

ZING HEALTH OF MICHIGAN, INC.

H6876-003 Zing Open Choice Diabetes & Heart MI (PPO C-SNP)
H6876-005 Zing Open Choice Diabetes & Heart IN (PPO C-SNP)
H6876-007 Zing Open Choice Diabetes & Heart TN (PPO C-SNP)
(collectively “Zing Health”)

2027 Formulary

(List of Covered Drugs)

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

Formulary ID: 00027177, Version Number 6

Effective Date: 01/01/2026

This formulary was updated on 09/25/2026. For more recent information or other questions, please contact Zing Health Member Services at 1-866-946-4458 (TTY users should call 711). Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m., Monday – Friday, April 1 – September 30 or visit www.myzinghealth.com. This call is free.

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 Zing Health of Michigan, Inc.. When it refers to “plan” or “our plan,” it means Zing Health.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/25/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call our Member Services department at the number above. The call is free.
- ❖ Zing Health of Michigan, Inc. is an HMO, HMO C-SNP, PPO and PPO C-SNP with a Medicare contract. Enrollment in Zing Health of Michigan, Inc. depends on contract renewal.
- ❖ **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible (if applicable). Call Member Services for more information.
- ❖ **Important Message About What You Pay for Insulin** - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible (if applicable).

What is the Zing Health Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Zing Health 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. Zing Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Zing Health's network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Zing Health, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Zing Health Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/25/2026. To get updated information about the drugs covered by Zing Health please contact us. Our contact information appears on the front and back cover pages. In the event of CMS-approved mid-year non-maintenance formulary changes (e.g., remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we will update our formulary and post it on our website. You may obtain the updated formulary from our website or by calling us. Our contact information appears on the front and back cover pages.

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 105. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Zing Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Zing Health before you fill your prescriptions. If you don't get approval, Zing Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Zing Health limits the amount of the drug that Zing Health will cover. For example, Zing Health provides 60 capsules per prescription for celecoxib 100mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Zing Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Zing Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Zing Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Zing Health 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 Zing Health formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Zing Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Zing Health. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Zing Health.
- You can ask Zing Health 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 Zing Health Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Zing Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

If you have a change in your medications due to a change in treatment setting (i.e., a level of care change) and you need a drug that is not on our formulary, we will provide up to a maximum 30-day supply of medication. A level of care change may include:

- Members who enter Long Term Care (LTC) facilities from hospitals
- Members who are discharged from a hospital to a home
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and revert to their Part D benefit
- Members who give up hospice status to revert to standard Medicare A and B benefits
- Members who end an LTC facility stay and return to the community
- Members who are discharged from psychiatric hospitals with drug regimens that are highly individualized

For more information

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

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

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

Zing Health Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Zing Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 8 .

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

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

Requirements Symbol	Name	Description
PA_BvD	Medicare Part B vs. Medicare part D	Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
EX	Excluded Drug	For select plans, we include prescription drug(s) not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to your Evidence of Coverage for more information about this coverage.
GC	Gap Coverage	For select plans, we provide additional coverage of this prescription drug in the Coverage Gap. Please refer to the drug costs charts on the following pages or review your Evidence of Coverage for more information about this coverage.
LD	Limited Distribution	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-855-946-4458. Hours of Operations are 8 a.m. to 8 p.m., 7 days a week (except Thanksgiving and Christmas Day) from October 1 – March 31, and 8 a.m. to 8 p.m., Monday – Friday (other technologies such as voicemail are used after hour, weekends, and on Federal Holidays from April 1 – September 30. TTY users should call 711.
NDS	Non-Extended Day Supply	You may be able to receive greater than 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.
NM	Not Available by Mail Order	This drug is not available through the mail order pharmacy
PA	Prior Authorization	Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescription.
PA_BvD	Prior Authorization Restriction for Part B vs. Part D Determination (PA _ BvD)	This drug may be eligible for payment under Medicare Part B or Part D. You, or your physician are required to get prior authorization from our plan to determine if this is covered under Medicare Part D before you fill your prescription for

Requirements Symbol	Name	Description
		the drug. Without prior approval, our plan may not cover this drug.
PA_NSO	Prior Authorization Restriction for new Starts Only (PA_NSO)	If this drug is new to the member, you or your physician are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan will not cover this drug.
QL	Quantity Limit	For certain drugs, our plan limits the amount of the drug that our plan will cover. This could include a per-prescription fill, daily, monthly, or yearly limitation. This limitation may be in addition to a standard one-month or three-month supply.
ST	Step Therapy	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work your you, our plan will Cover Drug B.
ST_NSO	Step Therapy for New Start Only	If this drug is new to the member, you are required to first try certain drugs to treat your medical condition before we cover another drug for that condition.

Drug Cost Shares (Table 1):

H6876-003 Zing Open Choice Diabetes & Heart MI (PPO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$400[^]	Retail 30-day supply	\$0	\$8	22%	25%	29%	\$0
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$35 or 25%	\$0
	Retail 100-day supply	\$0	\$24	22%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$105 or 25%		\$0
	Mail Order 100-day supply	\$0	\$0	22%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$70 or 25%		\$0

[^]Applies only to Tiers 3, 4 and 5; deductible does not apply to insulins or vaccinations.

