ml in</i>	
NATROBA.....	134	sodium chloride 0.9%	42
NAYZILAM.....	60	NICARDIPINE SOL 20/200ML.....	42
<i>nebivolol hcl</i>	41	NICARDIPINE SOL 40/200ML.....	42
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<i>necon 0.5/35-28</i>	86	<i>nifedipine</i>	42
<i>nefazodone hcl</i>	50	<i>nikki</i>	86

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NILOTINIB	28	NORPACE CR	38
<i>nilotinib hcl</i>	28	NORPRAMIN	50
<i>nilutamide</i>	20	NORTHERA	45
<i>nimodipine</i>	42	<i>nortrel 0.5/35 (28)</i>	86
NINLARO	28	<i>nortrel 1/35 (21)</i>	86
NIPENT	22	<i>nortrel 1/35 (28)</i>	86
<i>nisoldipine</i>	42	<i>nortrel 7/7/7</i>	86
<i>nitazoxanide</i>	7	<i>nortriptyline hcl</i>	50
<i>nitisinone</i>	92	NORVASC	42
NITRO-BID	45	NORVIR	10
NITRO-DUR	45	NOURIANZ	52
<i>nitrofurantoin macrocrystal</i>	7	NOVAREL	92
<i>nitrofurantoin monohyd macro</i>	7	NOVOLIN INJ 70/30	80
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