

Health Options Program

Comprehensive Gold5 Prescription Drug Formulary for the Value Medicare Rx Option *(List of Covered Drugs)*

2024

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

This Gold5 Prescription Drug Formulary for the Value Medicare Rx Option (PDP) is effective as of January 1, 2024. For more recent information or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit HOPbenefits.com.

Important message about what you

pay for vaccines: The Value Medicare Rx Option also covers most Part D vaccines at no cost to you, even if you haven't paid your annual deductible. Call OptumRx for more information.

Important message about what you pay

for insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by the Value Rx Option, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call OptumRx for more information.

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 the Health Options Program, which is sponsored by the Pennsylvania Public School Employees' Retirement System. When it refers to "plan" or "our plan," it means the Value Medicare Rx Option.

This document includes a list of the drugs (formulary) for our plan, which is effective as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Value Medicare Rx Option Comprehensive Formulary?

A formulary is a list of covered drugs selected for the Value Medicare Rx Option 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. The Value Medicare Rx Option will generally cover the drugs listed in our formulary as long as the

drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other Plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note that this formulary covers the Value Medicare Rx Option only. If you are enrolled in the Enhanced or Basic Medicare Rx Option, please contact us for a copy of that formulary. Our contact information appears on the front and back cover pages. If you have coverage through a Medicare Advantage plan through the Health Options Program, you will have to contact the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less expensive drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs. We must follow Medicare rules in making these changes. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but

immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section on page iv titled "How do I request an exception to the Value Medicare Rx Option Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to

request an exception, and you can also find information in the section entitled “How do I request an exception to the Value Medicare Rx Option Formulary?”

The enclosed formulary is current as of January 1, 2024. To get updated information about the drugs covered by the Value Medicare Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary will be posted to HOPbenefits.com.

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 Agents.” 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 54. The Index provides an alphabetical list of all 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?

The Value Medicare Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** The Value Medicare Rx Option requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Value Medicare Rx Option before you fill your prescriptions. If you don’t get approval, the Value Medicare Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Value Medicare Rx Option limits the amount of the drug that the Value Medicare Rx Option will cover. For example, the Value Medicare Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Value Medicare Rx Option 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, the Value Medicare Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 the Value Medicare Rx Option 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 Value Medicare Rx Option Formulary?” on page iv, for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Value Medicare Rx Option does not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Value Medicare Rx Option. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page iv or information about how to request an exception.

How do I request an exception to the Value Medicare Rx Option Formulary?

You can ask the Value Medicare Rx Option 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 your 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 will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the Specialty tier). If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Value Medicare Rx Option limits the amount of drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, the Value Medicare Rx Option will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor

to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Emergency transitions and level-of-care changes

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay.
- Discharged from a hospital or skilled nursing facility to a home setting.
- Admitted to a hospital or skilled nursing facility from a home setting.
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy.
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit.
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status.

This transition policy applies to drugs that are covered under the Value Medicare Rx Option and filled at a network pharmacy.

For more information

For more detailed information about the Value Medicare Rx Option's prescription drug coverage, please review your *Evidence of Coverage for the Value Medicare Rx Option* and other plan materials. If you have questions about the Value Medicare Rx Option, 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 medicare.gov.

How to Read the Value Medicare Rx Option Prescription Drug Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by the Value Medicare Rx Option. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

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

The information in the Requirements/Limits column tells you if the Value Medicare Rx Option has any special requirements for coverage of your drug.

WHAT THE ABBREVIATIONS MEAN

B/D: This prescription drug has a **Part B versus Part D administrative prior authorization requirement**. 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.

NDS: Non-Extended Day Supply. This prescription drug is **not** available for an extended day supply under the Value Medicare Rx Option.

PA: Prior Authorization. You or your physician need to get approval from the Value Medicare Rx Option before you fill this prescription. If you don't get approval, the Value Medicare Rx Option may not cover the drug. See page iii for more information.

QL: Quantity Limit. The Value Medicare Rx Option limits the amount of this drug that will be covered. See page iii for more information.

ST: Step Therapy. The Value Medicare Rx Option requires you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iii for more information.

2024 Comprehensive Gold5 Prescription Drug Formulary

DEDUCTIBLE

- In general, you must pay the annual deductible of \$545 before the Value Medicare Rx Option pays any portion of your prescription drug costs.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$2 for up to a 30-day supply (and a maximum of up to \$6 for a 31- to 90-day supply) of preferred generic drugs without having to satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

NON-PREFERRED DRUGS (TIER 4)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.
- Specialty drugs are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diflunisal tabs 500mg</i>	3	
<i>ec-naproxen tbec 500mg</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>flurbiprofen tabs</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	3	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 375mg</i>	2	
<i>naproxen tbec 500mg</i>	4	
<i>oxaprozin</i>	3	
<i>piroxicam caps</i>	3	
<i>sulindac tabs</i>	2	
Opioid Analgesics, Long-acting		
BUPRENORPHINE	4	QL (4 EA per 28 days) NDS
<i>fentanyl pt72 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tabs</i>	2	NDS
<i>methadone hcl soln</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride conc</i>	3	NDS
<i>morphine sulfate er tbc</i>	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tabs 325mg; 5mg</i>	2	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	PA NDS
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tabs 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral soln, tabs</i>	3	NDS
<i>morphine sulfate inj 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride soln</i>	3	NDS
<i>oxycodone hydrochloride tabs 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hcl tabs</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	4	NDS

Anesthetics

Local Anesthetics

<i>lidocaine-prilocaine-cream base crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine oint 5%</i>	3	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL (150 GM per 30 days) PA

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	4	
<i>disulfiram tabs</i>	3	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	

Opioid Dependence

<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days)

Opioid Reversal Agents

<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hcl inj 2mg/2ml</i>	3	
NALOXONE HYDROCHLORIDE LIQD	3	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride inj 2mg/2ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS	4	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate inj 40mg/ml</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate inj 1gm</i>	5	
<i>tobramycin sulfate inj</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
IMPAVIDO	5	
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tabs</i>	2	
<i>vancomycin hcl inj 10gm</i>	3	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm, 250mg, 500mg, 750mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 1gm</i>	4	
CEFAZOLIN INJ 2GM	4	
<i>cefdinir caps</i>	2	
<i>cefdinir susr</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride inj 100gm, 2gm</i>	4	
<i>cefixime caps</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	3	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil susr</i>	3	
<i>cefpodoxime proxetil tabs</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium chew</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	3	
<i>ampicillin caps 500mg</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin pack</i>	2	
<i>azithromycin susr</i>	3	
<i>azithromycin inj 500mg</i>	3	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tabs</i>	3	
<i>clarithromycin susr</i>	4	
DIFICID TABS	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	4	
Quinolones		
CIPRO SUSR	4	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	3	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	4	
<i>demeclocycline hydrochloride tabs 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	4	
<i>doxycycline hyclate tabs 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 50mg</i>	2	
<i>doxycycline susr</i>	3	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>mondoxyne nl caps 100mg</i>	2	
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 2x100mg caps</i>	2	
<i>tetracycline hydrochloride caps</i>	3	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT SOLN, TABS	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam soln, tabs</i>	2	
NAYZILAM	4	QL (10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate csp</i>	3	
XCOPRI TABS	5	PA
XCOPRI TBPK 0	4	PA
XCOPRI TBPK 0	5	PA

Calcium Channel Modifying Agents

<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i>	4	
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 400mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin soln</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	4	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er tb12</i>	3	
<i>carbamazepine er cp12</i>	4	
<i>carbamazepine chew</i>	2	
<i>carbamazepine susp, tabs</i>	3	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	3	
<i>lacosamide soln</i>	3	
<i>lacosamide tabs</i>	4	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tabs</i>	4	
NAMZARIC CP24	4	QL (30 EA per 30 days) ST
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tabs</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL (60 EA per 30 days) ST
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tabs</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	4	
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl soln</i>	4	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl conc</i>	3	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	4	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	4	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate caps</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tabs</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl plain</i>	3	
<i>promethazine hcl supp 12.5mg, 25mg</i>	4	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
<i>promethegan supp 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	4	QL (8 EA per 30 days) B/D
DRONABINOL CAPS 10MG	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron hydrochloride inj 4mg/2ml</i>	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b inj</i>	4	B/D
<i>casposfungin acetate inj 70mg</i>	4	
<i>casposfungin acetate inj 50mg</i>	5	
<i>clotrimazole crea</i>	2	
<i>clotrimazole troc</i>	3	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tabs</i>	2	
<i>fluconazole susr</i>	3	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	4	PA
JUBLIA	5	
<i>ketoconazole sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL (90 GM per 30 days)
<i>nyamyc</i>	2	QL (120 GM per 30 days)
<i>nystatin crea, oint, susp</i>	2	
<i>nystatin powd</i>	2	QL (120 GM per 30 days)
<i>nystatin tabs</i>	3	
<i>nystop</i>	2	QL (120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole susp</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl tabs</i>	2	QL (84 EA per 180 days)
<i>terconazole crea</i>	3	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
COLCHICINE TABS 0.6MG	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	4	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/caffeine</i>	3	QL (24 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 28 days) PA
EMGALITY INJ 120MG/ML	4	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA
NURTEC	5	QL (18 EA per 30 days) PA
UBRELVY	5	QL (16 EA per 30 days) PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML, 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SOLN	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJ	4	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrnp</i>	3	

Drug Name	Drug Tier	Requirements/Limits
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	3	
<i>rifampin caps</i>	3	
<i>rifampin inj</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
CYCLOPHOSPHAMIDE CAPS	3	B/D
<i>cyclophosphamide inj 500mg/ml</i>	5	
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	4	PA
<i>abiraterone acetate tabs 500mg</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	3	
PURIXAN	5	
TABLOID	4	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA
BESREMI	5	PA
COLUMVI	5	PA
EPKINLY	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	PA
ONUREG	5	PA
ORSERDU	5	PA
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHESGO	5	PA
RETEVMO	5	PA
SCEMBLIX TABS 40MG	5	PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
BOSULIF	5	PA

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA
EXKIVITY	5	PA
FARYDAK	5	
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA
ICLUSIG TABS 30MG, 45MG	5	PA
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	2	PA
<i>imatinib mesylate tabs 400mg</i>	4	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAYPIRCA TABS 100MG	5	PA
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABS	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK CAPS	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSE TABS 80MG	5	PA
TAGRISSE TABS 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA CAPS	5	PA
ZEJULA TABS 200MG, 300MG	5	PA
ZEJULA TABS 100MG	5	QL (30 EA per 30 days) PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABS	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO	5	PA
KANJINTI	5	PA
RUXIENCE	5	PA
TRAZIMERA	5	PA
Retinoids		
<i>bexarotene</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	5	
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tabs</i>	3	
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	4	
<i>ivermectin tabs</i>	2	PA
<i>praziquantel tabs</i>	4	
Antiprotozoals		
ALINIA SUSR	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
BENZNIDAZOLE	3	
<i>chloroquine phosphate tabs</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tabs 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	B/D
<i>primaquine phosphate tabs</i>	3	
<i>pyrimethamine tabs</i>	5	PA
<i>quinine sulfate caps 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate caps, tabs</i>	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tabs</i>	4	

Drug Name	Drug Tier	Requirements/Limits
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps, tabs</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc, inj, tabs</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>haloperidol decanoate inj</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol conc</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tabs 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs 2mg, 4mg</i>	3	
<i>perphenazine tabs 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tabs 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tabs 10mg</i>	4	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA
FANAPT	5	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID CAPS	5	PA

