

Health Options Program

Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option

(List of Covered Drugs; also called the Drug List)

2026

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

This Prescription Drug Formulary for the Medicare Plus Rx Option (PDP) is effective as of August 5, 2025. 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 to Friday, or visit **HOPbenefits.com**.

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 **Medicare Plus Rx Option**, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call Optum Rx for more information.

Important message about what you pay for vaccines: The **Medicare Plus Rx Option** covers most Part D vaccines at no cost to you, even if you haven't paid your annual deductible. Call Optum Rx for more information.

MEMBER SERVICES

For help or information about prescription drugs, call **Optum Rx**.

Phone: 1-888-239-1301 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Hours: 24 hours a day, seven days a week

For help or information about enrollment, billing, or ID cards, call the **HOP Administration Unit**, or go to our plan website at **HOPbenefits.com**.

Phone: 1-800-773-7725 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday–Friday, 8:00 a.m. to 8:00 p.m.

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 Medicare Plus Rx Option.

This document includes the Drug List for our plan, which is effective as of August 5, 2025. 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 or coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Medicare Plus Rx Option Comprehensive Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs, selected for the Medicare Plus 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 Medicare Plus 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 Optum Rx 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 Medicare Plus Rx Option only. If you are enrolled in the Medicare Standard 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **HOPbenefits.com**.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand-name drug or adding certain new biosimilar versions of an original biological product that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception for you and continue to cover the drug that

is being changed. For more information, see the section titled “How do I request an exception to the Medicare Plus Rx Option’s Formulary?”

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

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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Medicare Plus Rx Option Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means that these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 5, 2025. To get updated information about the drugs covered by the Medicare Plus 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 for the Medicare Plus Rx Option 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 85. 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 Medicare Plus 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 work just as well as, and usually cost less than, brand-name drugs. There are generic drug substitutes available for many brand-name drugs. Generic drugs usually can be substituted for the brand-name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For a discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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):** Medicare Plus Rx Option requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from the Medicare Plus Rx Option before you fill your prescriptions. If you don't get approval, the Medicare Plus Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Medicare Plus Rx Option limits the amount of the drug that the Medicare Plus Rx Option will cover. For example, the Medicare Plus Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, Optum Rx 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 Medicare Plus Rx Option requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Medicare Plus Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your 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 a document online 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 Medicare Plus 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 Medicare Plus Rx Option Formulary?” below for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx 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 Medicare Plus Rx Option does not cover your drug, you have two options:

- You can ask Optum Rx for a list of similar drugs that are covered by the Medicare Plus 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 below for information about how to request an exception.

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

You can ask the Medicare Plus 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 predetermined 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare Plus 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.

- 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.

Generally, the Medicare Plus 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) 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 your being:

- 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 Medicare Plus Rx Option and filled at a network pharmacy.

For More Information

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

Medicare-Excluded Drugs Covered Under the Medicare Plus Rx Option Only (Bonus Drug List)

Certain Medicare-excluded drugs are covered under the Medicare Plus Rx Option. A list of these drugs can be found beginning on page 112. This is also called the Bonus Drug List.

How to Read the Medicare Plus Rx Option Prescription Drug Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by the Medicare Plus Rx Option. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

The information in the Requirements/Limits column tells you whether the Medicare Plus 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 Medicare Plus Rx Option.

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

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

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

2026 Medicare Plus Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$200 before the Medicare Plus Rx Option pays any portion of your Tier 3, 4, or 5 prescription drug costs.
- Tier 1 and Tier 2 generics are excluded from the deductible.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$4 for up to a 30-day supply (and a maximum of \$12 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$10 for up to a 30-day supply (and a maximum of \$30 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 20% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

NON-PREFERRED DRUGS (TIER 4)

- In Initial Coverage, you'll pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 30% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.*
- Specialty drugs are limited to a 30-day supply.

** Refer to page 112 for the Bonus Drug List.*

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX TABS 50MG	3	QL (30 EA per 90 days)
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL (60 EA per 30 days)
DAYPRO TABS 600MG	4	
DICLOFENAC EPOLAMINE PTCH 1.3%	3	QL (60 EA per 30 days) PA
diclofenac potassium caps 25mg	2	
diclofenac potassium pack 50mg	2	
diclofenac potassium tabs 50mg	2	
diclofenac potassium tabs 25mg	5	NDS
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
diclofenac sodium er tb24 100mg	2	
diclofenac sodium/misoprostol tbec 50mg; 200mcg, 75mg; 200mcg	2	
diclofenac sodium external soln 1.5%	2	PA
diclofenac sodium external soln 2%	5	PA NDS
diflunisal tabs 500mg	2	
DOLOBID TABS 250MG	3	
DOLOBID TABS 375MG	5	NDS
ELYXYB SOLN 120MG/4.8ML	3	QL (144 ML per 30 days) PA
etodolac er tb24 400mg, 500mg, 600mg	2	
etodolac caps 200mg, 300mg	2	
etodolac tabs 400mg, 500mg	2	
FENOPRON CAPS 300MG	3	
FLURBIPROFEN TABS 100MG	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg, 600mg	1	
ibuprofen tabs 800mg	2	
ibu tabs 600mg	1	
ibu tabs 800mg	2	
indomethacin er cpcr 75mg	2	
indomethacin caps 25mg, 50mg	1	
indomethacin supp 50mg	5	NDS
indomethacin susp 25mg/5ml	5	NDS
KETOPROFEN ER CP24 200MG	2	
KETOPROFEN CAPS 50MG	2	
ketorolac tromethamine tabs 10mg	2	QL (20 EA per 30 days)
LODINE TABS 400MG	4	
MECLOFENAMATE SODIUM CAPS 100MG, 50MG	2	
meloxicam tabs 15mg, 7.5mg	1	
nabumetone tabs 500mg, 750mg	2	
naproxen dr tbec 375mg, 500mg	2	
naproxen sodium er tb24 375mg, 500mg, 750mg	2	
naproxen sodium tabs 275mg, 550mg	2	
naproxen susp 125mg/5ml	2	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	2	
piroxicam caps 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tabs 150mg, 200mg</i>	2	
TOLMETIN SODIUM CAPS 400MG	2	
TOLMETIN SODIUM TABS 600MG	2	
Opioid Analgesics, Long-acting		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days)
BELBUCA FILM 750MCG, 900MCG	5	QL (60 EA per 30 days) NDS
<i>buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	2	QL (4 EA per 28 days)
BUTRANS PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR	4	QL (4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	2	
<i>fentanyl pt72 87.5mcg/hr</i>	5	NDS
HYDROCODONE BITARTRATE ER CP12 10MG, 15MG, 20MG, 30MG, 40MG, 50MG	2	
HYDROCODONE BITARTRATE ER T24A 120MG	5	NDS
<i>hydrocodone bitartrate er t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	
<i>hydrocodone bitartrate er t24a 100mg</i>	5	NDS
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	2	
<i>hydromorphone hydrochloride er tb24 32mg</i>	2	
HYSINGLA ER T24A 20MG, 30MG, 40MG	4	ST
HYSINGLA ER T24A 100MG, 60MG, 80MG	5	ST NDS
METHADONE HCL SOLN 10MG/5ML, 5MG/5ML	2	
<i>methadone hcl tabs 10mg, 5mg</i>	2	
MORPHINE SULFATE ER CP24 100MG, 10MG, 120MG, 20MG, 30MG, 45MG, 50MG, 60MG, 75MG, 80MG, 90MG	2	
<i>morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg</i>	2	
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	NDS
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG	3	ST
OXYCONTIN T12A 40MG, 60MG, 80MG	5	ST NDS
OXYMORPHONE HYDROCHLORIDE ER TB12 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	2	
OXYMORPHONE HYDROCHLORIDEER TB12 40MG	2	
<i>tramadol hydrochloride er tb24 100mg, 200mg, 300mg</i>	2	
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	
ACETAMINOPHEN/CODEINE SOLN 120MG/5ML; 12MG/5ML	1	
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg</i>	2	
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 2 30mg</i>	2	
<i>butorphanol tartrate soln 10mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULFATE TABS 15MG, 60MG	2	PA
<i>codeine sulfate tabs 30mg</i>	2	
DEMEROL INJ 25MG/ML, 50MG/ML	4	
DILAUDID LIQD 1MG/ML	4	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	PA
FIORICET/CODEINE CAPS 300MG; 50MG; 40MG; 30MG	4	
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN 300MG/15ML; 10MG/15ML	2	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	PA
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	
HYDROCODONE/IBUPROFEN TABS 10MG; 200MG, 5MG; 200MG	2	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl inj 10mg/ml</i>	2	PA
<i>hydromorphone hcl liqd 1mg/ml</i>	2	
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	2	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	
<i>meperidine hcl inj 100mg/ml, 25mg/ml, 50mg/ml</i>	2	PA
MEPERIDINE HCL ORAL SOLN 50MG/5ML	2	
<i>meperidine hydrochloride tabs 50mg</i>	2	
<i>morphine sulfate soln 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	2	
<i>morphine sulfate tabs 15mg, 30mg</i>	2	NDS
NUCYNTA TABS 50MG, 75MG	4	
NUCYNTA TABS 100MG	5	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 325MG/5ML; 5MG/5ML	3	
<i>oxycodone hydrochloride caps 5mg</i>	2	NDS
<i>oxycodone hydrochloride conc 100mg/5ml</i>	2	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	2	
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	
OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 5 300MG; 5MG	5	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxymorphone hydrochloride tabs 10mg, 5mg</i>	2	
<i>pentazocine/naloxone hcl tabs 0.5mg; 50mg</i>	2	
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	NDS
TRAMADOL HYDROCHLORIDE TABS 25MG	2	
<i>tramadol hydrochloride tabs 50mg</i>	1	
<i>tramadol hydrochloride tabs 100mg, 75mg</i>	2	

Anesthetics

Local Anesthetics

<i>lidocaine hydrochloride soln 4%</i>	2	QL (250 ML per 30 days) PA
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	2	QL (30 GM per 30 days)
<i>lidocaine ptch 5%</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lidocan ptch 5%</i>	4	PA
<i>tridacaine ii ptch 5%</i>	4	PA
ZTLIDO PTCH 1.8%	3	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	2	
<i>disulfiram tabs 250mg, 500mg</i>	2	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
VIVITROL INJ 380MG	5	NDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	
<i>lofexidine hydrochloride tabs 0.18mg</i>	5	QL (224 EA per 14 days) NDS
SUBOXONE FILM 12MG; 3MG, 2MG; 0.5MG, 4MG; 1MG, 4MG; 2MG	4	
ZUBSOLV SUBL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	ST
ZUBSOLV SUBL 11.4MG; 2.9MG	4	ST
Opioid Reversal Agents		
KLOXXADO LIQD 8MG/0.1ML	3	
NALOXONE HYDROCHLORIDE INJ 0.4MG/ML	2	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	2	
OPVEE SOLN 2.7MG/0.1ML	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
TYRVAYA SOLN 0.03MG/ACT	4	QL (8.4 ML per 30 days)
<i>varenicline starting month tbpk 0</i>	2	QL (504 EA per 365 days)
VARENICLINE TARTRATE TABS 0.5MG, 1MG	2	QL (504 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	2	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 500mg/2ml</i>	2	
ARIKAYCE SUSP 590MG/8.4ML	5	PA NDS
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
HUMATIN CAPS 250MG	5	NDS
ISOTONIC GENTAMICIN INJ 0.8MG/ML; 0.9%	2	
<i>neomycin sulfate tabs 500mg</i>	2	
STREPTOMYCIN SULFATE INJ 1GM	5	NDS
TOBRAMYCIN SULFATE INJ 10MG/ML	2	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	
ZEMDRI INJ 500MG/10ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
Antibacterials, Other		
AMZEEQ FOAM 4%	3	
AZACTAM INJ 1GM, 2GM	4	
aztreonam inj 1gm, 2gm	2	
CLEOCIN PEDIATRIC GRANULES SOLR 75MG/5ML	4	
CLEOCIN PHOSPHATE INJ 900MG/6ML	4	
CLEOCIN CAPS 150MG, 300MG, 75MG	4	
CLEOCIN CREA 2%	4	
CLEOCIN SUPP 100MG	3	
clindacin etz pledgets swab 1%	2	
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg, 75mg	2	
clindamycin palmitate hydrochloride solr 75mg/5ml	2	
clindamycin phosphate/dextrose inj 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%	2	
clindamycin phosphate crea 2%	2	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate swab 1%	2	
colistimethate sodium inj 150mg	5	NDS
DALVANCE INJ 500MG	5	NDS
DAPTOMYCIN INJ 350MG	5	NDS
daptomycin inj 500mg	5	NDS
FIRVANQ SOLR 25MG/ML, 50MG/ML	3	
fosfomycin tromethamine pack 3gm	2	
IMPAVIDO CAPS 50MG	5	NDS
linezolid inj 600mg/300ml	2	
linezolid susr 100mg/5ml	5	QL (1800 ML per 28 days) NDS
linezolid tabs 600mg	1	QL (56 EA per 28 days)
MACROBID CAPS 100MG	4	
MACRODANTIN CAPS 100MG, 25MG, 50MG	4	
methenamine hippurate tabs 1gm	4	
metronidazole vaginal gel 0.75%	2	
metronidazole caps 375mg	2	
metronidazole inj 500mg/100ml	2	
metronidazole tabs 250mg	1	
metronidazole tabs 125mg, 500mg	2	
nitrofurantoin macrocrystals caps 100mg, 25mg, 50mg	2	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
NITROFURANTOIN SUSP 50MG/5ML	5	NDS
nitrofurantoin susp 25mg/5ml	5	NDS
polymyxin b sulfate inj 500000unit	2	
SIVEXTRO INJ 200MG	5	QL (6 EA per 30 days) NDS
SOLOSEC PACK 2GM	3	
tigecycline inj 50mg	2	
tinidazole tabs 250mg, 500mg	2	
trimethoprim tabs 100mg	1	
TYGACIL INJ 50MG	5	NDS
vancomycin hcl inj 10gm	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride caps 125mg</i>	2	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	2	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm, 500mg, 750mg</i>	2	
<i>vancomycin hydrochloride oral solr 250mg/5ml, 25mg/ml</i>	2	
VANDAZOLE GEL 0.75%	3	
XACIATO GEL 2%	3	
ZYVOX INJ 600MG/300ML	4	
ZYVOX SUSR 100MG/5ML	4	QL (1800 ML per 28 days)
Beta-lactam, Cephalosporins		
AVYCAZ INJ 0.5GM; 2GM	5	NDS
CEFACLOR ER TB12 500MG	2	
CEFACLOR CAPS 250MG, 500MG	2	
CEFACLOR SUSR 250MG/5ML	2	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml, 500mg/5ml</i>	2	
CEFADROXIL TABS 1GM	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime inj 1gm, 2gm</i>	2	
<i>cefixime caps 400mg</i>	2	
<i>cefixime susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
CEFPODOXIME PROXETIL SUSR 100MG/5ML, 50MG/5ML	2	
<i>cefpodoxime proxetil tabs 100mg, 200mg</i>	2	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefprozil tabs 250mg, 500mg</i>	2	
CEFTAZIDIME INJ 6GM	2	
<i>ceftazidime inj 1gm, 2gm</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin caps 750mg</i>	2	
<i>cephalexin susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cephalexin tabs 250mg, 500mg</i>	2	
TAZICEF INJ 6GM	2	
<i>tazicef inj 1gm, 2gm</i>	2	
TEFLARO INJ 400MG, 600MG	5	NDS
ZERBAXA INJ 1GM; 0.5GM	5	NDS
ZEVTERA INJ 500MG	5	NDS
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12 1000MG; 62.5MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin caps 250mg, 500mg</i>	1	
AMOXICILLIN CHEW 125MG, 250MG	1	
<i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg, 875mg</i>	1	
<i>ampicillin sodium inj 10gm, 1gm</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	1	
AUGMENTIN ES-600 SUSR 600MG/5ML; 42.9MG/5ML	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	2	
<i>nafcilin sodium inj 10gm, 1gm, 2gm</i>	2	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML	3	
<i>penicillin g potassium inj 20000000unit</i>	2	
PENICILLIN G SODIUM INJ 5000000UNIT	5	NDS
PENICILLIN V POTASSIUM SOLR 250MG/5ML	1	
PENICILLIN V POTASSIUM SOLR 125MG/5ML	2	
<i>penicillin v potassium tabs 250mg, 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	2	
UNASYN BULK PACK INJ 10GM; 5GM	4	
UNASYN INJ 2GM; 1GM	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	3	
Carbapenems		
<i>ertapenem sodium inj 1gm</i>	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	2	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	2	
INVANZ INJ 1GM	4	
<i>meropenem inj 1gm, 500mg</i>	2	
PRIMAXIN IV INJ 500MG; 500MG	4	
VABOMERE INJ 1GM; 1GM	5	NDS
Macrolides		
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin er tb24 500mg</i>	2	
CLARITHROMYCIN SUSR 125MG/5ML, 250MG/5ML	2	
<i>clarithromycin tabs 250mg, 500mg</i>	2	
DIFICID SUSR 40MG/ML	5	NDS
DIFICID TABS 200MG	5	NDS
E.E.S. 400 TABS 400MG	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythromycin base tabs 250mg, 500mg</i>	2	
ERYTHROMYCIN DR CPEP 250MG	2	
<i>erythromycin dr tbec 250mg, 333mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tabs 400mg</i>	2	
ZITHROMAX TRI-PAK TABS 500MG	4	
ZITHROMAX Z-PAK TABS 250MG	4	
ZITHROMAX INJ 500MG	4	
ZITHROMAX SUSR 100MG/5ML, 200MG/5ML	4	
ZITHROMAX TABS 250MG, 500MG	4	
Quinolones		
BAXDELA INJ 300MG	5	NDS
BAXDELA TABS 450MG	5	NDS
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
CIPROFLOXACIN I.V.-IN D5W INJ 200MG/100ML; 5%	2	
CIPRO SUSR 500MG/5ML, 5GM/100ML	3	
CIPRO TABS 250MG, 500MG	4	
<i>levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM	2	
HYDROCHLORIDE INJ 400MG/250ML; 0.8%		
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
OFLOXACIN TABS 300MG	2	
<i>ofloxacin tabs 400mg</i>	2	
Sulfonamides		
BACTRIM DS TABS 800MG; 160MG	4	
BACTRIM TABS 400MG; 80MG	4	
KLARON LOTN 10%	4	
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfadiazine tabs 500mg</i>	2	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	2	
<i>doxy 100 inj 100mg</i>	2	
DOXYCYCLINE HYCLATE DR TBEC 80MG	3	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	2	
<i>doxycycline hyclate tabs 150mg, 75mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 150mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 150mg, 50mg, 75mg</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg, 75mg</i>	2	
MINOCYCLINE HYDROCHLORIDE ER TB24 135MG, 45MG, 55MG, 90MG	2	
<i>minocycline hydrochloride er tb24 105mg, 115mg, 65mg, 80mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>minocycline hydrochloride tabs 50mg</i>	2	
NUZYRA INJ 100MG	5	NDS
NUZYRA TABS 150MG	5	QL (30 EA per 14 days) NDS
SEYSARA TABS 100MG, 150MG, 60MG	5	NDS
<i>tetracycline hydrochloride caps 250mg, 500mg</i>	2	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLN 10MG/ML	5	PA NDS
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	PA NDS
EPIDIOLEX SOLN 100MG/ML	5	PA NDS
EPRONTIA SOLN 25MG/ML	3	
<i>felbamate susp 600mg/5ml</i>	2	
<i>felbamate tabs 400mg, 600mg</i>	2	
FINTEPLA SOLN 2.2MG/ML	5	PA NDS
FYCOMPA SUSP 0.5MG/ML	5	NDS
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT 0	3	
<i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	2	
<i>lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg</i>	2	
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 0</i>	5	NDS
<i>lamotrigine starter kit/orange kit 0</i>	2	
<i>lamotrigine titration kit 0</i>	2	
<i>lamotrigine chew 25mg, 5mg</i>	2	
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tb24 500mg, 750mg</i>	2	
<i>levetiracetam soln 100mg/ml</i>	2	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 750mg</i>	2	
LEVETIRACETAM TB3D 250MG	3	
NAYZILAM SOLN 5MG/0.1ML	3	QL (10 EA per 30 days)
<i>roweepra tabs 500mg</i>	1	
SPRITAM TB3D 1000MG, 250MG, 500MG, 750MG	3	
<i>subvenite starter kit/blue kit 25mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/green kit 0</i>	2	NDS
<i>subvenite starter kit/orange kit 0</i>	2	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate er cp24 100mg, 25mg, 50mg</i>	2	
<i>topiramate er cp24 200mg</i>	5	NDS
<i>topiramate er cs24 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	
<i>topiramate csp 15mg, 25mg, 50mg</i>	2	
<i>topiramate tabs 25mg, 50mg</i>	1	
<i>topiramate tabs 100mg, 200mg</i>	2	
<i>valproic acid caps 250mg</i>	2	
<i>valproic acid soln 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide caps 250mg</i>	2	
<i>ethosuximide soln 250mg/5ml</i>	2	
<i>methsuximide caps 300mg</i>	2	
ZARONTIN CAPS 250MG	4	
ZARONTIN SOLN 250MG/5ML	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp 2.5mg/ml</i>	2	
<i>clobazam tabs 10mg, 20mg</i>	2	
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE ER TB24 250MG, 500MG	4	
DEPAKOTE TBEC 125MG, 250MG, 500MG	4	
DIACOMIT CAPS 250MG, 500MG	5	PA NDS
DIACOMIT PACK 250MG, 500MG	5	PA NDS
DIAZEPAM RECTAL GEL GEL 2.5MG	2	
<i>diazepam rectal gel gel 10mg, 20mg</i>	2	
<i>divalproex sodium dr csdr 125mg</i>	2	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tb24 250mg, 500mg</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 100mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	2	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)
GABARONE TABS 400MG	5	QL (270 EA per 30 days) ST
GABARONE TABS 100MG	5	QL (540 EA per 30 days) ST
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 100mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	2	QL (900 ML per 30 days)
PRIMIDONE TABS 125MG	2	
<i>primidone tabs 250mg, 50mg</i>	2	
SYMPAZAN FILM 10MG, 20MG, 5MG	5	NDS
<i>tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg</i>	2	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL (10 EA per 30 days) NDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL (10 EA per 30 days) NDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL (10 EA per 30 days) NDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL (10 EA per 30 days) NDS
<i>vigabatrin pack 500mg</i>	5	PA NDS
<i>vigabatrin tabs 500mg</i>	5	PA NDS
<i>vigadrone pack 500mg</i>	5	PA NDS
<i>vigadrone tabs 500mg</i>	5	PA NDS
VIGAFYDE SOLN 100MG/ML	5	PA NDS
<i>vigpoder pack 500mg</i>	5	PA NDS
ZTALMY SUSP 50MG/ML	5	PA NDS
Sodium Channel Agents		
APTiom TABS 200MG, 400MG, 600MG, 800MG	5	NDS
BANZEL SUSP 40MG/ML	5	NDS
BANZEL TABS 200MG, 400MG	5	NDS
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	2	
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine chew 200mg</i>	2	
<i>carbamazepine susp 100mg/5ml</i>	2	
<i>carbamazepine tabs 200mg</i>	2	
CARBATROL CP12 100MG, 200MG, 300MG	4	
DILANTIN CAPS 30MG	3	
<i>epitol tabs 200mg</i>	2	
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	2	
<i>lacosamide soln 10mg/ml</i>	2	
<i>lacosamide tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>oxcarbazepine er tb24 150mg, 300mg</i>	2	
<i>oxcarbazepine er tb24 600mg</i>	5	NDS
<i>oxcarbazepine susp 300mg/5ml</i>	2	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	2	
OXTELLAR XR TB24 150MG, 300MG	3	
OXTELLAR XR TB24 600MG	5	NDS
<i>phenytek caps 200mg, 300mg</i>	4	
<i>phenytoin sodium extended caps 100mg</i>	2	
<i>phenytoin chew 50mg</i>	2	
<i>phenytoin susp 125mg/5ml</i>	2	
<i>rufinamide susp 40mg/ml</i>	5	NDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	5	NDS
TEGRETOL-XR TB12 100MG, 200MG, 400MG	4	
TEGRETOL TABS 200MG	4	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN 10MG/ML	5	NDS
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	NDS
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	5	PA NDS
XCOPRI TBPk 0	3	PA
XCOPRI TBPk 0	5	PA NDS
ZONISADE SUSP 100MG/5ML	3	ST
zonisamide caps 100mg, 25mg, 50mg	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	2	QL (30 EA per 30 days)
NAMZARIC CP24 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	QL (30 EA per 30 days) ST
<i>Cholinesterase Inhibitors</i>		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	2	
donepezil hcl tbdp 10mg, 5mg	2	
donepezil hydrochloride tabs 5mg	1	
galantamine hydrobromide er cp24 16mg, 24mg, 8mg	2	
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	2	
galantamine hydrobromide tabs 12mg, 4mg, 8mg	2	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	2	
rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	2	
ZUNVEYL TBEC 10MG	3	ST
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
memantine hcl titration pak tabs 0	2	
memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg	2	QL (30 EA per 30 days)
memantine hydrochloride soln 2mg/ml	2	
memantine hydrochloride tabs 10mg, 5mg	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TBCR 105MG; 45MG	5	QL (60 EA per 30 days) ST NDS
bupropion hydrochloride er (sr) tb12 200mg	1	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 150mg	2	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 100mg	2	QL (90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) ST
bupropion hydrochloride er (xl) tb24 300mg	2	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL (90 EA per 30 days)
bupropion hydrochloride tabs 100mg, 75mg	2	
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG, 25MG; 10MG	2	
mirtazapine odt tbdp 15mg, 30mg, 45mg	2	
mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg	2	
olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	2	QL (30 EA per 30 days)
olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG, 10MG; 4MG, 25MG; 2MG, 25MG; 4MG, 50MG; 4MG	2	
QUETIAPINE FUMARATE TABS 150MG	2	QL (90 EA per 30 days)
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	4	ST
REMERON TABS 15MG, 30MG	4	ST
ZURZUVAE CAPS 30MG	5	QL (14 EA per 14 days) PA NDS
ZURZUVAE CAPS 20MG, 25MG	5	QL (28 EA per 14 days) PA NDS
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) ST NDS
MARPLAN TABS 10MG	3	ST
NARDIL TABS 15MG	4	ST
<i>phenelzine sulfate tabs 15mg</i>	2	
<i>tranylcypromine sulfate tabs 10mg</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
CELEXA TABS 10MG, 20MG, 40MG	4	ST
CITALOPRAM HYDROBROMIDE CAPS 30MG	3	ST
<i>citalopram hydrobromide soln 10mg/5ml</i>	2	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days) ST
<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	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (90 EA per 30 days)
DULOXETINE HYDROCHLORIDE DR CPEP 40MG	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	2	
<i>escitalopram oxalate tabs 10mg, 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	2	
FETZIMA TITRATION PACK C4PK 0	3	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST
FLUOXETINE DR CPDR 90MG	2	QL (4 EA per 28 days)
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	2	
FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG	2	
<i>fluoxetine hydrochloride tabs 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate er cp24 100mg, 150mg</i>	2	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 100mg, 25mg, 50mg</i>	2	
NEFAZODONE HYDROCHLORIDE TABS 100MG, 150MG, 200MG, 250MG, 50MG	2	
<i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i>	2	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	2	
PAROXETINE HYDROCHLORIDE SUSP 10MG/5ML	2	
<i>paroxetine hydrochloride tabs 10mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine caps 7.5mg</i>	2	QL (30 EA per 30 days)
PAXIL CR TB24 12.5MG, 25MG, 37.5MG	4	ST
PAXIL TABS 10MG, 20MG, 30MG, 40MG	4	ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days) ST
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days) ST
RALDESY SOLN 10MG/ML	5	NDS
<i>sertraline hcl conc 20mg/ml</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPS 150MG, 200MG	3	ST
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 300mg, 50mg</i>	2	
TRINTELLIX TABS 10MG, 20MG, 5MG	3	QL (30 EA per 30 days) ST
VENLAFAXINE BESYLATE ER TB24 112.5MG	3	ST
<i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24 150mg, 225mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
VIIIBRYD TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST
VILAZODONE HYDROCHLORIDE TABS 10MG, 20MG, 40MG	2	QL (30 EA per 30 days) ST
Tricyclics		
<i>amitriptyline hcl tabs 150mg</i>	2	
<i>amitriptyline hydrochloride tabs 10mg, 25mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 50mg, 75mg</i>	2	
<i>amoxapine tabs 100mg, 150mg, 25mg, 50mg</i>	2	
<i>clomipramine hydrochloride caps 25mg, 50mg, 75mg</i>	2	
<i>desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc 10mg/ml</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate caps 100mg, 125mg, 150mg, 75mg</i>	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln 10mg/5ml</i>	2	
<i>nortriptyline hydrochloride caps 10mg</i>	1	
<i>nortriptyline hydrochloride caps 50mg</i>	2	
<i>protriptyline hcl tabs 10mg, 5mg</i>	2	
<i>trimipramine maleate caps 100mg, 25mg, 50mg</i>	2	
Antiemetics		
Antiemetics, Other		
BONJESTA TBCR 20MG; 20MG	3	QL (60 EA per 30 days)
<i>compro supp 25mg</i>	2	
DICLEGIS TBEC 10MG; 10MG	4	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine succinate/pyridoxine hydrochloride tbec 10mg; 10mg</i>	2	QL (120 EA per 30 days)
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>prochlorperazine maleate tabs 10mg, 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg</i>	2	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride supp 25mg</i>	2	
<i>promethazine hydrochloride tabs 12.5mg, 25mg, 50mg</i>	2	
PROMETHEGAN SUPP 50MG	2	
<i>promethegan supp 25mg</i>	2	
<i>scopolamine pt72 1mg/3days</i>	2	
<i>trimethobenzamide hydrochloride caps 300mg</i>	2	B/D
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
<i>dronabinol caps 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	2	QL (60 EA per 30 days) PA
EMEND BIPACK CAPS 80MG	4	QL (8 EA per 30 days) B/D
EMEND TRIPACK CAPS 0	4	QL (6 EA per 30 days) B/D
EMEND SUSR 125MG/5ML	3	QL (6 EA per 30 days) B/D
<i>granisetron hydrochloride tabs 1mg</i>	2	QL (30 EA per 30 days) B/D
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln 4mg/5ml</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	B/D
VARUBI TBPK 90MG	3	QL (4 EA per 28 days) B/D
Antifungals		
Antifungals		
ABELCET INJ 5MG/ML	3	B/D
AMBISOME INJ 50MG	5	B/D NDS
<i>amphotericin b liposome inj 50mg</i>	5	B/D NDS
AMPHOTERICIN B INJ 50MG	2	B/D
ANCOBON CAPS 250MG, 500MG	5	NDS
<i>caspofungin acetate inj 50mg, 70mg</i>	2	
<i>clotrimazole crea 1%</i>	1	QL (90 GM per 30 days)
<i>clotrimazole soln 1%</i>	2	QL (60 ML per 30 days)
<i>clotrimazole troc 10mg</i>	2	
CRESEMBA CAPS 186MG, 74.5MG	5	PA NDS
DIFLUCAN SUSR 40MG/ML	4	
<i>econazole nitrate crea 1%</i>	2	
ERAXIS INJ 50MG	3	
ERAXIS INJ 100MG	5	NDS
EXELDERM CREA 1%	3	
EXELDERM SOLN 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	2	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	2	
<i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine caps 250mg, 500mg</i>	5	NDS
<i>griseofulvin microsize susp 125mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>griseofulvin ultramicrosize tabs 165mg</i>	5	NDS
GYNAZOLE-1 CREA 2%	3	
<i>itraconazole caps 100mg</i>	2	PA
<i>itraconazole soln 10mg/ml</i>	5	PA NDS
<i>ketoconazole crea 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole foam 2%</i>	2	
<i>ketoconazole sham 2%</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
LULICONAZOLE CREA 1%	3	
<i>micafungin inj 100mg, 50mg</i>	2	
MICONAZOLE 3 SUPP 200MG	2	
MYCAMINE INJ 50MG	4	
<i>naftifine hydrochloride crea 1%, 2%</i>	2	
<i>naftifine hydrochloride gel 2%</i>	2	
NOXAFIL PACK 300MG	5	PA NDS
NOXAFIL SUSP 40MG/ML	5	PA NDS
<i>nyamyc powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	2	
<i>nystop powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>oxiconazole nitrate crea 1%</i>	2	QL (90 GM per 30 days)
<i>posaconazole dr tbec 100mg</i>	5	PA NDS
<i>posaconazole susp 40mg/ml</i>	5	PA NDS
SPORANOX CAPS 100MG	5	PA NDS
<i>tavaborole soln 5%</i>	2	PA
<i>terbinafine hcl tabs 250mg</i>	2	QL (84 EA per 180 days)
<i>terconazole crea 0.4%, 0.8%</i>	2	
<i>terconazole supp 80mg</i>	2	
VFEND IV INJ 200MG	4	PA
VFEND SUSR 40MG/ML	5	NDS
VFEND TABS 50MG	4	
<i>voriconazole inj 200mg</i>	5	PA NDS
<i>voriconazole susr 40mg/ml</i>	5	NDS
<i>voriconazole tabs 200mg, 50mg</i>	2	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>allopurinol tabs 200mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine caps 0.6mg</i>	3	
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	2	
MITIGARE CAPS 0.6MG	3	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	
<i>probenecid tabs 500mg</i>	2	
ULORIC TABS 40MG, 80MG	4	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 28 days) PA
AJOVY INJ 225MG/1.5ML	3	QL (4.5 ML per 84 days) PA
EMGALITY INJ 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
NURTEC TBDP 75MG	5	QL (18 EA per 30 days) PA NDS
QULIPTA TABS 10MG, 30MG, 60MG	5	QL (30 EA per 30 days) PA NDS
UBRELVY TABS 100MG, 50MG	5	QL (16 EA per 30 days) PA NDS
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL (8 ML per 30 days) PA NDS
ERGOMAR SUBL 2MG	5	NDS
ERGOTAMINE TARTRATE/CAFFEINE TABS 100MG; 1MG	2	QL (24 EA per 28 days)
MIGERGOT SUPP 100MG; 2MG	5	QL (20 EA per 28 days) NDS
TRUDHESA AERS 0.725MG/ACT	5	QL (12 ML per 28 days) PA NDS
Prophylactic		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan tabs 12.5mg, 6.25mg</i>	2	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	2	QL (12 EA per 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	2	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	5	QL (5 ML per 30 days) NDS
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	5	QL (5 ML per 30 days) NDS
IMITREX TABS 100MG, 25MG, 50MG	4	QL (9 EA per 30 days)
MAXALT-MLT TBDP 10MG	4	QL (18 EA per 30 days)
MAXALT TABS 10MG	4	QL (18 EA per 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	2	QL (9 EA per 30 days)
ONZETRA XSAIL EXHP 11MG/NOSEPC	5	QL (16 EA per 30 days) NDS
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg, 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium tabs 500mg; 85mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act, 5mg/act</i>	2	QL (12 EA per 30 days)
SYMBRAVO TABS 20MG; 10MG	3	QL (9 EA per 28 days) ST
TREXIMET TABS 500MG; 85MG	5	QL (9 EA per 30 days) NDS
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
ZOLMITRIPTAN SOLN 2.5MG	3	QL (18 EA per 30 days)
<i>zolmitriptan soln 5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg</i>	2	QL (12 EA per 30 days)
ZOMIG SOLN 2.5MG	3	QL (18 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er tbc 180mg</i>	2	
<i>pyridostigmine bromide soln 60mg/5ml</i>	2	
PYRIDOSTIGMINE BROMIDE TABS 30MG	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	2	
EMROSI CP24 40MG	5	NDS
PRETOMANID TABS 200MG	3	
<i>rifabutin caps 150mg</i>	2	
ZILXI FOAM 1.5%	3	
<i>Antituberculars</i>		
CYCLOSERINE CAPS 250MG	5	NDS
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	2	
<i>isoniazid syrp 50mg/5ml</i>	2	
<i>isoniazid tabs 100mg, 300mg</i>	1	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifampin caps 150mg, 300mg</i>	2	
<i>rifampin inj 600mg</i>	2	
SIRTURO TABS 100MG, 20MG	5	NDS
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide caps 25mg, 50mg</i>	2	B/D
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	3	B/D
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN TABS 2MG	5	NDS
MATULANE CAPS 50MG	5	NDS
VALCHLOR GEL 0.016%	5	PA NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	2	PA
<i>abiraterone acetate tabs 500mg</i>	5	PA NDS
<i>abirtega tabs 250mg</i>	2	PA
<i>bicalutamide tabs 50mg</i>	2	
CASODEX TABS 50MG	5	NDS
ERLEADA TABS 240MG, 60MG	5	PA NDS
EULEXIN CAPS 125MG	3	
NILANDRON TABS 150MG	5	NDS
<i>nilutamide tabs 150mg</i>	5	NDS
NUBEQA TABS 300MG	5	PA NDS
XTANDI CAPS 40MG	5	PA NDS
XTANDI TABS 40MG, 80MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
YONSA TABS 125MG	5	PA NDS
Antiangiogenic Agents		
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA NDS
POMALYST CAPS 3MG, 4MG	5	PA NDS
POMALYST CAPS 1MG, 2MG	5	QL (30 EA per 30 days) PA NDS
REVLIMID CAPS 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG	5	PA NDS
THALOMID CAPS 100MG, 50MG	5	PA NDS
Antiestrogens/Modifiers		
ORSERDU TABS 345MG, 86MG	5	PA NDS
SOLTAMOX SOLN 10MG/5ML	5	NDS
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	
<i>toremifene citrate tabs 60mg</i>	5	NDS
Antimetabolites		
HYDREA CAPS 500MG	4	
<i>hydroxyurea caps 500mg</i>	2	
<i>mercaptopurine susp 2000mg/100ml</i>	5	NDS
<i>mercaptopurine tabs 50mg</i>	2	
PURIXAN SUSP 2000MG/100ML	5	NDS
TABLOID TABS 40MG	5	NDS
XROMI SOLN 100MG/ML	5	PA
Antineoplastics, Other		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA NDS
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NDS
INREBIC CAPS 100MG	5	PA NDS
ITOVEBI TABS 9MG	5	PA
ITOVEBI TABS 3MG	5	QL (60 EA per 30 days) PA NDS
IWILFIN TABS 192MG	5	PA NDS
KISQALI FEMARA 400 DOSE TBP 2.5MG; 200MG	5	PA NDS
KISQALI FEMARA 600 DOSE TBP 2.5MG; 200MG	5	PA NDS
LAZCLUZE TABS 240MG	5	PA NDS
LAZCLUZE TABS 80MG	5	QL (60 EA per 30 days) PA NDS
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	2	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA NDS
LYSODREN TABS 500MG	5	NDS
OGSIVEO TABS 100MG, 150MG, 50MG	5	PA NDS
OJEMDA SUSR 25MG/ML	5	PA NDS
OJEMDA TABS 100MG	5	PA NDS
ONUREG TABS 200MG, 300MG	5	PA NDS
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA NDS
VONJO CAPS 100MG	5	PA NDS
ZOLINZA CAPS 100MG	5	PA NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs 1mg</i>	2	
AROMASIN TABS 25MG	5	NDS
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>Molecular Target Inhibitors</i>		
ALECENSA CAPS 150MG	5	PA NDS
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA NDS
ALUNBRIG TBPk 0	5	QL (60 EA per 365 days) PA NDS
AUGTYRO CAPS 160MG, 40MG	5	PA NDS
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA NDS
BALVERSA TABS 3MG, 4MG, 5MG	5	PA NDS
BOSULIF CAPS 100MG, 50MG	5	PA NDS
BOSULIF TABS 100MG, 400MG, 500MG	5	PA NDS
BRAFTOVI CAPS 75MG	5	PA NDS
BRUKINSA CAPS 80MG	5	PA NDS
CABOMETYX TABS 40MG, 60MG	5	PA NDS
CABOMETYX TABS 20MG	5	QL (30 EA per 30 days) PA NDS
CALQUENCE TABS 100MG	5	PA NDS
CAPRELSA TABS 300MG	5	PA NDS
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA NDS
COMETRIQ KIT 0, 20MG	5	PA NDS
COPIKTRA CAPS 15MG, 25MG	5	PA NDS
COTELLIC TABS 20MG	5	PA NDS
DANZITEN TABS 71MG, 95MG	5	PA NDS
<i>dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA NDS
DAURISMO TABS 100MG, 25MG	5	PA NDS
ERIVEDGE CAPS 150MG	5	PA NDS
<i>erlotinib hydrochloride tabs 100mg, 150mg, 25mg</i>	5	PA NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NDS
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA NDS
FRUZAQLA CAPS 1MG, 5MG	5	PA NDS
GAVRETO CAPS 100MG	5	PA NDS
<i>gefitinib tabs 250mg</i>	5	PA NDS
GILOTRIF TABS 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA NDS
GOMEKLI CAPS 1MG, 2MG	5	PA NDS
GOMEKLI TBSO 1MG	5	PA NDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NDS
ICLUSIG TABS 30MG, 45MG	5	PA NDS
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA NDS
IDHIFA TABS 100MG, 50MG	5	QL (30 EA per 30 days) PA NDS
<i>imatinib mesylate tabs 100mg, 400mg</i>	2	PA NDS
IMBRUVICA CAPS 140MG	5	QL (120 EA per 30 days) PA NDS
IMBRUVICA CAPS 70MG	5	QL (28 EA per 28 days) PA NDS
IMBRUVICA SUSP 70MG/ML	5	PA NDS
IMBRUVICA TABS 420MG	5	PA NDS
IMBRUVICA TABS 140MG, 280MG	5	QL (28 EA per 28 days) PA NDS
IMKELDI SOLN 80MG/ML	5	PA NDS
INLYTA TABS 1MG, 5MG	5	PA NDS
INQOVI TABS 100MG; 35MG	5	PA NDS
IRESSA TABS 250MG	5	PA NDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA NDS
JAYPIRCA TABS 100MG	5	PA NDS
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA NDS
KISQALI TBPK 200MG	5	PA NDS
KOSELUGO CAPS 10MG, 25MG	5	PA NDS
KRAZATI TABS 200MG	5	PA NDS
<i>lapatinib ditosylate tabs 250mg</i>	5	PA NDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA NDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA NDS
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA NDS
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA NDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA NDS
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA NDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA NDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA NDS
LORBRENA TABS 100MG, 25MG	5	PA NDS
LUMAKRAS TABS 120MG, 240MG, 320MG	5	PA NDS
LYNPARZA TABS 100MG, 150MG	5	PA NDS
LYTGOBI TBPK 4MG	5	PA NDS
MEKINIST SOLR 0.05MG/ML	5	PA NDS
MEKINIST TABS 0.5MG, 2MG	5	PA NDS
MEKTOVI TABS 15MG	5	PA NDS
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA NDS
NEXAVAR TABS 200MG	5	PA NDS
<i>nilotinib hydrochloride caps 150mg, 200mg, 50mg</i>	5	PA NDS
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA NDS
ODOMZO CAPS 200MG	5	PA NDS
OJJAARA TABS 100MG, 200MG	5	PA NDS
OJJAARA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
<i>pazopanib hydrochloride tabs 200mg</i>	5	PA NDS
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	QL (30 EA per 30 days) PA NDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA NDS
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA NDS
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA NDS
QINLOCK TABS 50MG	5	PA NDS
RETEVMO TABS 120MG, 160MG	5	PA NDS
RETEVMO TABS 80MG	5	QL (60 EA per 30 days) PA
RETEVMO TABS 40MG	5	QL (90 EA per 30 days) PA NDS
REZLIDHIA CAPS 150MG	5	PA NDS
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	PA NDS
ROZLYTREK CAPS 100MG, 200MG	5	PA NDS
ROZLYTREK PACK 50MG	5	PA NDS
RUBRACA TABS 250MG, 300MG	5	PA NDS
RUBRACA TABS 200MG	5	QL (120 EA per 30 days) PA NDS
RYDAPT CAPS 25MG	5	PA NDS
SCEMBLIX TABS 100MG	5	QL (120 EA per 30 days) PA NDS
SCEMBLIX TABS 40MG	5	QL (240 EA per 30 days) PA NDS
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
<i>sorafenib tosylate tabs 200mg</i>	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 100MG, 140MG, 20MG, 50MG, 70MG, 80MG	5	PA NDS
STIVARGA TABS 40MG	5	PA NDS
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA NDS
TABRECTA TABS 150MG, 200MG	5	QL (120 EA per 30 days) PA NDS
TAFINLAR CAPS 50MG, 75MG	5	PA NDS
TAFINLAR TBSO 10MG	5	PA NDS
TAGRISSO TABS 80MG	5	PA NDS
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA NDS
TALZENNA CAPS 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA NDS
TASIGNA CAPS 150MG, 200MG, 50MG	5	PA NDS
TAZVERIK TABS 200MG	5	PA NDS
TEPMETKO TABS 225MG	5	PA NDS
TIBSOVO TABS 250MG	5	PA NDS
<i>torpenz tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NDS
TRUQAP TABS 160MG, 200MG	5	PA NDS
TUKYSA TABS 150MG, 50MG	5	PA NDS
TURALIO CAPS 125MG	5	PA NDS
VANFLYTA TABS 17.7MG, 26.5MG	5	PA NDS
VENCLEXTA STARTING PACK TBPk 0	5	PA NDS
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA NDS
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA NDS
VIJOICE PACK 50MG	5	QL (28 EA per 28 days) PA NDS
VIJOICE TBPk 125MG, 50MG	5	QL (28 EA per 28 days) PA NDS
VIJOICE TBPk 0	5	QL (56 EA per 28 days) PA NDS
VITRAKVI CAPS 100MG, 25MG	5	PA NDS
VITRAKVI SOLN 20MG/ML	5	PA NDS
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA NDS
VOTRIENT TABS 200MG	5	PA NDS
XALKORI CAPS 200MG, 250MG	5	PA NDS
XALKORI CPSP 150MG, 20MG, 50MG	5	PA NDS
XOSPATA TABS 40MG	5	PA NDS
XPOVIO 60 MG TWICE WEEKLY TBPk 20MG	5	PA NDS
XPOVIO 80 MG TWICE WEEKLY TBPk 20MG	5	PA NDS
XPOVIO TBPk 10MG, 40MG, 50MG, 60MG	5	PA NDS
ZEJULA TABS 200MG, 300MG	5	PA NDS
ZEJULA TABS 100MG	5	QL (30 EA per 30 days) PA NDS
ZELBORAF TABS 240MG	5	PA NDS
ZYDELIG TABS 100MG, 150MG	5	PA NDS
ZYKADIA TABS 150MG	5	PA NDS
Retinoids		
<i>bexarotene caps 75mg</i>	5	PA NDS
<i>bexarotene gel 1%</i>	5	PA NDS
PANRETIN GEL 0.1%	5	NDS
<i>tretinoin caps 10mg</i>	5	NDS
Treatment Adjuncts		
<i>mesna tabs 400mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MESNEX TABS 400MG	5	NDS
VORANIGO TABS 40MG	5	PA NDS
VORANIGO TABS 10MG	5	QL (60 EA per 30 days) PA NDS
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tabs 200mg</i>	2	
EMVERM CHEW 100MG	5	NDS
<i>ivermectin tabs 3mg, 6mg</i>	2	PA
<i>praziquantel tabs 600mg</i>	2	
STROMECTOL TABS 3MG	4	PA
<i>Antiprotozoals</i>		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	2	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	2	
<i>atovaquone susp 750mg/5ml</i>	2	
CHLOROQUINE PHOSPHATE TABS 250MG	2	
<i>chloroquine phosphate tabs 500mg</i>	2	
COARTEM TABS 20MG; 120MG	3	
DARAPRIM TABS 25MG	5	PA NDS
<i>hydroxychloroquine sulfate tabs 100mg, 200mg, 300mg, 400mg</i>	2	
KRINTAFEL TABS 150MG	3	
LAMPIT TABS 120MG, 30MG	3	
MALARONE TABS 250MG; 100MG, 62.5MG; 25MG	4	
<i>mefloquine hydrochloride tabs 250mg</i>	2	
MEPRON SUSP 750MG/5ML	5	NDS
NEBUPENT SOLR 300MG	4	B/D
<i>nitazoxanide tabs 500mg</i>	5	NDS
PENTAM 300 INJ 300MG	4	
<i>pentamidine isethionate inj 300mg</i>	2	
<i>pentamidine isethionate inhalation solr 300mg</i>	2	B/D
PLAQUENIL TABS 200MG	3	
<i>primaquine phosphate tabs 26.3mg</i>	2	
<i>pyrimethamine tabs 25mg</i>	5	PA NDS
<i>quinine sulfate caps 324mg</i>	2	PA
SOVUNA TABS 200MG, 300MG	3	
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 0.5mg, 2mg</i>	2	
TRIHXYPHENIDYL HCL SOLN 0.4MG/ML	2	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	2	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	2	
<i>entacapone tabs 200mg</i>	2	
GOCOVRI CP24 137MG, 68.5MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
NOURIANZ TABS 20MG, 40MG	5	PA NDS
ONGENTYS CAPS 50MG	3	ST
ONGENTYS CAPS 25MG	4	ST
TASMAR TABS 100MG	5	QL (180 EA per 30 days) NDS
<i>tolcapone tabs 100mg</i>	5	QL (180 EA per 30 days) NDS
Dopamine Agonists		
<i>apomorphine hydrochloride inj 30mg/3ml</i>	5	QL (90 ML per 30 days) PA NDS
<i>bromocriptine mesylate caps 5mg</i>	2	
<i>bromocriptine mesylate tabs 2.5mg</i>	2	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	
PARLODEL CAPS 5MG	4	
PARLODEL TABS 2.5MG	4	
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg</i>	2	
<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 er tbcr 25mg; 100mg, 50mg; 200mg</i>	2	
CARBIDOPA/LEVODOPA ODT TBDP 10MG; 100MG, 25MG; 100MG, 25MG; 250MG	2	
<i>carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tabs 25mg</i>	2	
DUOPA SUSP 4.63MG/ML; 20MG/ML	5	PA NDS
INBRIJA CAPS 42MG	5	PA NDS
RYTARY CPCP 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	
SINEMET TABS 25MG; 100MG	3	
SINEMET TABS 10MG; 100MG	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs 0.5mg, 1mg</i>	2	
<i>selegiline hcl caps 5mg</i>	2	
<i>selegiline hcl tabs 5mg</i>	2	
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HYDROCHLORIDE CONC 100MG/ML, 30MG/ML	2	
<i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>	2	
<i>fluphenazine decanoate inj 25mg/ml</i>	2	
FLUPHENAZINE HCL CONC 5MG/ML	2	
FLUPHENAZINE HYDROCHLORIDE ELIX 2.5MG/5ML	2	
FLUPHENAZINE HYDROCHLORIDE INJ 2.5MG/ML	2	
<i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	2	
HALDOL DECANOATE 100 INJ 100MG/ML	4	
<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	2	
<i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>	2	
PIMOZIDE TABS 1MG, 2MG	2	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJ 720MG/2.4ML, 960MG/3.2ML	5	NDS
ABILIFY MAINTENA INJ 300MG, 400MG	5	NDS
<i>aripiprazole odt tbdp 10mg, 15mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	2	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL (30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	NDS
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NDS
<i>asenapine maleate sl subl 10mg, 2.5mg, 5mg</i>	2	QL (60 EA per 30 days)
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) PA NDS
FANAPT TITRATION PACK A TABS 0	3	QL (16 EA per 365 days) ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST NDS
GEODON INJ 20MG	4	QL (60 EA per 30 days)
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	ST NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	ST NDS
INVEGA TB24 3MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) NDS
LATUDA TABS 80MG	5	QL (60 EA per 30 days) NDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	2	QL (60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPS 34MG	5	PA NDS
NUPLAZID TABS 10MG	5	PA NDS
<i>olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
OPIPZA FILM 2MG	5	QL (30 EA per 30 days) PA NDS
OPIPZA FILM 10MG, 5MG	5	QL (90 EA per 30 days) PA NDS
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
PERSERIS INJ 120MG, 90MG	5	NDS
<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, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	NDS
RISPERDAL SOLN 1MG/ML	4	QL (240 ML per 30 days)
RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (60 EA per 30 days)
<i>risperidone er inj 12.5mg, 25mg</i>	2	
<i>risperidone er inj 37.5mg, 50mg</i>	5	NDS
RISPERIDONE ODT TBDP 0.25MG	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) ST NDS
SEROQUEL TABS 300MG, 400MG	4	QL (60 EA per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	QL (90 EA per 30 days)
UZEDY INJ 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML, 50MG/0.14ML, 75MG/0.21ML	5	ST NDS
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) NDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate inj 20mg</i>	2	QL (60 EA per 30 days)
ZYPREXA INJ 10MG	4	
Treatment-Resistant		
CLOZAPINE ODT TBDP 12.5MG	2	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	2	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
CLOZARIL TABS 25MG	4	QL (270 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days) NDS
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days) NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen soln 10mg/5ml</i>	3	ST
<i>baclofen soln 5mg/5ml</i>	5	ST NDS
<i>baclofen susp 25mg/5ml</i>	5	NDS
<i>baclofen tabs 10mg, 15mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps 100mg, 25mg, 50mg</i>	2	
OZOBAX DS SOLN 10MG/5ML	5	ST NDS
SOHONOS CAPS 5MG	5	QL (112 EA per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
SOHONOS CAPS 2.5MG	5	QL (224 EA per 28 days) PA NDS
SOHONOS CAPS 1.5MG	5	QL (364 EA per 28 days) PA NDS
SOHONOS CAPS 10MG	5	QL (56 EA per 28 days) PA NDS
SOHONOS CAPS 1MG	5	QL (560 EA per 28 days) PA NDS
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 4mg, 6mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
ZANAFLEX TABS 4MG	4	ST
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY TABS 200MG	5	NDS
PREVYMIS PACK 20MG	3	
PREVYMIS PACK 120MG	5	
PREVYMIS TABS 240MG, 480MG	5	NDS
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	NDS
<i>valganciclovir tabs 450mg</i>	2	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tabs 10mg</i>	2	
BARACLUDE SOLN 0.05MG/ML	5	QL (600 ML per 30 days) NDS
<i>entecavir tabs 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY TABS 25MG	5	NDS
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACK 200MG; 50MG	5	QL (168 EA per 365 days) PA NDS
EPCLUSA PACK 150MG; 37.5MG	5	QL (84 EA per 365 days) PA NDS
EPCLUSA TABS 200MG; 50MG	5	QL (168 EA per 365 days) PA NDS
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
HARVONI PACK 33.75MG; 150MG	5	QL (168 EA per 365 days) PA NDS
HARVONI PACK 45MG; 200MG	5	QL (336 EA per 365 days) PA NDS
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
HARVONI TABS 45MG; 200MG	5	QL (336 EA per 365 days) PA NDS
LEDIPASVIR/SOFOSBUVIR TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
MAVYRET PACK 50MG; 20MG	5	QL (560 EA per 365 days) PA NDS
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA NDS
RIBAVIRIN CAPS 200MG	2	
RIBAVIRIN TABS 200MG	2	
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
SOVALDI PACK 150MG	5	QL (168 EA per 365 days) PA NDS
SOVALDI PACK 200MG	5	QL (336 EA per 365 days) PA NDS
SOVALDI TABS 200MG, 400MG	5	QL (336 EA per 365 days) PA NDS
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA NDS
ZEPATIER TABS 50MG; 100MG	5	QL (112 EA per 365 days) PA NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL (30 EA per 30 days) NDS
DOVATO TABS 50MG; 300MG	5	QL (30 EA per 30 days) NDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days) NDS
ISENTRESS HD TABS 600MG	5	QL (60 EA per 30 days) NDS
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) NDS
ISENTRESS PACK 100MG	5	QL (60 EA per 30 days) NDS
ISENTRESS TABS 400MG	5	QL (60 EA per 30 days) NDS
JULUCA TABS 50MG; 25MG	5	QL (30 EA per 30 days) NDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days) NDS
TIVICAY PD TBSO 5MG	5	QL (180 EA per 30 days) NDS
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days) NDS
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (30 EA per 30 days) NDS
EDURANT TABS 25MG	5	QL (30 EA per 30 days) NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	2	QL (30 EA per 30 days) NDS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABS 400MG; 300MG; 300MG	5	QL (30 EA per 30 days) NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days) NDS
<i>efavirenz tabs 600mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>etravirine tabs 100mg, 200mg</i>	5	QL (60 EA per 30 days) NDS
INTELENCE TABS 25MG	3	QL (120 EA per 30 days)
<i>nevirapine er tb24 400mg</i>	2	QL (30 EA per 30 days)
NEVIRAPINE SUSP 50MG/5ML	2	QL (1200 ML per 30 days)
<i>nevirapine tabs 200mg</i>	2	QL (60 EA per 30 days)
PIFELTRO TABS 100MG	5	QL (30 EA per 30 days) NDS
SYMFI TABS 600MG; 300MG; 300MG	5	QL (30 EA per 30 days) NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	2	QL (30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	2	QL (960 ML per 30 days)
<i>abacavir tabs 300mg</i>	2	QL (60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	5	QL (30 EA per 30 days) NDS
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine caps 200mg</i>	2	QL (30 EA per 30 days)
EMTRIVA CAPS 200MG	4	QL (30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	3	QL (850 ML per 30 days)
EPIVIR SOLN 10MG/ML	4	QL (960 ML per 30 days)
EPIVIR TABS 300MG	4	QL (30 EA per 30 days)
EPIVIR TABS 150MG	4	QL (60 EA per 30 days)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine soln 10mg/ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine tabs 300mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days) NDS
RETROVIR CAPS 100MG	4	QL (180 EA per 30 days)
RETROVIR SYRP 50MG/5ML	4	QL (1920 ML per 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	2	QL (30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	3	QL (180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days) NDS
VIREAD POWD 40MG/GM	5	QL (240 GM per 30 days) NDS
VIREAD TABS 150MG, 200MG, 250MG	5	QL (30 EA per 30 days) NDS
ZIAGEN SOLN 20MG/ML	4	QL (960 ML per 30 days)
<i>zidovudine caps 100mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine syrp 50mg/5ml</i>	2	QL (1920 ML per 30 days)
<i>zidovudine tabs 300mg</i>	2	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
<i>maraviroc tabs 300mg</i>	5	QL (120 EA per 30 days) NDS
<i>maraviroc tabs 150mg</i>	5	QL (60 EA per 30 days) NDS
RUKOBIA TB12 600MG	5	QL (60 EA per 30 days) NDS
SELZENTRY SOLN 20MG/ML	5	NDS
SUNLENCA TABS 300MG	5	QL (24 EA per 168 days) NDS
SUNLENCA TBPK 300MG	5	QL (10 EA per 365 days) NDS
SUNLENCA TBPK 300MG	5	QL (8 EA per 365 days) NDS
TYBOST TABS 150MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	QL (120 EA per 30 days) NDS
<i>atazanavir sulfate caps 300mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir caps 150mg</i>	2	
<i>atazanavir caps 200mg</i>	2	QL (60 EA per 30 days)
<i>darunavir tabs 600mg</i>	2	QL (60 EA per 30 days)
<i>darunavir tabs 800mg</i>	5	QL (30 EA per 30 days) NDS
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days) NDS
<i>fosamprenavir calcium tabs 700mg</i>	5	QL (120 EA per 30 days) NDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
KALETRA TABS 200MG; 50MG	2	
KALETRA TABS 100MG; 25MG	4	
<i>lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg</i>	2	
NORVIR PACK 100MG	3	QL (360 EA per 30 days)
NORVIR TABS 100MG	4	QL (360 EA per 30 days)
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days) NDS
PREZISTA SUSP 100MG/ML	5	QL (400 ML per 30 days) NDS
PREZISTA TABS 75MG	3	QL (300 EA per 30 days)
PREZISTA TABS 150MG	5	QL (180 EA per 30 days) NDS
REYATAZ CAPS 300MG	5	QL (30 EA per 30 days) NDS
REYATAZ CAPS 200MG	5	QL (60 EA per 30 days) NDS
REYATAZ PACK 50MG	5	QL (180 EA per 30 days) NDS
<i>ritonavir tabs 100mg</i>	2	QL (360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days) NDS
VIRACEPT TABS 625MG	5	QL (120 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250MG	5	QL (300 EA per 30 days) NDS
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
amantadine hcl tabs 100mg	2	
oseltamivir phosphate caps 75mg	2	QL (110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL (168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL (84 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	2	QL (1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	3	QL (240 EA per 365 days)
RIMANTADINE HYDROCHLORIDE TABS 100MG	2	
TAMIFLU CAPS 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days)
TAMIFLU CAPS 45MG	4	QL (84 EA per 365 days)
TAMIFLU SUSR 6MG/ML	4	QL (1080 ML per 365 days)
XOFLUZA TBPB 40MG, 80MG	3	
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	2	B/D
acyclovir caps 200mg	1	
acyclovir susp 200mg/5ml	2	
acyclovir tabs 800mg	1	
acyclovir tabs 400mg	2	
famciclovir tabs 125mg, 250mg, 500mg	2	
valacyclovir hydrochloride tabs 1gm, 500mg	2	QL (120 EA per 30 days)
Antiviral, Coronavirus Agents		
PAXLOVID TBPB 150MG; 100MG	3	QL (11 EA per 5 days)
PAXLOVID TBPB 150MG; 100MG	3	QL (20 EA per 5 days); \$0 Copay
PAXLOVID TBPB 150MG; 100MG	3	QL (30 EA per 5 days); \$0 Copay
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	2	
buspirone hydrochloride tabs 10mg, 30mg	1	
buspirone hydrochloride tabs 5mg, 7.5mg	2	
meprobamate tabs 200mg, 400mg	2	
Benzodiazepines		
alprazolam er tb24 2mg	2	QL (150 EA per 30 days)
alprazolam er tb24 0.5mg, 1mg	2	QL (30 EA per 30 days)
alprazolam er tb24 3mg	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	
alprazolam odt tbdp 0.25mg, 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam odt tbdp 2mg	2	QL (150 EA per 30 days)
alprazolam tabs 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam tabs 2mg	1	QL (150 EA per 30 days)
chlordiazepoxide hcl caps 10mg	1	QL (900 EA per 30 days)
chlordiazepoxide hcl caps 5mg	2	QL (120 EA per 30 days)
chlordiazepoxide hydrochloride caps 25mg	1	QL (360 EA per 30 days)
clorazepate dipotassium tabs 15mg	2	QL (180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	2	QL (360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	2	QL (720 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol conc 5mg/ml</i>	2	
<i>diazepam soln 5mg/5ml</i>	2	
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	2	
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	QL (120 EA per 30 days)
VALIUM TABS 10MG	4	QL (120 EA per 30 days)
VALIUM TABS 5MG	4	QL (240 EA per 30 days)
VALIUM TABS 2MG	4	QL (300 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO CP12 100MG, 200MG, 300MG	3	
<i>lithium carbonate er tbc 300mg, 450mg</i>	2	
LITHIUM CARBONATE CAPS 600MG	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 100mg, 25mg, 50mg</i>	2	
ALOGLIPTIN/METFORMIN HCL TABS 12.5MG; 500MG	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABS 12.5MG; 1000MG	3	ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
ALOGLIPTIN TABS 12.5MG, 25MG, 6.25MG	3	QL (30 EA per 30 days) ST
CYCLOSET TABS 0.8MG	3	
DUETACT TABS 2MG; 30MG, 4MG; 30MG	4	
GLIMEPIRIDE TABS 3MG	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 2.5mg, 5mg</i>	1	
<i>glipizide er tb24 10mg</i>	2	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 250mg, 5mg; 500mg</i>	2	
GLIPIZIDE TABS 2.5MG	2	
<i>glipizide tabs 10mg, 5mg</i>	1	
GLUCOTROL XL TB24 10MG, 5MG	4	
GLYBURIDE MICRONIZED TABS 1.5MG, 3MG	1	
GLYBURIDE MICRONIZED TABS 6MG	2	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg</i>	1	
<i>glyburide tabs 5mg</i>	2	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	
JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABS 100MG, 25MG, 50MG	3	QL (30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG	3	
<i>liraglutide inj 6mg/ml</i>	3	QL (9 ML per 30 days) PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	PA
<i>metformin hydrochloride soln 500mg/5ml</i>	2	
METFORMIN HYDROCHLORIDE TABS 750MG	5	PA
METFORMIN HYDROCHLORIDE TABS 625MG	5	PA NDS
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MIGLITOL TABS 100MG, 25MG, 50MG	2	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA
<i>nateglinide tabs 60mg</i>	1	
<i>nateglinide tabs 120mg</i>	2	
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg, 4mg; 30mg</i>	2	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide tabs 1mg</i>	1	
<i>repaglinide tabs 0.5mg, 2mg</i>	2	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg, 1000mg; 5mg, 500mg; 5mg</i>	2	
<i>saxagliptin hydrochloride tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days)
SEGLUROMET TABS 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	ST
SOLQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	
STEGLUJAN TABS 15MG; 100MG, 5MG; 100MG	3	ST
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	PA NDS
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	PA NDS
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	QL (30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days) PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
XULTOPHY 100/3.6 INJ 100UNIT/ML; 3.6MG/ML	3	
ZITUVIMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	ST
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	5	NDS
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	2	
GVOKE HYOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM SUSP 50MG/ML	5	NDS
ZEGALOGUE INJ 0.6MG/0.6ML	3	ST
Insulins		
ADMELOG SOLOSTAR INJ 100UNIT/ML	4	ST
ADMELOG INJ 100UNIT/ML	4	ST
AFREZZA POWD 4UNIT, 8UNIT	3	PA
AFREZZA POWD 0, 12UNIT	5	PA NDS
APIDRA SOLOSTAR INJ 100UNIT/ML	3	
APIDRA INJ 100UNIT/ML	3	
BASAGLAR KWIKPEN INJ 100UNIT/ML	3	ST
BASAGLAR TEMPO PEN INJ 100UNIT/ML	3	ST
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	5	NDS
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	5	NDS
HUMULIN R INJ 100UNIT/ML	3	
INSULIN GLARGINE-YFGN INJ 100UNIT/ML	3	ST
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJ 100UNIT/ML	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJ 100UNIT/ML	3	
MERIOLOG SOLOSTAR INJ 100UNIT/ML	3	ST
MERIOLOG INJ 100UNIT/ML	3	ST
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
REZVOGLAR KWIKPEN INJ 100UNIT/ML	3	ST
SEMGLEE INJ 100UNIT/ML	3	ST
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	