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABS 10MG	5	PA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	4	
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	
<i>risperidone odt</i>	4	QL (60 EA per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	3	QL (180 EA per 30 days)
<i>clozapine tabs 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	4	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg</i>	2	
<i>baclofen tabs 5mg</i>	3	
<i>dantrolene sodium caps</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABS	5	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLN	4	QL (600 ML per 30 days)
<i>entecavir</i>	4	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABS	5	QL (336 EA per 365 days) PA
MAVYRET PACK	5	QL (560 EA per 365 days) PA
REBETOL SOLN	5	
<i>ribavirin tabs 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL (30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>etravirine tabs 100mg</i>	4	
<i>etravirine tabs 200mg</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate/lamivudine</i>	4	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days)
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	3	
<i>lamivudine tabs 150mg, 300mg</i>	3	
ODEFSEY	5	QL (30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine caps</i>	4	
TEMIXYS	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	QL (60 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABS	5	

Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK, SOLN	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl caps, soln</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
XOFLUZA TBPk 80MG	3	QL (2 EA per 365 days)
XOFLUZA TBPk 20MG, 40MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs</i>	3	
<i>valacyclovir hcl tabs 1gm</i>	3	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	4	
<i>bupirone hydrochloride tabs 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	4	
<i>hydroxyzine pamoate caps</i>	4	
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam conc, oral soln</i>	2	
<i>diazepam inj 5mg/ml</i>	4	
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	1	
<i>valproic acid caps, soln</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	2	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glipizide tabs 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL (2 ML per 28 days) PA
<i>nateglinide</i>	1	
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days) PA
OZEMPIC INJ 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tabs 250mg, 500mg</i>	1	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	5	
GLUCAGEN HYPOKIT	4	ST
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium inj 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABS 300MG	5	QL (240 EA per 30 days) PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABS 20MG, 5MG	5	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tabs</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	2	
<i>clopidogrel tabs 75mg</i>	1	
<i>clopidogrel tabs 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	4	
<i>methyldopa tabs 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	2	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin soln</i>	4	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl caps 150mg</i>	3	
<i>mexiletine hcl caps 200mg, 250mg</i>	4	
MULTAQ	3	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 100mg, 400mg</i>	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
QUINIDINE SULFATE TABS	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>nadolol tabs 20mg, 40mg</i>	2	
<i>nadolol tabs 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tabs 5mg</i>	3	
<i>pindolol tabs</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	4	
NYMALIZE SOLN 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	4	
<i>diltiazem hcl er tb24 420mg</i>	4	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABS	4	QL (60 EA per 30 days) PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL (60 EA per 30 days)
<i>epinephrine inj 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	

Drug Name	Drug Tier	Requirements/Limits
KERENDIA	4	QL (30 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	3	
<i>toremide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tabs</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine pack, powd</i>	3	
<i>colesevelam hydrochloride tabs</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl gran, pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL (30 EA per 30 days) PA
NEXLIZET	4	QL (30 EA per 30 days) PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL (2 ML per 28 days) PA
<i>prevalite</i>	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin lingual soln</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 25mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride caps 10mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>guanfacine er tb24 2mg</i>	3	
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tbc</i> 18mg, 27mg, 54mg	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc</i> 36mg	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i> 5mg/5ml	4	
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs</i> 325mg; 50mg; 40mg	3	
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	PA
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin caps</i> 300mg	2	QL (60 EA per 30 days)
<i>pregabalin caps</i> 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (90 EA per 30 days)
<i>pregabalin soln</i>	4	QL (900 ML per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
<i>dalfampridine er</i>	3	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	4	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack</i>	4	QL (120 EA per 365 days) PA
<i>fingolimod</i>	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj</i> 40mg/ml	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj</i> 20mg/ml	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TBP 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TBP 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA
OCREVUS	5	PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TYSABRI	5	PA
VUMERITY	5	QL (120 EA per 30 days) PA
ZEPOSIA	5	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT CPPK 0	5	QL (56 EA per 365 days) PA
ZEPOSIA STARTER KIT CPPK 0	5	QL (74 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	3	
KEPIVANCE	5	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL (50 GM per 30 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole crea 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene crea</i>	4	
<i>tretinoin crea 0.025%</i>	2	PA
<i>tretinoin crea 0.05%</i>	4	PA
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ala-cort crea 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate crea, lotn</i>	2	
<i>betamethasone dipropionate augmented crea</i>	2	
<i>betamethasone dipropionate augmented oint</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate crea, lotn</i>	3	
<i>betamethasone dipropionate oint</i>	4	
<i>betamethasone valerate oint</i>	2	
<i>betamethasone valerate crea, lotn</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate crea, oint</i>	2	
<i>clobetasol propionate gel, soln</i>	3	
<i>clobetasol propionate sham</i>	4	
<i>desonide crea</i>	3	
<i>desonide oint</i>	3	QL (120 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone crea 0.25%</i>	3	QL (100 GM per 30 days)
<i>desoximetasone oint 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetone</i>	3	
<i>fluocinolone acetone body</i>	3	
<i>fluocinolone acetone scalp</i>	3	
<i>fluocinolone acetone topical</i>	3	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide crea 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	3	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate crea</i>	3	
<i>halobetasol propionate oint</i>	4	
<i>hydrocortisone valerate crea</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetone crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetone lotn 0.1%</i>	2	
<i>triamcinolone acetone lotn 0.025%</i>	3	
<i>triamcinolone acetone oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene soln</i>	3	QL (60 ML per 30 days)
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil soln</i>	3	
<i>imiquimod crea 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
OTEZLA TABS 30MG	5	QL (60 EA per 30 days) PA
<i>podofilox</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotn 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin crea</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Topical Anti-infectives		
<i>acyclovir oint 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox sham, susp</i>	3	
<i>clindamycin phosphate lotn 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>effe-k tbe 25meq</i>	2	
<i>klor-con</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate inj 50%</i>	3	
<i>plenamine</i>	4	B/D
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tbcr 15meq</i>	3	
<i>potassium chloride sr tbcr 8meq</i>	2	
<i>potassium chloride pack, soln</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% inj</i>	3	
<i>sodium chloride inj 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox pack</i>	5	PA
<i>deferasirox tabs 180mg</i>	2	PA
<i>deferasirox tabs 90mg</i>	3	PA
<i>deferasirox tabs 360mg</i>	4	PA
<i>deferasirox tbso 125mg</i>	4	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA
<i>trientine hydrochloride caps 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate caps</i>	4	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex susp</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
<i>veltassa</i>	4	
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose soln</i>	2	
LINZESS	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone</i>	4	QL (60 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)
<i>pegylax</i>	2	
<i>polyethylene glycol 3350 pack 17gm</i>	2	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	2	
RELISTOR TABS	5	QL (90 EA per 30 days) ST
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl caps</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	4	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate inj 0.2mg/ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride inj</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SUTAB	3	
<i>trilyte</i>	2	
URSODIOL CAPS 300MG	4	
<i>ursodiol tabs</i>	3	
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	

Drug Name	Drug Tier	Requirements/Limits
SUCRALFATE SUSP	4	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tbec 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME	5	PA
<i>javygtor</i>	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C INJ 1000MG	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powd, tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	2	
<i>d-penamamine</i>	5	
ELMIRON	4	
<i>penicillamine tabs</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tabs 25mg</i>	3	
<i>dexamethasone soln</i>	2	
<i>dexamethasone elix</i>	3	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone soln</i>	2	
<i>prednisone tbpk</i>	2	
<i>prednisone soln</i>	4	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide inj 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate inj</i>	5	
<i>desmopressin acetate nasal soln 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL (1 EA per 168 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
<i>mifepristone</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate inj</i>	3	PA
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL (91 EA per 91 days)
<i>amethia lo</i>	4	QL (91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL (91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL (91 EA per 91 days)
<i>camrese lo</i>	4	QL (91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL (91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol crea, oral tabs</i>	2	
<i>estradiol gel, pttw, ptwk, vaginal tabs</i>	4	
ESTRING	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL (91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL (91 EA per 91 days)
<i>introvale</i>	4	QL (91 EA per 91 days)
<i>jaimiess</i>	4	QL (91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL (91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABS 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREA	4	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL (91 EA per 91 days)
<i>setlakin</i>	4	QL (91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL (91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate tabs</i>	2	PA
<i>megestrol acetate susp 40mg/ml</i>	3	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone caps</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
EUTHYROX TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tabs</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABS 10MG	5	QL (180 EA per 30 days) PA
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA
ISTURISA TABS 5MG	5	QL (60 EA per 30 days) PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA
LANREOTIDE ACETATE	5	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJ 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJ 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJ 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL (4 ML per 28 days) PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL (10 ML per 28 days) PA
COSENTYX UNOREADY	5	QL (10 ML per 28 days) PA
COSENTYX INJ 125MG/5ML	5	PA
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL (1 ML per 28 days) PA
SKYRIZI INJ 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (300 ML per 30 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A	5	PA
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tabs 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine caps 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL (6 EA per 28 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL (6 EA per 28 days) PA
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
CYLTEZO INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>everolimus tabs 0.25mg</i>	4	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	4	B/D
<i>gengraf soln</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (4 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (6 EA per 365 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL (4 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA
HUMIRA PEN INJ 40MG/0.4ML, 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	4	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJ 250MG	5	PA
PROGRAF PACK	4	B/D

Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLN	4	B/D
<i>sirolimus soln, tabs</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT	5	QL (6 EA per 28 days) PA
YUFLYMA 2-PEN KIT	5	QL (6 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT	5	QL (6 EA per 28 days) PA
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tbec 1.2gm</i>	4	
<i>mesalamine er cp24</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
SFROWASA	4	
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol caps</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
<i>paricalcitol caps</i>	3	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	QL (200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL (200 EA per 30 days)
ELLA	3	
IGALMI	4	PA
LAGEVRIO	3	QL (40 EA per 5 days)
<i>nutrilipid</i>	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days)
SKYCLARYS	5	QL (90 EA per 30 days) PA
<i>sodium chloride 0.9%</i>	2	
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL (200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	3	
COMBIGAN	3	
<i>cyclosporine emul 0.05%</i>	3	
CYSTARAN	5	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium soln</i>	2	
<i>sulfacetamide sodium oint</i>	3	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate soln</i>	3	
<i>diclofenac sodium soln 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic soln 0.4%</i>	3	
LOTEMAX SM	4	QL (20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate soln</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLN 0.1%	3	
BRIMONIDINE TARTRATE SOLN 0.1%	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tabs</i>	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin soln 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone susp</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatory, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>flunisolide soln 0.025%</i>	4	QL (50 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>diphenhydramine hcl inj 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride inj</i>	4	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrp</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide nasal soln</i>	2	
<i>ipratropium bromide inhalation soln</i>	2	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
TIOTROPIUM BROMIDE	3	QL (30 EA per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>arformoterol tartrate</i>	4	QL (120 ML per 30 days) PA
EPINEPHRINE INJ 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebu</i>	4	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	3	QL (30 GM per 30 days)
<i>levalbuterol nebu</i>	4	QL (90 EA per 30 days) B/D
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebu 300mg/5ml</i>	5	B/D
TRIKAFTA TBPK	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>alyq</i>	4	QL (60 EA per 30 days) PA
AMBRISENTAN	5	QL (30 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	4	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1	5	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3	5	QL (504 EA per 365 days) PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tabs</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	4	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
BRONCHITOL	5	QL (560 EA per 28 days) PA
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days) PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfata</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	3	
<i>methocarbamol tabs 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL (30 EA per 30 days)
<i>eszopiclone</i>	4	QL (30 EA per 30 days)
<i>ramelteon</i>	4	QL (30 EA per 30 days)
<i>temazepam caps 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	3	QL (60 EA per 30 days) PA
<i>armodafinil tabs 250mg</i>	4	QL (30 EA per 30 days) PA
<i>modafinil</i>	3	QL (30 EA per 30 days) PA
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA

Index

Drug Name	Page #
<i>abacavir</i>	19
<i>abacavir sulfate/lamivudine</i>	20
<i>abacavir sulfate/lamivudine/zidovudine</i>	20
ABELCET	10
ABILIFY MAINTENA	17
<i>abiraterone acetate</i>	12
ABRYSVO	46
<i>acamprosate calcium dr</i>	2
<i>acarbose</i>	22
AC CUTANE	31
<i>acebutolol hcl</i>	26
<i>acebutolol hydrochloride</i>	26
<i>acetaminophen/codeine</i>	1
<i>acetazolamide</i>	27
<i>acetazolamide er</i>	50
<i>acetic acid</i>	50
<i>acetic acid 0.25%</i>	37
<i>acitretin</i>	31
ACTHIB	46
ACTIMMUNE	44
<i>acyclovir</i>	21
<i>acyclovir</i>	33
<i>acyclovir sodium</i>	21
ADACEL	46
ADBRY	44
<i>adefovir dipivoxil</i>	19
ADEMPAS	52
<i>afirmelle</i>	38
AIMOVIG	11
AKEEGA	12
<i>ala-cort</i>	31
<i>albendazole</i>	16
<i>albuterol sulfate</i>	51
<i>albuterol sulfate er</i>	51
<i>albuterol sulfate hfa</i>	51
<i>alclometasone dipropionate</i>	31
ALCOHOL PREP PADS	48
ALDURAZYME	36
ALECENSA	13
<i>alendronate sodium</i>	47
<i>alfuzosin hcl er</i>	37
ALINIA	16
<i>aliskiren</i>	27
<i>allopurinol</i>	11
<i>alosetron hydrochloride</i>	35

Drug Name	Page #
ALPHAGAN P	50
<i>alprazolam</i>	21
<i>altavera</i>	38
ALUNBRIG	13
<i>alyacen 1/35</i>	38
<i>alyacen 7/7/7</i>	38
<i>alyq</i>	52
<i>amabelz</i>	38
<i>amantadine hcl</i>	21
AMBRISENTAN	52
<i>amethia</i>	38
<i>amethia lo</i>	38
<i>amethyst</i>	38
<i>amikacin sulfate</i>	3
<i>amiloride hcl</i>	28
<i>amiloride/hydrochlorothiazide</i>	27
AMINOSYN II	33
AMINOSYN-PF	33
<i>amiodarone hydrochloride</i>	26
<i>amitriptyline hcl</i>	9
<i>amitriptyline hydrochloride</i>	9
<i>amlodipine besylate</i>	26
<i>amlodipine besylate/benazepril hydrochloride</i>	27
<i>amlodipine besylate/valsartan</i>	27
<i>amlodipine/olmesartan medoxomil</i>	27
<i>ammonium lactate</i>	31
<i>amnestem</i>	31
<i>amoxapine</i>	9
<i>amoxicillin</i>	4
<i>amoxicillin/clavulanate potassium</i>	4
<i>amoxicillin/clavulanate potassium er</i>	4
<i>amphetamine/dextroamphetamine</i>	29
<i>amphotericin b</i>	10
<i>amphotericin b liposome</i>	10
<i>ampicillin</i>	4
<i>ampicillin sodium</i>	4
<i>ampicillin/sulbactam</i>	4
<i>ampicillin-sulbactam</i>	4
<i>anagrelide hydrochloride</i>	24
<i>anastrozole</i>	13
ANORO ELLIPTA	52
<i>aprepitant</i>	10
APRETUDE	19
APTIOM	7
APTIVUS	20
AREXVY	46
<i>arformoterol tartrate</i>	51

Drug Name	Page #
<i>aripiprazole</i>	17
<i>aripiprazole odt</i>	17
ARISTADA	17
ARISTADA INITIO	17
<i>armodafinil</i>	53
ARMOUR THYROID	42
ARNUITY ELLIPTA	50
ASCENIV	43
<i>asenapine maleate sl</i>	17
<i>ashlyna</i>	38
ASMANEX HFA	50
ASMANEX TWISTHALER 120 METERED DOSES	50
ASMANEX TWISTHALER 14 METERED DOSES	50
ASMANEX TWISTHALER 30 METERED DOSES	50
ASMANEX TWISTHALER 60 METERED DOSES	50
ASMANEX TWISTHALER 7 METERED DOSES	50
<i>aspirin/dipyridamole</i>	25
<i>aspirin/dipyridamole er</i>	25
ASTAGRAF XL	45
<i>atazanavir</i>	20
<i>atazanavir sulfate</i>	20
<i>atenolol</i>	26
<i>atenolol/chlorthalidone</i>	27
<i>atomoxetine</i>	29
<i>atomoxetine hydrochloride</i>	29
<i>atorvastatin calcium</i>	28
<i>atovaquone</i>	16
<i>atovaquone/proguanil hcl</i>	16
<i>atropine sulfate</i>	48
ATROVENT HFA	51
<i>abra eq</i>	38
AUGMENTIN	4
<i>aurovela 1.5/30</i>	38
<i>aurovela 1/20</i>	38
<i>aurovela fe 1.5/30</i>	38
<i>aurovela fe 1/20</i>	38
AUSTEDO	30
AUVELITY	8
<i>aviane</i>	38
AVONEX	30
AVONEX PEN	30
<i>ayuna</i>	38
AYVAKIT	13

Drug Name	Page #
<i>azathioprine</i>	45
<i>azelaic acid</i>	31
<i>azelastine hcl</i>	49
<i>azelastine hcl</i>	51
<i>azelastine hydrochloride</i>	51
<i>azithromycin</i>	5
<i>aztreonam</i>	3
<i>azurette</i>	39
<i>bacitracin</i>	49
<i>bacitracin/polymyxin b</i>	48
<i>baclofen</i>	18
BACTROBAN NASAL	33
BAFIERTAM	30
<i>balsalazide disodium</i>	47
BALVERSA	13
<i>balziva</i>	39
BAQSIMI ONE PACK	23
BAQSIMI TWO PACK	23
BARACLUDE	19
BCG VACCINE	46
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	48
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	48
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	48
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	48
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	48
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	48
<i>bekyree</i>	39
BELSOMRA	53
<i>benazepril hcl</i>	25
<i>benazepril hcl/hydrochlorothiazide</i>	27
<i>benazepril hydrochloride</i>	25
<i>benazepril hydrochloride/hydrochlorothiazide</i>	27
BENLYSTA	44
BENZNIDAZOLE	16
<i>benztropine mesylate</i>	16
BESIVANCE	49
BESREMI	12
<i>betaine anhydrous</i>	36
<i>betamethasone dipropionate</i>	31
<i>betamethasone dipropionate augmented</i>	31
<i>betamethasone valerate</i>	31
BETASERON	30

Drug Name	Page #
<i>betaxolol hcl</i>	26
<i>betaxolol hcl</i>	50
<i>bethanechol chloride</i>	37
<i>bexarotene</i>	15
BEXSERO	46
<i>bicalutamide</i>	12
BICILLIN L-A	4
BIKTARVY	19
<i>bisoprolol fumarate</i>	26
<i>bisoprolol fumarate/hydrochlorothiazide</i>	27
BIVIGAM	43
<i>blisovi fe 1.5/30</i>	39
<i>blisovi fe 1/20</i>	39
BOOSTRIX	46
BOSULIF	13
BRAFTOVI	14
BREO ELLIPTA	52
BREZTRI AEROSPHERE	50
<i>briellyn</i>	39
BRILINTA	25
BRIMONIDINE TARTRATE	50
BRIMONIDINE TARTRATE/TIMOLOL	48
MALEATE	
<i>brinzolamide</i>	50
BRIVIACT	6
<i>bromocriptine mesylate</i>	16
BRONCHITOL	52
BRUKINSA	14
<i>budesonide</i>	47
<i>budesonide</i>	50
<i>budesonide er</i>	47
<i>bumetanide</i>	28
BUPRENORPHINE	1
<i>buprenorphine hcl</i>	2
<i>buprenorphine hcl/naloxone hcl</i>	2
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	2
<i>bupropion hcl</i>	8
<i>bupropion hydrochloride</i>	8
<i>bupropion hydrochloride er (sr)</i>	3
<i>bupropion hydrochloride er (sr)</i>	8
<i>bupropion hydrochloride er (xl)</i>	8
<i>bupirone hcl</i>	21
<i>bupirone hydrochloride</i>	21
<i>butalbital/acetaminophen/caffeine</i>	30
CABENUVA	19
<i>cabergoline</i>	43
CABLIVI	25

Drug Name	Page #
CABOMETYX	14
<i>calcipotriene</i>	32
<i>calcitonin-salmon</i>	47
<i>calcitriol</i>	47
<i>calcium acetate</i>	34
CALQUENCE	14
<i>camila</i>	41
<i>camrese</i>	39
<i>camrese lo</i>	39
<i>candesartan cilexetil</i>	25
<i>candesartan cilexetil/hydrochlorothiazide</i>	27
CAPLYTA	17
CAPRELSA	14
<i>captopril</i>	25
<i>captopril/hydrochlorothiazide</i>	27
<i>carbamazepine</i>	7
<i>carbamazepine er</i>	7
<i>carbidopa</i>	16
<i>carbidopa/levodopa</i>	16
<i>carbidopa/levodopa er</i>	16
<i>carbidopa/levodopa odt</i>	16
<i>carglumic acid</i>	33
<i>carteolol hcl</i>	50
<i>cartia xt</i>	27
<i>carvedilol</i>	26
<i>caspofungin acetate</i>	10
CAYSTON	52
<i>cefaclor</i>	4
<i>cefadroxil</i>	4
CEFAZOLIN	4
<i>cefazolin sodium</i>	4
<i>cefdinir</i>	4
<i>cefepime</i>	4
<i>cefepime hydrochloride</i>	4
<i>cefixime</i>	4
<i>cefotaxime sodium</i>	4
<i>cefotetan</i>	4
<i>cefoxitin sodium</i>	4
<i>cefpodoxime proxetil</i>	4
<i>cefprozil</i>	4
<i>ceftazidime</i>	4
<i>ceftazidime/dextrose</i>	4
<i>ceftriaxone sodium</i>	4
<i>cefuroxime axetil</i>	4
<i>cefuroxime sodium</i>	4
<i>celecoxib</i>	1
<i>cephalexin</i>	4
CERDELGA	36

Drug Name	Page #
<i>chateal</i>	39
<i>chateal eq</i>	39
CHEMET	34
<i>chlorhexidine gluconate</i>	31
<i>chloroquine phosphate</i>	16
<i>chlorothiazide</i>	28
<i>chlorpromazine hcl</i>	17
<i>chlorpromazine hydrochloride</i>	17
<i>chlorthalidone</i>	28
CHOLBAM	36
<i>cholestyramine</i>	29
<i>cholestyramine light</i>	28
<i>ciclodan</i>	33
<i>ciclopirox</i>	33
<i>ciclopirox nail lacquer</i>	33
<i>ciclopirox olamine</i>	33
<i>cidofovir</i>	18
<i>cilostazol</i>	25
CIMDUO	20
<i>cinacalcet hydrochloride</i>	47
CINRYZE	43
CIPRO	5
<i>ciprofloxacin</i>	5
<i>ciprofloxacin</i>	50
<i>ciprofloxacin hcl</i>	5
<i>ciprofloxacin hydrochloride</i>	5
<i>ciprofloxacin hydrochloride</i>	49
<i>ciprofloxacin i.v.-in d5w</i>	5
<i>ciprofloxacin/dexamethasone</i>	50
<i>citalopram hydrobromide</i>	8
<i>claravis</i>	31
<i>clarithromycin</i>	5
<i>clarithromycin er</i>	5
CLENPIQ	35
CLIMARA PRO	39
<i>clindacin etz pledgets</i>	3
<i>clindamycin hcl</i>	3
<i>clindamycin hydrochloride</i>	3
<i>clindamycin palmitate hcl</i>	3
<i>clindamycin phosphate</i>	3
<i>clindamycin phosphate</i>	33
<i>clobazam</i>	7
<i>clobetasol propionate</i>	31
<i>clobetasol propionate e</i>	31
<i>clomipramine hydrochloride</i>	9
<i>clonazepam</i>	7
<i>clonazepam odt</i>	7
<i>clonidine hcl</i>	25

Drug Name	Page #
<i>clonidine hydrochloride</i>	25
<i>clopidogrel</i>	25
<i>clorazepate dipotassium</i>	21
<i>clotrimazole</i>	10
<i>clotrimazole/betamethasone dipropionate</i>	32
CLOVIQUE	34
<i>clozapine</i>	18
<i>clozapine odt</i>	18
COARTEM	16
COLCHICINE	11
<i>colesevelam hydrochloride</i>	29
<i>colestipol hcl</i>	29
<i>colistimethate sodium</i>	3
<i>colocort</i>	47
COLUMVI	12
COMBIGAN	48
COMBIVENT RESPIMAT	52
COMETRIQ	14
COMPLERA	19
<i>compro</i>	9
<i>constulose</i>	34
COPIKTRA	14
CORLANOR	27
<i>cortisone acetate</i>	37
COSENTYX	44
COSENTYX SENSOREADY PEN	44
COSENTYX UNOREADY	44
COTELLIC	14
CREON	36
<i>cromolyn sodium</i>	36
<i>cromolyn sodium</i>	49
<i>cromolyn sodium</i>	52
<i>cryselle-28</i>	39
CURITY GAUZE PADS 2"X2" 12 PLY	48
CUTAQUIG	43
CUVITRU	43
<i>cyclafem 1/35</i>	39
<i>cyclafem 7/7/7</i>	39
<i>cyclobenzaprine hydrochloride</i>	53
CYCLOPHOSPHAMIDE	12
<i>cycloserine</i>	11
<i>cyclosporine</i>	45
<i>cyclosporine</i>	48
<i>cyclosporine modified</i>	45
CYLTEZO	45
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	45

Drug Name	Page #
CYLTEZO STARTER PACKAGE FOR PSORIASIS	45
<i>cyproheptadine hydrochloride</i>	51
CYSTAGON	36
CYSTARAN	48
<i>dalfampridine er</i>	30
<i>danazol</i>	38
<i>dantrolene sodium</i>	18
<i>dapsone</i>	11
DAPTACEL	46
DAPTOMYCIN	3
DAPTOMYCIN/SODIUM CHLORIDE	3
<i>darunavir</i>	20
DARZALEX FASPRO	15
<i>dasetta 1/35</i>	39
<i>dasetta 7/7/7</i>	39
DAURISMO	14
<i>daysee</i>	39
<i>deblitane</i>	41
<i>deferasirox</i>	34
DELSTRIGO	19
<i>delyla</i>	39
<i>demeclocycline hcl</i>	5
<i>demeclocycline hydrochloride</i>	5
DENGVAZIA	46
DEPO-PROVERA	41
DEPO-SUBQ PROVERA 104	42
DESCOVY	20
<i>desipramine hydrochloride</i>	9
<i>desmopressin acetate</i>	38
<i>desogestrel/ethinyl estradiol</i>	39
<i>desonide</i>	31
<i>desoximetasone</i>	32
<i>desvenlafaxine er</i>	8
<i>dexamethasone</i>	37
<i>dexamethasone sodium phosphate</i>	49
DEXILANT	36
<i>dexlansoprazole</i>	36
<i>dextroamphetamine sulfate</i>	29
<i>dextroamphetamine sulfate er</i>	29
<i>dextrose 5%</i>	33
<i>dextrose 5%/nacl 0.45%</i>	33
<i>dextrose 5%/nacl 0.9%</i>	33
DIACOMIT	7
<i>diazepam</i>	21
<i>diazepam intensol</i>	21
<i>diazepam rectal gel</i>	7
<i>diazoxide</i>	23

Drug Name	Page #
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium</i>	32
<i>diclofenac sodium</i>	49
<i>diclofenac sodium dr</i>	1
<i>diclofenac sodium er</i>	1
<i>dicloxacillin sodium</i>	4
<i>dicyclomine hcl</i>	35
<i>dicyclomine hydrochloride</i>	35
DIFICID	5
<i>diflunisal</i>	1
<i>digitek</i>	26
<i>digox</i>	26
<i>digoxin</i>	26
<i>dihydroergotamine mesylate</i>	11
DILANTIN	7
<i>diltiazem hcl</i>	27
<i>diltiazem hcl cd</i>	27
<i>diltiazem hcl er</i>	27
<i>diltiazem hydrochloride</i>	27
<i>diltiazem hydrochloride er</i>	27
<i>dilt-xr</i>	27
<i>dimethyl fumarate</i>	30
<i>dimethyl fumarate starterpack</i>	30
<i>diphenhydramine hcl</i>	51
<i>diphenhydramine hydrochloride</i>	51
<i>diphenoxylate hydrochloride/atropine sulfate</i>	35
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	46
<i>disulfiram</i>	2
<i>divalproex sodium</i>	7
<i>divalproex sodium dr</i>	7
<i>divalproex sodium er</i>	7
<i>dofetilide</i>	26
<i>dolishale</i>	39
<i>donepezil hcl</i>	8
<i>donepezil hydrochloride</i>	8
DOPTELET	25
<i>dorzolamide hcl/timolol maleate</i>	48
<i>dorzolamide hydrochloride</i>	50
DOTTI	39
DOVATO	19
<i>doxazosin mesylate</i>	37
<i>doxepin hcl</i>	9
<i>doxepin hydrochloride</i>	9
<i>doxy 100</i>	5
<i>doxycycline</i>	6

Drug Name	Page #
<i>doxycycline hyclate</i>	5
<i>doxycycline hyclate</i>	31
<i>doxycycline monohydrate</i>	6
<i>d-penaminate</i>	37
DRIZALMA SPRINKLE	8
DRONABINOL	10
DROXIA	12
<i>droxidopa</i>	25
DULERA	52
<i>duloxetine hydrochloride</i>	8
DUPIXENT	44
<i>dutasteride</i>	37
<i>dutasteride/tamsulosin hydrochloride</i>	37
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	48
<i>ec-naproxen</i>	1
<i>econazole nitrate</i>	10
EDARBI	25
EDARBYCLOR	27
EDURANT	19
<i>efavirenz</i>	19
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	19
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	19
<i>effer-k</i>	33
ELAPRASE	36
<i>elinest</i>	39
ELIQUIS	24
ELIQUIS STARTER PACK	24
ELLA	48
ELMIRON	37
<i>eluryng</i>	39
EMCYT	12
EMGALITY	11
EMPAVELI	44
EMSAM	8
<i>emtricitabine</i>	20
<i>emtricitabine/tenofovir disoproxil fumarate</i>	20
<i>emtricitabine/tenofovir disoproxil fumarate</i>	20
EMTRIVA	20
<i>enalapril maleate</i>	25
<i>enalapril maleate/hydrochlorothiazide</i>	27
ENBREL	45
ENBREL MINI	45
ENBREL SURECLICK	45
ENDARI	36
<i>endocet</i>	1

Drug Name	Page #
ENGERIX-B	46
ENJAYMO	44
<i>enoxaparin sodium</i>	24
<i>enpresse-28</i>	39
<i>entacapone</i>	16
<i>entecavir</i>	19
ENTRESTO	27
<i>enulose</i>	34
ENVARUSUS XR	45
EPIDIOLEX	6
<i>epinephrine</i>	27
EPINEPHRINE	51
<i>epitol</i>	7
EPKINLY	12
<i>eplerenone</i>	28
<i>epoprostenol sodium</i>	52
EPRONTIA	6
<i>ergoloid mesylates</i>	8
<i>ergotamine tartrate/caffeine</i>	11
ERIVEDGE	14
ERLEADA	12
<i>erlotinib hydrochloride</i>	14
<i>errin</i>	42
<i>ertapenem</i>	5
<i>ertapenem sodium</i>	5
<i>ery</i>	33
<i>erythromycin</i>	33
<i>erythromycin</i>	49
<i>erythromycin dr</i>	5
<i>erythromycin ethylsuccinate</i>	5
<i>erythromycin/benzoyl peroxide</i>	31
<i>escitalopram oxalate</i>	9
<i>esomeprazole magnesium</i>	36
<i>estarylla</i>	39
<i>estradiol</i>	39
<i>estradiol/norethindrone acetate</i>	39
ESTRING	39
<i>eszopiclone</i>	53
<i>ethambutol hydrochloride</i>	11
<i>ethosuximide</i>	6
<i>ethynodiol diacetate/ethinyl estradiol</i>	39
<i>etodolac</i>	1
<i>etonogestrel/ethinyl estradiol</i>	39
<i>etravirine</i>	19
EUCRISA	32
EUTHYROX	42
<i>everolimus</i>	14
<i>everolimus</i>	45

Drug Name	Page #
EVOTAZ	20
EVRYSI	36
<i>exemestane</i>	13
EXKIVITY	14
<i>ezetimibe</i>	29
<i>ezetimibe/simvastatin</i>	29
FABRAZYME	36
<i>falmina</i>	39
<i>famciclovir</i>	21
<i>famotidine</i>	35
FANAPT	17
FANAPT TITRATION PACK	17
FARXIGA	22
FARYDAK	14
FASENRA	52
FASENRA PEN	52
<i>fayosim</i>	39
<i>febuxostat</i>	11
<i>felbamate</i>	6
<i>felodipine er</i>	27
<i>femynor</i>	39
<i>fenofibrate</i>	28
<i>fenofibrate micronized</i>	28
<i>fenofibric acid dr</i>	28
<i>fentanyl</i>	1
<i>fentanyl citrate oral transmucosal</i>	1
FETZIMA	9
FETZIMA TITRATION PACK	9
FINACEA	31
<i>finasteride</i>	37
<i>ingolimod</i>	30
FINTEPLA	6
FIRMAGON	43
FLAREX	49
<i>flecainide acetate</i>	26
<i>fluconazole</i>	10
<i>fluconazole in dextrose</i>	10
<i>fluconazole in sodium chloride</i>	10
<i>flucytosine</i>	10
<i>fludrocortisone acetate</i>	37
<i>flunisolide</i>	50
<i>fluocinolone acetonide</i>	32
<i>fluocinolone acetonide body</i>	32
<i>fluocinolone acetonide scalp</i>	32
<i>fluocinolone acetonide topical</i>	32
<i>fluocinonide</i>	32
<i>fluorometholone</i>	49
<i>fluorouracil</i>	32