Blood Products and Modifiers

Anticoagulants

ARIXTRA INJ 2.5MG/0.5ML	4	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	NDS
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	2	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TBPK 5MG	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 inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NDS
FRAGMIN INJ 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>jantoven tabs 1mg, 7.5mg</i>	2	
LOVENOX INJ 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	

Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJ 100MG/ML	5	NDS
PRADAXA CAPS 110MG, 150MG, 75MG	4	QL (60 EA per 30 days)
<i>rivaroxaban tabs 2.5mg</i>	2	QL (360 EA per 30 days)
SAVAYSA TABS 15MG, 30MG, 60MG	4	QL (30 EA per 30 days)
<i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>warfarin sodium tabs 1mg, 7.5mg</i>	2	
XARELTO STARTER PACK TBPK 0	3	QL (102 EA per 365 days)
XARELTO SUSR 1MG/ML	3	QL (600 ML per 30 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 2.5MG	3	QL (360 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
ALVAIZ TABS 18MG, 36MG, 54MG, 9MG	5	PA NDS
<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA NDS
<i>eltrombopag olamine pack 12.5mg, 25mg</i>	5	PA NDS
<i>eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg</i>	5	PA NDS
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA CAPS 200MG	5	QL (60 EA per 30 days) PA NDS
FULPHILA INJ 6MG/0.6ML	5	PA NDS
FYLNETRA INJ 6MG/0.6ML	5	PA NDS
GRANIX INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	ST NDS
LEUKINE INJ 250MCG	5	PA NDS
MIRCERA INJ 100MCG/0.3ML, 200MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	PA
MULPLETA TABS 3MG	5	PA NDS
NEULASTA INJ 6MG/0.6ML	5	PA NDS
NEUPOGEN INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	ST NDS
NIVESTYM INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	NDS
NYVEPRIA INJ 6MG/0.6ML	5	PA NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA NDS
PROMACTA PACK 12.5MG, 25MG	5	PA NDS
PROMACTA TABS 12.5MG, 25MG, 50MG, 75MG	5	PA NDS
RELEUKO INJ 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNIT/ML	5	PA NDS
STIMUFEND INJ 6MG/0.6ML	5	PA NDS
UDENYCA INJ 6MG/0.6ML	5	PA NDS
XOLREMDI CAPS 100MG	5	QL (120 EA per 30 days) PA NDS
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	NDS
ZIEXTENZO INJ 6MG/0.6ML	5	PA NDS
Hemostasis Agents		
tranexamic acid tabs 650mg	2	
Platelet Modifying Agents		
aspirin/dipyridamole er cp12 25mg; 200mg	2	
BRILINTA TABS 60MG, 90MG	3	
CABLIVI INJ 11MG	5	QL (30 EA per 30 days) PA NDS
cilostazol tabs 100mg, 50mg	1	
clopidogrel tabs 75mg	2	
dipyridamole tabs 25mg, 50mg, 75mg	2	
DOPTelet TABS 20MG	5	PA NDS
PLAVIX TABS 75MG	4	
prasugrel hydrochloride tabs 10mg, 5mg	2	
TAVALISSE TABS 100MG, 150MG	5	PA NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CLONIDINE HYDROCHLORIDE ER TB24 0.17MG	3	ST
clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg	1	
clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	2	
droxidopa caps 100mg	2	PA
droxidopa caps 200mg, 300mg	5	PA NDS
guanfacine hydrochloride tabs 1mg	1	
guanfacine hydrochloride tabs 2mg	2	
methyldopa tabs 250mg, 500mg	2	
midodrine hydrochloride tabs 10mg, 2.5mg, 5mg	2	
NEXICLON XR TB24 0.17MG	3	ST
Alpha-adrenergic Blocking Agents		
DIBENZYLINE CAPS 10MG	5	PA NDS
phenoxybenzamine hydrochloride caps 10mg	5	PA NDS
prazosin hydrochloride caps 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
ATACAND TABS 16MG, 32MG, 4MG, 8MG	4	
AVAPRO TABS 150MG, 300MG	4	
candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg	2	
COZAAR TABS 100MG, 25MG, 50MG	4	
EDARBI TABS 40MG, 80MG	3	
irbesartan tabs 150mg, 300mg, 75mg	2	
losartan potassium tabs 100mg, 25mg, 50mg	1	
olmesartan medoxomil tabs 20mg, 40mg, 5mg	2	
telmisartan tabs 20mg, 40mg, 80mg	2	
valsartan soln 4mg/ml	5	NDS
valsartan tabs 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs 25mg, 50mg</i>	1	
<i>captopril tabs 100mg, 12.5mg</i>	2	
<i>enalapril maleate soln 1mg/ml</i>	2	
<i>enalapril maleate tabs 10mg, 5mg</i>	1	
<i>enalapril maleate tabs 2.5mg, 20mg</i>	2	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 40mg</i>	2	
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	4	
<i>moexipril hydrochloride tabs 15mg, 7.5mg</i>	2	
PERINDOPRIL ERBUMINE TABS 2MG, 8MG	2	
<i>perindopril erbumine tabs 4mg</i>	2	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>quinapril hydrochloride tabs 20mg, 40mg, 5mg</i>	2	
<i>ramipril caps 10mg, 2.5mg, 5mg</i>	1	
<i>ramipril caps 1.25mg</i>	2	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 1mg, 4mg</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 100mg, 200mg, 400mg</i>	2	
DIGOXIN SOLN 0.05MG/ML	2	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>disopyramide phosphate caps 100mg, 150mg</i>	2	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	2	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	2	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	4	
<i>mexiletine hydrochloride caps 150mg, 200mg, 250mg</i>	2	
MULTAQ TABS 400MG	3	
NORPACE CR CP12 100MG, 150MG	3	
NORPACE CAPS 100MG, 150MG	4	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	4	
<i>propafenone hcl tabs 150mg</i>	2	
<i>propafenone hydrochloride er cp12 225mg, 325mg, 425mg</i>	2	
<i>propafenone hydrochloride tabs 225mg, 300mg</i>	2	
<i>quinidine gluconate cr tbc 324mg</i>	2	
QUINIDINE SULFATE TABS 200MG, 300MG	2	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tabs 80mg</i>	2	
SOTYLIZE SOLN 5MG/ML	3	
TIKOSYN CAPS 125MCG, 250MCG, 500MCG	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride caps 200mg</i>	1	
<i>acebutolol hydrochloride caps 400mg</i>	2	
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	2	
<i>carvedilol phosphate er cp24 10mg, 20mg, 40mg, 80mg</i>	2	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	2	
LOPRESSOR TABS 100MG, 50MG	4	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	2	
<i>pindolol tabs 10mg, 5mg</i>	2	
PROPRANOLOL HCL SOLN 40MG/5ML	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>	2	
PROPRANOLOL HYDROCHLORIDE SOLN 20MG/5ML	2	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tb24 10mg, 2.5mg, 5mg</i>	2	
<i>isradipine caps 2.5mg, 5mg</i>	2	
<i>nicardipine hcl caps 20mg, 30mg</i>	2	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	
<i>nifedipine caps 10mg, 20mg</i>	2	
<i>nimodipine caps 30mg</i>	2	
NISOLDIPINE ER TB24 20MG, 25.5MG, 30MG, 40MG	2	
NORVASC TABS 10MG	4	
NYMALIZE SOLN 6MG/ML	5	NDS
SULAR TB24 17MG, 34MG, 8.5MG	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA TB24 120MG	3	
CARDIZEM LA TB24 180MG, 240MG, 300MG, 360MG, 420MG	4	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl er cp12 120mg, 60mg, 90mg</i>	2	
<i>diltiazem hcl er cp24 420mg</i>	2	
<i>diltiazem hcl er tb24 420mg</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 90mg</i>	1	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	4	
<i>verapamil hcl er tbc 120mg</i>	2	
VERAPAMIL HCL SR CP24 360MG	2	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl sr cp24 120mg, 180mg, 240mg	2	
verapamil hcl tabs 80mg	1	
verapamil hcl tabs 40mg	2	
verapamil hydrochloride er cp24 100mg, 200mg, 300mg	2	
verapamil hydrochloride er tbcr 180mg, 240mg	2	
verapamil hydrochloride tabs 120mg	1	
VERELAN CP24 120MG, 180MG, 240MG, 360MG	4	
Cardiovascular Agents, Other		
aliskiren tabs 150mg, 300mg	2	
AMILORIDE/HYDROCHLOROTHIAZIDE TABS 5MG; 50MG	2	
amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 5mg; 10mg, 5mg; 20mg	1	
amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg, 2.5mg; 10mg, 5mg; 40mg	2	
amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	2	
amlodipine/olmesartan medoxomil tabs 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	2	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	2	
atenolol/chlorthalidone tabs 50mg; 25mg	1	
atenolol/chlorthalidone tabs 100mg; 25mg	2	
AVALIDE TABS 12.5MG; 150MG, 12.5MG; 300MG	4	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	2	
BENICAR HCT TABS 12.5MG; 20MG, 12.5MG; 40MG, 25MG; 40MG	4	
BIDIL TABS 37.5MG; 20MG	3	
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
CAMZYOS CAPS 10MG, 15MG, 2.5MG, 5MG	5	QL (30 EA per 30 days) PA NDS
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	2	
CORLANOR SOLN 5MG/5ML	3	QL (450 ML per 30 days)
CORLANOR TABS 5MG, 7.5MG	3	QL (60 EA per 30 days)
DEMSEER CAPS 250MG	5	PA NDS
DIOVAN HCT TABS 12.5MG; 160MG, 12.5MG; 320MG, 12.5MG; 80MG, 25MG; 160MG, 25MG; 320MG	4	
EDARBYCLOR TABS 40MG; 12.5MG, 40MG; 25MG	3	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg	1	
enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg	2	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL (60 EA per 30 days)
EXFORGE HCT TABS 10MG; 12.5MG; 160MG, 10MG; 25MG; 160MG, 10MG; 25MG; 320MG, 5MG; 12.5MG; 160MG, 5MG; 25MG; 160MG	4	
EXFORGE TABS 10MG; 160MG, 10MG; 320MG, 5MG; 160MG, 5MG; 320MG	4	
FILSPARI TABS 200MG, 400MG	5	QL (30 EA per 30 days) PA NDS
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg</i>	2	
HYZAAR TABS 12.5MG; 100MG, 12.5MG; 50MG, 25MG; 100MG	4	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 2 300mg</i>	2	
<i>isosorbide dinitrate/hydralazine hydrochloride tabs 37.5mg; 20mg</i>	2	
<i>ivabradine hydrochloride tabs 5mg, 7.5mg</i>	2	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
LODOCO TABS 0.5MG	3	PA
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 5MG; 20MG	4	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	2	
<i>metyrosine caps 250mg</i>	5	PA NDS
MICARDIS HCT TABS 12.5MG; 40MG, 12.5MG; 80MG, 25MG; 80MG	4	
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	3	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	2	
<i>pentoxifylline er tbc 400mg</i>	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABS 25MG; 20MG	2	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	2	
<i>ranolazine er tb12 1000mg, 500mg</i>	2	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	
TEKTURNA TABS 150MG, 300MG	4	
TELMISARTAN/AMLODIPINE TABS 10MG; 40MG, 10MG; 80MG, 5MG; 40MG, 5MG; 80MG	2	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 2 80mg, 25mg; 80mg</i>	2	
TENORETIC 100 TABS 100MG; 25MG	4	
TENORETIC 50 TABS 50MG; 25MG	4	

Drug Name	Drug Tier	Requirements/Limits
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR 1MG; 240MG, 2MG; 180MG, 2MG; 240MG, 4MG; 240MG	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i>	1	
TRIBENZOR TABS 10MG; 12.5MG; 40MG, 10MG; 25MG; 40MG, 5MG; 12.5MG; 20MG, 5MG; 12.5MG; 40MG, 5MG; 25MG; 40MG	4	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 80mg</i>	2	
VECAMEYL TABS 2.5MG	5	NDS
VYNDAMAX CAPS 61MG	5	QL (30 EA per 30 days) PA NDS
ZESTORETIC TABS 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	4	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	2	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 0.5mg, 2mg</i>	2	
EDECIN TABS 25MG	5	NDS
<i>ethacrynic acid tabs 25mg</i>	2	
FUROSCIX INJ 80MG/10ML	3	PA
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE ORAL SOLN 40MG/5ML	2	
<i>furosemide oral soln 10mg/ml</i>	2	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	4	
<i>torsemide tabs 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	2	
DYRENIUM CAPS 100MG, 50MG	4	
<i>triamterene caps 100mg, 50mg</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL SUSP 250MG/5ML	3	
HEMICLOR TABS 12.5MG	3	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	2	
INZIRQO SUSR 10MG/ML	3	PA
<i>metolazone tabs 10mg, 2.5mg, 5mg</i>	2	
THALITONE TABS 15MG	3	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
FENOFIBRATE CAPS 150MG, 50MG	2	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate tabs 54mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 145mg, 160mg, 48mg</i>	2	
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	2	
<i>gemfibrozil tabs 600mg</i>	2	
LOPID TABS 600MG	4	ST
Dyslipidemics, HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP 20MG/5ML	3	ST
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	2	
<i>fluvastatin caps 20mg, 40mg</i>	2	
LESCOL XL TB24 80MG	4	ST
LIVALO TABS 1MG, 2MG, 4MG	3	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	2	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	2	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	2	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	4	
ZYPITAMAG TABS 2MG, 4MG	3	ST
Dyslipidemics, Other		
<i>cholestyramine light pack 4gm</i>	2	
<i>cholestyramine pack 4gm</i>	2	
<i>colesevelam hydrochloride pack 3.75gm</i>	2	
<i>colesevelam hydrochloride tabs 625mg</i>	2	
COLESTID TABS 1GM	4	
<i>colestipol hydrochloride pack 5gm</i>	2	
<i>colestipol hydrochloride tabs 1gm</i>	2	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	
<i>ezetimibe tabs 10mg</i>	2	
<i>icosapent ethyl caps 0.5gm, 1gm</i>	2	
JUXTAPID CAPS 10MG, 5MG	5	QL (30 EA per 30 days) PA NDS
JUXTAPID CAPS 20MG, 30MG	5	QL (60 EA per 30 days) PA NDS
LOVAZA CAPS 375MG; 465MG; 1GM	4	
NEXLETOL TABS 180MG	3	QL (30 EA per 30 days) PA
NEXLIZET TABS 180MG; 10MG	3	QL (30 EA per 30 days) PA
<i>niacin er tbc 1000mg, 500mg, 750mg</i>	2	
NIACIN TABS 500MG	2	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	2	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL (2 ML per 28 days) PA
<i>prevalite pack 4gm</i>	2	
QUESTRAN LIGHT POWD 4GM/DOSE	4	
QUESTRAN POWD 4GM/DOSE	4	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	3	QL (3 ML per 28 days) PA
TRYNGOLZA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA NDS
VASCEPA CAPS 0.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS 1GM	4	
WELCHOL PACK 3.75GM	4	
WELCHOL TABS 625MG	4	
Mineralocorticoid Receptor Antagonists		
ALDACTONE TABS 100MG, 25MG, 50MG	4	
<i>eplerenone tabs 25mg, 50mg</i>	2	
KERENDIA TABS 10MG, 20MG	3	QL (30 EA per 30 days) PA
<i>spironolactone susp 25mg/5ml</i>	2	
<i>spironolactone tabs 100mg, 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
DAPAGLIFLOZIN PROPANEDIOL TABS 10MG, 5MG	3	QL (30 EA per 30 days)
FARXIGA TABS 10MG, 5MG	3	QL (30 EA per 30 days)
INPEFA TABS 200MG, 400MG	3	ST
INVOKANA TABS 100MG, 300MG	3	QL (30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL (30 EA per 30 days)
STEGLATRO TABS 15MG	3	QL (30 EA per 30 days) ST
STEGLATRO TABS 5MG	3	QL (60 EA per 30 days) ST
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE TABS 5MG	4	
ISORDIL TITRADOSE TABS 40MG	5	NDS
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide dinitrate tabs 40mg</i>	2	NDS
<i>isosorbide mononitrate er tb24 120mg, 30mg, 60mg</i>	1	
ISOSORBIDE MONONITRATE TABS 10MG, 20MG	2	
NITRO-BID OINT 2%	3	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
NITROLINGUAL SOLN 0.4MG/SPRAY	4	
NITROSTAT SUBL 0.3MG, 0.4MG, 0.6MG	4	
VERQUVO TABS 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tabs 10mg, 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR CP24 1.25MG; 1.25MG; 1.25MG; 1.25MG, 4 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG, 5MG; 5MG; 5MG; 5MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 7.5MG; 7.5MG; 7.5MG; 7.5MG		QL (60 EA per 30 days) ST
ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG; 5MG; 5MG	4	QL (90 EA per 30 days) ST
ADZENYS XR-ODT TBED 12.5MG, 15.7MG, 18.8MG, 3.1MG, 6.3MG, 9.4MG	3	QL (30 EA per 30 days) ST
<i>amphetamine sulfate tabs 10mg, 5mg</i>	2	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine er cp24 12.5mg; 12.5mg; 12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg; 9.375mg; 9.375mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (90 EA per 30 days)
AZSTARYS CAPS 10.4MG; 52.3MG, 5.2MG; 26.1MG, 7.8MG; 39.2MG	3	QL (30 EA per 30 days) ST
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)
DYANAVEL XR SUER 2.5MG/ML	3	QL (240 ML per 30 days)
DYANAVEL XR TBCR 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days) ST
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	2	QL (30 EA per 30 days) PA
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) PA
<i>methamphetamine hydrochloride tabs 5mg</i>	2	QL (150 EA per 30 days) PA
MYDAYIS CP24 12.5MG; 12.5MG; 12.5MG; 12.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 9.375MG; 9.375MG; 9.375MG; 9.375MG	3	QL (30 EA per 30 days) ST
<i>procentra soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) ST
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	3	QL (30 EA per 30 days) PA
VYVANSE CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) PA
XELSTRYM PTCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 3 9MG/9HR	3	QL (30 EA per 30 days) ST
<i>zenzedi tabs 2.5mg, 7.5mg</i>	3	QL (240 EA per 30 days) ST
<i>zenzedi tabs 10mg</i>	4	QL (180 EA per 30 days) ST
<i>zenzedi tabs 30mg</i>	4	QL (60 EA per 30 days) ST
<i>zenzedi tabs 15mg, 20mg, 5mg</i>	4	QL (90 EA per 30 days) ST
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR CP24 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	4	QL (30 EA per 30 days) ST
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hydrochloride er tb12 0.1mg</i>	2	
CONCERTA TBCR 18MG, 27MG, 54MG	3	QL (30 EA per 30 days) ST
CONCERTA TBCR 36MG	3	QL (60 EA per 30 days) ST
COTEMPLA XR-ODT TBED 8.6MG	3	QL (180 EA per 30 days) ST
COTEMPLA XR-ODT TBED 25.9MG	3	QL (60 EA per 30 days) ST
COTEMPLA XR-ODT TBED 17.3MG	3	QL (90 EA per 30 days) ST
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24 25mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days)
FOCALIN XR CP24 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG	4	QL (30 EA per 30 days) ST
FOCALIN TABS 10MG, 2.5MG, 5MG	4	QL (60 EA per 30 days) ST
<i>guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg</i>	2	
JORNAY PM CP24 100MG, 20MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days) ST
METHYLIN SOLN 10MG/5ML, 5MG/5ML	4	ST
<i>methylphenidate hydrochloride er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TBCR 45MG, 63MG	3	QL (30 EA per 30 days) ST
<i>methylphenidate hydrochloride er (osm) tbcR 18mg, 27mg, 54mg, 72mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tbcR 36mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) ST
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcR 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbcR 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 10mg/5ml, 5mg/5ml</i>	2	
<i>methylphenidate hydrochloride tabs 10mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	2	QL (30 EA per 30 days)
ONYDA XR SUER 0.1MG/ML	3	QL (120 ML per 30 days) PA
QELBREE CP24 100MG, 150MG	3	QL (30 EA per 30 days) ST
QELBREE CP24 200MG	3	QL (60 EA per 30 days) ST
QUILLICHEW ER CHER 20MG, 40MG	3	QL (30 EA per 30 days) ST
QUILLICHEW ER CHER 30MG	3	QL (60 EA per 30 days) ST
QUILLIVANT XR SRER 25MG/5ML	3	QL (360 ML per 30 days) ST
RELEXXII TBCR 18MG, 27MG, 45MG, 54MG, 63MG	3	QL (30 EA per 30 days) ST
RELEXXII TBCR 36MG	3	QL (60 EA per 30 days) ST
RITALIN LA CP24 20MG	4	QL (90 EA per 30 days) ST
RITALIN TABS 10MG, 20MG, 5MG	4	QL (90 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
AQNEURSA PACK 1GM	5	QL (120 EA per 30 days) PA NDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL (56 EA per 365 days) PA NDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA NDS
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL (120 EA per 30 days) PA NDS
butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg, 325mg; 50mg; 40mg	2	
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	
butalbital/acetaminophen caps 300mg; 50mg	2	
butalbital/acetaminophen tabs 300mg; 50mg, 325mg; 50mg	2	
butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg	2	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL (112 EA per 365 days) PA NDS
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 days) PA NDS
FIORICET CAPS 300MG; 50MG; 40MG	4	
FIRDAPSE TABS 10MG	5	QL (300 EA per 30 days) PA NDS
gabapentin once-daily tabs 300mg	2	QL (180 EA per 30 days) ST
gabapentin once-daily tabs 600mg	2	QL (90 EA per 30 days) ST
GRALISE TABS 300MG	3	QL (180 EA per 30 days) ST
GRALISE TABS 750MG, 900MG	3	QL (60 EA per 30 days) ST
GRALISE TABS 450MG, 600MG	3	QL (90 EA per 30 days) ST
HORIZANT TBCR 300MG, 600MG	3	QL (60 EA per 30 days) PA
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA NDS
INGREZZA CPPK 0	5	QL (56 EA per 365 days) PA NDS
INGREZZA CPSP 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CPSP 40MG	5	QL (60 EA per 30 days) PA NDS
NUEDEXTA CAPS 20MG; 10MG	5	PA NDS
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	PA NDS
riluzole tabs 50mg	2	
TENCON TABS 325MG; 50MG	3	
tetrabenazine tabs 12.5mg	2	PA NDS
tetrabenazine tabs 25mg	5	PA NDS
TIGLUTIK SUSP 50MG/10ML	5	PA NDS
VEOZAH TABS 45MG	3	QL (30 EA per 30 days) PA
Fibromyalgia Agents		
pregabalin er tb24 330mg	2	QL (60 EA per 30 days)
pregabalin er tb24 165mg, 82.5mg	2	QL (90 EA per 30 days)
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
BAFIERTAM CPDR 95MG	5	QL (120 EA per 30 days) PA NDS
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA NDS
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA NDS
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA NDS
dalfampridine er tb12 10mg	2	QL (60 EA per 30 days) PA
dimethyl fumarate starterpack cdpk 0	2	QL (120 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	2	QL (60 EA per 30 days) PA NDS
<i>fingolimod hydrochloride caps 0.5mg</i>	5	QL (30 EA per 30 days) PA NDS
GILENYA CAPS 0.25MG	5	QL (60 EA per 30 days) PA NDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
KESIMPTA INJ 20MG/0.4ML	5	QL (0.4 ML per 28 days) PA NDS
MAVENCLAD TBPK 10MG	5	PA NDS
MAYZENT STARTER PACK TBPK 0.25MG	3	QL (14 EA per 365 days) PA NDS
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (24 EA per 365 days) PA NDS
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA NDS
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA NDS
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA NDS
PONVORY 14-DAY STARTER PACK TBPK 0	5	QL (28 EA per 365 days) PA NDS
PONVORY TABS 20MG	5	QL (30 EA per 30 days) PA NDS
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA NDS
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA NDS
REBIF TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA NDS
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA NDS
TASCENSO ODT TBDP 0.25MG, 0.5MG	5	QL (30 EA per 30 days) PA NDS
<i>teriflunomide tabs 14mg, 7mg</i>	5	QL (30 EA per 30 days) PA NDS
VUMERITY CPDR 231MG	5	QL (120 EA per 30 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK CPPK 0	5	QL (14 EA per 365 days) PA NDS
ZEPOSIA STARTER KIT CPPK 0	5	QL (56 EA per 365 days) PA NDS
ZEPOSIA CAPS 0.92MG	5	QL (30 EA per 30 days) PA NDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride caps 30mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
EVOXAC CAPS 30MG	4	
<i>kourzeq pste 0.1%</i>	2	
<i>lidocaine hydrochloride viscous soln 2%</i>	1	
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	2	
SALAGEN TABS 5MG, 7.5MG	4	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD CAPS 16MG, 24MG, 32MG, 8MG	5	NDS
<i>accutane caps 10mg, 20mg, 40mg</i>	2	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%, 0.3%; 2.5%</i>	2	
<i>adapalene crea 0.1%</i>	2	
<i>adapalene gel 0.3%</i>	2	
AKLIEF CREA 0.005%	3	PA
ALTRENO LOTN 0.05%	3	PA
<i>amnestem caps 10mg, 20mg, 30mg, 40mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ATRALIN GEL 0.05%	4	PA
azelaic acid gel 15%	2	QL (100 GM per 30 days)
AZELEX CREA 20%	3	QL (100 GM per 30 days)
BENZAMYCIN GEL 5%; 3%	4	
brimonidine tartrate gel 0.33%	2	PA
claravis caps 10mg, 20mg, 30mg, 40mg	2	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL 2.5%; 1.2%	2	
clindamycin phosphate/benzoyl peroxide gel 3.75%; 1.2%, 5%; 1.2%	2	
clindamycin phosphate/tretinoin gel 1.2%; 0.025%	2	
clindamycin/benzoyl peroxide gel 5%; 1%	2	
DIFFERIN CREA 0.1%	4	
EPIDUO FORTE GEL 0.3%; 2.5%	4	
erythromycin/benzoyl peroxide gel 5%; 3%	2	
FINACEA FOAM 15%	3	QL (50 GM per 30 days)
isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	2	
METROCREAM CREA 0.75%	4	
METROGEL GEL 1%	4	
METROLOTION LOTN 0.75%	4	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%, 1%	2	
metronidazole lotn 0.75%	2	
MIRVASO GEL 0.33%	3	PA
neuac gel 5%; 1.2%	2	
ONEXTON GEL 3.75%; 1.2%	3	
RETIN-A MICRO PUMP GEL 0.08%	4	PA
RETIN-A MICRO GEL 0.06%	3	PA
RETIN-A MICRO GEL 0.04%, 0.1%	4	PA
RETIN-A CREA 0.025%, 0.05%, 0.1%	4	PA
RETIN-A GEL 0.01%, 0.025%	4	PA
RHOFADE CREA 1%	3	PA
tazarotene crea 0.05%, 0.1%	2	QL (60 GM per 30 days)
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days)
tazarotene gel 0.05%, 0.1%	2	QL (100 GM per 30 days)
TAZORAC CREA 0.05%	3	QL (60 GM per 30 days)
TAZORAC CREA 0.1%	4	QL (60 GM per 30 days)
TAZORAC GEL 0.05%, 0.1%	3	QL (100 GM per 30 days)
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	2	PA
tretinoin microsphere gel 0.08%	2	PA NDS
tretinoin crea 0.025%, 0.05%, 0.1%	2	PA
tretinoin gel 0.01%, 0.025%, 0.05%	2	PA
TWYNEO CREA 3%; 0.1%	3	
WINLEVI CREA 1%	3	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	2	
Dermatitis and Pruritus Agents		
ADBRY INJ 150MG/ML	5	QL (6 ML per 28 days) PA NDS
ADBRY INJ 300MG/2ML	5	QL (8 ML per 28 days) PA NDS
ala-cort crea 1%	1	