Drug Name	Page #
<i>fluoxetine hcl</i>	9
<i>fluoxetine hydrochloride</i>	9
<i>fluphenazine decanoate</i>	17
<i>fluphenazine hcl</i>	17
<i>fluphenazine hydrochloride</i>	17
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	50
<i>flutamide</i>	12
<i>fluticasone propionate</i>	32
<i>fluticasone propionate</i>	51
<i>fluticasone propionate/salmeterol diskus</i>	52
<i>fluvastatin</i>	28
<i>fluvastatin sodium er</i>	28
<i>fluvoxamine maleate</i>	9
<i>fondaparinux sodium</i>	24
<i>formoterol fumarate</i>	51
FORTEO	47
<i>fosamprenavir calcium</i>	20
<i>fosinopril sodium</i>	25
<i>fosinopril sodium/hydrochlorothiazide</i>	27
FOTIVDA	12
FRAGMIN	24
<i>furosemide</i>	28
FUZEON	20
FYAVOLV	39
FYCOMPA	6
<i>gabapentin</i>	7
<i>galantamine hydrobromide</i>	8
<i>galantamine hydrobromide er</i>	8
GAMASTAN	43
GAMMAKED	44
GAMUNEX-C	44
<i>ganciclovir</i>	18
GARDASIL 9	46
<i>gatifloxacin</i>	49
<i>gavilyte-c</i>	35
<i>gavilyte-g</i>	35
<i>gavilyte-h</i>	35
<i>gavilyte-n/flavor pack</i>	35
GAVRETO	13
<i>gefitinib</i>	14
GELNIQUE PUMP	37
<i>gemfibrozil</i>	28
GEMTESA	37
<i>generlac</i>	34
<i>gengraf</i>	45
GENOTROPIN	38
GENOTROPIN MINIQUICK	38

Drug Name	Page #
<i>gentak</i>	49
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate</i>	49
<i>gentamicin sulfate pediatric</i>	3
GENVOYA	19
GILOTRIF	14
<i>glatiramer acetate</i>	30
GLEOSTINE	12
<i>glimepiride</i>	22
<i>glipizide</i>	22
<i>glipizide er</i>	22
<i>glipizide xl</i>	22
<i>glipizide/metformin hydrochloride</i>	22
GLUCAGEN HYPOKIT	23
GLUCAGON EMERGENCY KIT	23
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	23
<i>glyburide</i>	22
<i>glyburide/metformin hydrochloride</i>	22
<i>glycopyrrolate</i>	35
GLYXAMBI	22
<i>griseofulvin microsize</i>	10
<i>griseofulvin ultramicrosize</i>	10
<i>guanfacine er</i>	29
<i>guanfacine hydrochloride</i>	25
<i>guanfacine hydrochloride</i>	29
GUANIDINE HCL	11
GVOKE HYPOPEN 1-PACK	23
GVOKE HYPOPEN 2-PACK	23
GVOKE KIT	23
GVOKE PFS	23
<i>hailey 1.5/30</i>	39
<i>hailey fe 1.5/30</i>	39
<i>hailey fe 1/20</i>	39
<i>halobetasol propionate</i>	32
<i>haloette</i>	39
<i>haloperidol</i>	17
<i>haloperidol decanoate</i>	17
<i>haloperidol lactate</i>	17
HAVRIX	46
<i>heather</i>	42
HEPAGAM B	44
<i>heparin sodium</i>	24
HEPLISAV-B	46
HIBERIX	46
HIZENTRA	44
HUMALOG	23
HUMALOG JUNIOR KWIKPEN	23

Drug Name	Page #
HUMALOG KWIKPEN	23
HUMALOG MIX 50/50	23
HUMALOG MIX 50/50 KWIKPEN	23
HUMALOG MIX 75/25	23
HUMALOG MIX 75/25 KWIKPEN	23
HUMIRA	45
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	45
HUMIRA PEN	45
HUMIRA PEN-CD/UC/HS STARTER HUMIRA PEN-PEDIATRIC UC STARTER PACK	45
HUMIRA PEN-PS/UV STARTER	45
HUMULIN 70/30	23
HUMULIN 70/30 KWIKPEN	23
HUMULIN N	23
HUMULIN N KWIKPEN	23
HUMULIN R	23
HUMULIN R U-500 (CONCENTRATED)	23
HUMULIN R U-500 KWIKPEN	23
<i>hydralazine hcl</i>	29
<i>hydralazine hydrochloride</i>	29
<i>hydrochlorothiazide</i>	28
<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>hydrocodone/acetaminophen</i>	1
<i>hydrocortisone</i>	32
<i>hydrocortisone</i>	37
<i>hydrocortisone</i>	47
<i>hydrocortisone valerate</i>	32
<i>hydrocortisone/acetic acid</i>	50
<i>hydromorphone hcl</i>	2
<i>hydromorphone hydrochloride</i>	2
<i>hydromorphone hydrochloride dosette</i>	2
<i>hydroxychloroquine sulfate</i>	16
<i>hydroxyurea</i>	12
<i>hydroxyzine hcl</i>	51
<i>hydroxyzine hydrochloride</i>	51
<i>hydroxyzine pamoate</i>	21
HYPERHEP B	44
<i>ibandronate sodium</i>	47
IBRANCE	13
IBRANCE	14
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	43
<i>iclevia</i>	39
ICLUSIG	14
<i>icosapent ethyl</i>	29

Drug Name	Page #
IDHIFA	13
IGALMI	48
ILARIS	44
ILEVRO	50
<i>imatinib mesylate</i>	14
IMBRUVICA	14
<i>imipenem/cilastatin</i>	5
<i>imipramine hcl</i>	9
<i>imipramine hydrochloride</i>	9
<i>imiquimod</i>	32
IMOVAX RABIES (H.D.C.V.)	46
IMPAVIDO	3
INBRIJA	17
<i>incassia</i>	42
INCRELEX	38
INCRUSE ELLIPTA	51
<i>indapamide</i>	28
<i>indomethacin</i>	1
<i>indomethacin er</i>	1
INFANRIX	46
INFLECTRA	45
INFLIXIMAB	45
INGREZZA	30
INLYTA	14
INQOVI	14
INREBIC	13
INSULIN LISPRO	23
INTELENCE	19
INTRON A	45
<i>introvale</i>	39
INVEGA HAFYERA	17
INVEGA SUSTENNA	17
INVEGA TRINZA	17
INVIRASE	20
IPOL INACTIVATED IPV	46
<i>ipratropium bromide</i>	51
<i>ipratropium bromide/albuterol sulfate</i>	52
<i>irbesartan</i>	25
<i>irbesartan/hydrochlorothiazide</i>	27
ISENTRESS	19
ISENTRESS HD	19
ISONIAZID	11
<i>isosorbide dinitrate</i>	29
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	27
<i>isosorbide mononitrate</i>	29
<i>isosorbide mononitrate er</i>	29
<i>isotretinoin</i>	31

Drug Name	Page #
<i>isradipine</i>	27
ISTURISA	43
<i>itraconazole</i>	10
<i>ivermectin</i>	16
IXIARO	46
<i>jaimiess</i>	39
JAKAFI	14
<i>jantoven</i>	24
JANUMET	22
JANUMET XR	22
JANUVIA	22
JARDIANCE	22
<i>javygtor</i>	36
JAYPIRCA	14
<i>jencycla</i>	42
JENTADUETO	22
JENTADUETO XR	22
<i>jinteli</i>	39
<i>jolessa</i>	39
<i>jolivette</i>	42
JUBLIA	10
JULUCA	19
<i>junel 1.5/30</i>	39
<i>junel 1/20</i>	39
<i>junel fe 1.5/30</i>	39
<i>junel fe 1/20</i>	40
JYNNEOS	46
KALYDECO	52
KANJINTI	15
KANUMA	36
<i>kariva</i>	40
<i>kelnor 1/35</i>	40
<i>kelnor 1/50</i>	40
KEPIVANCE	31
KERENDIA	28
KESIMPTA	30
<i>ketoconazole</i>	10
<i>ketorolac tromethamine</i>	1
<i>ketorolac tromethamine</i>	50
<i>kimidess</i>	40
KINERET	44
KINRIX	46
<i>kionex</i>	34
KISQALI	14
KISQALI FEMARA 200 DOSE	13
KISQALI FEMARA 400 DOSE	13
KISQALI FEMARA 600 DOSE	13
KLISYRI	32

Drug Name	Page #
<i>klor-con</i>	33
<i>klor-con 10</i>	34
<i>klor-con 8</i>	34
<i>klor-con m10</i>	34
<i>klor-con m15</i>	34
<i>klor-con m20</i>	34
<i>klor-con sprinkle</i>	34
<i>klor-con/ef</i>	34
KORLYM	38
KOSELUGO	14
KRAZATI	13
<i>kurvelo</i>	40
KYNMOBI	16
KYNMOBI TITRATION KIT	16
<i>labetalol hydrochloride</i>	26
<i>lacosamide</i>	7
<i>lactulose</i>	34
LAGEVRIO	48
<i>lamivudine</i>	19
<i>lamivudine</i>	20
<i>lamivudine/zidovudine</i>	20
<i>lamotrigine</i>	6
<i>lamotrigine er</i>	6
<i>lamotrigine odt</i>	6
<i>lamotrigine starter kit/blue</i>	6
<i>lamotrigine starter kit/green</i>	6
<i>lamotrigine starter kit/orange</i>	6
<i>lamotrigine titration</i>	6
LANREOTIDE ACETATE	43
<i>lansoprazole</i>	36
LANTUS	23
LANTUS SOLOSTAR	23
<i>lapatinib ditosylate</i>	14
<i>larin 1.5/30</i>	40
<i>larin 1/20</i>	40
<i>larin fe 1.5/30</i>	40
<i>larin fe 1/20</i>	40
<i>larissia</i>	40
<i>latanoprost</i>	50
<i>leflunomide</i>	45
<i>lenalidomide</i>	12
LENVIMA 10 MG DAILY DOSE	14
LENVIMA 12MG DAILY DOSE	14
LENVIMA 14 MG DAILY DOSE	14
LENVIMA 18 MG DAILY DOSE	14
LENVIMA 20 MG DAILY DOSE	14
LENVIMA 24 MG DAILY DOSE	14
LENVIMA 4 MG DAILY DOSE	14

Drug Name	Page #
LENVIMA 8 MG DAILY DOSE	14
<i>lessina</i>	40
<i>letrozole</i>	13
<i>leucovorin calcium</i>	16
LEUKERAN	12
<i>leuprolide acetate</i>	43
<i>levalbuterol</i>	51
<i>levalbuterol hcl</i>	51
<i>levalbuterol hydrochloride</i>	51
<i>levalbuterol tartrate hfa</i>	51
LEVEMIR	23
LEVEMIR FLEXPEN	23
LEVEMIR FLEXTOUCH	23
<i>levetiracetam</i>	6
<i>levetiracetam er</i>	6
<i>levobunolol hcl</i>	50
<i>levocetirizine dihydrochloride</i>	51
<i>levofloxacin</i>	5
<i>levofloxacin</i>	49
<i>levofloxacin in d5w</i>	5
<i>levonest</i>	40
<i>levonorgestrel and ethinyl estradiol</i>	40
<i>levonorgestrel/ethinyl estradiol</i>	40
<i>levora 0.15/30-28</i>	40
LEVO-T	42
<i>levothyroxine sodium</i>	42
LEVOXYL	42
LEXIVA	21
<i>lidocaine</i>	2
<i>lidocaine hydrochloride viscous</i>	31
<i>lidocaine viscous</i>	31
<i>lidocaine/prilocaine</i>	2
<i>lidocaine-prilocaine-cream base</i>	2
<i>lillow</i>	40
<i>linezolid</i>	3
LINZESS	34
<i>liothyronine sodium</i>	42
<i>lisinopril</i>	25
<i>lisinopril/hydrochlorothiazide</i>	28
<i>lithium</i>	22
<i>lithium carbonate</i>	22
<i>lithium carbonate er</i>	22
LIVALO	28
LIVTENCITY	18
<i>lojaimiess</i>	40
LONHALA MAGNAIR REFILL KIT	51
LONSURF	13
<i>loperamide hcl</i>	35

Drug Name	Page #
<i>lopinavir/ritonavir</i>	21
<i>lopreeza</i>	40
<i>lorazepam</i>	22
<i>lorazepam intensol</i>	21
LORBRENA	14
<i>lorcet</i>	2
<i>lorcet hd</i>	2
<i>lorcet plus</i>	2
<i>losartan potassium</i>	25
<i>losartan potassium/hydrochlorothiazide</i>	28
LOTEMAX SM	50
<i>lovastatin</i>	28
<i>low-ogestrel</i>	40
<i>loxapine</i>	17
<i>lubiprostone</i>	35
LUMAKRAS	13
LUMIGAN	50
LUMIZYME	36
LUPRON DEPOT (1-MONTH)	43
LUPRON DEPOT (3-MONTH)	43
LUPRON DEPOT (4-MONTH)	43
LUPRON DEPOT (6-MONTH)	43
LUPRON DEPOT-PED (1-MONTH)	43
LUPRON DEPOT-PED (3-MONTH)	43
LUPRON DEPOT-PED (6-MONTH)	38
<i>lurasidone hydrochloride</i>	17
<i>luteru</i>	40
LYBALVI	17
<i>lyleq</i>	42
<i>lyllana</i>	40
LYNPARZA	14
LYSODREN	43
LYTGOBI	13
LYUMJEV	23
LYUMJEV KWIKPEN	23
<i>lyza</i>	42
<i>magnesium sulfate</i>	34
<i>malathion</i>	32
<i>maprotiline hcl</i>	8
<i>maraviroc</i>	20
<i>marlissa</i>	40
MARPLAN	8
MATULANE	12
<i>matzim la</i>	27
MAVYRET	19
MAYZENT	30
MAYZENT STARTER PACK	30
<i>meclizine hcl</i>	9

Drug Name	Page #
<i>medroxyprogesterone acetate</i>	42
<i>mefloquine hcl</i>	16
<i>megestrol acetate</i>	42
MEKINIST	14
MEKTOVI	14
<i>meloxicam</i>	1
<i>memantine hcl titration pak</i>	8
<i>memantine hydrochloride</i>	8
<i>memantine hydrochloride er</i>	8
MENACTRA	46
MENEST	40
MENQUADFI	46
MENVEO	46
<i>mercaptopurine</i>	12
<i>meropenem</i>	5
<i>mesalamine</i>	47
<i>mesalamine dr</i>	47
<i>mesalamine er</i>	47
MESNEX	16
<i>metformin hydrochloride</i>	22
<i>metformin hydrochloride er</i>	22
<i>methadone hcl</i>	1
<i>methadone hydrochloride</i>	1
<i>methadone hydrochloride intensol</i>	1
<i>methazolamide</i>	50
<i>methenamine hippurate</i>	3
<i>methimazole</i>	43
<i>methocarbamol</i>	53
<i>methotrexate</i>	45
<i>methotrexate sodium</i>	45
<i>methsuximide</i>	6
<i>methyl dopa</i>	25
<i>methylphenidate hydrochloride</i>	30
<i>methylphenidate hydrochloride er</i>	30
<i>methylprednisolone</i>	37
<i>methylprednisolone dose pack</i>	37
<i>metoclopramide hcl</i>	35
<i>metoclopramide hydrochloride</i>	35
<i>metolazone</i>	28
<i>metoprolol succinate er</i>	26
<i>metoprolol tartrate</i>	26
<i>metronidazole</i>	3
<i>metronidazole</i>	31
<i>metronidazole vaginal</i>	3
<i>metyrosine</i>	28
<i>mexiletine hcl</i>	26
<i>microgestin 1.5/30</i>	40
<i>microgestin 1/20</i>	40

Drug Name	Page #
<i>microgestin fe 1.5/30</i>	40
<i>microgestin fe 1/20</i>	40
<i>midodrine hcl</i>	25
<i>mifepristone</i>	38
<i>miglustat</i>	36
<i>mili</i>	40
<i>mimvey</i>	40
<i>mimvey lo</i>	40
<i>minocycline hcl</i>	6
<i>minocycline hydrochloride</i>	6
<i>minoxidil</i>	29
<i>mirtazapine</i>	8
<i>mirtazapine odt</i>	8
<i>misoprostol</i>	35
M-M-R II	46
<i>modafinil</i>	53
<i>moexipril hcl</i>	25
<i>molindone hydrochloride</i>	17
<i>mometasone furoate</i>	32
<i>mometasone furoate</i>	51
<i>mondoxyne nl</i>	6
<i>mono-linyuh</i>	40
<i>mononessa</i>	40
<i>montelukast sodium</i>	51
<i>morgidox 1x100mg</i>	6
<i>morgidox 2x100mg</i>	6
<i>morphine sulfate</i>	2
<i>morphine sulfate er</i>	1
MOTEGRITY	35
MOUNJARO	22
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	5
<i>moxifloxacin hydrochloride</i>	5
<i>moxifloxacin hydrochloride</i>	49
MULTAQ	26
<i>mupirocin</i>	33
<i>mycophenolate mofetil</i>	45
<i>mycophenolic acid dr</i>	45
<i>myorisan</i>	31
MYRBETRIQ	37
NABI-HB	44
<i>nabumetone</i>	1
<i>nadolol</i>	26
<i>nafcillin sodium</i>	4
NAGLAZYME	36
<i>naloxone hcl</i>	2
NALOXONE HYDROCHLORIDE	2
<i>naltrexone hcl</i>	2

Drug Name	Page #
NAMZARIC	8
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	11
NATACYN	49
<i>nateglinide</i>	22
NAYZILAM	6
<i>nebivolol</i>	26
<i>nebivolol hydrochloride</i>	26
<i>necon 0.5/35-28</i>	40
<i>necon 7/7/7</i>	40
<i>nefazodone hydrochloride</i>	9
<i>neomycin sulfate</i>	3
<i>neomycin/bacitracin/polymyxin</i>	49
<i>neomycin/polymyxin/bacitracin</i>	49
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	49
<i>neomycin/polymyxin/dexamethasone</i>	49
<i>neomycin/polymyxin/gramicidin</i>	49
<i>neomycin/polymyxin/hc</i>	50
<i>neomycin/polymyxin/hydrocortisone</i>	50
<i>neo-polycin</i>	49
<i>neo-polycin hc</i>	49
NERLYNX	14
NEULASTA	24
NEULASTA ONPRO KIT	24
NEUPRO	16
<i>nevirapine</i>	19
<i>nevirapine er</i>	19
NEXLETOL	29
NEXLIZET	29
<i>niacin er</i>	29
NICOTROL NS	3
<i>nifedipine er</i>	27
<i>nilutamide</i>	12
<i>nimodipine</i>	27
NINLARO	13
<i>nitazoxanide</i>	16
<i>nitisinone</i>	36
NITRO-BID	29
<i>nitrofurantoin macrocrystals</i>	3
<i>nitrofurantoin monohydrate</i>	3
<i>nitrofurantoin monohydrate/macrocrystals</i>	3
<i>nitroglycerin</i>	29
<i>nitroglycerin lingual</i>	29
<i>nitroglycerin transdermal</i>	29
NIVA THYROID	42
<i>nizatidine</i>	35

Drug Name	Page #
<i>nora-be</i>	42
<i>norethindrone</i>	42
<i>norethindrone acetate</i>	42
<i>norethindrone acetate/ethinyl estradiol</i>	40
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	40
<i>norgestimate/ethinyl estradiol</i>	40
<i>norlyda</i>	42
<i>norlyroc</i>	42
<i>nortrel 0.5/35 (28)</i>	40
<i>nortrel 1/35</i>	40
<i>nortrel 7/7/7</i>	41
<i>nortriptyline hcl</i>	9
<i>nortriptyline hydrochloride</i>	9
NORVIR	21
NOVOLIN 70/30	23
NOVOLIN 70/30 FLEXPEN	23
NOVOLIN 70/30 FLEXPEN RELION	23
NOVOLIN 70/30 RELION	23
NOVOLIN N	23
NOVOLIN N FLEXPEN	23
NOVOLIN N FLEXPEN RELION	23
NOVOLIN N RELION	23
NOVOLIN R	23
NOVOLIN R FLEXPEN	23
NOVOLIN R FLEXPEN RELION	24
NOVOLIN R RELION	24
NOVOLOG	24
NOVOLOG FLEXPEN	24
NOVOLOG FLEXPEN RELION	24
NOVOLOG MIX 70/30	24
NOVOLOG MIX 70/30 PREFILLED	24
FLEXPEN	24
NOVOLOG MIX 70/30 PREFILLED	24
FLEXPEN RELION	24
NOVOLOG MIX 70/30 RELION	24
NOVOLOG PENFILL	24
NOVOLOG RELION	24
<i>np thyroid 120</i>	42
<i>np thyroid 15</i>	42
<i>np thyroid 30</i>	42
<i>np thyroid 60</i>	42
<i>np thyroid 90</i>	42
NUBEQA	12
NUCALA	52
NUEDEXTA	30
NUPLAZID	17
NURTEC	11

Drug Name	Page #
<i>nutrilipid</i>	48
<i>nyamyc</i>	10
<i>nylia 1/35</i>	41
<i>nylia 7/7/7</i>	41
NYMALIZE	27
<i>nymyo</i>	41
<i>nystatin</i>	10
<i>nystatin/triamcinolone</i>	32
<i>nystop</i>	10
OCREVUS	30
<i>octreotide acetate</i>	43
ODEFSEY	20
ODOMZO	15
OFEV	52
<i>ofloxacin</i>	49
<i>ofloxacin</i>	50
OJJAARA	15
<i>olanzapine</i>	18
<i>olanzapine odt</i>	18
<i>olmesartan medoxomil</i>	25
<i>olmesartan medoxomil/hydrochlorothiazide</i>	28
<i>olopatadine hcl</i>	49
<i>olopatadine hydrochloride</i>	49
<i>omega-3-acid ethyl esters</i>	29
<i>omeprazole</i>	36
<i>omeprazole dr</i>	36
OMNIPOD 5 G6 INTRO KIT (GEN 5)	48
OMNIPOD 5 G6 PODS (GEN 5)	48
OMNIPOD CLASSIC PDM STARTER	48
KIT (GEN 3)	48
OMNIPOD CLASSIC PODS (GEN 3)	48
OMNIPOD DASH INTRO KIT (GEN 4)	48
OMNIPOD DASH PDM KIT (GEN 4)	48
OMNIPOD DASH PODS (GEN 4)	48
<i>ondansetron hcl</i>	10
<i>ondansetron hydrochloride</i>	10
<i>ondansetron odt</i>	10
ONUREG	13
OPDUALAG	13
OPSUMIT	52
<i>oralone dental paste</i>	31
ORENCIA	44
ORENCIA	45
ORENCIA CLICKJECT	44
ORENITRAM	52
ORENITRAM TITRATION KIT MONTH	52
1	