Drug Name	Drug Tier	Requirements/Limits
ALA-SCALP LOTN 2%	3	
<i>alclometasone dipropionate crea 0.05%</i>	2	
ALCLOMETASONE DIPROPIONATE OINT 0.05%	2	
AMCINONIDE CREA 0.1%	2	
AMCINONIDE OINT 0.1%	2	
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn 12%</i>	2	
<i>betamethasone dipropionate augmented crea 0.05%</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	2	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	2	
<i>betamethasone dipropionate lotn 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate crea 0.1%</i>	2	
<i>betamethasone valerate foam 0.12%</i>	2	QL (100 GM per 30 days)
<i>betamethasone valerate lotn 0.1%</i>	2	
<i>betamethasone valerate oint 0.1%</i>	2	
<i>clobetasol propionate e crea 0.05%</i>	2	
<i>clobetasol propionate emollient foam 0.05%</i>	2	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate liqd 0.05%</i>	2	
<i>clobetasol propionate lotn 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate sham 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
CLOBEX LIQD 0.05%	4	
CLOBEX LOTN 0.05%	4	
<i>clocortolone pivalate crea 0.1%</i>	2	
<i>clodan sham 0.05%</i>	2	
CORDRAN TAPE 4MCG/SQCM	3	
DERMA-SMOOTH/FS SCALP OIL 0.01%	4	
<i>desonide crea 0.05%</i>	2	
DESONIDE GEL 0.05%	2	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	QL (120 GM per 30 days)
DESOWEN CREA 0.05%	4	
<i>desoximetasone crea 0.05%, 0.25%</i>	2	QL (100 GM per 30 days)
DESOXIMETASONE GEL 0.05%	2	
<i>desoximetasone liqd 0.25%</i>	2	
<i>desoximetasone oint 0.05%, 0.25%</i>	2	
DIFLORASONE DIACETATE CREA 0.05%	2	
<i>diflorasone diacetate oint 0.05%</i>	2	QL (60 GM per 30 days)
DIPROLENE OINT 0.05%	4	
<i>doxepin hydrochloride crea 5%</i>	2	QL (90 GM per 30 days) PA
EUCRISA OINT 2%	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base crea 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide crea 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide crea 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (60 ML per 30 days)
<i>flurandrenolide lotn 0.05%</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
FLUTICASONE PROPIONATE LOTN 0.05%	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide crea 0.1%</i>	2	
<i>halobetasol propionate crea 0.05%</i>	2	
<i>halobetasol propionate foam 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
HYDROCORTISONE BUTYRATE CREA 0.1%	2	
<i>hydrocortisone butyrate lotn 0.1%</i>	2	
HYDROCORTISONE BUTYRATE OINT 0.1%	2	
HYDROCORTISONE BUTYRATE SOLN 0.1%	2	
<i>hydrocortisone valerate crea 0.2%</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>hydrocortisone crea 1%</i>	1	
HYDROCORTISONE LOTN 2%, 2.5%	2	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
HYDROCORTISONE SOLN 2.5%	3	
HYFTOR GEL 0.2%	5	PA NDS
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
OPZELURA CREA 1.5%	5	QL (240 GM per 30 days) PA NDS
<i>pimecrolimus crea 1%</i>	2	
<i>selenium sulfide lotn 2.5%</i>	1	
SPEVIGO INJ 150MG/ML	5	QL (4 ML per 28 days) PA NDS
SYNALAR CREA 0.025%	4	
SYNALAR OINT 0.025%	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
TEXACORT SOLN 2.5%	3	
TOPICORT LIQD 0.25%	4	
TOPICORT OINT 0.05%	4	
<i>tovet foam 0.05%</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.05%, 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>triderm crea 0.5%</i>	2	
ZORYVE CREA 0.15%	3	PA
Dermatological Agents, Other		
CABTREO GEL 0.15%; 3.1%; 1.2%	3	
<i>calcipotriene/betamethasone dipropionate susp 0.064%; 0.005%</i>	2	QL (400 GM per 30 days) NDS
<i>calcipotriene crea 0.005%</i>	2	QL (120 GM per 30 days)
CALCIPOTRIENE FOAM 0.005%	3	
<i>calcipotriene oint 0.005%</i>	2	QL (120 GM per 30 days)
CALCIPOTRIENE SOLN 0.005%	2	QL (60 ML per 30 days)
CALCITRIOL OINT 3MCG/GM	2	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	QL (90 GM per 30 days)
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	2	QL (60 ML per 30 days)
LOTN 0.05%; 1%		
CONDYLOX GEL 0.5%	3	
<i>diclofenac sodium gel 3%</i>	2	QL (300 GM per 30 days)
ENSTILAR FOAM 0.064%; 0.005%	5	QL (420 GM per 28 days) NDS
FILSUVEZ GEL 10%	5	PA NDS
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
FLUOROURACIL SOLN 2%	2	
<i>fluorouracil soln 5%</i>	2	
HYDROCORTISONE ACETATE/PRAMOXINE CREA 1%; 2 1%		
<i>imiquimod pump crea 3.75%</i>	2	QL (56 GM per 30 days)
<i>imiquimod crea 5%</i>	2	QL (48 EA per 30 days)
KLISYRI OINT 1%	5	ST NDS
METHOXSALEN CAPS 10MG	5	NDS
NEO-SYNALAR CREA 0.025%; 0.5%	3	
<i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
OTEZLA TABS 20MG, 30MG	5	QL (60 EA per 30 days) PA NDS
<i>podofilox gel 0.5%</i>	2	
PODOFILOX SOLN 0.5%	2	
PROCTOFOAM HC FOAM 1%; 1%	3	
QBREXZA PADS 2.4%	3	QL (30 EA per 30 days)
REGRANEX GEL 0.01%	5	PA NDS
SANTYL OINT 250UNIT/GM	3	
SILVADENE CREA 1%	4	
<i>silver sulfadiazine crea 1%</i>	2	
SOTYKTU TABS 6MG	5	QL (30 EA per 30 days) PA NDS
<i>ssd crea 1%</i>	2	
TACLONEX SUSP 0.064%; 0.005%	5	QL (400 GM per 30 days) NDS
VECTICAL OINT 3MCG/GM	3	
VTAMA CREA 1%	5	PA NDS
ZORYVE CREA 0.3%	3	PA
ZYCLARA PUMP CREA 2.5%	5	QL (15 GM per 30 days) NDS
ZYCLARA PUMP CREA 3.75%	5	QL (56 GM per 30 days) NDS
Pediculicides/Scabicides		
CROTAN LOTN 10%	3	

Drug Name	Drug Tier	Requirements/Limits
ELIMITE CREA 5%	4	
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days)
<i>malathion lotn 0.5%</i>	2	
NATROBA SUSP 0.9%	4	
OVIDE LOTN 0.5%	4	
<i>permethrin crea 5%</i>	2	
SOOLANTRA CREA 1%	4	QL (45 GM per 30 days)
SPINOSAD SUSP 0.9%	2	
Topical Anti-infectives		
<i>acyclovir oint 5%</i>	2	QL (60 GM per 30 days)
<i>ciclopirox nail lacquer soln 8%</i>	2	PA
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	2	
<i>ciclopirox susp 0.77%</i>	2	
CLEOCIN-T LOTN 1%	4	QL (75 ML per 30 days)
<i>clindacin foam 1%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	QL (75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days)
CLINDESSE CREA 2%	3	
<i>dapsone gel 5%, 7.5%</i>	2	
DENAVIR CREA 1%	4	
ERY PADS 2%	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin crea 2%</i>	2	
<i>mupirocin oint 2%</i>	2	QL (110 GM per 30 days)
<i>penciclovir crea 1%</i>	2	
ZOVIRAX CREA 5%	4	QL (5 GM per 30 days)
ZOVIRAX OINT 5%	4	QL (60 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
CARBAGLU TBSO 200MG	5	NDS
<i>carglumic acid tbso 200mg</i>	5	NDS
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml;</i> <i>434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml;</i> <i>250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJ 10%; 0.2%	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJ 10%; 0.45%	2	
DEXTROSE 10% INJ 10%	2	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJ 2.5%; 0.45%	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJ 5%; 0.2%	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJ 5%; 0.45%	2	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	2	
<i>dextrose 5% inj 5%</i>	2	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 3 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	2	
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con m10 tbc 10meq</i>	2	
<i>klor-con m15 tbc 15meq</i>	2	
<i>klor-con m20 tbc 20meq</i>	2	
<i>klor-con pack 20meq</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l;</i> <i>23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	3	B/D
<i>potassium chloride er cpcr 10meq, 8meq</i>	2	
POTASSIUM CHLORIDE ER TBCR 15MEQ	2	
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 2 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>		
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	2	
POTASSIUM CHLORIDE INJ 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML	2	
<i>potassium chloride inj 2meq/ml</i>	2	
<i>potassium chloride pack 20meq</i>	2	
<i>potassium chloride oral soln 10%, 20%</i>	2	
<i>potassium citrate er tbcr 1080mg, 15meq, 540mg</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
<i>sodium chloride 0.45% inj 0.45%</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	
TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	NDS
CUVRIOR TABS 300MG	5	PA NDS
<i>deferasirox pack 180mg, 360mg, 90mg</i>	5	PA NDS
<i>deferasirox tabs 180mg, 360mg, 90mg</i>	2	PA
<i>deferasirox tbso 125mg</i>	2	PA NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	PA NDS
<i>deferiprone tabs 1000mg, 500mg</i>	5	PA NDS
DEPEN TITRATABS TABS 250MG	5	NDS
EXJADE TBSO 125MG, 250MG, 500MG	5	PA NDS
FERRIPROX TWICE-A-DAY TABS 1000MG	5	PA NDS
JYNARQUE TBPk 0, 15MG	5	QL (56 EA per 28 days) NDS
<i>penicillamine caps 250mg</i>	5	PA NDS
<i>penicillamine tabs 250mg</i>	5	NDS
<i>tolvaptan tabs 15mg, 30mg</i>	5	QL (120 EA per 30 days) PA NDS
<i>tolvaptan tbpk 0, 15mg</i>	5	QL (56 EA per 28 days) NDS
TRIENTINE HYDROCHLORIDE CAPS 500MG	5	PA NDS
<i>trientine hydrochloride caps 250mg</i>	5	PA NDS
Potassium Binders		
<i>kionex susp 15gm/60ml</i>	2	
LOKELMA PACK 10GM, 5GM	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>sps susp 15gm/60ml</i>	2	
VELTASSA PACK 1GM	3	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	5	NDS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	2	
<i>enulose soln 10gm/15ml</i>	2	
<i>generlac soln 10gm/15ml</i>	2	
<i>kristalose pack 10gm, 20gm</i>	3	ST
<i>lactulose pack 10gm, 20gm</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days)
<i>lubiprostone caps 24mcg, 8mcg</i>	2	QL (60 EA per 30 days)
MOTEGRITY TABS 1MG, 2MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 12.5MG, 25MG	3	QL (30 EA per 30 days)
<i>prucalopride tabs 1mg, 2mg</i>	2	QL (30 EA per 30 days)
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) NDS
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) NDS
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) NDS
SYMPROIC TABS 0.2MG	3	QL (30 EA per 30 days) ST
TRULANCE TABS 3MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA NDS
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	2	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	2	
LOMOTIL TABS 0.025MG; 2.5MG	4	
<i>loperamide hydrochloride caps 2mg</i>	2	
MYTESI TBEC 125MG	5	QL (60 EA per 30 days) NDS
VIBERZI TABS 100MG, 75MG	5	QL (60 EA per 30 days) PA NDS
XERMELO TABS 250MG	5	QL (90 EA per 30 days) PA NDS
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide hydrochloride/clidinium bromide caps 5mg; 2.5mg</i>	2	
<i>dicyclomine hcl soln 10mg/5ml</i>	2	
<i>dicyclomine hydrochloride caps 10mg</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate soln 1mg/5ml</i>	2	PA
GLYCOPYRROLATE TABS 1.5MG	3	PA
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	PA
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	2	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride caps 140mg; 125mg; 125mg</i>	2	
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	5	PA NDS
BYLVAY CAPS 1200MCG, 400MCG	5	PA NDS
CHENODAL TABS 250MG	5	PA NDS
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABS 250MG	5	PA NDS
GATTEX INJ 5MG	5	PA NDS
GAVILYTE-C SOLR 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	2	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
HELIDAC THERAPY MISC 262.4MG; 250MG; 500MG	3	
IQIRVO TABS 80MG	5	QL (30 EA per 30 days) PA NDS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	2	
THPK 500MG; 500MG; 30MG		

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI SOLN 19MG/ML	5	QL (60 ML per 30 days) PA NDS
LIVMARLI SOLN 9.5MG/ML	5	QL (90 ML per 30 days) PA NDS
LIVMARLI TABS 30MG	5	QL (30 EA per 30 days) PA NDS
LIVMARLI TABS 10MG, 15MG, 20MG	5	QL (60 EA per 30 days) PA NDS
<i>metoclopramide hcl soln 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
METOCLOPRAMIDE ODT TBDP 5MG	2	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	
MYALEPT INJ 11.3MG	5	PA NDS
<i>nitroglycerin oint 0.4%</i>	2	
OICALIVA TABS 10MG, 5MG	5	QL (30 EA per 30 days) PA NDS
<i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 2.691gm; 7.5gm</i>	2	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
PLENVU SOLR 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	3	
PYLERA CAPS 140MG; 125MG; 125MG	4	
RECTIV OINT 0.4%	3	
REGLAN TABS 10MG, 5MG	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	2	
SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
TALICIA CPDR 250MG; 10MG; 12.5MG	3	
URSODIOL CAPS 200MG, 400MG	5	NDS
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs 250mg, 500mg</i>	2	
VOQUEZNA TABS 10MG	3	QL (30 EA per 30 days) PA
VOQUEZNA TABS 20MG	3	QL (60 EA per 30 days) PA
VOWST CAPS 0	5	PA NDS
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	5	PA NDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	2	
<i>famotidine susr 40mg/5ml</i>	2	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	2	
NIZATIDINE CAPS 300MG	2	
<i>nizatidine caps 150mg</i>	2	
Protectants		
CARAFATE SUSP 1GM/10ML	4	
CYTOTEC TABS 100MCG, 200MCG	4	
<i>misoprostol tabs 100mcg, 200mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate susp 1gm/10ml</i>	2	
<i>sucralfate tabs 1gm</i>	2	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG, 60MG	3	QL (30 EA per 30 days)
<i>dexlansoprazole cpdr 30mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium pack 10mg, 2.5mg, 20mg, 40mg, 5mg</i>	2	QL (60 EA per 30 days)
KONVOMEPR SUSR 2MG/ML; 84MG/ML	3	QL (600 ML per 30 days) NDS
<i>lansoprazole cpdr 15mg, 30mg</i>	2	QL (60 EA per 30 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole cpdr 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INJ 1000MG	5	PA NDS
<i>betaine anhydrous powd 0</i>	5	NDS
CERDELGA CAPS 84MG	5	PA NDS
CHOLBAM CAPS 250MG, 50MG	5	PA NDS
CRENESSITY CAPS 100MG	5	QL (120 EA per 30 days) PA NDS
CRENESSITY CAPS 25MG, 50MG	5	QL (90 EA per 30 days) PA NDS
CRENESSITY SOLN 50MG/ML	5	QL (240 ML per 30 days) PA NDS
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>	2	
CYSTADANE POWD 0	5	NDS
CYSTAGON CAPS 150MG, 50MG	3	
DAYBUE SOLN 200MG/ML	5	QL (3600 ML per 30 days) PA NDS
ENDARI PACK 5GM	5	PA NDS
EVRYSDI SOLR 0.75MG/ML	5	QL (240 ML per 30 days) PA NDS
EVRYSDI TABS 5MG	5	QL (30 EA per 30 days) PA NDS
GALAFOLD CAPS 123MG	5	QL (14 EA per 28 days) PA NDS
GASTROCROM CONC 100MG/5ML	5	NDS
GLASSIA INJ 1000MG/50ML	5	PA NDS
<i>javygtor pack 100mg, 500mg</i>	5	PA NDS
<i>javygtor tabs 100mg</i>	5	PA NDS
JOENJA TABS 70MG	5	QL (60 EA per 30 days) PA NDS
KEVEYIS TABS 50MG	5	QL (120 EA per 30 days) PA NDS
<i>l-glutamine pack 5gm</i>	5	PA NDS
<i>miglustat caps 100mg</i>	5	PA NDS
MIPLYFFA CAPS 124MG, 47MG, 62MG, 93MG	5	QL (90 EA per 30 days) PA NDS
<i>nitisinone caps 10mg, 20mg, 2mg, 5mg</i>	5	NDS
NITYR TABS 10MG, 2MG, 5MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
OLPRUVA THPK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	5	PA NDS
ORFADIN CAPS 10MG, 20MG, 2MG, 5MG	5	NDS
ORFADIN SUSP 4MG/ML	5	NDS
<i>ormalvi tabs 50mg</i>	5	QL (120 EA per 30 days) PA NDS
PALYNZIQ INJ 10MG/0.5ML	5	QL (28 ML per 28 days) PA NDS
PALYNZIQ INJ 20MG/ML	5	QL (56 ML per 28 days) PA NDS
PALYNZIQ INJ 2.5MG/0.5ML	5	QL (8 ML per 28 days) PA NDS
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST NDS
PROLASTIN-C INJ 1000MG/20ML	5	PA NDS
PYRUKYND TAPER PACK TBPK 0, 5MG	5	QL (30 EA per 30 days) PA NDS
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA NDS
PYRUKYND TABS 20MG, 5MG	5	QL (60 EA per 30 days) PA NDS
RAVICTI LIQD 1.1GM/ML	5	PA NDS
REVCovi INJ 2.4MG/1.5ML	5	PA NDS
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	5	PA NDS
<i>sapropterin dihydrochloride tabs 100mg</i>	5	PA NDS
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	NDS
<i>sodium phenylbutyrate tabs 500mg</i>	5	NDS
SUCRAID SOLN 8500UNIT/ML	5	NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	ST NDS
VOXZOGO INJ 0.4MG, 0.56MG, 1.2MG	5	QL (30 EA per 30 days) PA NDS
VYNDAQEL CAPS 20MG	5	QL (120 EA per 30 days) PA NDS
WAINUA INJ 45MG/0.8ML	5	QL (0.8 ML per 28 days) PA NDS
WELIREG TABS 40MG	5	PA NDS
<i>yargesa caps 100mg</i>	5	PA NDS
ZEMAIRA INJ 1000MG	5	PA NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er tb24 15mg, 7.5mg</i>	2	
<i>fesoterodine fumarate er tb24 4mg, 8mg</i>	2	
<i>flavoxate hcl tabs 100mg</i>	2	
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG, 50MG	3	
<i>oxybutynin chloride er tb24 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride soln 5mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs 5mg</i>	2	
OXYTROL PTTW 3.9MG/24HR	3	QL (8 EA per 28 days) ST
<i>solifenacin succinate tabs 10mg, 5mg</i>	2	
<i>tolterodine tartrate er cp24 2mg, 4mg</i>	2	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	2	
<i>trospium chloride er cp24 60mg</i>	2	
<i>trospium chloride tabs 20mg</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	2	
CIALIS TABS 5MG	4	QL (30 EA per 30 days) PA
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg</i>	2	
<i>dutasteride caps 0.5mg</i>	2	
<i>finasteride tabs 5mg</i>	2	
PROSCAR TABS 5MG	4	ST
RAPAFLO CAPS 4MG, 8MG	4	
<i>silodosin caps 4mg, 8mg</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	2	
<i>terazosin hcl caps 5mg</i>	1	
<i>terazosin hcl caps 10mg, 1mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	1	
TEZRULY SOLN 1MG/ML	5	ST NDS
Genitourinary Agents, Other		
<i>bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg</i>	2	
ELMIRON CAPS 100MG	5	NDS
LITHOSTAT TABS 250MG	3	
PHEXXI GEL 1%; 1.8%; 0.4%	3	
THIOLA EC TBEC 100MG, 300MG	5	NDS
THIOLA TABS 100MG	5	NDS
<i>tiopronin dr tbec 100mg, 300mg</i>	5	NDS
<i>tiopronin tabs 100mg</i>	5	NDS
VANRAFIA TABS 0.75MG	3	QL (30 EA per 30 days) PA
<i>venxxiva tbec 100mg, 300mg</i>	5	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR GEL INJ 40UNIT/0.5ML, 80UNIT/ML	5	PA NDS
ACTHAR INJ 80UNIT/ML	5	PA NDS
AGAMREE SUSP 40MG/ML	5	PA NDS
CORTEF TABS 10MG, 20MG, 5MG	4	
CORTROPHIN INJ 80UNIT/ML	5	PA NDS
<i>deflazacort susp 22.75mg/ml</i>	5	PA NDS
<i>deflazacort tabs 18mg, 30mg, 36mg, 6mg</i>	5	PA NDS
<i>dexamethasone 10-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 13-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	2	
DEXAMETHASONE SOLN 0.5MG/5ML	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate tabs 0.1mg</i>	2	
HEMADY TABS 20MG	3	ST
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
INTRAROSA INST 6.5MG	3	QL (28 EA per 28 days) PA
KHINDIVI SOLN 1MG/ML	3	PA
MEDROL DOSEPAK TBPk 4MG	4	
MEDROL TABS 2MG	3	
MEDROL TABS 16MG, 4MG, 8MG	4	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln 15mg/5ml</i>	2	
<i>prednisolone tabs 5mg</i>	2	
PREDNISON INTENSOL CONC 5MG/ML	2	
PREDNISON SOLN 5MG/5ML	2	
<i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tabs 1mg</i>	2	
<i>prednisone tbpk 10mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
DDAVP TABS 0.1MG	4	
DDAVP TABS 0.2MG	5	NDS
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	2	
EGRIFTA SV INJ 2MG	5	QL (30 EA per 30 days) PA NDS
GENOTROPIN MINIQUEL INJ 0.2MG	3	PA
GENOTROPIN MINIQUEL INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA NDS
GENOTROPIN INJ 12MG, 5MG	5	PA NDS
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NDS
INCRELEX INJ 40MG/4ML	5	PA NDS
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA NDS
ISTURISA TABS 5MG	5	QL (360 EA per 30 days) PA NDS
LUPRON DEPOT-PED (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA NDS
NGENLA INJ 24MG/1.2ML, 60MG/1.2ML	5	PA NDS
NORDITROPIN FLEXPLO INJ 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	5	PA NDS
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA NDS
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA NDS
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA NDS
OMNITROPE INJ 10MG/1.5ML, 5.8MG, 5MG/1.5ML	5	PA NDS
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA NDS
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG	5	PA NDS
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	5	PA NDS
ZOMACTON INJ 10MG, 5MG	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		