Drug Name	Page #
ORENITRAM TITRATION KIT MONTH	52
2	
ORENITRAM TITRATION KIT MONTH	52
3	
ORGOVYX	43
ORKAMBI	52
<i>orphenadrine citrate er</i>	53
ORSERDU	13
<i>orsythia</i>	41
<i>oseltamivir phosphate</i>	21
OSMOLEX ER	16
OSPHENA	42
OTEZLA	32
OTEZLA	44
<i>oxacillin sodium</i>	5
<i>oxaprozin</i>	1
OXBRYTA	24
<i>oxcarbazepine</i>	7
OXLUMO	48
<i>oxybutynin chloride</i>	37
<i>oxybutynin chloride er</i>	37
<i>oxycodone hydrochloride</i>	2
<i>oxycodone/acetaminophen</i>	2
OZEMPIC	22
<i>pacerone</i>	26
<i>paliperidone er</i>	18
PANRETIN	16
<i>pantoprazole sodium</i>	36
<i>pantoprazole sodium dr</i>	36
PANZYGA	44
<i>paricalcitol</i>	47
<i>paroex</i>	31
<i>paromomycin sulfate</i>	3
<i>paroxetine hcl</i>	9
<i>paroxetine hydrochloride</i>	9
PASER	12
PAXLOVID	48
<i>pazopanib hydrochloride</i>	15
PEDIARIX	46
PEDVAX HIB	46
<i>peg 3350/electrolytes</i>	35
<i>peg-3350/electrolytes</i>	35
<i>peg-3350/nacl/na bicarbonate/kcl</i>	35
PEGANONE	7
PEGASYS	45
<i>pegylax</i>	35
PEMAZYRE	13
<i>penicillamine</i>	37

Drug Name	Page #
<i>penicillin g sodium</i>	5
<i>penicillin v potassium</i>	5
PENTACEL	46
<i>pentamidine isethionate</i>	16
<i>pentoxifylline er</i>	28
<i>perindopril erbumine</i>	26
<i>permethrin</i>	32
<i>perphenazine</i>	17
PERSERIS	18
<i>phenadoz</i>	9
<i>phenelzine sulfate</i>	8
<i>phenobarbital</i>	7
<i>phenytoin</i>	7
<i>phenytoin infatabs</i>	7
<i>phenytoin sodium extended</i>	7
PHESGO	13
<i>philith</i>	41
PIFELTRO	19
<i>pilocarpine hcl</i>	50
<i>pilocarpine hydrochloride</i>	31
<i>pimozide</i>	17
<i>pimtrea</i>	41
<i>pindolol</i>	26
<i>pioglitazone hcl</i>	22
<i>pioglitazone hcl/metformin hcl</i>	22
<i>pioglitazone hydrochloride</i>	22
<i>piperacillin sodium/tazobactam sodium</i>	5
PIQRAY 200MG DAILY DOSE	15
PIQRAY 250MG DAILY DOSE	15
PIQRAY 300MG DAILY DOSE	15
<i>pirfenidone</i>	52
<i>pirmella 1/35</i>	41
<i>pirmella 7/7/7</i>	41
<i>piroxicam</i>	1
<i>pitavastatin calcium</i>	28
<i>plenamine</i>	34
<i>podofilox</i>	32
<i>polycin</i>	49
<i>polyethylene glycol 3350</i>	35
<i>polymyxin b sulfate/trimethoprim sulfate</i>	49
POMALYST	12
<i>portia-28</i>	41
<i>posaconazole</i>	10
<i>posaconazole dr</i>	10
<i>potassium chloride</i>	34
<i>potassium chloride er</i>	34
<i>potassium chloride sr</i>	34
<i>potassium citrate er</i>	34

Drug Name	Page #
PRALUENT	29
<i>pramipexole dihydrochloride</i>	16
<i>prasugrel</i>	25
<i>pravastatin sodium</i>	28
<i>praziquantel</i>	16
<i>prazosin hydrochloride</i>	25
<i>prednisolone</i>	38
<i>prednisolone acetate</i>	50
<i>prednisolone sodium phosphate</i>	37
<i>prednisone</i>	38
<i>pregabalin</i>	30
PREHEVBRIO	46
PREMARIN	41
<i>premium lidocaine</i>	2
PREMPHASE	41
PREMPRO	41
<i>prenatal</i>	34
<i>prevalite</i>	29
<i>previfem</i>	41
PREVYMIS	18
PREZCOBIX	21
PREZISTA	21
PRIFTIN	12
<i>primaquine phosphate</i>	16
<i>primidone</i>	7
PRIORIX	46
PRIVIGEN	44
PROAIR RESPICLICK	51
<i>probenecid</i>	11
<i>probenecid/colchicine</i>	11
<i>prochlorperazine</i>	10
<i>prochlorperazine edisylate</i>	9
<i>prochlorperazine maleate</i>	10
PROCRIT	24
<i>procto-med hc</i>	47
<i>proctosol hc</i>	47
<i>proctozone-hc</i>	47
<i>progesterone</i>	42
PROGRAF	45
PROLASTIN-C	36
PROLENSA	50
PROLIA	47
PROMACTA	24
<i>promethazine hcl</i>	10
<i>promethazine hcl plain</i>	10
<i>promethazine hydrochloride</i>	10
<i>promethegan</i>	10
<i>propafenone hcl</i>	26

Drug Name	Page #
<i>propafenone hydrochloride er</i>	26
<i>propranolol hcl</i>	26
<i>propranolol hcl er</i>	26
<i>propranolol hydrochloride</i>	26
<i>propranolol hydrochloride er</i>	26
<i>propylthiouracil</i>	43
PROQUAD	46
<i>protriptyline hcl</i>	9
PULMOZYME	52
PURIXAN	12
<i>pyrazinamide</i>	12
<i>pyridostigmine bromide</i>	11
<i>pyrimethamine</i>	16
PYRUKYND	24
PYRUKYND TAPER PACK	24
QINLOCK	12
QUADRACEL	46
<i>quetiapine fumarate</i>	18
<i>quetiapine fumarate er</i>	18
<i>quinapril hcl</i>	26
<i>quinapril hydrochloride</i>	26
<i>quinapril/hydrochlorothiazide</i>	28
QUINIDINE SULFATE	26
<i>quinine sulfate</i>	16
RABAVERT	46
<i>rabeprazole sodium</i>	36
<i>raloxifene hydrochloride</i>	42
<i>ramelteon</i>	53
<i>ramipril</i>	26
<i>ranolazine er</i>	28
<i>rasagiline mesylate</i>	17
RAYALDEE	47
REBETOL	19
REBIF	30
REBIF REBIDOSE	30
REBIF REBIDOSE TITRATION PACK	30
REBIF TITRATION PACK	30
RECOMBIVAX HB	46
RECTIV	35
RELENZA DISKHALER	21
RELISTOR	35
REMICADE	46
RENFLIXIS	46
<i>repaglinide</i>	22
REPATHA	29
REPATHA PUSHTRONEX SYSTEM	29
REPATHA SURECLICK	29
RESTASIS	49

Drug Name	Page #
RESTASIS MULTIDOSE	49
RETACRIT	25
RETEVMO	13
RETROVIR IV INFUSION	20
REVCIVI	36
REXULTI	18
REYATAZ	21
REZLIDHIA	15
REZUROCK	46
RHOPRESSA	50
<i>ribavirin</i>	19
<i>rifabutin</i>	11
<i>rifampin</i>	12
<i>riluzole</i>	30
RINVOQ	44
<i>risedronate sodium</i>	47
<i>risedronate sodium dr</i>	47
RISPERDAL CONSTA	18
<i>risperidone</i>	18
<i>risperidone odt</i>	18
<i>ritonavir</i>	21
<i>rivastigmine tartrate</i>	8
<i>rivastigmine transdermal system</i>	8
<i>rivelsa</i>	41
<i>rizatriptan benzoate</i>	11
<i>rizatriptan benzoate odt</i>	11
ROCKLATAN	49
<i>roflumilast</i>	52
ROLVEDON	25
<i>ropinirole er</i>	16
<i>ropinirole hcl</i>	16
<i>ropinirole hydrochloride</i>	16
<i>rosadan</i>	31
<i>rosuvastatin calcium</i>	28
ROTARIX	47
ROTATEQ	47
<i>roweepra</i>	6
<i>roweepra xr</i>	6
ROZLYTREK	15
RUBRACA	15
<i>rufinamide</i>	7
RUKOBIA	20
RUXIENCE	15
RYBELSUS	22
RYDAPT	15
RYTARY	17
<i>sajazir</i>	43
SANDIMMUNE	46

Drug Name	Page #
SANTYL	32
SAPHNELO	44
<i>sapropterin dihydrochloride</i>	36
SAVELLA	30
SAVELLA TITRATION PACK	30
SCEMBLIX	13
<i>scopolamine</i>	10
SECUADO	18
<i>selegiline hcl</i>	17
<i>selenium sulfide</i>	32
SELZENTRY	20
SEREVENT DISKUS	51
<i>sertraline hcl</i>	9
<i>sertraline hydrochloride</i>	9
<i>setlakin</i>	41
<i>sevelamer carbonate</i>	34
SFROWASA	47
<i>sharobel</i>	42
SHINGRIX	47
SIGNIFOR	43
SIGNIFOR LAR	43
<i>sildenafil citrate</i>	52
<i>silodosin</i>	37
<i>silver sulfadiazine</i>	32
SIMBRINZA	49
<i>simliya</i>	41
<i>simpesse</i>	41
<i>simvastatin</i>	28
<i>sirolimus</i>	46
SIRTURO	12
SKYCLARYS	48
SKYRIZI	44
SKYRIZI PEN	44
<i>sodium chloride</i>	34
<i>sodium chloride 0.45%</i>	34
<i>sodium chloride 0.9%</i>	48
SODIUM OXYBATE	53
<i>sodium phenylbutyrate</i>	36
<i>sodium polystyrene sulfonate</i>	34
SODIUM SULFATE/POTASSIUM	35
SULFATE/MAGNESIUM SULFATE	
SOFOSBUVIR/VELPATASVIR	19
<i>solifenacin succinate</i>	37
SOLQUA 100/33	22
SOLTAMOX	12
SOMATULINE DEPOT	43
SOMAVERT	43
<i>sorafenib</i>	15