Drug Name	Drug Tier	Requirements/Limits
Androgens		
danazol caps 100mg, 200mg, 50mg	2	
depo-testosterone inj 100mg/ml, 200mg/ml	4	PA
JATENZO CAPS 158MG, 198MG	3	PA
JATENZO CAPS 237MG	5	PA NDS
METHITEST TABS 10MG	5	PA NDS
TESTIM GEL 1%	4	PA
testosterone cypionate inj 100mg/ml, 200mg/ml	2	PA
TESTOSTERONE ENANTHATE INJ 200MG/ML	2	PA
testosterone pump gel 1%, 1.62%	2	PA
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	2	PA
testosterone soln 30mg/act	2	PA
UNDECATREX CAPS 200MG	3	PA
XYOSTED INJ 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA
Estrogens		
abigale lo tabs 0.5mg; 0.1mg	2	
ACTIVELLA TABS 1MG; 0.5MG	4	
altavera tabs 30mcg; 0.15mg	2	
alyacen 1/35 tabs 35mcg; 1mg	2	
ANGELIQ TABS 0.25MG; 0.5MG, 0.5MG; 1MG	3	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	3	QL (1 EA per 360 days)
apri tabs 0.15mg; 30mcg	2	
aranelle tabs 0; 0	2	
ashlyna tabs 0; 0	2	QL (91 EA per 91 days)
aubra eq tabs 20mcg; 0.1mg	2	
aviane tabs 20mcg; 0.1mg	2	
azurette tabs 0; 0	2	
BALCOLTRA TABS 20MCG; 36.5MG; 0.1MG	3	
balziva tabs 35mcg; 0.4mg	2	
BEYAZ TABS 3MG; 0.02MG; 0.451MG	4	
BIJUVA CAPS 0.5MG; 100MG, 1MG; 100MG	3	
blisovi 24 fe tabs 20mcg; 75mg; 1mg	2	
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
briellyn tabs 35mcg; 0.4mg	2	
camrese lo tabs 0; 0	2	QL (91 EA per 91 days)
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	3	
CLIMARA PTWK 0.025MG/24HR, 0.05MG/24HR, 0.06MG/24HR, 0.075MG/24HR, 0.1MG/24HR, 37.5MCG/24HR	4	
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY, 0.05MG/DAY; 0.25MG/DAY	3	
cryselle-28 tabs 30mcg; 0.3mg	2	
cyred eq tabs 0.15mg; 30mcg	2	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	4	
DEPO-ESTRADIOL INJ 5MG/ML	3	
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dolishale tabs 20mcg; 90mcg</i>	2	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i>	2	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg, 3mg; 0.03mg</i>	2	
ELESTRIN GEL 0.06%	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
<i>enskyce tabs 0.15mg; 0.03mg</i>	2	
<i>estarylla tabs 35mcg; 0.25mg</i>	2	
ESTRACE CREA 0.1MG/GM	4	
<i>estradiol valerate inj 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	2	
<i>estradiol crea 0.1mg/gm</i>	2	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	2	
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	
<i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	2	
<i>estradiol oral tabs 0.5mg, 1mg</i>	1	
<i>estradiol oral tabs 2mg, 10mcg</i>	2	
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days)
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
EVAMIST SOLN 1.53MG/SPRAY	3	
<i>falmina tabs 20mcg; 0.1mg</i>	2	
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	2	
FEMLYV TBDP 0.02MG; 1MG	3	
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	QL (1 EA per 90 days)
<i>finzala chew 20mcg; 75mg; 1mg</i>	2	
<i>fyavolv tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	2	
<i>gemmily caps 20mcg; 75mg; 1mg</i>	2	
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
<i>iclevia tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK INST 10MCG, 4MCG	3	PA
IMVEXXY STARTER PACK INST 10MCG, 4MCG	3	PA
<i>introvale tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>isibloom tabs 0.15mg; 30mcg</i>	2	
<i>jaimiess tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>jasmiel tabs 3mg; 0.02mg</i>	2	
<i>jinteli tabs 5mcg; 1mg</i>	2	
<i>joyeaux tabs 20mcg; 75mg; 0.1mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
juleber tabs 0.15mg; 30mcg	2	
junel 1.5/30 tabs 30mcg; 1.5mg	2	
junel 1/20 tabs 20mcg; 1mg	2	
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
junel fe 1/20 tabs 20mcg; 75mg; 1mg	2	
junel fe 24 tabs 20mcg; 75mg; 1mg	2	
kaitlib fe chew 25mcg; 75mg; 0.8mg	2	
kariva tabs 0; 0	2	
kelnor 1/35 tabs 35mcg; 1mg	2	
kelnor 1/50 tabs 50mcg; 1mg	2	
kurvelo tabs 0.03mg; 0.15mg	2	
larin 1.5/30 tabs 30mcg; 1.5mg	2	
larin 1/20 tabs 20mcg; 1mg	2	
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
larin fe 1/20 tabs 20mcg; 75mg; 1mg	2	
lessina tabs 20mcg; 0.1mg	2	
levonest tabs 0; 0	2	
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	2	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	1	
levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	2	QL (91 EA per 91 days)
levora 0.15/30-28 tabs 0.03mg; 0.15mg	2	
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	3	
loestrin 1.5/30-21 tabs 30mcg; 1.5mg	4	
loestrin 1/20-21 tabs 20mcg; 1mg	4	
loestrin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	4	
loestrin fe 1/20 tabs 20mcg; 75mg; 1mg	4	
lojaimiess tabs 0; 0	2	QL (91 EA per 91 days)
loryna tabs 3mg; 0.02mg	2	
low-ogestrel tabs 30mcg; 0.3mg	1	
luteru tabs 20mcg; 0.1mg	2	
lyllana pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	2	
marlissa tabs 0.03mg; 0.15mg	1	
MENOSTAR PTWK 14MCG/24HR	3	
merzee caps 20mcg; 75mg; 1mg	2	
mibelas 24 fe chew 20mcg; 75mg; 1mg	2	
microgestin 1.5/30 tabs 30mcg; 1.5mg	2	
microgestin 1/20 tabs 20mcg; 1mg	2	
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	2	
mili tabs 35mcg; 0.25mg	2	
mimvey tabs 1mg; 0.5mg	2	
minzoya tabs 0.02mg; 36.5mg; 0.1mg	2	
NATAZIA TABS 0; 0	3	
necon 0.5/35-28 tabs 35mcg; 0.5mg	2	
NEXTSTELLIS TABS 3MG; 14.2MG	3	
nikki tabs 3mg; 0.02mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg</i>	2	
<i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i>	2	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	2	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	2	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	2	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	4	
<i>nylia 1/35 tabs 35mcg; 1mg</i>	2	
<i>nylia 7/7/7 tabs 35mcg; 0</i>	2	
<i>ocella tabs 3mg; 0.03mg</i>	2	
<i>pimtreea tabs 0; 0</i>	2	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	2	
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE TABS 0.625MG; 5MG	3	
PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	
<i>reclipsen tabs 0.15mg; 0.03mg</i>	2	
<i>rivelsa tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>rosyrah tabs 0; 0</i>	2	QL (91 EA per 91 days)
SAFYRAL TABS 3MG; 0.03MG; 0.451MG	4	
<i>setlakin tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	2	
<i>sronyx tabs 20mcg; 0.1mg</i>	2	
<i>syeda tabs 3mg; 0.03mg</i>	2	
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	2	
<i>tilia fe tabs 0; 75mg; 1mg</i>	2	
<i>tri-estarylla tabs 0; 0</i>	2	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	2	
<i>tri-lo-estarylla tabs 0; 0</i>	2	
<i>tri-lo-sprintec tabs 0; 0</i>	2	
<i>tri-mili tabs 0; 0</i>	2	
<i>tri-sprintec tabs 0; 0</i>	2	
<i>tri-vylibra lo tabs 0; 0</i>	2	
<i>tri-vylibra tabs 0; 0</i>	2	
<i>turqoz tabs 30mcg; 0.3mg</i>	2	
VAGIFEM TABS 10MCG	4	
<i>valtya 1/50 tabs 50mcg; 1mg</i>	2	
VELIVET TABS 0; 0	2	
<i>vestura tabs 3mg; 0.02mg</i>	2	
<i>vienva tabs 20mcg; 0.1mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.1MG/24HR	4	
<i>vyfemla tabs 35mcg; 0.4mg</i>	2	
<i>vylibra tabs 35mcg; 0.25mg</i>	2	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	2	
<i>xarah fe tabs 0; 75mg; 1mg</i>	2	
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	2	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	2	
YASMIN 28 TABS 3MG; 0.03MG	4	
YAZ TABS 3MG; 0.02MG	4	
<i>yuvaferm tabs 10mcg</i>	2	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	2	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	2	
Progestins		
<i>camila tabs 0.35mg</i>	2	
CRINONE GEL 4%, 8%	3	PA
<i>deblitane tabs 0.35mg</i>	2	
DEPO-PROVERA CONTRACEPTIVE INJ 150MG/ML	4	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 90 days)
<i>errin tabs 0.35mg</i>	2	
<i>gallifrey tabs 5mg</i>	2	
<i>heather tabs 0.35mg</i>	2	
<i>incassia tabs 0.35mg</i>	2	
KYLEENA IUD 19.5MG	3	
LILETTA IUD 20.1MCG/DAY	3	
<i>lyleq tabs 0.35mg</i>	2	
<i>lyza tabs 0.35mg</i>	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
MEGESTROL ACETATE SUSP 625MG/5ML	2	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	
<i>meleya tabs 0.35mg</i>	2	
MIRENA IUD 20MCG/DAY	3	
NEXPLANON INJ 68MG	3	
<i>nora-be tabs 0.35mg</i>	2	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	2	
<i>progesterone caps 100mg, 200mg</i>	2	
PROVERA TABS 10MG, 2.5MG, 5MG	4	
<i>sharobel tabs 0.35mg</i>	2	
SKYLA IUD 13.5MG	3	
Selective Estrogen Receptor Modifying Agents		
DUAVEE TABS 20MG; 0.45MG	3	
EVISTA TABS 60MG	4	
OSPHENA TABS 60MG	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tabs 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TABS 25MCG, 50MCG, 5MCG	4	
ERMEZA SOLN 150MCG/5ML	3	
LEVOTHYROXINE SODIUM CAPS 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
liothyronine sodium tabs 25mcg, 50mcg, 5mcg	2	
REZDIFFRA TABS 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	
TIROSINT-SOL SOLN 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	
TIROSINT CAPS 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG	3	
unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tabs 0.5mg	2	
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA NDS
KORLYM TABS 300MG	5	QL (120 EA per 30 days) PA NDS
LEUPROLIDE ACETATE INJ 22.5MG	3	QL (1 EA per 84 days) PA
leuprolide acetate inj 1mg/0.2ml	2	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA NDS
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA NDS
mifepristone tabs 300mg	5	QL (120 EA per 30 days) PA NDS
MYCAPSSA CPDR 20MG	5	PA NDS
MYFEMBREE TABS 1MG; 0.5MG; 40MG	5	QL (30 EA per 30 days) PA NDS
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	2	PA
octreotide acetate inj 1000mcg/ml, 500mcg/ml	5	PA NDS
ORGOVYX TABS 120MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
ORIAHNN CPPK 300MG; 1MG; 0.5MG	5	QL (56 EA per 28 days) PA NDS
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA NDS
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL (60 ML per 30 days) PA NDS
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA NDS
SYNAREL SOLN 2MG/ML	5	NDS
TRELSTAR MIXJECT INJ 22.5MG	3	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tabs 10mg, 5mg	1	
propylthiouracil tabs 50mg	2	
Immunological Agents		
<i>Angioedema Agents</i>		
ANDEMBRY INJ 200MG/1.2ML	5	QL (2.4 ML per 28 days) PA NDS
BERINERT INJ 500UNIT	5	PA NDS
CINRYZE INJ 500UNIT	5	PA NDS
HAEGARDA INJ 2000UNIT, 3000UNIT	5	PA NDS
icatibant acetate inj 30mg/3ml	5	PA NDS
ORLADEYO CAPS 110MG, 150MG	5	QL (30 EA per 30 days) PA NDS
RUCONEST INJ 2100UNIT	5	PA NDS
sajazir inj 30mg/3ml	5	PA NDS
TAKHZYRO INJ 150MG/ML, 300MG/2ML	5	PA NDS
<i>Immunoglobulins</i>		
BIVIGAM INJ 5GM/50ML	5	PA NDS
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM, 5GM	5	PA NDS
GAMMAKED INJ 1GM/10ML	5	PA NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA NDS
GAMUNEX-C INJ 1GM/10ML	5	PA NDS
OCTAGAM INJ 1GM/20ML, 2GM/20ML	5	PA NDS
PANZYGA INJ 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA NDS
PRIVIGEN INJ 20GM/200ML	5	PA NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA NDS
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA NDS
ARCALYST INJ 220MG	5	PA NDS
BENLYSTA INJ 200MG/ML	5	PA NDS
BIMZELX INJ 160MG/ML	5	QL (1 ML per 28 days) PA NDS
BIMZELX INJ 320MG/2ML	5	QL (6 ML per 28 days) PA NDS
CIBINQO TABS 100MG, 200MG, 50MG	5	QL (30 EA per 30 days) PA NDS
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL (10 ML per 28 days) PA NDS
COSENTYX UNOREADY INJ 300MG/2ML	5	QL (10 ML per 28 days) PA NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA NDS
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA NDS
EBGLYSS INJ 250MG/2ML	5	PA NDS
EMPAVELI INJ 1080MG/20ML	5	PA NDS
ENTYVIO PEN INJ 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA NDS
GRASTEK SUBL 2800BAU	3	QL (30 EA per 30 days) PA
ILUMYA INJ 100MG/ML	5	QL (1 ML per 28 days) PA NDS
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML	5	QL (2.28 ML per 28 days) PA NDS
KINERET INJ 100MG/0.67ML	5	PA NDS
LITFULO CAPS 50MG	5	QL (30 EA per 30 days) PA NDS
NEMLUVIO INJ 30MG	5	QL (2 EA per 28 days) PA
ODACTRA SUBL 0; 0	3	QL (30 EA per 30 days) PA
OLUMIANT TABS 1MG, 2MG, 4MG	5	QL (30 EA per 30 days) PA NDS
OMVOH INJ 100MG/ML	5	QL (2 ML per 28 days) PA NDS
OMVOH INJ 0	5	QL (3 ML per 28 days) PA NDS
ORENCIA CLICKJECT INJ 125MG/ML	5	QL (4 ML per 28 days) PA NDS
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA NDS
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA NDS
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA NDS
OTEZLA TBP 0	5	QL (110 EA per 365 days) PA NDS
RIDAURA CAPS 3MG	5	NDS
RINVOQ LQ SOLN 1MG/ML	5	QL (360 ML per 30 days) PA NDS
RINVOQ TB24 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA NDS
SILIQ INJ 210MG/1.5ML	5	QL (7.5 ML per 28 days) PA NDS
SKYRIZI PEN INJ 150MG/ML	5	QL (1 ML per 28 days) PA NDS
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA NDS
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA NDS
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA NDS
STEQEYMA INJ 45MG/0.5ML	3	QL (3 ML per 84 days) PA
STEQEYMA INJ 90MG/ML	5	QL (3 ML per 84 days) PA NDS
TALTZ INJ 20MG/0.25ML	5	QL (0.5 ML per 28 days) PA NDS
TALTZ INJ 40MG/0.5ML	5	QL (1 ML per 28 days) PA NDS
TALTZ INJ 80MG/ML	5	QL (4 ML per 28 days) PA NDS
TAVNEOS CAPS 10MG	5	QL (180 EA per 30 days) PA NDS
TREMFYA INJ 100MG/ML	5	QL (2 ML per 56 days) PA NDS
TYENNE INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA NDS
USTEKINUMAB INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA NDS
VELSIPITY TABS 2MG	5	QL (30 EA per 30 days) PA NDS
WEZLANA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
XELJANZ XR TB24 11MG, 22MG	5	QL (30 EA per 30 days) PA NDS
XELJANZ SOLN 1MG/ML	5	QL (300 ML per 30 days) PA NDS
XELJANZ TABS 10MG, 5MG	5	QL (60 EA per 30 days) PA NDS
XOLAIR INJ 75MG/0.5ML	5	QL (1 ML per 28 days) PA NDS
XOLAIR INJ 150MG	5	QL (8 EA per 28 days) PA NDS
XOLAIR INJ 150MG/ML, 300MG/2ML	5	QL (8 ML per 28 days) PA NDS
ZILBRYSQ INJ 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	5	PA NDS
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
BESREMI INJ 500MCG/ML	5	PA NDS
PEGASYS INJ 180MCG/ML	5	PA NDS
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA NDS
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA
ADALIMUMAB-ADBIM CROHNS/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM PSORIASIS/UEVEITIS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UEVEITIS INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D
ASTAGRAF XL CP24 5MG	5	B/D NDS
azasan tabs 100mg, 75mg	4	B/D
azathioprine tabs 100mg, 50mg, 75mg	2	B/D
CELLCEPT CAPS 250MG	5	B/D NDS
CELLCEPT SUSR 200MG/ML	5	B/D NDS
CELLCEPT TABS 500MG	5	B/D NDS
CIMZIA INJ 200MG	5	QL (1 EA per 28 days) PA NDS
CIMZIA INJ 200MG/ML	5	QL (2 EA per 28 days) PA NDS
cyclosporine modified caps 100mg, 25mg, 50mg	2	B/D
cyclosporine modified soln 100mg/ml	2	B/D
cyclosporine caps 100mg, 25mg	2	B/D
ENBREL MINI INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENBREL SURECLICK INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA NDS
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	5	B/D NDS
everolimus tabs 0.25mg	2	B/D
everolimus tabs 0.5mg, 0.75mg, 1mg	5	B/D NDS
engraf caps 100mg, 25mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
IMURAN TABS 50MG	4	B/D
JYLAMVO SOLN 2MG/ML	3	PA
<i>leflunomide tabs 10mg, 20mg</i>	2	
LUPKYNIS CAPS 7.9MG	5	QL (180 EA per 30 days) PA NDS
METHOTREXATE SODIUM INJ 50MG/2ML	2	
<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	2	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D NDS
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D
<i>mycophenolic acid dr thec 180mg, 360mg</i>	2	B/D
MYFORTIC TBEC 180MG	4	B/D
MYFORTIC TBEC 360MG	5	B/D NDS
MYHIBBIN SUSP 200MG/ML	5	B/D
NEORAL CAPS 100MG, 25MG	4	B/D
NEORAL SOLN 100MG/ML	4	B/D
OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PEGASYS INJ 180MCG/0.5ML	5	PA NDS
PROGRAF CAPS 0.5MG, 1MG	4	B/D
PROGRAF CAPS 5MG	5	B/D NDS
PROGRAF PACK 0.2MG, 1MG	3	B/D
RASUVO INJ 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REZUROCK TABS 200MG	5	QL (60 EA per 30 days) PA NDS
SANDIMMUNE CAPS 100MG, 25MG	4	B/D
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 28 days) PA NDS
SIMPONI INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus soln 1mg/ml</i>	2	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D
<i>sirolimus tabs 2mg</i>	2	B/D NDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL TABS 10MG, 15MG, 5MG, 7.5MG	3	
XATMEP SOLN 2.5MG/ML	3	PA
ZORTRESS TABS 0.25MG	4	B/D
ZORTRESS TABS 0.5MG, 0.75MG, 1MG	5	B/D NDS
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	3	QL (1 EA per 252 days)
ACTHIB INJ 0	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJ 120MCG/0.5ML	3	QL (1 EA per 999 days)
BCG VACCINE INJ 50MG	3	
BEXSERO INJ 0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
ENGRIX-B INJ 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9 INJ 0.5ML	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	
IXCHIQ INJ 0	3	
IXIARO INJ 0	3	
JYNNEOS INJ 0.5ML	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENQUADFI INJ 0.5ML	3	
MENVEO INJ 0	3	
MRESVIA INJ 50MCG/0.5ML	3	QL (0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	3	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJ 0; 0; 0	3	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	3	B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INJ 0.5ML	3	
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML, 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
VAXCHORA SUSR 0	3	
VIMKUNYA INJ 40MCG/0.8ML	3	
VIVOTIF CPDR 0	3	
YF-VAX INJ 0	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO CP24 0.375GM	4	
AZULFIDINE EN-TABS TBEC 500MG	4	
AZULFIDINE TABS 500MG	4	
<i>balsalazide disodium caps 750mg</i>	2	
DIPENTUM CAPS 250MG	5	NDS
LIALDA TBEC 1.2GM	4	
<i>mesalamine dr cpdr 400mg</i>	2	ST
<i>mesalamine dr tbec 1.2gm, 800mg</i>	2	
<i>mesalamine er cp24 0.375gm</i>	2	
<i>mesalamine er cpcr 500mg</i>	2	
<i>mesalamine enem 4gm</i>	2	
<i>mesalamine supp 1000mg</i>	2	
<i>sulfasalazine tabs 500mg</i>	2	
<i>sulfasalazine tbec 500mg</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er tb24 9mg</i>	5	ST NDS
<i>budesonide cpep 3mg</i>	2	
<i>budesonide foam 2mg</i>	2	
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
TARPEYO CPDR 4MG	5	QL (120 EA per 30 days) PA NDS
UCERIS FOAM 2MG/ACT	3	
UCERIS TB24 9MG	5	ST NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln 70mg/75ml</i>	2	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 10mg</i>	2	
ATELVIA TBEC 35MG	4	QL (4 EA per 28 days) ST

Drug Name	Drug Tier	Requirements/Limits
BINOSTO TBEF 70MG	3	QL (4 EA per 28 days)
BONSITY INJ 560MCG/2.24ML	5	PA NDS
<i>calcitonin-salmon soln 200unit/act</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	2	
<i>cinacalcet hydrochloride tabs 90mg</i>	2	NDS
DOXERCALCIFEROL CAPS 1MCG, 2.5MCG	2	
<i>doxercalciferol caps 0.5mcg</i>	2	
EVENITY INJ 105MG/1.17ML	5	QL (2.34 ML per 28 days) PA NDS
FORTEO INJ 560MCG/2.24ML	5	PA NDS
FOSAMAX PLUS D TABS 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL (4 EA per 28 days) ST
FOSAMAX TABS 70MG	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	
PROLIA INJ 60MG/ML	3	QL (2 ML per 365 days)
RAYALDEE CPR 30MCG	5	NDS
<i>risedronate sodium dr tbec 35mg</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	2	
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days)
ROCALTROL CAPS 0.25MCG, 0.5MCG	4	
ROCALTROL SOLN 1MCG/ML	4	
TERIPARATIDE INJ 560MCG/2.24ML	5	PA NDS
TYMLOS INJ 3120MCG/1.56ML	5	PA NDS
XGEVA INJ 120MG/1.7ML	5	PA NDS
ZEMPLAR CAPS 1MCG, 2MCG	4	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PADS 70%	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL (200 EA per 30 days)
CARNITOR SOLN 1GM/10ML	4	
CARNITOR TABS 330MG	4	
CURITY GAUZE PADS 2"X2" 12 PLY PADS	1	
DUVYZAT SUSP 8.86MG/ML	5	QL (360 ML per 30 days) PA NDS
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
<i>levocarnitine soln 1gm/10ml</i>	2	
<i>levocarnitine tabs 330mg</i>	2	
NUTRILIPID INJ 20GM/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA INJ 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA NDS
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL (1 ML per 28 days) PA NDS
SKYCLARYS CAPS 50MG	5	QL (90 EA per 30 days) PA NDS
<i>sodium chloride 0.9% soln 0.9%</i>	2	
VYKAT XR TB24 75MG	5	QL (210 EA per 30 days) PA
VYKAT XR TB24 25MG	5	QL (390 EA per 30 days) PA NDS
VYKAT XR TB24 150MG	5	QL (90 EA per 30 days) PA NDS
WEGOVY INJ 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	5	QL (2 ML per 28 days) PA NDS
WEGOVY INJ 1.7MG/0.75ML, 2.4MG/0.75ML	5	QL (3 ML per 28 days) PA NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLN 0.2%; 0.5%	2	
CEQUA SOLN 0.09%	4	
COMBIGAN SOLN 0.2%; 0.5%	3	
COSOPT PF SOLN 2%; 0.5%	4	
COSOPT SOLN 22.3MG/ML; 6.8MG/ML	4	
<i>cyclosporine emul 0.05%</i>	2	
CYSTADROPS SOLN 0.37%	5	QL (20 ML per 28 days) NDS
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days) NDS
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	2	
ENSPRYNG INJ 120MG/ML	5	PA NDS
MAXITROL OINT 0.1%; 3.5MG/GM; 10000UNIT/GM	4	
MAXITROL SUSP 0.1%; 3.5MG/ML; 10000UNIT/ML	4	
MIEBO SOLN 1.338GM/ML	3	QL (12 ML per 30 days) PA
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	2	
OPHTHALMIC SUSP 1%; 3.5MG/ML; 10000UNIT/ML		
OXERVATE SOLN 0.002%	5	QL (56 ML per 28 days) PA NDS
<i>polycin oint 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (2.5 ML per 25 days)

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUSP 0.2%; 1%	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	3	
TOBRADEX OINT 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	2	
VERKAZIA EMUL 0.1%	5	QL (120 EA per 30 days) PA NDS
VEVYE SOLN 0.1%	3	PA
XIIDRA SOLN 5%	4	QL (60 EA per 30 days)
ZYLET SUSP 0.5%; 0.3%	3	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl soln 0.05%</i>	2	
<i>bepotastine besilate soln 1.5%</i>	2	
BEPREVE SOLN 1.5%	4	
CROMOLYN SODIUM SOLN 4%	1	
<i>epinastine hcl soln 0.05%</i>	2	
ZERVIAE SOLN 0.24%	3	
Ophthalmic Anti-Infectives		
AZASITE SOLN 1%	3	
BACITRACIN OINT 500UNIT/GM	2	
BESIVANCE SUSP 0.6%	3	
CILOXAN OINT 0.3%	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin soln 0.5%</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
LEVOFLOXACIN OPHTHALMIC SOLN 0.5%	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN SUSP 5%	3	
OCUFLOX SOLN 0.3%	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
SULFACETAMIDE SODIUM OINT 10%	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
TOBREX OINT 0.3%	3	
TRIFLURIDINE SOLN 1%	2	
VIGAMOX SOLN 0.5%	4	
XDEMVI SOLN 0.25%	5	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
ACULAR LS SOLN 0.4%	4	
ACULAR SOLN 0.5%	4	
ALREX SUSP 0.2%	3	
<i>bromfenac sodium soln 0.07%</i>	3	QL (12 ML per 365 days)
<i>bromfenac sodium soln 0.075%</i>	3	ST
<i>bromfenac soln 0.09%</i>	2	
BROMSITE SOLN 0.075%	3	ST
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1%	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>difluprednate emul 0.05%</i>	2	
DUREZOL EMUL 0.05%	4	
EYSUVIS SUSP 0.25%	3	PA
FLAREX SUSP 0.1%	3	
<i>fluorometholone susp 0.1%</i>	2	
<i>flurbiprofen sodium soln 0.03%</i>	2	
FML FORTE SUSP 0.25%	3	
FML LIQUIFILM SUSP 0.1%	4	
ILEVRO SUSP 0.3%	3	QL (4 ML per 30 days)
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	3	QL (20 GM per 365 days)
LOTEMAX GEL 0.5%	4	QL (20 GM per 365 days)
LOTEMAX OINT 0.5%	3	QL (14 GM per 365 days)
LOTEMAX SUSP 0.5%	4	
<i>loteprednol etabonate gel 0.5%</i>	2	QL (20 GM per 365 days)
<i>loteprednol etabonate susp 0.2%, 0.5%</i>	2	
MAXIDEX SUSP 0.1%	3	
NEVANAC SUSP 0.1%	3	QL (4 ML per 30 days)
PRED FORTE SUSP 1%	4	
PRED MILD SUSP 0.12%	3	
<i>prednisolone acetate susp 1%</i>	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	2	
PROLENSA SOLN 0.07%	3	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLN 0.5%	2	
BETIMOL SOLN 0.5%	3	
BETOPTIC-S SUSP 0.25%	3	
CARTEOLOL HCL SOLN 1%	2	
ISTALOL SOLN 0.5%	4	
LEVOBUNOLOL HCL SOLN 0.5%	2	
<i>timolol hemihydrate soln 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming solg 0.25%, 0.5%</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
TIMOPTIC OCUDOSE SOLN 0.25%	3	
TIMOPTIC OCUDOSE SOLN 0.5%	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er cp12 500mg</i>	2	
<i>acetazolamide tabs 125mg, 250mg</i>	2	
ALPHAGAN P SOLN 0.1%	3	
ALPHAGAN P SOLN 0.15%	4	
APRACLONIDINE SOLN 0.5%	2	
AZOPT SUSP 1%	4	
<i>brimonidine tartrate soln 0.1%, 0.15%, 0.2%</i>	2	
<i>brinzolamide susp 1%</i>	2	
<i>dorzolamide hydrochloride soln 2%</i>	2	
IOPIDINE SOLN 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tabs 25mg, 50mg</i>	2	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	2	
RHOPRESSA SOLN 0.02%	3	QL (2.5 ML per 25 days)
VUITY SOLN 1.25%	3	QL (7.5 ML per 28 days) PA
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost soln 0.03%</i>	2	QL (5 ML per 30 days)
IYUZEH SOLN 0.005%	3	ST
<i>latanoprost soln 0.005%</i>	1	
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
<i>tafluprost soln 0.015mg/ml</i>	2	QL (30 EA per 30 days)
<i>travoprost soln 0.004%</i>	2	QL (2.5 ML per 25 days)
VYZULTA SOLN 0.024%	4	QL (5 ML per 25 days)
ZIOPTAN SOLN 0.015MG/ML	3	QL (30 EA per 30 days)
Otic Agents		
Otic Agents		
<i>acetic acid soln 2%</i>	2	
CIPRO HC SUSP 0.2%; 1%	3	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
DERMOTIC OIL 0.01%	4	
<i>flac oil 0.01%</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AERS 160MCG/ACT, 80MCG/ACT	3	QL (12.2 GM per 30 days) ST
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (13 GM per 30 days) ST
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	3	QL (1 EA per 30 days) ST
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	QL (120 ML per 30 days) B/D
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) ST
FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) ST
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days)
OMNARIS SUSP 50MCG/ACT	3	QL (12.5 GM per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB 180MCG/ACT, 90MCG/ACT	3	QL (2 EA per 30 days) ST
QNASL AERS 80MCG/ACT	3	QL (10.6 GM per 30 days)
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days)
XHANCE EXHU 93MCG/ACT	3	QL (32 ML per 30 days)
Antihistamines		
<i>azelastine hydrochloride/fluticasone propionate susp 137mcg/act; 50mcg/act</i>	2	QL (23 GM per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
CARBINOXAMINE MALEATE SOLN 4MG/5ML	2	
<i>cetirizine hydrochloride soln 5mg/5ml</i>	1	
CLARINEX-D 12 HOUR TB12 2.5MG; 120MG	3	
CLEMASTINE FUMARATE SYRP 0.67MG/5ML	5	NDS
CLEMASTINE FUMARATE TABS 2.68MG	2	
<i>cyproheptadine hcl syrp 2mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tabs 4mg</i>	2	
DYMISTA SUSP 137MCG/ACT; 50MCG/ACT	4	QL (23 GM per 30 days)
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100MG	2	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	2	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
<i>olopatadine hcl soln 0.6%</i>	2	QL (30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium chew 4mg</i>	2	
<i>montelukast sodium pack 4mg</i>	2	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR AEPB 400MCG/ACT; 12MCG/ACT	3	QL (2 EA per 30 days) ST
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation soln 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln 0.03%, 0.06%</i>	2	
SPIRIVA HANDIHALER CAPS 18MCG	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 CAPS 18MCG	3	QL (30 EA per 30 days)
YUPELRI SOLN 175MCG/3ML	5	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
<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 nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrp 2mg/5ml</i>	2	
<i>albuterol sulfate tabs 2mg, 4mg</i>	2	
<i>arformoterol tartrate nebu 15mcg/2ml</i>	2	QL (120 ML per 30 days) PA NDS
AUVI-Q INJ 0.1MG/0.1ML	3	QL (2 EA per 30 days)
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	2	
<i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
EPIPEN 2-PAK INJ 0.3MG/0.3ML	4	ST
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	4	ST
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT	3	QL (30 GM per 30 days) ST
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	QL (90 EA per 30 days) B/D
PERFOROMIST NEBU 20MCG/2ML	5	QL (120 ML per 30 days) B/D NDS
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL (4 GM per 30 days) ST
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	
VENTOLIN HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
XOPENEX HFA AERO 45MCG/ACT	3	QL (30 GM per 30 days) ST
Cystic Fibrosis Agents		
ALYFTREK TABS 125MG; 50MG; 10MG	5	QL (56 EA per 28 days) PA NDS
ALYFTREK TABS 50MG; 20MG; 4MG	5	QL (84 EA per 28 days) PA NDS
CAYSTON SOLR 75MG	5	PA NDS
KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL (56 EA per 28 days) PA NDS
KALYDECO TABS 150MG	5	QL (60 EA per 30 days) PA NDS
KITABIS PAK NEBU 300MG/5ML	5	B/D NDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	QL (56 EA per 28 days) PA NDS
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL (112 EA per 28 days) PA NDS
PULMOZYME SOLN 2.5MG/2.5ML	5	PA NDS
SYMDEKO TBPK 150MG; 100MG	5	QL (56 EA per 28 days) PA NDS
SYMDEKO TBPK 75MG; 50MG	5	QL (60 EA per 30 days) PA NDS
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days) NDS
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	B/D NDS
TRIKAFTA TBPK 100MG; 0; 50MG, 50MG; 0; 25MG	5	QL (84 EA per 28 days) PA NDS
TRIKAFTA THPK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL (56 EA per 28 days) PA NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
OHTUVAYRE SUSP 3MG/2.5ML	5	QL (150 ML per 30 days) PA NDS
<i>roflumilast tabs 250mcg, 500mcg</i>	2	PA
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	3	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24 400mg, 600mg</i>	2	
<i>theophylline soln 80mg/15ml</i>	2	
Pulmonary Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA NDS
<i>alyq tabs 20mg</i>	2	QL (60 EA per 30 days) PA NDS
<i>ambrisentan tabs 10mg, 5mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>bosentan tabs 125mg, 62.5mg</i>	5	QL (60 EA per 30 days) PA NDS
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA NDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL (336 EA per 365 days) PA NDS
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL (672 EA per 365 days) PA NDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL (504 EA per 365 days) PA NDS
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA NDS
<i>sildenafil citrate susr 10mg/ml</i>	2	PA NDS
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	2	QL (60 EA per 30 days) PA NDS
TADLIQ SUSP 20MG/5ML	5	QL (300 ML per 30 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	5	QL (112 EA per 28 days) PA NDS
TYVASO DPI TITRATION KIT POWD 0	5	QL (504 EA per 365 days) PA NDS
UPTRAVI TITRATION PACK TBPK 0	5	QL (400 EA per 365 days) PA NDS
UPTRAVI TABS 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (60 EA per 30 days) PA NDS
WINREVAIR INJ 0, 45MG, 60MG	5	QL (1 EA per 21 days) PA NDS
YUTREPIA CAPS 26.5MCG, 53MCG	5	QL (140 EA per 28 days) PA NDS
YUTREPIA CAPS 106MCG	5	QL (224 EA per 28 days) PA NDS
YUTREPIA CAPS 79.5MCG	5	QL (280 EA per 28 days) PA NDS
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267MG	5	PA NDS
ESBRIET TABS 267MG, 801MG	5	PA NDS
OFEV CAPS 100MG, 150MG	5	PA NDS
<i>pirfenidone caps 267mg</i>	5	PA NDS
PIRFENIDONE TABS 534MG	5	PA NDS
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA NDS
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%, 20%</i>	2	B/D
ADVAIR DISKUS AEPB 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	4	QL (60 EA per 30 days) ST
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	4	QL (24 GM per 30 days) ST
AIRSUPRA AERO 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) ST
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>breyna aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.3 GM per 30 days) ST
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.2 GM per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA PEN INJ 30MG/ML	5	QL (1 ML per 28 days) PA NDS
FASENRA INJ 10MG/0.5ML	3	QL (0.5 ML per 28 days) PA
FASENRA INJ 30MG/ML	5	QL (1 ML per 28 days) PA NDS
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) PA
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	4	QL (24 GM per 30 days) ST
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA NDS
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA NDS
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE 2 HYDROCHLORIDE SYRP 5MG/5ML; 6.25MG/5ML	2	
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) ST
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) ST
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tabs 250mg, 350mg</i>	2	PA
<i>chlorzoxazone tabs 375mg, 500mg, 750mg</i>	2	
<i>chlorzoxazone tabs 250mg</i>	5	NDS
<i>cyclobenzaprine hydrochloride er cp24 15mg, 30mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<i>metaxalone tabs 400mg, 800mg</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	2	
<i>methocarbamol tabs 1000mg</i>	5	NDS
<i>orphenadrine citrate er tb12 100mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN CR TBCR 12.5MG, 6.25MG	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TABS 10MG, 5MG	4	QL (30 EA per 30 days)
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
DAYVIGO TABS 10MG, 5MG	3	QL (30 EA per 30 days) PA
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days)
EDLUAR SUBL 10MG, 5MG	3	QL (30 EA per 30 days)
<i>estazolam tabs 1mg, 2mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	QL (30 EA per 30 days)
FLURAZEPAM HYDROCHLORIDE CAPS 15MG, 30MG	2	QL (30 EA per 30 days)
HALCION TABS 0.25MG	4	QL (60 EA per 30 days)
LUNESTA TABS 1MG, 2MG, 3MG	4	QL (30 EA per 30 days)
QUVIVIQ TABS 25MG, 50MG	3	QL (30 EA per 30 days) PA
<i>ramelteon tabs 8mg</i>	2	QL (30 EA per 30 days)
<i>tasimelteon caps 20mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>temazepam caps 15mg, 22.5mg, 30mg, 7.5mg</i>	2	QL (30 EA per 30 days)
<i>triazolam tabs 0.125mg, 0.25mg</i>	2	QL (60 EA per 30 days)
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days)
<i>zolpidem tartrate er tbc 12.5mg, 6.25mg</i>	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE CAPS 7.5MG	3	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE SUBL 1.75MG, 3.5MG	2	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg, 5mg</i>	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA
LUMRYZ STARTER PACK THPK 0	5	QL (56 EA per 365 days) PA NDS
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	5	QL (30 EA per 30 days) PA NDS
<i>modafinil tabs 100mg, 200mg</i>	2	QL (30 EA per 30 days) PA
SODIUM OXYBATE SOLN 500MG/ML	5	QL (540 ML per 30 days) PA NDS
SUNOSI TABS 150MG, 75MG	3	QL (30 EA per 30 days) PA
WAKIX TABS 17.8MG, 4.45MG	5	QL (60 EA per 30 days) PA NDS
XYREM SOLN 500MG/ML	5	QL (540 ML per 30 days) PA NDS
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	5	QL (540 ML per 30 days) PA NDS

Index

Drug Name	Page #
<i>abacavir</i>	28
<i>abacavir sulfate/lamivudine</i>	28
ABELCET	15
<i>abigale lo</i>	63
ABILIFY ASIMTUFII	25
ABILIFY MAINTENA	25
<i>abiraterone acetate</i>	18
<i>abirtega</i>	18
ABRYSVO	73
ABSORICA LD	47
<i>acamprosate calcium dr</i>	4
<i>acarbose</i>	31
<i>accutane</i>	47
<i>acebutolol hydrochloride</i>	37
ACETAMINOPHEN/CODEINE	2
<i>acetaminophen/codeine phosphate</i>	2
<i>acetazolamide</i>	78
<i>acetazolamide er</i>	78
<i>acetic acid</i>	79
<i>acetylcysteine</i>	82
<i>acitretin</i>	47
ACTEMRA	69
ACTEMRA ACTPEN	69
ACTHAR	61
ACTHAR GEL	61
ACTHIB	73
ACTIMMUNE	70
ACTIVELLA	63
ACULAR	77
ACULAR LS	77
<i>acyclovir</i>	30
<i>acyclovir</i>	52
<i>acyclovir sodium</i>	30
ADACEL	73
ADALIMUMAB-AATY 1-PEN KIT	71
ADALIMUMAB-AATY 2-PEN KIT	71
ADALIMUMAB-AATY 2-SYRINGE KIT	71
ADALIMUMAB-AATY CD/UC/HS STARTER	71
ADALIMUMAB-ADBIM	71
ADALIMUMAB-ADBIM CROHNS/UC/HS STARTER	71
ADALIMUMAB-ADBIM PSORIASIS/UEITIS STARTER	71

Drug Name	Page #
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	71
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UEITIS	71
<i>adapalene</i>	47
<i>adapalene/benzoyl peroxide</i>	47
ADBRY	48
ADDERALL	43
ADDERALL XR	43
<i>adefovir dipivoxil</i>	27
ADEMPAS	82
ADMELOG	33
ADMELOG SOLOSTAR	33
ADVAIR DISKUS	82
ADVAIR HFA	82
ADZENYS XR-ODT	43
AFREZZA	33
AGAMREE	61
AIMOVIG	17
AIRSUPRA	82
AJOVY	17
AKEEGA	19
AKLIEF	47
<i>ala-cort</i>	48
ALA-SCALP	49
<i>albendazole</i>	23
<i>albuterol sulfate</i>	80
ALBUTEROL SULFATE HFA	80
<i>alclometasone dipropionate</i>	49
ALCOHOL PREP PADS	75
ALDACTONE	43
ALECENSA	20
<i>alendronate sodium</i>	74
<i>alfuzosin hcl er</i>	61
<i>aliskiren</i>	39
<i>allopurinol</i>	16
<i>almotriptan</i>	17
ALOGLIPTIN	31
ALOGLIPTIN/METFORMIN HCL	31
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	31
ALOGLIPTIN/PIOGLITAZONE	31
<i>alosetron hydrochloride</i>	57
ALPHAGAN P	78
<i>alprazolam</i>	30
<i>alprazolam er</i>	30
ALPRAZOLAM INTENSOL	30
<i>alprazolam odt</i>	30
ALREX	77