Drug Name	Page #
<i>sorafenib tosylate</i>	15
<i>sorine</i>	26
<i>sotalol hcl</i>	26
<i>sotalol hydrochloride</i>	26
<i>sotalol hydrochloride (af)</i>	26
SPIRIVA HANDIHALER	51
SPIRIVA RESPIMAT	51
<i>spironolactone</i>	28
<i>spironolactone/hydrochlorothiazide</i>	28
SPRAVATO 56MG DOSE	8
SPRAVATO 84MG DOSE	8
<i>sprintec 28</i>	41
SPRITAM	6
SPRYCEL	15
<i>sps</i>	34
<i>sronyx</i>	41
<i>ssd</i>	32
STAMARIL	47
<i>stavudine</i>	20
STELARA	44
STIOLTO RESPIMAT	52
STIVARGA	15
STRENSIQ	36
<i>streptomycin sulfate</i>	3
STRIBILD	19
<i>subvenite</i>	6
<i>subvenite starter kit/blue</i>	6
<i>subvenite starter kit/green</i>	6
<i>subvenite starter kit/orange</i>	6
SUCRAID	36
SUCRALFATE	36
<i>sulfacetamide sodium</i>	49
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	49
<i>sulfadiazine</i>	5
<i>sulfamethoxazole/trimethoprim</i>	5
<i>sulfamethoxazole/trimethoprim ds</i>	5
<i>sulfasalazine</i>	47
<i>sulindac</i>	1
SUMATRIPTAN	11
<i>sumatriptan succinate</i>	11
<i>sunitinib malate</i>	15
SUNLENCA	20
SUTAB	35
SYMPAZAN	7
SYMTUZA	21
SYNAGIS	44
SYNJARDY	22

Drug Name	Page #
SYNJARDY XR	22
SYNRIBO	13
SYNTHROID	42
TABLOID	12
TABRECTA	12
<i>tacrolimus</i>	32
<i>tacrolimus</i>	46
<i>tadalafil</i>	37
<i>tadalafil</i>	52
TAFINLAR	15
TAGRISSE	15
TALZENNA	15
<i>tamoxifen citrate</i>	12
<i>tamsulosin hydrochloride</i>	37
<i>tarina fe 1/20</i>	41
<i>tarina fe 1/20 eq</i>	41
TASIGNA	15
<i>tazarotene</i>	31
<i>tazicef</i>	4
<i>taztia xt</i>	27
TAZVERIK	13
TDVAX	47
TEFLARO	4
TEGSEDI	36
<i>telmisartan</i>	25
<i>telmisartan/hydrochlorothiazide</i>	28
<i>temazepam</i>	53
TEMIXYS	20
TENIVAC	47
<i>tenofovir disoproxil fumarate</i>	20
TEPMETKO	15
<i>terazosin hcl</i>	25
<i>terazosin hydrochloride</i>	25
<i>terbinafine hcl</i>	11
<i>terconazole</i>	11
TERIPARATIDE	48
TESTOSTERONE	38
<i>testosterone cypionate</i>	38
<i>testosterone enanthate</i>	38
TESTOSTERONE PUMP	38
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	47
<i>tetrabenazine</i>	30
<i>tetracycline hydrochloride</i>	6
THALOMID	12
<i>theophylline er</i>	52
<i>thioridazine hcl</i>	17
<i>thiothixene</i>	17

Drug Name	Page #
THYROID	42
THYROLAR-1	42
THYROLAR-1/2	42
THYROLAR-1/4	42
THYROLAR-2	43
THYROLAR-3	43
<i>tiadylt er</i>	27
<i>tiagabine hydrochloride</i>	7
TIBSOVO	15
TICOVAC	47
<i>timolol maleate</i>	50
<i>tinidazole</i>	3
TIOTROPIUM BROMIDE	51
TIVICAY	19
TIVICAY PD	19
<i>tizanidine hcl</i>	18
<i>tizanidine hydrochloride</i>	18
TOBI PODHALER	52
TOBRADEX	49
TOBRADEX ST	49
<i>tobramycin</i>	49
<i>tobramycin</i>	52
<i>tobramycin sulfate</i>	3
<i>tobramycin/dexamethasone</i>	49
<i>tolazamide</i>	22
<i>tolterodine tartrate</i>	37
<i>tolterodine tartrate er</i>	37
<i>topiramate</i>	6
<i>toremifene citrate</i>	12
<i>torseamide</i>	28
TOUJEO MAX SOLOSTAR	24
TOUJEO SOLOSTAR	24
TRADJENTA	22
<i>tramadol hcl</i>	2
<i>tramadol hydrochloride/acetaminophen</i>	2
<i>trandolapril</i>	26
<i>trandolapril/verapamil hcl er</i>	28
<i>tranexamic acid</i>	25
<i>tranylcyromine sulfate</i>	8
TRAZIMERA	15
<i>trazodone hydrochloride</i>	9
TRECTOR	12
TRELEGY ELLIPTA	52
TRELSTAR MIXJECT	43
TRESIBA	24
TRESIBA FLEXTOUCH	24
<i>tretinoin</i>	16
<i>tretinoin</i>	31

Drug Name	Page #
<i>tri femynor</i>	41
<i>triamcinolone acetonide</i>	32
<i>triamcinolone acetonide</i>	38
<i>triamcinolone acetonide dental paste</i>	31
<i>triamterene/hydrochlorothiazide</i>	28
<i>triderm</i>	32
<i>trientine hydrochloride</i>	34
<i>tri-estarylla</i>	41
<i>trifluoperazine hcl</i>	17
<i>trifluoperazine hydrochloride</i>	17
<i>trifluridine</i>	49
<i>trihexyphenidyl hydrochloride</i>	16
TRIJARDY XR	22
TRIKAFTA	52
<i>tri-linyah</i>	41
<i>trilyte</i>	35
<i>trimethoprim</i>	3
<i>tri-mili</i>	41
<i>trimipramine maleate</i>	9
<i>trinessa</i>	41
TRINTELLIX	9
<i>tri-nymyo</i>	41
<i>tri-previfem</i>	41
TRIPTODUR	43
<i>tri-sprintec</i>	41
TRIUMEQ	20
TRIUMEQ PD	20
<i>trivora-28</i>	41
<i>tri-vylibra</i>	41
TRIZIVIR	20
TROGARZO	20
<i>trospium chloride</i>	37
<i>trospium chloride er</i>	37
TRULICITY	22
TRUMENBA	47
TRUSELTIQ	13
TUKYSA	13
<i>tulana</i>	42
TURALIO	15
TWINRIX	47
TYBOST	20
TYMLOS	48
TYPHIM VI	47
TYSABRI	30
UBRELVY	11
UDENYCA	25
<i>ulticare micro pen needles/32g x 5/32"</i>	48
<i>unifine pentips 32gx6mm</i>	48

Drug Name	Page #
UNITHROID	43
<i>urea</i>	32
URSODIOL	35
<i>valacyclovir hcl</i>	21
<i>valacyclovir hydrochloride</i>	21
VALCHLOR	12
<i>valganciclovir</i>	19
<i>valganciclovir hydrochloride</i>	19
<i>valproic acid</i>	22
<i>valsartan</i>	25
<i>valsartan/hydrochlorothiazide</i>	28
VALTOCO 10 MG DOSE	7
VALTOCO 15 MG DOSE	7
VALTOCO 20 MG DOSE	7
VALTOCO 5 MG DOSE	7
<i>vancomycin hcl</i>	3
<i>vancomycin hydrochloride</i>	3
VANFLYTA	15
VAQTA	47
<i>varenicline starting month box</i>	3
<i>varenicline tartrate</i>	3
VARIVAX	47
VARIZIG	44
VAXELIS	47
VELPHORO	34
<i>veltassa</i>	34
VENCLEXTA	15
VENCLEXTA STARTING PACK	15
<i>venlafaxine hcl er</i>	9
<i>venlafaxine hydrochloride</i>	9
<i>venlafaxine hydrochloride er</i>	9
VENTAVIS	52
<i>verapamil hcl</i>	27
<i>verapamil hcl er</i>	27
<i>verapamil hcl sr</i>	27
<i>verapamil hydrochloride</i>	27
<i>verapamil hydrochloride er</i>	27
VERQUVO	29
VERSACLOZ	18
VERZENIO	15
V-GO 20	48
V-GO 30	48
V-GO 40	48
<i>vicodin hp</i>	2
VIDEX EC	20
VIDEX PEDIATRIC	20
<i>vienna</i>	41
<i>vigabatrin</i>	7

Drug Name	Page #
<i>vigadrone</i>	7
VIIBRYD STARTER PACK	9
<i>vilazodone hydrochloride</i>	9
VIMIZIM	36
<i>viorele</i>	41
VIRACEPT	21
VIREAD	20
VISTOGARD	48
VITRAKVI	15
VIVITROL	2
VIZIMPRO	15
VOCABRIA	19
<i>volnea</i>	41
VONJO	13
<i>voriconazole</i>	11
VOSEVI	19
VOTRIENT	15
VRAYLAR	18
VUMERITY	30
<i>vyfemla</i>	41
VYJUVEK	48
<i>vylibra</i>	41
VYNDAMAX	28
VYVGART HYTRULO	44
VYZULTA	50
<i>warfarin sodium</i>	24
WELIREG	15
<i>wera</i>	41
<i>wixela inhub</i>	53
XALKORI	15
XARELTO	24
XARELTO STARTER PACK	24
XATMEP	46
XCOPRI	6
XELJANZ	44
XELJANZ XR	44
XEMBIFY	44
XERMELO	35
XGEVA	48
XIFAXAN	35
XIGDUO XR	23
XIIDRA	49
XOFLUZA	21
XOLAIR	44
XOSPATA	15
XPOVIO	13
XPOVIO 100 MG ONCE WEEKLY	13
XPOVIO 40 MG ONCE WEEKLY	13

Drug Name	Page #
XPOVIO 40 MG TWICE WEEKLY	13
XPOVIO 60 MG ONCE WEEKLY	13
XPOVIO 60 MG TWICE WEEKLY	13
XPOVIO 80 MG ONCE WEEKLY	13
XPOVIO 80 MG TWICE WEEKLY	13
XTAMPZA ER	1
XTANDI	12
YF-VAX	47
YUFLYMA 1-PEN KIT	46
YUFLYMA 2-PEN KIT	46
YUFLYMA 2-SYRINGE KIT	46
YUPELRI	51
<i>yuvafem</i>	41
<i>zafirlukast</i>	51
<i>zaleplon</i>	53
ZARXIO	25
ZEJULA	15
ZELBORAF	15
<i>zenatane</i>	31
ZENPEP	37
ZEPOSIA	30
ZEPOSIA 7-DAY STARTER PACK	30
ZEPOSIA STARTER KIT	30
<i>zidovudine</i>	20
<i>ziprasidone hcl</i>	18
<i>ziprasidone mesylate</i>	18
ZIRGAN	49
ZOKINVY	37
ZOLINZA	13
<i>zolmitriptan</i>	11
<i>zolpidem tartrate</i>	53
<i>zolpidem tartrate er</i>	53
ZONISADE	8
<i>zonisamide</i>	8
<i>zovia 1/35</i>	41
<i>zovia 1/35e</i>	41
ZTALMY	30
ZYDELIG	15
ZYKADIA	15
ZYLET	49
ZYPREXA RELPREVV	18

This formulary is effective as of January 1, 2024.
For more recent information or other questions, please
contact the HOP Administration Unit at 1-800-773-7725, or
for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET,
Monday - Friday, or visit HOPbenefits.com.

**THE VALUE MEDICARE Rx OPTION (PDP) IS A STAND-ALONE PRESCRIPTION
DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN THE
VALUE MEDICARE Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL.
CMS CONTRACT NUMBER: E3014; FORMULARY ID: 24071**