Drug Name	Page #
<i>altavera</i>	63
ALTRENO	47
ALUNBRIG	20
ALVAIZ	35
ALVESCO	79
<i>alyacen 1/35</i>	63
ALYFTREK	81
<i>alyq</i>	82
<i>amantadine hcl</i>	30
AMBIEN	84
AMBIEN CR	83
AMBISOME	15
<i>ambrisentan</i>	82
AMCINONIDE	49
<i>amikacin sulfate</i>	4
<i>amiloride hcl</i>	41
AMILORIDE/HYDROCHLOROTHIAZID E	39
<i>amiodarone hydrochloride</i>	37
<i>amitriptyline hcl</i>	14
<i>amitriptyline hydrochloride</i>	14
<i>amlodipine besylate</i>	38
<i>amlodipine besylate/atorvastatin calcium</i>	39
<i>amlodipine besylate/benazepril hydrochloride</i>	39
<i>amlodipine besylate/valsartan</i>	39
<i>amlodipine/olmesartan medoxomil</i>	39
<i>amlodipine/valsartan/hydrochlorothiazide</i>	39
<i>ammonium lactate</i>	49
<i>amnestem</i>	47
<i>amoxapine</i>	14
<i>amoxicillin</i>	7
<i>amoxicillin/clavulanate potassium</i>	7
AMOXICILLIN/CLAVULANATE POTASSIUM ER	6
<i>amphetamine sulfate</i>	43
<i>amphetamine/dextroamphetamine</i>	44
<i>amphetamine/dextroamphetamine er</i>	44
AMPHOTERICIN B	15
<i>amphotericin b liposome</i>	15
<i>ampicillin</i>	7
<i>ampicillin sodium</i>	7
<i>ampicillin/sulbactam</i>	7
<i>ampicillin-sulbactam</i>	7
AMZEEQ	5
<i>anagrelide hydrochloride</i>	35
<i>anastrozole</i>	19
ANCOBON	15
ANDEMBRY	69
ANGELIQ	63

Drug Name	Page #
ANNOVERA	63
ANORO ELLIPTA	82
APIDRA	33
APIDRA SOLOSTAR	33
<i>apomorphine hydrochloride</i>	24
APRACLONIDINE	78
<i>aprepitant</i>	15
<i>apri</i>	63
APRISO	74
APTENSIO XR	44
APTIOM	11
APTIVUS	29
AQNEURSA	46
ARALAST NP	59
<i>aranelle</i>	63
ARANESP ALBUMIN FREE	35
ARCALYST	69
AREXVY	73
<i>arformoterol tartrate</i>	81
ARIKAYCE	4
<i>aripiprazole</i>	25
<i>aripiprazole odt</i>	25
ARISTADA	25
ARISTADA INITIO	25
ARIXTRA	34
<i>armodafinil</i>	84
ARNUITY ELLIPTA	79
AROMASIN	19
<i>ascomp/codeine</i>	2
<i>asenapine maleate sl</i>	25
<i>ashlyna</i>	63
ASMANEX HFA	79
ASMANEX TWISTHALER 120 METERED DOSES	79
ASMANEX TWISTHALER 30 METERED DOSES	79
ASMANEX TWISTHALER 60 METERED DOSES	79
<i>aspirin/dipyridamole er</i>	36
ASTAGRAF XL	71
ATACAND	36
<i>atazanavir</i>	29
<i>atazanavir sulfate</i>	29
ATELVIA	74
<i>atenolol</i>	37
<i>atenolol/chlorthalidone</i>	39
<i>atomoxetine</i>	44
ATORVALIQ	42
<i>atorvastatin calcium</i>	42
<i>atovaquone</i>	23

Drug Name	Page #
<i>atovaquone/proguanil hcl</i>	23
<i>atovaquone/proguanil hydrochloride</i>	23
ATRALIN	48
<i>atropine sulfate</i>	76
ATROVENT HFA	80
<i>aubra eq</i>	63
AUGMENTIN	7
AUGMENTIN ES-600	7
AUGTYRO	20
AUSTEDO	46
AUSTEDO XR	46
AUSTEDO XR PATIENT TITRATION KIT	46
AUVELITY	12
AUVI-Q	81
AVALIDE	39
AVAPRO	36
<i>aviane</i>	63
AVMAPKI FAKZYNJA CO-PACK	19
AVONEX	46
AVONEX PEN	46
AVYCAZ	6
AYVAKIT	20
AZACTAM	5
<i>azasan</i>	71
AZASITE	77
<i>azathioprine</i>	71
<i>azelaic acid</i>	48
<i>azelastine hcl</i>	77
<i>azelastine hydrochloride</i>	80
<i>azelastine hydrochloride/fluticasone propionate</i>	80
AZELEX	48
<i>azithromycin</i>	7
AZOPT	78
AZSTARYS	44
<i>aztreonam</i>	5
AZULFIDINE	74
AZULFIDINE EN-TABS	74
<i>azurette</i>	63
BACITRACIN	77
<i>bacitracin/polymyxin b</i>	76
<i>baclofen</i>	26
BACTRIM	8
BACTRIM DS	8
BAFIERTAM	46
BALCOLTRA	63
<i>balsalazide disodium</i>	74
BALVERSA	20
<i>balziva</i>	63

Drug Name	Page #
BANZEL	11
BAQSIMI ONE PACK	33
BARACLUDE	27
BASAGLAR KWIKPEN	33
BASAGLAR TEMPO PEN	33
BAXDELA	8
BCG VACCINE	73
BD INSULIN SYRINGE	75
SAFETYGLIDE/1ML/29G X 1/2"	
B-D INSULIN SYRINGE ULTRAFINE	75
II/0.3ML/31G X 5/16"	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	75
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	75
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	75
BELBUCA	2
BELSOMRA	84
<i>benazepril hydrochloride</i>	36
<i>benazepril hydrochloride/hydrochlorothiazide</i>	39
BENICAR HCT	39
BENLYSTA	69
BENZAMYCIN	48
<i>benztropine mesylate</i>	23
<i>bepotastine besilate</i>	77
BEPREVE	77
BERINERT	69
BESIVANCE	77
BESREMI	71
<i>betaine anhydrous</i>	59
<i>betamethasone dipropionate</i>	49
<i>betamethasone dipropionate augmented</i>	49
<i>betamethasone valerate</i>	49
BETASERON	46
<i>betaxolol hcl</i>	37
BETAXOLOL HCL	78
<i>bethanechol chloride</i>	61
BETIMOL	78
BETOPTIC-S	78
BEVESPI AEROSPHERE	82
<i>bexarotene</i>	22
BEXSERO	73
BEYAZ	63
<i>bicalutamide</i>	18
BICILLIN C-R	7
BICILLIN L-A	7
BIDIL	39
BIJUVA	63

Drug Name	Page #
BIKTARVY	27
<i>bimatoprost</i>	79
BIMZELX	69
BINOSTO	75
<i>bismuth subcitrate</i>	57
<i>pot/metronidazole/tetracycline hydrochlo</i>	
<i>bisoprolol fumarate</i>	37
<i>bisoprolol fumarate/hydrochlorothiazide</i>	39
BIVIGAM	69
<i>blisovi 24 fe</i>	63
<i>blisovi fe 1.5/30</i>	63
BONJESTA	14
BONSITY	75
BOOSTRIX	73
<i>bosentan</i>	82
BOSULIF	20
BRAFTOVI	20
BREO ELLIPTA	82
<i>breynga</i>	82
BREZTRI AEROSPHERE	82
<i>briellyn</i>	63
BRILINTA	36
<i>brimonidine tartrate</i>	48
<i>brimonidine tartrate</i>	78
BRIMONIDINE TARTRATE/TIMOLOL	76
MALEATE	
<i>brinzolamide</i>	78
BRIVIACT	9
<i>bromfenac</i>	77
<i>bromfenac sodium</i>	77
<i>bromocriptine mesylate</i>	24
BROMSITE	77
BRUKINSA	20
<i>budesonide</i>	74
<i>budesonide</i>	79
<i>budesonide er</i>	74
<i>budesonide/formoterol fumarate dihydrate</i>	82
<i>bumetanide</i>	41
<i>buprenorphine</i>	2
<i>buprenorphine hcl</i>	4
<i>buprenorphine hcl/naloxone hcl</i>	4
<i>buprenorphine hydrochloride/naloxone</i>	4
<i>hydrochloride</i>	
<i>bupropion hydrochloride</i>	12
<i>bupropion hydrochloride er (sr)</i>	4
<i>bupropion hydrochloride er (sr)</i>	12
BUPROPION HYDROCHLORIDE ER	12
(XL)	
<i>bupirone hcl</i>	30
<i>bupirone hydrochloride</i>	30

Drug Name	Page #
<i>butalbital/acetaminophen</i>	46
<i>butalbital/acetaminophen/caffeine</i>	46
<i>butalbital/acetaminophen/caffeine/codeine</i>	2
<i>butalbital/aspirin/caffeine</i>	46
<i>butalbital/aspirin/caffeine/codeine</i>	2
<i>butorphanol tartrate</i>	2
BUTRANS	2
BYLVAY	57
BYLVAY (PELLETS)	57
<i>cabergoline</i>	68
CABLIVI	36
CABOMETYX	20
CABTREO	51
<i>calcipotriene</i>	51
<i>calcipotriene/betamethasone dipropionate</i>	51
<i>calcitonin-salmon</i>	75
CALCITRIOL	51
<i>calcitriol</i>	75
CALQUENCE	20
<i>camila</i>	67
<i>camrese lo</i>	63
CAMZYOS	39
<i>candesartan cilexetil</i>	36
<i>candesartan cilexetil/hydrochlorothiazide</i>	39
CAPLYTA	25
CAPRELSA	20
<i>captopril</i>	37
CARAFATE	58
CARBAGLU	52
<i>carbamazepine</i>	11
<i>carbamazepine er</i>	11
CARBATROL	11
<i>carbidopa</i>	24
<i>carbidopa/levodopa</i>	24
<i>carbidopa/levodopa er</i>	24
CARBIDOPA/LEVODOPA ODT	24
<i>carbidopa/levodopa/entacapone</i>	23
CARBINOXAMINE MALEATE	80
CARDIZEM LA	38
<i>carglumic acid</i>	52
<i>carisoprodol</i>	83
CARNITOR	75
CARTEOLOL HCL	78
<i>cartia xt</i>	38
<i>carvedilol</i>	37
<i>carvedilol phosphate er</i>	37
CASODEX	18
<i>casprofungin acetate</i>	15
CAYSTON	81
CEFACLOR	6

Drug Name	Page #
CEFACLOR ER	6
<i>cefadroxil</i>	6
<i>cefazolin sodium</i>	6
<i>cefdinir</i>	6
<i>cefepime</i>	6
<i>cefixime</i>	6
<i>cefotetan</i>	6
<i>cefoxitin sodium</i>	6
CEFPODOXIME PROXETIL	6
<i>cefprozil</i>	6
CEFTAZIDIME	6
<i>ceftriaxone sodium</i>	6
<i>cefuroxime axetil</i>	6
<i>cefuroxime sodium</i>	6
<i>celecoxib</i>	1
CELEXA	13
CELLCEPT	71
<i>cephalexin</i>	6
CEQUA	76
CERDELGA	59
<i>cetirizine hydrochloride</i>	80
<i>cevimeline hydrochloride</i>	47
CHEMET	56
CHENODAL	57
<i>chlordiazepoxide hcl</i>	30
<i>chlordiazepoxide hydrochloride</i>	30
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	57
CHLORDIAZEPOXIDE/AMITRIPTYLIN E	12
<i>chlorhexidine gluconate</i>	47
CHLOROQUINE PHOSPHATE	23
CHLORPROMAZINE HYDROCHLORIDE	24
<i>chlorthalidone</i>	41
<i>chlorzoxazone</i>	83
CHOLBAM	59
<i>cholestyramine</i>	42
<i>cholestyramine light</i>	42
CIALIS	61
CIBINQO	69
<i>ciclopirox</i>	52
<i>ciclopirox nail lacquer</i>	52
<i>ciclopirox olamine</i>	52
<i>cilostazol</i>	36
CILOXAN	77
CIMDUO	28
<i>cimetidine</i>	58
<i>cimetidine hydrochloride</i>	58
CIMZIA	71

Drug Name	Page #
<i>cinacalcet hydrochloride</i>	75
CINRYZE	69
CIPRO	8
CIPRO HC	79
<i>ciprofloxacin</i>	79
<i>ciprofloxacin hcl</i>	8
<i>ciprofloxacin hydrochloride</i>	8
<i>ciprofloxacin hydrochloride</i>	77
CIPROFLOXACIN I.V.-IN D5W	8
<i>ciprofloxacin/dexamethasone</i>	79
CITALOPRAM HYDROBROMIDE	13
<i>claravis</i>	48
CLARINEX-D 12 HOUR	80
CLARITHROMYCIN	8
<i>clarithromycin er</i>	8
CLEMASTINE FUMARATE	80
CLENPIQ	57
CLEOCIN	5
CLEOCIN PEDIATRIC GRANULES	5
CLEOCIN PHOSPHATE	5
CLEOCIN-T	52
CLIMARA	63
CLIMARA PRO	63
<i>clindacin</i>	52
<i>clindacin etz pledgets</i>	5
<i>clindamycin hcl</i>	5
<i>clindamycin hydrochloride</i>	5
<i>clindamycin palmitate hydrochloride</i>	5
<i>clindamycin phosphate</i>	5
<i>clindamycin phosphate</i>	52
CLINDAMYCIN	48
PHOSPHATE/BENZOYL PEROXIDE	
<i>clindamycin phosphate/dextrose</i>	5
<i>clindamycin phosphate/tretinoin</i>	48
<i>clindamycin/benzoyl peroxide</i>	48
CLINDESSE	52
CLINIMIX 4.25%/DEXTROSE 10%	52
CLINIMIX 4.25%/DEXTROSE 5%	53
CLINIMIX 5%/DEXTROSE 15%	53
CLINIMIX 5%/DEXTROSE 20%	53
CLINIMIX E 2.75%/DEXTROSE 5%	53
CLINIMIX E 4.25%/DEXTROSE 10%	53
CLINIMIX E 4.25%/DEXTROSE 5%	53
CLINIMIX E 5%/DEXTROSE 15%	54
CLINIMIX E 5%/DEXTROSE 20%	54
<i>clinisol sf 15%</i>	54
<i>clobazam</i>	10
<i>clobetasol propionate</i>	49
<i>clobetasol propionate e</i>	49
<i>clobetasol propionate emollient</i>	49

Drug Name	Page #
CLOBEX	49
<i>clocortolone pivalate</i>	49
<i>clodan</i>	49
<i>clomipramine hydrochloride</i>	14
<i>clonazepam</i>	10
<i>clonazepam odt</i>	10
<i>clonidine</i>	36
<i>clonidine hydrochloride</i>	36
CLONIDINE HYDROCHLORIDE ER	36
<i>clonidine hydrochloride er</i>	45
<i>clopidogrel</i>	36
<i>clorazepate dipotassium</i>	30
<i>clotrimazole</i>	15
<i>clotrimazole/betamethasone dipropionate</i>	51
<i>clozapine</i>	26
CLOZAPINE ODT	26
CLOZARIL	26
COARTEM	23
COBENFY	46
COBENFY STARTER PACK	46
CODEINE SULFATE	3
<i>colchicine</i>	17
<i>colesevelam hydrochloride</i>	42
COLESTID	42
<i>colestipol hydrochloride</i>	42
<i>colistimethate sodium</i>	5
COMBIGAN	76
COMBIPATCH	63
COMBIVENT RESPIMAT	83
COMETRIQ	20
COMPLERA	28
<i>compro</i>	14
CONCERTA	45
CONDYLOX	51
<i>constulose</i>	56
COPAXONE	46
COPIKTRA	20
CORDRAN	49
CORLANOR	39
CORTEF	61
CORTROPHIN	61
COSENTYX	69
COSENTYX SENSOREADY PEN	69
COSENTYX UNOREADY	69
COSOPT	76
COSOPT PF	76
COTELLIC	20
COTEMPLA XR-ODT	45
COZAAR	36
CRENESSITY	59

Drug Name	Page #
CREON	59
CRESEMBA	15
CRINONE	67
<i>cromolyn sodium</i>	59
CROMOLYN SODIUM	77
<i>cromolyn sodium</i>	81
CROTAN	51
<i>cryselle-28</i>	63
CTEXLI	57
CURITY GAUZE PADS 2"X2" 12 PLY	75
CUVRIOR	56
<i>cyclobenzaprine hydrochloride</i>	83
<i>cyclobenzaprine hydrochloride er</i>	83
<i>cyclophosphamide</i>	18
CYCLOSERINE	18
CYCLOSET	31
<i>cyclosporine</i>	71
<i>cyclosporine</i>	76
<i>cyclosporine modified</i>	71
<i>cyproheptadine hcl</i>	80
<i>cyproheptadine hydrochloride</i>	80
<i>cyred eq</i>	63
CYSTADANE	59
CYSTADROPS	76
CYSTAGON	59
CYSTARAN	76
CYTOMEL	68
CYTOTEC	58
<i>dabigatran etexilate</i>	34
<i>dalfampridine er</i>	46
DALVANCE	5
<i>danazol</i>	63
<i>dantrolene sodium</i>	26
DANZITEN	20
DAPAGLIFLOZIN PROPANEDIOL	43
<i>dapsone</i>	18
<i>dapsone</i>	52
DAPTACEL	73
DAPTOMYCIN	5
DARAPRIM	23
<i>darifenacin hydrobromide er</i>	60
<i>darunavir</i>	29
<i>dasatinib</i>	20
DAURISMO	20
DAYBUE	59
DAYPRO	1
DAYVIGO	84
DDAVP	62
<i>deblitane</i>	67
<i>deferasirox</i>	56

Drug Name	Page #
<i>deferiprone</i>	56
<i>deflazacort</i>	61
DELESTROGEN	63
DELSTRIGO	28
<i>demeclocycline hcl</i>	8
DEMEROL	3
DEMSER	39
DENAVIR	52
DEPAKOTE	10
DEPAKOTE ER	10
DEPEN TITRATABS	56
DEPO-ESTRADIOL	63
DEPO-PROVERA CONTRACEPTIVE	67
DEPO-SUBQ PROVERA 104	67
<i>depo-testosterone</i>	63
DERMA-SMOOTH/FS SCALP	49
DERMOTIC	79
DESCOVY	28
<i>desipramine hydrochloride</i>	14
<i>desmopressin acetate</i>	62
<i>desonide</i>	49
DESOWEN	49
<i>desoximetasone</i>	49
DESVENLAFAXINE ER	13
DEXAMETHASONE	61
<i>dexamethasone 10-day dose pack</i>	61
<i>dexamethasone 13-day dose pack</i>	61
<i>dexamethasone 6-day dose pack</i>	61
DEXAMETHASONE SODIUM	77
PHOSPHATE	
DEXILANT	59
<i>dexlansoprazole</i>	59
<i>dexmethylphenidate hcl</i>	45
<i>dexmethylphenidate hcl er</i>	45
<i>dexmethylphenidate hydrochloride</i>	45
<i>dexmethylphenidate hydrochloride er</i>	45
<i>dextroamphetamine sulfate</i>	44
<i>dextroamphetamine sulfate er</i>	44
DEXTROSE 10%	54
DEXTROSE 10%/SODIUM CHLORIDE	54
0.2%	
DEXTROSE 10%/SODIUM CHLORIDE	54
0.45%	
DEXTROSE 2.5%/SODIUM CHLORIDE	54
0.45%	
<i>dextrose 5%</i>	54
DEXTROSE 5%/SODIUM CHLORIDE	54
0.2%	
DEXTROSE 5%/SODIUM CHLORIDE	54
0.45%	

Drug Name	Page #
<i>dextrose 5%/sodium chloride 0.9%</i>	54
DIACOMIT	10
<i>diazepam</i>	31
<i>diazepam intensol</i>	31
DIAZEPAM RECTAL GEL	10
<i>diazoxide</i>	33
DIBENZYLINE	36
DICLEGIS	14
DICLOFENAC EPOLAMINE	1
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium</i>	51
<i>diclofenac sodium</i>	77
<i>diclofenac sodium dr</i>	1
<i>diclofenac sodium er</i>	1
<i>diclofenac sodium/misoprostol</i>	1
<i>dicloxacillin sodium</i>	7
<i>dicyclomine hcl</i>	57
<i>dicyclomine hydrochloride</i>	57
DIFFERIN	48
DIFICID	8
DIFLORASONE DIACETATE	49
DIFLUCAN	15
<i>diflunisal</i>	1
<i>difluprednate</i>	78
DIGOXIN	37
<i>dihydroergotamine mesylate</i>	17
DILANTIN	11
DILAUDID	3
<i>diltiazem hcl</i>	38
<i>diltiazem hcl er</i>	38
<i>diltiazem hydrochloride</i>	38
<i>diltiazem hydrochloride er</i>	38
<i>dilt-xr</i>	38
<i>dimethyl fumarate</i>	47
<i>dimethyl fumarate starterpack</i>	46
DIOVAN HCT	39
DIPENTUM	74
<i>diphenoxylate hydrochloride/atropine</i>	57
<i>sulfate</i>	
DIPHENOXYLATE/ATROPINE	57
DIPROLENE	49
<i>dipyridamole</i>	36
<i>disopyramide phosphate</i>	37
<i>disulfiram</i>	4
DIURIL	41
<i>divalproex sodium dr</i>	10
<i>divalproex sodium er</i>	10
DIVIGEL	63
<i>dofetilide</i>	37

Drug Name	Page #
<i>dolishale</i>	64
DOLOBID	1
<i>donepezil hcl</i>	12
<i>donepezil hydrochloride</i>	12
DOPTLET	36
<i>dorzolamide hcl/timolol maleate</i>	76
<i>dorzolamide hydrochloride</i>	78
<i>dorzolamide hydrochloride/timolol maleate pf</i>	76
<i>dotti</i>	64
DOVATO	27
<i>doxazosin mesylate</i>	61
<i>doxepin hcl</i>	14
<i>doxepin hydrochloride</i>	14
<i>doxepin hydrochloride</i>	49
<i>doxepin hydrochloride</i>	84
DOXERCALCIFEROL	75
<i>doxy 100</i>	8
<i>doxycycline</i>	9
<i>doxycycline hyclate</i>	9
<i>doxycycline hyclate</i>	47
DOXYCYCLINE HYCLATE DR	8
<i>doxycycline monohydrate</i>	9
<i>doxylamine succinate/pyridoxine hydrochloride</i>	15
DRIZALMA SPRINKLE	13
<i>dronabinol</i>	15
<i>drospirenone/ethinyl estradiol</i>	64
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	64
<i>droxidopa</i>	36
DUAKLIR PRESSAIR	80
DUAVEE	67
DUETACT	31
DULERA	83
DULOXETINE HYDROCHLORIDE DR	13
DUOPA	24
DUPIXENT	69
DUREZOL	78
<i>dutasteride</i>	61
<i>dutasteride/tamsulosin hydrochloride</i>	61
DUVYZAT	75
DYANAVEL XR	44
DYMISTA	80
DYRENIUM	41
E.E.S. 400	8
EBGLYSS	70
<i>econazole nitrate</i>	15
EDARBI	36
EDARBYCLOR	39

Drug Name	Page #
EDECIN	41
EDLUAR	84
EDURANT	28
<i>efavirenz</i>	28
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	28
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	28
EGRIFTA SV	62
ELESTRIN	64
<i>eletriptan hydrobromide</i>	17
ELIGARD	68
ELIMITE	52
ELIQUIS	34
ELIQUIS STARTER PACK	34
ELMIRON	61
<i>eltrombopag olamine</i>	35
<i>eluryng</i>	64
ELYXYB	1
EMEND	15
EMEND BIPACK	15
EMEND TRIPACK	15
EMGALITY	17
EMPAVELI	70
EMROSI	18
EMSAM	13
<i>emtricitabine</i>	28
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	28
<i>emtricitabine/tenofovir disoproxil fumarate</i>	28
<i>emtricitabine/tenofovir disoproxil fumarate</i>	28
EMTRIVA	28
EMVERM	23
<i>enalapril maleate</i>	37
<i>enalapril maleate/hydrochlorothiazide</i>	39
ENBREL	71
ENBREL MINI	71
ENBREL SURECLICK	71
ENDARI	59
<i>endocet</i>	3
ENERGIX-B	73
<i>enilloring</i>	64
<i>enoxaparin sodium</i>	34
<i>enskyce</i>	64
ENSPRYNG	76
ENSTILAR	51
<i>entacapone</i>	23
<i>entecavir</i>	27
ENTRESTO	39
ENTYVIO PEN	70

Drug Name	Page #
<i>enulose</i>	56
ENVARUS XR	71
EPCLUSA	27
EPIDIOLEX	9
EPIDUO FORTE	48
<i>epinastine hcl</i>	77
EPINEPHRINE	81
EPIPEN 2-PAK	81
EPIPEN-JR 2-PAK	81
<i>epitol</i>	11
EPIVIR	28
<i>eplerenone</i>	43
EPOGEN	35
EPRONTIA	9
EQUETRO	31
ERAXIS	15
ERGOMAR	17
ERGOTAMINE TARTRATE/CAFFEINE	17
ERIVEDGE	20
ERLEADA	18
<i>erlotinib hydrochloride</i>	20
ERMEZA	68
<i>errin</i>	67
<i>ertapenem sodium</i>	7
ERY	52
ERYTHROCIN LACTOBIONATE	8
<i>erythromycin</i>	52
<i>erythromycin</i>	77
<i>erythromycin base</i>	8
ERYTHROMYCIN DR	8
<i>erythromycin ethylsuccinate</i>	8
<i>erythromycin/benzoyl peroxide</i>	48
ESBRIET	82
<i>escitalopram oxalate</i>	13
<i>eslicarbazepine acetate</i>	11
<i>esomeprazole magnesium</i>	59
<i>estarylla</i>	64
<i>estazolam</i>	84
ESTRACE	64
<i>estradiol</i>	64
<i>estradiol valerate</i>	64
<i>estradiol/norethindrone acetate</i>	64
ESTRING	64
<i>eszopiclone</i>	84
<i>ethacrynic acid</i>	41
<i>ethambutol hydrochloride</i>	18
<i>ethosuximide</i>	10
<i>etodolac</i>	1
<i>etodolac er</i>	1
<i>etonogestrel/ethinyl estradiol</i>	64

Drug Name	Page #
<i>etravirine</i>	28
EUCRISA	49
EULEXIN	18
EVAMIST	64
EVENITY	75
<i>everolimus</i>	20
<i>everolimus</i>	71
EVISTA	67
EVOTAZ	29
EVOXAC	47
EVRYSDI	59
EXELDERM	15
<i>exemestane</i>	19
EXFORGE	40
EXFORGE HCT	40
EXJADE	56
EYSUVIS	78
<i>ezetimibe</i>	42
<i>ezetimibe/simvastatin</i>	42
FABHALTA	35
<i>falmina</i>	64
<i>famciclovir</i>	30
<i>famotidine</i>	58
FANAPT	25
FANAPT TITRATION PACK A	25
FARXIGA	43
FASENRA	83
FASENRA PEN	83
<i>febuxostat</i>	17
<i>feirza 1.5/30</i>	64
<i>feirza 1/20</i>	64
<i>felbamate</i>	9
<i>felodipine er</i>	38
FEMLYV	64
FEMRING	64
FENOFIBRATE	41
<i>fenofibrate micronized</i>	41
<i>fenofibric acid dr</i>	42
FENOPRON	1
<i>fentanyl</i>	2
FERRIPROX TWICE-A-DAY	56
<i>fesoterodine fumarate er</i>	60
FETZIMA	13
FETZIMA TITRATION PACK	13
FIASP	33
FIASP FLEXTOUCH	33
FIASP PENFILL	33
FILSPARI	40
FILSUVEZ	51
FINACEA	48

Drug Name	Page #
<i>finasteride</i>	61
<i> fingolimod hydrochloride</i>	47
FINTEPLA	9
<i>finzala</i>	64
FIORICET	46
FIORICET/CODEINE	3
FIRDAPSE	46
FIRMAGON	68
FIRVANQ	5
<i>flac</i>	79
FLAREX	78
<i>flavoxate hcl</i>	60
<i>flecainide acetate</i>	37
<i>fluconazole</i>	16
<i>fluconazole in sodium chloride</i>	16
<i>flucytosine</i>	16
<i>fludrocortisone acetate</i>	62
<i>flunisolide</i>	79
<i>fluocinolone acetonide</i>	50
<i>fluocinolone acetonide</i>	79
<i>fluocinolone acetonide scalp</i>	50
<i>fluocinonide</i>	50
<i>fluocinonide emulsified base</i>	50
<i>fluorometholone</i>	78
<i>fluorouracil</i>	51
FLUOXETINE DR	13
<i>fluoxetine hydrochloride</i>	13
<i>fluphenazine decanoate</i>	24
FLUPHENAZINE HCL	24
FLUPHENAZINE HYDROCHLORIDE	24
<i>flurandrenolide</i>	50
FLURAZEPAM HYDROCHLORIDE	84
FLURBIPROFEN	1
<i>flurbiprofen sodium</i>	78
FLUTICASONE	83
FUROATE/VILANTEROL ELLIPTA	
<i>fluticasone propionate</i>	50
<i>fluticasone propionate</i>	79
FLUTICASONE PROPIONATE HFA	79
FLUTICASONE	83
PROPIONATE/SALMETEROL	
<i>fluticasone propionate/salmeterol diskus</i>	83
FLUTICASONE	83
PROPIONATE/SALMETEROL HFA	
<i>fluvastatin</i>	42
<i>fluvastatin sodium er</i>	42
<i>fluvoxamine maleate</i>	13
<i>fluvoxamine maleate er</i>	13
FML FORTE	78
FML LIQUIFILM	78

Drug Name	Page #
FOCALIN	45
FOCALIN XR	45
<i>fondaparinux sodium</i>	34
<i>formoterol fumarate</i>	81
FORTEO	75
FOSAMAX	75
FOSAMAX PLUS D	75
<i>fosamprenavir calcium</i>	29
<i>fosfomycin tromethamine</i>	5
<i>fosinopril sodium</i>	37
<i>fosinopril sodium/hydrochlorothiazide</i>	40
FOTIVDA	20
FRAGMIN	34
<i>frovatriptan succinate</i>	17
FRUZAQLA	20
FULPHILA	35
FUROSCIX	41
<i>furosemide</i>	41
<i>fyavolv</i>	64
FYCOMPA	9
FYLNETRA	35
<i>gabapentin</i>	10
<i>gabapentin once-daily</i>	46
GABARONE	10
GALAFOLD	59
GALANTAMINE HYDROBROMIDE	12
<i>galantamine hydrobromide er</i>	12
<i>galbriela</i>	64
<i>gallifrey</i>	67
GAMMAGARD LIQUID	69
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	69
GAMMAKED	69
GAMMAPLEX	69
GAMUNEX-C	69
GARDASIL 9	73
GASTROCROM	59
<i>gatifloxacin</i>	77
GATTEX	57
GAVILYTE-C	57
<i>gavilyte-g</i>	57
<i>gavilyte-n/flavor pack</i>	57
GAVRETO	20
<i>gefitinib</i>	20
<i>gemfibrozil</i>	42
<i>gemmily</i>	64
GEMTESA	60
<i>generlac</i>	56
<i>gengraf</i>	71
GENOTROPIN	62

Drug Name	Page #
GENOTROPIN MINIQUE	62
<i>gentamicin sulfate</i>	4
<i>gentamicin sulfate</i>	77
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	4
GENVOYA	27
GEODON	25
GILENYA	47
GILOTRIF	20
GLASSIA	59
<i>glatiramer acetate</i>	47
<i>glatopa</i>	47
GLEOSTINE	18
GLIMEPIRIDE	31
GLIPIZIDE	31
<i>glipizide er</i>	31
<i>glipizide/metformin hydrochloride</i>	31
<i>glucagon emergency kit for low blood sugar</i>	33
GLUCOTROL XL	31
<i>glyburide</i>	31
GLYBURIDE MICRONIZED	31
<i>glyburide/metformin hydrochloride</i>	31
<i>glycopyrrolate</i>	57
GLYXAMBI	31
GOCOVRI	23
GOLYTELY	57
GOMEKLI	20
GRALISE	46
<i>granisetron hydrochloride</i>	15
GRANIX	35
GRASTEK	70
<i>griseofulvin microsize</i>	16
<i>griseofulvin ultramicrosize</i>	16
<i>guanfacine hydrochloride</i>	36
<i>guanfacine hydrochloride er</i>	45
GVOKE HYPOPEN 2-PACK	33
GVOKE KIT	33
GVOKE PFS	33
GYNAZOLE-1	16
HAEGARDA	69
<i>hailey 24 fe</i>	64
<i>halcinonide</i>	50
HALCION	84
HALDOL DECANOATE 100	24
<i>halobetasol propionate</i>	50
<i>haloette</i>	64
<i>haloperidol</i>	25
<i>haloperidol decanoate</i>	24
<i>haloperidol lactate</i>	25
HARVONI	27

Drug Name	Page #
HAVRIX	73
<i>heather</i>	67
HELIDAC THERAPY	57
HEMADY	62
HEMICLOR	41
<i>heparin sodium</i>	34
HEPLISAV-B	73
HIBERIX	73
HORIZANT	46
HUMALOG	33
HUMALOG JUNIOR KWIKPEN	33
HUMALOG KWIKPEN	33
HUMALOG MIX 50/50 KWIKPEN	33
HUMALOG MIX 75/25	33
HUMALOG MIX 75/25 KWIKPEN	33
HUMATIN	4
HUMATROPE	62
HUMIRA	72
HUMIRA PEN	72
HUMIRA PEN-CD/UC/HS STARTER	72
HUMIRA PEN-PS/UV STARTER	72
HUMULIN 70/30	33
HUMULIN 70/30 KWIKPEN	33
HUMULIN N	33
HUMULIN N KWIKPEN	33
HUMULIN R	33
HUMULIN R U-500 (CONCENTRATED)	33
HUMULIN R U-500 KWIKPEN	33
<i>hydralazine hydrochloride</i>	43
HYDREA	19
<i>hydrochlorothiazide</i>	41
HYDROCODONE BITARTRATE ER	2
HYDROCODONE	3
BITARTRATE/ACETAMINOPHEN	
<i>hydrocodone/acetaminophen</i>	3
HYDROCODONE/IBUPROFEN	3
<i>hydrocortisone</i>	50
<i>hydrocortisone</i>	62
<i>hydrocortisone</i>	74
HYDROCORTISONE	51
ACETATE/PRAMOXINE	
HYDROCORTISONE BUTYRATE	50
<i>hydrocortisone valerate</i>	50
<i>hydrocortisone/acetic acid</i>	79
<i>hydromorphone hcl</i>	3
<i>hydromorphone hcl er</i>	2
<i>hydromorphone hydrochloride</i>	3
<i>hydromorphone hydrochloride er</i>	2
<i>hydroxychloroquine sulfate</i>	23
<i>hydroxyurea</i>	19

Drug Name	Page #
<i>hydroxyzine hcl</i>	80
<i>hydroxyzine hydrochloride</i>	80
HYDROXYZINE PAMOATE	80
HYFTOR	50
HYSINGLA ER	2
HYZAAR	40
<i>ibandronate sodium</i>	75
IBRANCE	19
IBRANCE	20
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	69
<i>iclevia</i>	64
ICLUSIG	20
<i>icosapent ethyl</i>	42
IDHIFA	20
ILEVRO	78
ILUMYA	70
<i>imatinib mesylate</i>	20
IMBRUVICA	20
IMIPENEM/CILASTATIN	7
<i>imipramine hcl</i>	14
<i>imipramine hydrochloride</i>	14
<i>imipramine pamoate</i>	14
<i>imiquimod</i>	51
<i>imiquimod pump</i>	51
IMITREX	17
IMITREX STATDOSE REFILL	17
IMITREX STATDOSE SYSTEM	17
IMKELDI	20
IMOVAX RABIES (H.D.C.V.)	73
IMPAVIDO	5
IMURAN	72
IMVEXXY MAINTENANCE PACK	64
IMVEXXY STARTER PACK	64
INBRIJA	24
<i>incassia</i>	67
INCRELEX	62
INCRUSE ELLIPTA	80
<i>indapamide</i>	41
<i>indomethacin</i>	1
<i>indomethacin er</i>	1
INFANRIX	73
INGREZZA	46
INLYTA	20
INPEFA	43
INQOVI	20
INREBIC	19
INSULIN GLARGINE-YFGN	33
INSULIN LISPRO	34

Drug Name	Page #
INSULIN LISPRO JUNIOR KWIKPEN	33
INSULIN LISPRO KWIKPEN	33
INSULIN LISPRO	34
PROTAMINE/INSULIN LISPRO	
KWIKPEN	
INTELENCE	28
INTRALIPID	75
INTRAROSA	62
<i>introvale</i>	64
INVANZ	7
INVEGA	25
INVEGA HAFYERA	25
INVEGA SUSTENNA	25
INVEGA TRINZA	25
INVELTYS	78
INVOKAMET	32
INVOKAMET XR	31
INVOKANA	43
INZIRQO	41
IOPIDINE	78
IPOL INACTIVATED IPV	73
<i>ipratropium bromide</i>	80
<i>ipratropium bromide/albuterol sulfate</i>	83
IQIRVO	57
<i>irbesartan</i>	36
<i>irbesartan/hydrochlorothiazide</i>	40
IRESSA	20
ISENTRESS	27
ISENTRESS HD	27
<i>isibloom</i>	64
ISOLYTE-P/DEXTROSE 5%	54
ISOLYTE-S PH 7.4	54
<i>isoniazid</i>	18
ISORDIL TITRADOSE	43
<i>isosorbide dinitrate</i>	43
<i>isosorbide dinitrate/hydralazine</i>	40
<i>hydrochloride</i>	
ISOSORBIDE MONONITRATE	43
<i>isosorbide mononitrate er</i>	43
ISOTONIC GENTAMICIN	4
<i>isotretinoin</i>	48
<i>isradipine</i>	38
ISTALOL	78
ISTURISA	62
ITOVEBI	19
<i>itraconazole</i>	16
<i>ivabradine hydrochloride</i>	40
<i>ivermectin</i>	23
<i>ivermectin</i>	52
IWILFIN	19

Drug Name	Page #
IXCHIQ	73
IXIARO	73
IYUZEH	79
<i>jaimiess</i>	64
JAKAFI	20
<i>jantoven</i>	34
JANUMET	32
JANUMET XR	32
JANUVIA	32
JARDIANCE	43
<i>jasmiel</i>	64
JATENZO	63
<i>javygtor</i>	59
JAYPIRCA	21
JENTADUETO	32
JENTADUETO XR	32
<i>jinteli</i>	64
JOENJA	59
JORNAY PM	45
JOURNAVX	1
<i>joyeaux</i>	64
<i>juleber</i>	65
JULUCA	28
<i>junel 1.5/30</i>	65
<i>junel 1/20</i>	65
<i>junel fe 1.5/30</i>	65
<i>junel fe 1/20</i>	65
<i>junel fe 24</i>	65
JUXTAPID	42
JYLAMVO	72
JYNARQUE	56
JYNNEOS	73
<i>kaitlib fe</i>	65
KALETRA	29
KALYDECO	81
<i>kariva</i>	65
<i>kcl 0.15%/d5w/nacl 0.2%</i>	54
<i>kelnor 1/35</i>	65
<i>kelnor 1/50</i>	65
KERENDIA	43
KESIMPTA	47
<i>ketoconazole</i>	16
KETOPROFEN	1
KETOPROFEN ER	1
<i>ketorolac tromethamine</i>	1
<i>ketorolac tromethamine</i>	78
KEVEYIS	59
KEVZARA	70
KHINDIVI	62
KINERET	70

Drug Name	Page #
KINRIX	73
<i>kionex</i>	56
KISQALI	21
KISQALI FEMARA 400 DOSE	19
KISQALI FEMARA 600 DOSE	19
KITABIS PAK	81
KLARON	8
KLISYRI	51
KLONOPIN	10
<i>klor-con</i>	54
<i>klor-con 10</i>	54
<i>klor-con 8</i>	54
<i>klor-con m10</i>	54
<i>klor-con m15</i>	54
<i>klor-con m20</i>	54
KLOXXADO	4
KONVOMEF	59
KORLYM	68
KOSELUGO	21
<i>kourzeq</i>	47
KRAZATI	21
KRINTAFEL	23
<i>kristalose</i>	56
<i>kurvelo</i>	65
KYLEENA	67
<i>labetalol hydrochloride</i>	38
<i>lacosamide</i>	11
<i>lactulose</i>	56
LAMICTAL XR	9
<i>lamivudine</i>	27
<i>lamivudine</i>	29
<i>lamivudine/zidovudine</i>	28
<i>lamotrigine</i>	9
<i>lamotrigine er</i>	9
<i>lamotrigine odt</i>	9
<i>lamotrigine starter kit/blue</i>	9
<i>lamotrigine starter kit/green</i>	9
<i>lamotrigine starter kit/orange</i>	9
<i>lamotrigine titration</i>	9
LAMPIT	23
LANOXIN	37
<i>lansoprazole</i>	59
LANSOPRAZOLE/AMOXICILLIN/CLAR	57
ITHROMYCIN	
LANTUS	34
LANTUS SOLOSTAR	34
<i>lapatinib ditosylate</i>	21
<i>larin 1.5/30</i>	65
<i>larin 1/20</i>	65
<i>larin fe 1.5/30</i>	65

Drug Name	Page #
<i>larin fe 1/20</i>	65
LASIX	41
<i>latanoprost</i>	79
LATUDA	25
LAZCLUZE	19
LEDIPASVIR/SOFOSBUVIR	27
<i>leflunomide</i>	72
<i>lenalidomide</i>	19
LENVIMA 10 MG DAILY DOSE	21
LENVIMA 12MG DAILY DOSE	21
LENVIMA 14 MG DAILY DOSE	21
LENVIMA 18 MG DAILY DOSE	21
LENVIMA 20 MG DAILY DOSE	21
LENVIMA 24 MG DAILY DOSE	21
LENVIMA 4 MG DAILY DOSE	21
LENVIMA 8 MG DAILY DOSE	21
LESCOL XL	42
<i>lessina</i>	65
<i>letrozole</i>	19
<i>leucovorin calcium</i>	19
LEUKERAN	18
LEUKINE	35
LEUPROLIDE ACETATE	68
<i>levalbuterol</i>	81
<i>levalbuterol hcl</i>	81
<i>levalbuterol hydrochloride</i>	81
LEVALBUTEROL TARTRATE HFA	81
<i>levetiracetam</i>	9
<i>levetiracetam er</i>	9
LEVOBUNOLOL HCL	78
<i>levocarnitine</i>	75
<i>levocetirizine dihydrochloride</i>	80
<i>levofloxacin</i>	8
LEVOFLOXACIN	77
<i>levofloxacin in d5w</i>	8
<i>levonest</i>	65
<i>levonorgestrel and ethinyl estradiol</i>	65
<i>levonorgestrel/ethinyl estradiol</i>	65
<i>levora 0.15/30-28</i>	65
LEVOTHYROXINE SODIUM	68
<i>levoxyl</i>	68
<i>l-glutamine</i>	59
LIALDA	74
<i>lidocaine</i>	3
<i>lidocaine hydrochloride</i>	3
<i>lidocaine hydrochloride viscous</i>	47
<i>lidocaine/prilocaine</i>	3
<i>lidocan</i>	4
LILETTA	67
<i>linezolid</i>	5

Drug Name	Page #
LINZESS	56
<i>liothyronine sodium</i>	68
<i>liraglutide</i>	32
<i>lisdexamfetamine dimesylate</i>	44
<i>lisinopril</i>	37
<i>lisinopril/hydrochlorothiazide</i>	40
LITFULO	70
<i>lithium</i>	31
LITHIUM CARBONATE	31
<i>lithium carbonate er</i>	31
LITHOSTAT	61
LIVALO	42
LIVMARLI	58
LIVTENCITY	27
LO LOESTRIN FE	65
LODINE	1
LODOCO	40
<i>loestrin 1.5/30-21</i>	65
<i>loestrin 1/20-21</i>	65
<i>loestrin fe 1.5/30</i>	65
<i>loestrin fe 1/20</i>	65
<i>lofexidine hydrochloride</i>	4
<i>lojaimiess</i>	65
LOKELMA	56
LOMOTIL	57
LONSURF	19
<i>loperamide hydrochloride</i>	57
LOPID	42
<i>lopinavir/ritonavir</i>	29
LOPRESSOR	38
<i>lorazepam</i>	31
<i>lorazepam intensol</i>	31
LORBRENA	21
<i>loryna</i>	65
<i>losartan potassium</i>	36
<i>losartan potassium/hydrochlorothiazide</i>	40
LOTEMAX	78
LOTEMAX SM	78
LOTENSIN	37
<i>loteprednol etabonate</i>	78
LOTREL	40
<i>lovastatin</i>	42
LOVAZA	42
LOVENOX	34
<i>low-ogestrel</i>	65
<i>loxapine</i>	25
<i>lubiprostone</i>	56
LULICONAZOLE	16
LUMAKRAS	21
LUMIGAN	79

Drug Name	Page #
LUMRYZ	84
LUMRYZ STARTER PACK	84
LUNESTA	84
LUPKYNIS	72
LUPRON DEPOT (1-MONTH)	68
LUPRON DEPOT (3-MONTH)	68
LUPRON DEPOT (4-MONTH)	68
LUPRON DEPOT (6-MONTH)	68
LUPRON DEPOT-PED (1-MONTH)	68
LUPRON DEPOT-PED (3-MONTH)	68
LUPRON DEPOT-PED (6-MONTH)	62
<i>lurasidone hydrochloride</i>	25
<i>luteria</i>	65
LYBALVI	25
<i>lyleq</i>	67
<i>lyllana</i>	65
LYNPARZA	21
LYSODREN	19
LYTGOBI	21
LYUMJEV	34
LYUMJEV KWIKPEN	34
<i>lyza</i>	67
MACROBID	5
MACRODANTIN	5
<i>magnesium sulfate</i>	54
MALARONE	23
<i>malathion</i>	52
<i>maraviroc</i>	29
MARINOL	15
<i>marlissa</i>	65
MARPLAN	13
MATULANE	18
<i>matzim la</i>	38
MAVENCLAD	47
MAVYRET	27
MAXALT	17
MAXALT-MLT	17
MAXIDEX	78
MAXITROL	76
MAYZENT	47
MAYZENT STARTER PACK	47
<i>meclizine hcl</i>	15
MECLOFENAMATE SODIUM	1
MEDROL	62
MEDROL DOSEPAK	62
<i>medroxyprogesterone acetate</i>	67
<i>mefloquine hydrochloride</i>	23
MEGESTROL ACETATE	67
MEKINIST	21
MEKTOVI	21

Drug Name	Page #
<i>meleva</i>	67
<i>meloxicam</i>	1
<i>memantine hcl titration pak</i>	12
<i>memantine hydrochloride</i>	12
<i>memantine hydrochloride er</i>	12
<i>memantine/donepezil hydrochloride er</i>	12
MENOSTAR	65
MENQUADFI	73
MENVEO	73
<i>meperidine hcl</i>	3
<i>meperidine hydrochloride</i>	3
<i>meprobamate</i>	30
MEPRON	23
<i>mercaptopurine</i>	19
MERILOG	34
MERILOG SOLOSTAR	34
<i>meropenem</i>	7
<i>merzee</i>	65
<i>mesalamine</i>	74
<i>mesalamine dr</i>	74
<i>mesalamine er</i>	74
<i>mesna</i>	22
MESNEX	23
<i>metaxalone</i>	83
<i>metformin hydrochloride</i>	32
<i>metformin hydrochloride er</i>	32
METHADONE HCL	2
<i>methamphetamine hydrochloride</i>	44
<i>methazolamide</i>	79
<i>methenamine hippurate</i>	5
<i>methimazole</i>	69
METHITEST	63
<i>methocarbamol</i>	83
<i>methotrexate</i>	72
METHOTREXATE SODIUM	72
METHOXSALEN	51
<i>methscopolamine bromide</i>	57
<i>methsuximide</i>	10
<i>methyl dopa</i>	36
METHYLIN	45
<i>methylphenidate</i>	45
<i>methylphenidate hydrochloride</i>	45
METHYLPHENIDATE	45
HYDROCHLORIDE ER	
<i>methylphenidate hydrochloride er (cd)</i>	45
<i>methylphenidate hydrochloride er (la)</i>	45
METHYLPHENIDATE	45
HYDROCHLORIDE ER (OSM)	
<i>methylphenidate hydrochloride er (xr)</i>	45
<i>methylprednisolone</i>	62

Drug Name	Page #
<i>methylprednisolone dose pack</i>	62
<i>metoclopramide hcl</i>	58
<i>metoclopramide hydrochloride</i>	58
METOCLOPRAMIDE ODT	58
<i>metolazone</i>	41
<i>metoprolol succinate er</i>	38
<i>metoprolol tartrate</i>	38
<i>metoprolol/hydrochlorothiazide</i>	40
METROCREAM	48
METROGEL	48
METROLOTION	48
<i>metronidazole</i>	5
<i>metronidazole</i>	48
<i>metronidazole vaginal</i>	5
<i>metirosine</i>	40
<i>mexiletine hydrochloride</i>	37
<i>mibelas 24 fe</i>	65
<i>micafungin</i>	16
MICARDIS HCT	40
MICONAZOLE 3	16
<i>microgestin 1.5/30</i>	65
<i>microgestin 1/20</i>	65
<i>microgestin fe 1.5/30</i>	65
<i>microgestin fe 1/20</i>	65
<i>midodrine hydrochloride</i>	36
MIEBO	76
<i>mifepristone</i>	68
MIGERGOT	17
MIGLITOL	32
<i>miglustat</i>	59
<i>mili</i>	65
<i>mimvey</i>	65
<i>minocycline hcl</i>	9
<i>minocycline hydrochloride</i>	9
MINOCYCLINE HYDROCHLORIDE ER	9
<i>minoxidil</i>	43
<i>minzoya</i>	65
MIPLYFFA	59
MIRCERA	35
MIRENA	67
<i>mirtazapine</i>	12
<i>mirtazapine odt</i>	12
MIRVASO	48
<i>misoprostol</i>	58
MITIGARE	17
M-M-R II	73
<i>modafinil</i>	84
<i>moexipril hydrochloride</i>	37
<i>molindone hydrochloride</i>	25
<i>mometasone furoate</i>	50

Drug Name	Page #
<i>mometasone furoate</i>	79
<i>montelukast sodium</i>	80
<i>morphine sulfate</i>	3
MORPHINE SULFATE ER	2
MOTEGRITY	56
MOUNJARO	32
MOVANTIK	57
MOVIPREP	58
MOXIFLOXACIN	8
HYDROCHLORIDE/SODIUM	
HYDROCHLORIDE	
<i>moxifloxacin hydrochloride</i>	8
<i>moxifloxacin hydrochloride</i>	77
MRESVIA	73
MULPLETA	35
MULTAQ	37
<i>multiple electrolytes injection type 1</i>	54
<i>mupirocin</i>	52
MYALEPT	58
MYCAMINE	16
MYCAPSSA	68
<i>mycophenolate mofetil</i>	72
<i>mycophenolic acid dr</i>	72
MYDAYIS	44
MYFEMBREE	68
MYFORTIC	72
MYHIBBIN	72
MYRBETRIQ	60
MYTESI	57
<i>nabumetone</i>	1
<i>nadolol</i>	38
<i>nafcillin sodium</i>	7
<i>naftifine hydrochloride</i>	16
NALOXONE HYDROCHLORIDE	4
<i>naltrexone hydrochloride</i>	4
NAMZARIC	12
<i>naproxen</i>	1
<i>naproxen dr</i>	1
<i>naproxen sodium</i>	1
<i>naproxen sodium er</i>	1
<i>naratriptan hcl</i>	17
NARDIL	13
NATACYN	77
NATAZIA	65
<i>nateglinide</i>	32
NATROBA	52
NAYZILAM	9
<i>nebivolol hydrochloride</i>	38
NEBUPENT	23
<i>necon 0.5/35-28</i>	65

Drug Name	Page #
NEFAZODONE HYDROCHLORIDE	13
NEFFY	40
NEMLUVIO	70
<i>neomycin sulfate</i>	4
<i>neomycin/bacitracin/polymyxin</i>	76
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	76
<i>neomycin/polymyxin/dexamethasone</i>	76
NEOMYCIN/POLYMYXIN/GRAMICIDI N	76
<i>neomycin/polymyxin/hc</i>	79
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	76
<i>neomycin/polymyxin/hydrocortisone</i>	79
<i>neo-polycin</i>	76
<i>neo-polycin hc</i>	76
NEORAL	72
NEO-SYNALAR	51
NERLYNX	21
<i>neuac</i>	48
NEULASTA	35
NEUPOGEN	35
NEUPRO	24
NEVANAC	78
NEVIRAPINE	28
<i>nevirapine er</i>	28
NEXAVAR	21
NEXICLON XR	36
NEXIUM	59
NEXLETOL	42
NEXLIZET	42
NEXPLANON	67
NEXTSTELLIS	65
NGENLA	62
NIACIN	42
<i>niacin er</i>	42
<i>nicardipine hcl</i>	38
NICOTROL NS	4
<i>nifedipine</i>	38
<i>nifedipine er</i>	38
<i>nikki</i>	65
NILANDRON	18
<i>nilotinib hydrochloride</i>	21
<i>nilutamide</i>	18
<i>nimodipine</i>	38
NINLARO	21
NISOLDIPINE ER	38
<i>nitazoxanide</i>	23
<i>nitisinone</i>	59
NITRO-BID	43

Drug Name	Page #
NITROFURANTOIN	5
<i>nitrofurantoin macrocrystals</i>	5
<i>nitrofurantoin monohydrate/macrocrystals</i>	5
<i>nitroglycerin</i>	43
<i>nitroglycerin</i>	58
<i>nitroglycerin transdermal</i>	43
NITROLINGUAL	43
NITROSTAT	43
NITYR	59
NIVESTYM	35
NIZATIDINE	58
<i>nora-be</i>	67
NORDITROPIN FLEXPEN	62
<i>norelgestromin/ethinyl estradiol</i>	66
<i>norethindrone</i>	67
<i>norethindrone acetate</i>	67
<i>norethindrone acetate/ethinyl estradiol</i>	66
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	66
<i>norgestimate/ethinyl estradiol</i>	66
NORPACE	37
NORPACE CR	37
NORPRAMIN	14
<i>nortrel 0.5/35 (28)</i>	66
<i>nortrel 1/35</i>	66
<i>nortrel 7/7/7</i>	66
<i>nortriptyline hcl</i>	14
<i>nortriptyline hydrochloride</i>	14
NORVASC	38
NORVIR	29
NOURIANZ	24
NOVOLIN 70/30	34
NOVOLIN 70/30 FLEXPEN	34
NOVOLIN N	34
NOVOLIN N FLEXPEN	34
NOVOLIN R	34
NOVOLIN R FLEXPEN	34
NOVOLOG	34
NOVOLOG FLEXPEN	34
NOVOLOG MIX 70/30	34
NOVOLOG MIX 70/30 PREFILLED	34
FLEXPEN	
NOVOLOG PENFILL	34
NOXAFIL	16
NUBEQA	18
NUCALA	83
NUCYNTA	3
NUCYNTA ER	2
NUEDEXTA	46
NUPLAZID	25

Drug Name	Page #
NURTEC	17
NUTRILIPID	75
NUTROPIN AQ NUSPIN 10	62
NUTROPIN AQ NUSPIN 20	62
NUTROPIN AQ NUSPIN 5	62
NUVARING	66
NUZYRA	9
<i>nyamyc</i>	16
<i>nylia 1/35</i>	66
<i>nylia 7/7/7</i>	66
NYMALIZE	38
<i>nystatin</i>	16
<i>nystatin/triamcinolone</i>	51
<i>nystatin/triamcinolone acetonide</i>	51
<i>nystop</i>	16
NYVEPRIA	35
OALIVA	58
<i>ocella</i>	66
OCTAGAM	69
<i>octreotide acetate</i>	68
OCUFLOX	77
ODACTRA	70
ODEFSEY	29
ODOMZO	21
OFEV	82
OFLOXACIN	8
<i>ofloxacin</i>	77
<i>ofloxacin</i>	79
OGSIVEO	19
OHTUVAYRE	81
OJEMDA	19
OJJAARA	21
<i>olanzapine</i>	25
<i>olanzapine odt</i>	25
<i>olanzapine/fluoxetine</i>	12
<i>olmesartan medoxomil</i>	36
<i>olmesartan</i>	40
<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	40
<i>olopatadine hcl</i>	80
OLPRUVA	60
OLUMIANT	70
<i>omega-3-acid ethyl esters</i>	42
<i>omeprazole</i>	59
<i>omeprazole dr</i>	59
OMNARIS	79
OMNITROPE	62
OMVOH	70
<i>ondansetron hcl</i>	15
<i>ondansetron hydrochloride</i>	15

Drug Name	Page #
<i>ondansetron odt</i>	15
ONEXTON	48
ONGENTYS	24
ONUREG	19
ONYDA XR	45
ONZETRA XSAIL	17
OPIPZA	25
OPSUMIT	82
OPVEE	4
OPZELURA	50
ORENCIA	70
ORENCIA CLICKJECT	70
ORENITRAM	82
ORENITRAM TITRATION KIT MONTH	82
1	
ORENITRAM TITRATION KIT MONTH	82
2	
ORENITRAM TITRATION KIT MONTH	82
3	
ORFADIN	60
ORGOVYX	68
ORIAHNN	69
ORILISSA	69
ORKAMBI	81
ORLADEYO	69
<i>ormalvi</i>	60
<i>orphenadrine citrate er</i>	83
ORSERDU	19
<i>oseltamivir phosphate</i>	30
OSPHERA	67
OTEZLA	51
OTEZLA	70
OTREXUP	72
OVIDE	52
OXACILLIN SODIUM	7
<i>oxaprozin</i>	1
<i>oxazepam</i>	31
<i>oxcarbazepine</i>	11
<i>oxcarbazepine er</i>	11
OXERVATE	76
<i>oxiconazole nitrate</i>	16
OXTELLAR XR	11
<i>oxybutynin chloride</i>	60
<i>oxybutynin chloride er</i>	60
<i>oxycodone hydrochloride</i>	3
OXYCODONE	3
HYDROCHLORIDE/ACETAMINOPHEN	
OXYCODONE/ACETAMINOPHEN	3
OXYCONTIN	2
<i>oxymorphone hydrochloride</i>	3

Drug Name	Page #
OXYMORPHONE HYDROCHLORIDE	2
ER	
OXYMORPHONE	2
HYDROCHLORIDEER	
OXYTROL	61
OZEMPIC	32
OZOBAX DS	26
<i>pacerone</i>	37
<i>paliperidone er</i>	25
PALYNZIQ	60
PANCREAZE	60
PANRETIN	22
<i>pantoprazole sodium</i>	59
PANZYGA	69
<i>paricalcitol</i>	75
PARLODEL	24
<i>paroxetine</i>	14
<i>paroxetine hcl</i>	13
<i>paroxetine hcl er</i>	13
PAROXETINE HYDROCHLORIDE	13
PAXIL	14
PAXIL CR	14
PAXLOVID	30
<i>pazopanib hydrochloride</i>	21
PEDIARIX	73
PEDVAX HIB	73
<i>peg-3350/electrolytes</i>	58
<i>peg-3350/electrolytes/ascorbate</i>	58
<i>peg-3350/nacl/na bicarbonate/kcl</i>	58
PEGASYS	71
PEGASYS	72
PEMAZYRE	21
PENBRAYA	73
<i>penciclovir</i>	52
<i>penicillamine</i>	56
<i>penicillin g potassium</i>	7
PENICILLIN G POTASSIUM IN ISO-	7
OSMOTIC DEXTROSE	
PENICILLIN G SODIUM	7
PENICILLIN V POTASSIUM	7
PENTACEL	73
PENTAM 300	23
<i>pentamidine isethionate</i>	23
<i>pentazocine/naloxone hcl</i>	3
<i>pentoxifylline er</i>	40
PERFOROMIST	81
PERINDOPRIL ERBUMINE	37
<i>periogard</i>	47
<i>permethrin</i>	52
<i>perphenazine</i>	25

Drug Name	Page #
PERPHENAZINE/AMITRIPTYLINE	13
PERSERIS	26
<i>phenelzine sulfate</i>	13
<i>phenobarbital</i>	10
<i>phenoxybenzamine hydrochloride</i>	36
<i>phenytek</i>	11
<i>phenytoin</i>	11
<i>phenytoin sodium extended</i>	11
PHEXXI	61
PIFELTRO	28
<i>pilocarpine hydrochloride</i>	47
<i>pilocarpine hydrochloride</i>	79
<i>pimecrolimus</i>	50
PIMOZIDE	25
<i>pimtrea</i>	66
<i>pindolol</i>	38
<i>pioglitazone hcl</i>	32
<i>pioglitazone hcl/metformin hcl</i>	32
<i>pioglitazone hcl-glimepiride</i>	32
<i>pioglitazone hydrochloride</i>	32
<i>piperacillin sodium/tazobactam sodium</i>	7
PIQRAY 200MG DAILY DOSE	21
PIQRAY 250MG DAILY DOSE	21
PIQRAY 300MG DAILY DOSE	21
<i>pirfenidone</i>	82
<i>piroxicam</i>	1
<i>pitavastatin calcium</i>	42
PLAQUENIL	23
PLASMA-LYTE A	55
PLAVIX	36
PLEGRIDY	47
<i>plenamine</i>	55
PLENVU	58
<i>podofilox</i>	51
<i>polycin</i>	76
<i>polymyxin b sulfate</i>	5
<i>polymyxin b sulfate/trimethoprim sulfate</i>	76
POMALYST	19
PONVORY	47
PONVORY 14-DAY STARTER PACK	47
<i>portia-28</i>	66
<i>posaconazole</i>	16
<i>posaconazole dr</i>	16
POTASSIUM CHLORIDE	55
<i>potassium chloride er</i>	55
<i>potassium chloride/dextrose</i>	55
POTASSIUM	55
CHLORIDE/DEXTROSE/LACTATED	
RINGERS	

Drug Name	Page #
<i>potassium chloride/dextrose/sodium chloride</i>	55
<i>potassium chloride/sodium chloride</i>	55
<i>potassium citrate er</i>	55
PRADAXA	35
PRALUENT	42
<i>pramipexole dihydrochloride</i>	24
<i>prasugrel hydrochloride</i>	36
<i>pravastatin sodium</i>	42
<i>praziquantel</i>	23
<i>prazosin hydrochloride</i>	36
PRED FORTE	78
PRED MILD	78
<i>prednisolone</i>	62
<i>prednisolone acetate</i>	78
<i>prednisolone sodium phosphate</i>	62
PREDNISOLONE SODIUM PHOSPHATE	78
PREDNISON	62
PREDNISON INTENSOL	62
<i>pregabalin</i>	10
<i>pregabalin er</i>	46
PREMARIN	66
PREMASOL	55
PREMPHASE	66
PREMPRO	66
PRETOMANID	18
<i>prevalite</i>	42
PREVYMIS	27
PREZCOBIX	29
PREZISTA	29
PRIFTIN	18
<i>primaquine phosphate</i>	23
PRIMAXIN IV	7
PRIMIDONE	11
PRIORIX	73
PRISTIQ	14
PRIVIGEN	69
PROAIR RESPICLICK	81
<i>probenecid</i>	17
<i>probenecid/colchicine</i>	17
<i>procentra</i>	44
<i>prochlorperazine</i>	15
<i>prochlorperazine maleate</i>	15
PROCRT	35
PROCTOFOAM HC	51
<i>procto-med hc</i>	74
<i>proctosol hc</i>	74
<i>proctozone-hc</i>	74
<i>progesterone</i>	67
PROGLYCEM	33

Drug Name	Page #
PROGRAF	72
PROLASTIN-C	60
PROLENSA	78
PROLIA	75
PROMACTA	35
<i>promethazine hcl</i>	15
<i>promethazine hydrochloride</i>	15
<i>promethazine hydrochloride plain</i>	15
PROMETHAZINE	83
HYDROCHLORIDE/PHENYLEPHRINE	
HYDROCHLORIDE	
PROMETHEGAN	15
<i>propafenone hcl</i>	37
<i>propafenone hydrochloride</i>	37
<i>propafenone hydrochloride er</i>	37
PROPRANOLOL HCL	38
PROPRANOLOL HYDROCHLORIDE	38
<i>propranolol hydrochloride er</i>	38
<i>propylthiouracil</i>	69
PROQUAD	73
PROSCAR	61
PROSOL	55
<i>protriptyline hcl</i>	14
PROVERA	67
<i>prucalopride</i>	57
PULMICORT FLEXHALER	80
PULMOZYME	81
PURIXAN	19
PYLERA	58
<i>pyrazinamide</i>	18
<i>pyridostigmine bromide</i>	18
<i>pyridostigmine bromide er</i>	18
<i>pyrimethamine</i>	23
PYRUKYND	60
PYRUKYND TAPER PACK	60
QBREXZA	51
QELBREE	45
QINLOCK	21
QNASL	80
QUADRACEL	73
QUESTRAN	42
QUESTRAN LIGHT	42
QUETIAPINE FUMARATE	13
<i>quetiapine fumarate</i>	26
<i>quetiapine fumarate er</i>	26
QUILLICHEW ER	45
QUILLIVANT XR	45
<i>quinapril hydrochloride</i>	37
QUINAPRIL/HYDROCHLOROTHIAZID	40
E	

Drug Name	Page #
<i>quinidine gluconate cr</i>	37
QUINIDINE SULFATE	37
<i>quinine sulfate</i>	23
QULIPTA	17
QUVIVIQ	84
QVAR REDIHALER	80
RABAVERT	73
<i>rabeprazole sodium</i>	59
RADICAVA ORS STARTER KIT	46
RALDESY	14
<i>raloxifene hydrochloride</i>	67
<i>ramelteon</i>	84
<i>ramipril</i>	37
<i>ranolazine er</i>	40
RAPAFLO	61
<i>rasagiline mesylate</i>	24
RASUVO	72
RAVICTI	60
RAYALDEE	75
REBIF	47
REBIF REBIDOSE	47
REBIF REBIDOSE TITRATION PACK	47
REBIF TITRATION PACK	47
<i>reclipsen</i>	66
RECOMBIVAX HB	73
RECTIV	58
REGLAN	58
REGRANEX	51
RELENZA DISKHALER	30
RELEUKO	35
RELEXXII	45
RELISTOR	57
REMERON	13
REMERON SOLTAB	13
<i>repaglinide</i>	32
REPATHA	42
REPATHA PUSHTRONEX SYSTEM	42
REPATHA SURECLICK	42
RESTASIS	76
RESTASIS MULTIDOSE	76
RETACRIT	35
RETEVMO	21
RETIN-A	48
RETIN-A MICRO	48
RETIN-A MICRO PUMP	48
RETROVIR	29
REVCovi	60
REVLIMID	19
REVUFORJ	19
REXULTI	26

Drug Name	Page #
REYATAZ	29
REYVOW	17
REZDIFFRA	68
REZLIDHIA	21
REZUROCK	72
REZVOGLAR KWIKPEN	34
RHOFADE	48
RHOPRESSA	79
RIBAVIRIN	27
RIDAURA	70
<i>rifabutin</i>	18
<i>rifampin</i>	18
<i>riluzole</i>	46
RIMANTADINE HYDROCHLORIDE	30
RINVOQ	70
RINVOQ LQ	70
<i>risedronate sodium</i>	75
<i>risedronate sodium dr</i>	75
RISPERDAL	26
RISPERDAL CONSTA	26
<i>risperidone</i>	26
<i>risperidone er</i>	26
RISPERIDONE ODT	26
RITALIN	45
RITALIN LA	45
<i>ritonavir</i>	29
<i>rivaroxaban</i>	35
<i>rivastigmine tartrate</i>	12
<i>rivastigmine transdermal system</i>	12
<i>rivelsa</i>	66
RIVFLOZA	76
<i>rizatriptan benzoate</i>	17
<i>rizatriptan benzoate odt</i>	17
ROCALTROL	75
ROCKLATAN	76
<i>roflumilast</i>	81
ROMVIMZA	21
<i>ropinirole er</i>	24
<i>ropinirole hcl</i>	24
<i>ropinirole hydrochloride</i>	24
<i>rosuvastatin calcium</i>	42
<i>rosyrah</i>	66
ROTARIX	74
ROTATEQ	74
<i>roweepra</i>	9
ROZLYTREK	21
RUBRACA	21
RUCONEST	69
<i>rufinamide</i>	11
RUKOBIA	29

Drug Name	Page #
RYBELSUS	32
RYDAPT	21
RYTARY	24
SAFYRAL	66
<i>sajazir</i>	69
SALAGEN	47
SANDIMMUNE	72
SANTYL	51
<i>sapropterin dihydrochloride</i>	60
SAVAYSA	35
SAVELLA	46
SAVELLA TITRATION PACK	46
<i>saxagliptin hydrochloride</i>	32
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	32
SCEMBLIX	21
<i>scopolamine</i>	15
SECUADO	26
SEGLUROMET	32
<i>selegiline hcl</i>	24
<i>selenium sulfide</i>	50
SELZENTRY	29
SEMGLEE	34
SEREVENT DISKUS	81
SEROQUEL	26
SEROSTIM	62
<i>sertraline hcl</i>	14
SERTRALINE HYDROCHLORIDE	14
<i>setlakin</i>	66
SEYSARA	9
<i>sharobel</i>	67
SHINGRIX	74
SIGNIFOR	69
<i>sildenafil citrate</i>	82
SILIQ	70
<i>silodosin</i>	61
SILVADENE	51
<i>silver sulfadiazine</i>	51
SIMBRINZA	77
SIMPONI	72
<i>simvastatin</i>	42
SINEMET	24
<i>sirolimus</i>	73
SIRTURO	18
SIVEXTRO	5
SKYCLARYS	76
SKYLA	67
SKYRIZI	70
SKYRIZI PEN	70
SKYTROFA	62

Drug Name	Page #
<i>sodium chloride</i>	55
<i>sodium chloride 0.45%</i>	55
<i>sodium chloride 0.9%</i>	76
<i>sodium fluoride</i>	55
SODIUM OXYBATE	84
<i>sodium phenylbutyrate</i>	60
<i>sodium polystyrene sulfonate</i>	56
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	58
SOFOSBUVIR/VELPATASVIR	27
SOGROYA	62
SOHONOS	26
<i>solifenacin succinate</i>	61
SOLQUA 100/33	32
SOLOSEC	5
SOLTAMOX	19
SOMAVERT	69
SOOLANTRA	52
<i>sorafenib tosylate</i>	21
<i>sotalol hcl</i>	37
<i>sotalol hydrochloride</i>	37
<i>sotalol hydrochloride (af)</i>	37
SOTYKTU	51
SOTYLIZE	37
SOVALDI	27
SOVUNA	23
SPEVIGO	50
SPINOSAD	52
SPIRIVA HANDIHALER	80
SPIRIVA RESPIMAT	80
<i>spironolactone</i>	43
<i>spironolactone/hydrochlorothiazide</i>	40
SPORANOX	16
<i>sprintec 28</i>	66
SPRITAM	9
SPRYCEL	22
<i>sps</i>	56
<i>sronyx</i>	66
<i>ssd</i>	51
STEGLATRO	43
STEGLUJAN	32
STELARA	70
STEQEYMA	70
STIMUFEND	36
STIOLTO RESPIMAT	83
STIVARGA	22
STREPTOMYCIN SULFATE	4
STRIBILD	28
STRIVERDI RESPIMAT	81
STROMECTOL	23

Drug Name	Page #
SUBOXONE	4
<i>subvenite</i>	10
<i>subvenite starter kit/blue</i>	9
<i>subvenite starter kit/green</i>	10
<i>subvenite starter kit/orange</i>	10
SUCRAID	60
<i>sucralfate</i>	59
SULAR	38
<i>sulfacetamide sodium</i>	8
SULFACETAMIDE SODIUM	77
SULFACETAMIDE	77
SODIUM/PREDNISOLONE SODIUM	
PHOSPHATE	
<i>sulfadiazine</i>	8
<i>sulfamethoxazole/trimethoprim</i>	8
<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sulfasalazine</i>	74
<i>sulindac</i>	2
<i>sumatriptan</i>	17
<i>sumatriptan succinate</i>	17
<i>sumatriptan/naproxen sodium</i>	17
<i>sunitinib malate</i>	22
SUNLENCA	29
SUNOSI	84
SUPREP BOWEL PREP KIT	58
SUTAB	58
<i>syeda</i>	66
SYMBICORT	83
SYMBRAVO	17
SYMDEKO	81
SYMFI	28
SYMLINPEN 120	32
SYMLINPEN 60	32
SYMPAZAN	11
SYMPROIC	57
SYMTUZA	29
SYNALAR	50
SYNAREL	69
SYNJARDY	32
SYNJARDY XR	32
SYNTHROID	68
TABLOID	19
TABRECTA	22
TACLONEX	51
<i>tacrolimus</i>	50
<i>tacrolimus</i>	73
<i>tadalafil</i>	61
<i>tadalafil</i>	82
TADLIQ	82
TAFINLAR	22

Drug Name	Page #
<i>tafluprost</i>	79
TAGRISSO	22
TAKHZYRO	69
TALICIA	58
TALTZ	70
TALZENNA	22
TAMIFLU	30
<i>tamoxifen citrate</i>	19
<i>tamsulosin hydrochloride</i>	61
<i>tarina 24 fe</i>	66
<i>tarina fe 1/20 eq</i>	66
TARPEYO	74
TASCENSO ODT	47
TASIGNA	22
<i>tasimelteon</i>	84
TASMAR	24
<i>tavaborole</i>	16
TAVALISSE	36
TAVNEOS	70
<i>tazarotene</i>	48
TAZICEF	6
TAZORAC	48
TAZVERIK	22
TEFLARO	6
TEGRETOL	11
TEGRETOL-XR	11
TEKTURNA	40
<i>telmisartan</i>	36
TELMISARTAN/AMLODIPINE	40
<i>telmisartan/hydrochlorothiazide</i>	40
<i>temazepam</i>	84
TENCON	46
TENIVAC	74
<i>tenofovir disoproxil fumarate</i>	29
TENORETIC 100	40
TENORETIC 50	40
TEPMETKO	22
<i>terazosin hcl</i>	61
<i>terazosin hydrochloride</i>	61
<i>terbinafine hcl</i>	16
<i>terbutaline sulfate</i>	81
<i>terconazole</i>	16
<i>teriflunomide</i>	47
TERIPARATIDE	75
TESTIM	63
<i>testosterone</i>	63
<i>testosterone cypionate</i>	63
TESTOSTERONE ENANTHATE	63
<i>testosterone pump</i>	63
<i>tetrabenazine</i>	46

Drug Name	Page #
<i>tetracycline hydrochloride</i>	9
TEXACORT	50
TEZRULY	61
THALITONE	41
THALOMID	19
THEO-24	81
<i>theophylline</i>	81
<i>theophylline er</i>	81
THIOLA	61
THIOLA EC	61
<i>thioridazine hydrochloride</i>	25
<i>thiothixene</i>	25
<i>tiadylt er</i>	38
<i>tiagabine hydrochloride</i>	11
TIAZAC	38
TIBSOVO	22
TICOVAC	74
<i>tigecycline</i>	5
TIGLUTIK	46
TIKOSYN	37
<i>tilia fe</i>	66
<i>timolol hemihydrate</i>	78
<i>timolol maleate</i>	17
<i>timolol maleate</i>	78
<i>timolol maleate ophthalmic gel forming</i>	78
TIMOPTIC OCUDOSE	78
<i>tinidazole</i>	5
<i>tiopronin</i>	61
<i>tiopronin dr</i>	61
TIOTROPIUM BROMIDE	80
TIROSINT	68
TIROSINT-SOL	68
TIVICAY	28
TIVICAY PD	28
<i>tizanidine hcl</i>	27
<i>tizanidine hydrochloride</i>	27
TOBI PODHALER	81
TOBRADEX	77
TOBRADEX ST	77
<i>tobramycin</i>	77
<i>tobramycin</i>	81
TOBRAMYCIN SULFATE	4
<i>tobramycin/dexamethasone</i>	77
TOBREX	77
<i>tolcapone</i>	24
TOLMETIN SODIUM	2
<i>tolterodine tartrate</i>	61
<i>tolterodine tartrate er</i>	61
<i>tolvaptan</i>	56
TOPICORT	50

Drug Name	Page #
<i>topiramate</i>	10
<i>topiramate er</i>	10
<i>toremifene citrate</i>	19
<i>torpenz</i>	22
<i>torseamide</i>	41
TOUJEO MAX SOLOSTAR	34
TOUJEO SOLOSTAR	34
<i>tovet</i>	50
TPN ELECTROLYTES	55
TRADJENTA	32
TRAMADOL HYDROCHLORIDE	3
<i>tramadol hydrochloride er</i>	2
<i>tramadol hydrochloride/acetaminophen</i>	3
<i>trandolapril</i>	37
TRANDOLAPRIL/VERAPAMIL HCL ER	41
<i>tranexamic acid</i>	36
<i>tranylcypromine sulfate</i>	13
TRAVASOL	56
<i>travoprost</i>	79
<i>trazodone hydrochloride</i>	14
TRELEGY ELLIPTA	83
TRELSTAR MIXJECT	69
TREMFYA	70
TRESIBA	34
TRESIBA FLEXTOUCH	34
<i>tretinoin</i>	22
<i>tretinoin</i>	48
TRETINOIN MICROSPHERE	48
TREXALL	73
TREXIMET	17
<i>triamcinolone acetonide</i>	50
<i>triamcinolone acetonide dental paste</i>	47
<i>triamterene</i>	41
<i>triamterene/hydrochlorothiazide</i>	41
<i>triazolam</i>	84
TRIBENZOR	41
<i>tridacaine ii</i>	4
<i>triderm</i>	51
TRIENTINE HYDROCHLORIDE	56
<i>tri-estarylla</i>	66
<i>trifluoperazine hcl</i>	25
<i>trifluoperazine hydrochloride</i>	25
TRIFLURIDINE	77
TRIHXYPHENIDYL HCL	23
<i>trihexyphenidyl hydrochloride</i>	23
TRIJDY XR	32
TRIKAFTA	81
<i>tri-legest fe</i>	66
<i>tri-lo-estarylla</i>	66
<i>tri-lo-sprintec</i>	66

Drug Name	Page #
<i>trimethobenzamide hydrochloride</i>	15
<i>trimethoprim</i>	5
<i>tri-mili</i>	66
<i>trimipramine maleate</i>	14
TRINTELLIX	14
<i>tri-sprintec</i>	66
TRIUMEQ	29
TRIUMEQ PD	29
<i>tri-vylibra</i>	66
<i>tri-vylibra lo</i>	66
TROPHAMINE	56
<i>tropium chloride</i>	61
<i>tropium chloride er</i>	61
TRUDHESA	17
TRULANCE	57
TRULICITY	33
TRUMENBA	74
TRUQAP	22
TRYNGOLZA	42
TUKYSA	22
TURALIO	22
<i>turqoz</i>	66
TWINRIX	74
TWYNEO	48
TYBOST	29
TYENNE	70
TYGACIL	5
TYMLOS	75
TYPHIM VI	74
TYRVAYA	4
TYVASO DPI MAINTENANCE KIT	82
TYVASO DPI TITRATION KIT	82
UBRELVY	17
UCERIS	74
UDENYCA	36
ULORIC	17
UNASYN	7
UNASYN BULK PACK	7
UNDECATREX	63
<i>unithroid</i>	68
UPTRAVI	82
UPTRAVI TITRATION PACK	82
URSODIOL	58
USTEKINUMAB	70
UZEDY	26
VABOMERE	7
VAGIFEM	66
<i>valacyclovir hydrochloride</i>	30
VALCHLOR	18
<i>valganciclovir</i>	27

Drug Name	Page #
<i>valganciclovir hydrochloride</i>	27
VALIUM	31
<i>valproic acid</i>	10
<i>valsartan</i>	36
<i>valsartan/hydrochlorothiazide</i>	41
VALTOCO 10 MG DOSE	11
VALTOCO 15 MG DOSE	11
VALTOCO 20 MG DOSE	11
VALTOCO 5 MG DOSE	11
<i>valtya 1/50</i>	66
<i>vancomycin hcl</i>	5
<i>vancomycin hydrochloride</i>	6
VANDAZOLE	6
VANFLYTA	22
VANRAFIA	61
VAQTA	74
<i>varenicline starting month</i>	4
VARENICLINE TARTRATE	4
VARIVAX	74
VARUBI	15
VASCEPA	42
VAXCHORA	74
VECAMYL	41
VECTICAL	51
VELIVET	66
VELSIPITY	70
VELTASSA	56
VEMLIDY	27
VENCLEXTA	22
VENCLEXTA STARTING PACK	22
VENLAFAXINE BESYLATE ER	14
<i>venlafaxine hydrochloride</i>	14
<i>venlafaxine hydrochloride er</i>	14
VENTOLIN HFA	81
<i>venxxiva</i>	61
VEOZAH	46
<i>verapamil hcl</i>	39
<i>verapamil hcl er</i>	38
VERAPAMIL HCL SR	38
<i>verapamil hydrochloride</i>	39
<i>verapamil hydrochloride er</i>	39
VERELAN	39
VERKAZIA	77
VERQUVO	43
VERSACLOZ	26
VERZENIO	22
<i>vestura</i>	66
VEVYE	77
VFEND	16
VFEND IV	16

Drug Name	Page #
VIBERZI	57
VICTOZA	33
<i>vienva</i>	66
<i>vigabatrín</i>	11
<i>vigadrone</i>	11
VIGAFYDE	11
VIGAMOX	77
<i>vigpoder</i>	11
VIIBRYD	14
VIJOICE	22
VILAZODONE HYDROCHLORIDE	14
VIMKUNYA	74
VIMPAT	12
VIOKACE	60
VIRACEPT	29
VIREAD	29
VITRAKVI	22
VIVELLE-DOT	67
VIVITROL	4
VIVOTIF	74
VIZIMPRO	22
VONJO	19
VOQUEZNA	58
VORANIGO	23
<i>voriconazole</i>	16
VOSEVI	27
VOTRIENT	22
VOWST	58
VOXZOGO	60
VRAYLAR	26
VTAMA	51
VUITY	79
VUMERITY	47
<i>vyfemla</i>	67
VYKAT XR	76
<i>vylibra</i>	67
VYNDAMAX	41
VYNDAQEL	60
VYVANSE	44
VYZULTA	79
WAINUA	60
WAKIX	84
<i>warfarin sodium</i>	35
WEGOVY	76
WELCHOL	43
WELIREG	60
WEZLANA	70
WINLEVI	48
WINREVAIR	82
<i>wixela inhub</i>	83

Drug Name	Page #
<i>wymzya fe</i>	67
XACIATO	6
XALKORI	22
<i>xarah fe</i>	67
XARELTO	35
XARELTO STARTER PACK	35
XATMEP	73
XCOPRI	12
XDEMVI	77
XELJANZ	70
XELJANZ XR	70
<i>xelria fe</i>	67
XELSTRYM	44
XERMELO	57
XGEVA	75
XHANCE	80
XIFAXAN	58
XIGDUO XR	33
XIIDRA	77
XOFLUZA	30
XOLAIR	70
XOLREMDI	36
XOPENEX HFA	81
XOSPATA	22
XPOVIO	22
XPOVIO 60 MG TWICE WEEKLY	22
XPOVIO 80 MG TWICE WEEKLY	22
XROMI	19
XTAMPZA ER	2
XTANDI	18
<i>xulane</i>	67
XULTOPHY 100/3.6	33
XYOSTED	63
XYREM	84
XYWAV	84
<i>yargesa</i>	60
YASMIN 28	67
YAZ	67
YF-VAX	74
YONSA	19
YUPELRI	80
YUTREPIA	82
<i>yuvafem</i>	67
<i>zafemy</i>	67
<i>zafirlukast</i>	80
<i>zaleplon</i>	84
ZANAFLEX	27
ZARONTIN	10
ZARXIO	36
ZEGALOGUE	33

Drug Name	Page #
ZEJULA	22
ZELBORAF	22
ZEMAIRA	60
ZEMDRI	4
ZEMPLAR	75
<i>zenatane</i>	48
ZENPEP	60
<i>zenzedi</i>	44
ZEPATIER	27
ZEPOSIA	47
ZEPOSIA 7-DAY STARTER PACK	47
ZEPOSIA STARTER KIT	47
ZERBAXA	6
ZERVIAE	77
ZESTORETIC	41
ZEVTERA	6
ZIAGEN	29
<i>zidovudine</i>	29
ZIEXTENZO	36
ZILBRYSQ	70
ZILXI	18
ZIOPTAN	79
<i>ziprasidone hcl</i>	26
<i>ziprasidone mesylate</i>	26
ZIRGAN	77
ZITHROMAX	8
ZITHROMAX TRI-PAK	8
ZITHROMAX Z-PAK	8
ZITUVIMET XR	33
ZOCOR	42
ZOLINZA	19
ZOLMITRIPTAN	18
<i>zolmitriptan odt</i>	17
ZOLPIDEM TARTRATE	84
<i>zolpidem tartrate er</i>	84
ZOMACTON	62
ZOMIG	18
ZONISADE	12
<i>zonisamide</i>	12
ZORTRESS	73
ZORYVE	51
ZORYVE	51
ZOSYN	7
<i>zovia 1/35</i>	67
ZOVIRAX	52
ZTALMY	11
ZTLIDO	4
ZUBSOLV	4
ZUNVEYL	12
ZURZUVAE	13

Drug Name	Page #
ZYCLARA PUMP	51
ZYDELIG	22
ZYKADIA	22
ZYLET	77
ZYPITAMAG	42
ZYPREXA	26
ZYVOX	6

Medicare-Excluded Drugs Covered Under the Medicare Plus Rx Option (Bonus Drug List)

DRUG NAME	DRUG TIER	DRUG NAME	DRUG TIER
COUGH AND COLD		<i>tadalafil tab 20mg</i> (Limit: 6 per 30 days)	1
<i>benzonatate cap 100mg</i>	1	<i>varafenafil tab 10mg</i> (Limit: 6 per 30 days)	1
<i>benzonatate cap 150mg</i>	1	<i>varafenafil tab 2.5mg</i> (Limit: 6 per 30 days)	1
<i>benzonatate cap 200mg</i>	1	<i>varafenafil tab 20mg</i> (Limit: 6 per 30 days)	1
<i>brom/pse/dm syp</i>	1	<i>varafenafil tab 5mg</i> (Limit: 6 per 30 days)	1
<i>hyd pol/cpm sus 10-8/5ml</i>	1	VIAGRA TAB 100MG (Limit: 6 per 30 days)	4
<i>prometh/cod sol 6.25-10</i>	1	VIAGRA TAB 25MG (Limit: 6 per 30 days)	4
<i>prometh vc/cod syp 6.25-10</i>	1	VIAGRA TAB 50MG (Limit: 6 per 30 days)	4
<i>promethazine sol dm</i>	1		
TESSALON PER CAP 100MG	4		
TUSSIONEX SUS 10-8/5ML	4		
ERECTILE AND SEXUAL DYSFUNCTION			
ADDYI TAB 100MG	3	VITAMINS	
CIALIS TAB 10MG (Limit: 6 per 30 days)	4	ABANEU-SL SUB	3
CIALIS TAB 20MG (Limit: 6 per 30 days)	4	<i>active fe tab 75-1.25</i>	1
LEVITRA TAB 10MG (Limit: 6 per 30 days)	4	<i>airavite tab</i>	1
LEVITRA TAB 2.5MG (Limit: 6 per 30 days)	4	AP-ZEL TAB	3
LEVITRA TAB 20MG (Limit: 6 per 30 days)	4	AQUASOL A INJ 50000/ML	3
LEVITRA TAB 5MG (Limit: 6 per 30 days)	4	<i>ascorbic acid inj 500mg/ml</i>	1
<i>sildenafil tab 100mg</i> (Limit: 6 per 30 days)	1	AVAILNEX CHW 750MG	3
<i>sildenafil tab 25mg</i> (Limit: 6 per 30 days)	1	<i>b-6 folic acid cap</i>	1
<i>sildenafil tab 50mg</i> (Limit: 6 per 30 days)	1	B-12 COMP KIT 1000MCG	3
<i>tadalafil tab 10mg</i> (Limit: 6 per 30 days)	1	CALCIFOL WAF	3
		CENFOL TAB	3
		CEREFOLIN TAB	4
		CHOLECAL DF TAB	3
		<i>chromagen cap</i>	1
		<i>corvita 150 tab</i>	1
		CORVITE 150 TAB	3
		<i>corvite fe tab</i>	1

DRUG NAME	DRUG TIER	DRUG NAME	DRUG TIER
<i>cyanocobalam inj 1000mcg</i>	1	INJECTAFER INJ 750/15ML	3
DEPLIN 15 CAP	3	INTEGRA F CAP	3
DEPLIN 7.5 CAP	3	IROSPAN 24/6 MIS	3
DIALYVITE TAB 3000	3	K-PHOS TAB NEUTRAL	3
DIALYVITE TAB 5000	3	<i>k-tan plus cap</i>	1
DIALYVITE/ TAB ZINC	3	<i>levomefolate cap algal</i>	1
DRISDOL CAP 50000UNT	4	<i>l-methyl- tab b6-b12</i>	1
ELFOLATE TAB 15MG	3	<i>l-methylfola cap form 7.5</i>	1
ELFOLATE TAB 7.5MG	3	<i>l-methylfola tab 15mg</i>	1
<i>fabb tab 2.2-25-1</i>	1	<i>l-methylfola tab 7.5mg</i>	1
FERAHEME INJ 510/17ML	3	<i>l-methyl-mc tab</i>	1
FERIVA TAB 21/7	3	<i>l-methylfola-b6-b12 tab</i>	1
FERIVAFA CAP 110-1MG	3	MEPHYTON TAB 5MG	4
FERRALET 90 TAB	3	<i>metafolbic tab plus</i>	1
<i>ferric gluco inj 12.5/ml</i>	1	<i>metafolbic tab plus RF</i>	1
FERRLECIT INJ 12.5MG/M	4	METANX CAP	3
<i>ferrocite tab plus</i>	1	<i>methylfol/me cap cbl/p5p</i>	1
<i>folbee plus tab cz</i>	1	MULTIGEN TAB	3
FOLGARD RX TAB	3	MULTIGEN TAB FOLIC	3
<i>folic acid inj 5mg/ml</i>	1	MULTIGEN PLS TAB	3
FOLI-D TAB	3	<i>mynephrocaps cap</i>	1
FOLIVANE-PLS CAP	3	NASCOBAL SPR 500MCG	3
FOLIXAPURE TAB 1-5000	3	NEPHROCAPS CAP	3
<i>folplex 2.2 tab</i>	1	NEPHRON FA TAB	3
<i>foltrin cap</i>	1	<i>nephronex tab</i>	1
FOLTX TAB	3	NEPHRO-VITE TAB RX	3
FUSION PLUS CAP	3	NICOMIDE TAB	3
<i>hematogen cap forte</i>	1	NUTRIVIT LIQ 800-15-1	3
HEMATOGEN FA CAP	3	ORTHO DF CAP 1-3775 IU	3
HEMATRON-AF TAB	3	<i>phospha 250 tab neutral</i>	1
HEMOCYTE PLS CAP	3	<i>phytonadione tab 5mg</i>	1
<i>hemocyte-f tab</i>	1	PROTECT PLUS CAP	3
HYDROXOCOBAL INJ 1000MCG	3	<i>purfe cap plus</i>	1
HYLAVITE TAB	3	<i>pyridoxine inj 100mg/ml</i>	1
<i>iferex 150 cap forte</i>	1	PYRIDOXINE INJ 100MG/ML	3
INFUVITE INJ PEDIATRI	3	RENATABS MIS IRON	3

DRUG NAME	DRUG TIER
RENATABS TAB	3
SUPERVITE LIQ	3
TALIVA CAP	3
TANDEM PLUS CAP	3
TARON FORTE CAP	3
THERAMINE CAP	3
<i>thiamine hcl inj 100mg/ml</i>	1
TL G-FOL OS TAB	3
<i>tl-hem 150 tab</i>	1
VITAL-D RX TAB	3
<i>vic-forte cap</i>	1
<i>virt-vite tab plus</i>	1
VISBIOME PAK	3
<i>vitamin d cap 50000</i>	1
<i>vitamin k1 inj 10mg/ml</i>	1
<i>vitamin k1 inj 1mg/0.5</i>	1
<i>zinc sulfate inj 3mg/ml</i>	3
<i>zinc sulfate inj 5mg/ml</i>	3

This formulary is effective as of August 5, 2025.
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 to Friday, or visit **HOPbenefits.com**.

**THE MEDICARE PLUS Rx OPTION (PDP) IS A STAND-ALONE
PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT
IN THE MEDICARE PLUS Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL.
CMS CONTRACT NUMBER: E3014; FORMULARY ID: 00026254
AUGUST 5, 2025**





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Russian – РУССКИЙ: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-773-7725 или обратитесь к своему поставщику услуг.

Hindi – हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-773-7725 पर कॉल करें या अपने प्रदाता से बात करें।

Italian – Italiano: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-773-7725 o parla con il tuo fornitore.

Portuguese – Português do Brasil: ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-773-7725 ou fale com seu provedor.

French Creole – Kreyòl Fransè: ATANSYON: Si w pale Kreyòl Fransè, sèvis asistans lengwistik gratis yo disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-800-773-7725 oswa pale ak founisè w la.

Polish – POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-773-7725 lub porozmawiaj ze swoim dostawcą.

Japanese – 日本語: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-773-7725 までお電話ください。または、ご利用の事業者にご相談ください。

Pennsylvania Dutch – Pennsilfaanisch Deutsch: UFFGEPASS! Wann du Pennsylvanisch-Deutsch schwetzscht, gebbt's fer dich gratis Hilf mit die Schprooch. Aagmessiche Hilfsmittel un Dienscht, die Information in zugängliche Formate gebbe kenne, sin aa gratis verfügbar. Ruf aa bei 1-800-773-7725 oder schwetz mit dei Versorger.