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

Drug Cost Shares (Table 2):

H6876-005 Zing Open Choice Diabetes & Heart IN (PPO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$500[^]	Retail 30-day supply	\$0	\$15	22%	25%	28%	\$0
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$35 or 25%	\$0
	Retail 100-day supply	\$0	\$45	22%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$105 or 25%		\$0
	Mail Order 100-day supply	\$0	\$0	22%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$70 or 25%		\$0

[^]Applies only to Tiers 3, 4 and 5; deductible does not apply to insulins or vaccinations.

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

Drug Cost Shares (Table 3):

H6876-007 Zing Open Choice Diabetes & Heart TN (PPO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$400^	Retail 30-day supply	\$0	\$10	22%	25%	29%	\$0
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$35 or 25%	\$0
	Retail 100-day supply	\$0	\$30	22%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$105 or 25%		\$0
	Mail Order 100-day supply	\$0	\$0	22%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$70 or 25%		\$0

^Applies only to Tiers 3, 4 and 5; deductible does not apply to insulins or vaccinations.

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

Notice of Non-Discrimination

Discrimination is against the law.

Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Zing Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Zing Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-866-946-4458 (TTY 711).

If you believe that Zing Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Zing Health
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Phone: 1-866-946-4458, TTY number 711
Fax: 1-866-946-4458
Email: civilrightscordinator@myzinghealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Zing Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Notice of Availability / Aviso de disponibilidad

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-946-4458 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-946-4458 (TTY: 711) o hable con su proveedor.

Chinese Traditional: 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-946-4458 (TTY: 711) 或與您的提供者討論。」

Chinese Simplified: 中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-946-4458（文本电话：711）或咨询您的服务提供商。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-946-4458 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-946-4458 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-946-4458 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-946-4458 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean: 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-946-4458 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: 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 1-866-946-4458 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic:

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-946-4458 (711) أو تحدث إلى مقدم الخدمة".

Hindi: हिंदी

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DRUG LIST

ZING_27_6T_CORE_GS_CSNP eff 01/01/2027

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

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	ST
<i>probenecid</i> TABS 500mg	3	

MISCELLANEOUS

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	QL (4 patches / 28 days), PA
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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	4	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	4	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	4	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	5	NDS, PA
<i>atovaquone SUSP 750mg/5ml</i>	4	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	4	
<i>BLUJEPA TABS 750mg</i>	3	
<i>CAYSTON SOLR 75mg</i>	5	NDS, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>DAPTOMYCIN SOLR 350mg</i>	4	
<i>daptomycin SOLR 350mg, 500mg</i>	4	
<i>EMVERM CHEW 100mg</i>	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	3	
<i>fosfomicin tromethamine PACK 3gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	4	
<i>gentamicin in saline inj 1 mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin in saline inj 1.6 mg/ml</i>	4	
<i>gentamicin in saline inj 2 mg/ml</i>	4	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin TABS 3mg</i>	3	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	3	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	4	
<i>linezolid SUSR 100mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	4	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	4	
<i>methenamine hippurate TABS 1gm</i>	3	
<i>metronidazole SOLN 500mg/100ml</i>	4	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	4	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	4	
<i>polymyxin b sulfate SOLR 500000unit</i>	4	
<i>praziquantel TABS 600mg</i>	4	
<i>pyrimethamine TABS 25mg</i>	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	NDS
<i>sulfadiazine TABS 500mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	3	
<i>TOBI PODHALER CAPS 28mg</i>	5	NDS, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	4	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml	3	
<i>fluconazole</i> TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	4	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	4	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	4	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl TABS 250mg</i>	2	
<i>primaquine phosphate TABS 26.3mg</i>	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate CAPS 324mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	4	
APTIVUS CAPS 250mg	5	NDS
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	4	
<i>darunavir TABS 600mg</i>	4	QL (60 tabs / 30 days)
<i>darunavir TABS 800mg</i>	4	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
<i>efavirenz TABS 600mg</i>	4	
<i>emtricitabine CAPS 200mg</i>	4	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine TABS 100mg, 200mg</i>	4	
<i>fosamprenavir calcium TABS 700mg</i>	4	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	3	
<i>maraviroc TABS 150mg, 300mg</i>	3	
<i>nevirapine SUSP 50mg/5ml; TB24 400mg</i>	4	
<i>nevirapine TABS 200mg</i>	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>rilpivirine hcl TABS 25mg</i>	4	
<i>ritonavir TABS 100mg</i>	3	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPk 300mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS 300mg	4	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
VIRACEPT TABS 250mg, 625mg	4	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
zidovudine CAPS 100mg	4	
zidovudine SYRP 50mg/5ml; TABS 300mg	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
IDVYNZO TAB 100-0.25	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	2	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir</i> TABS .5mg, 1mg	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
<i>lamivudine (hbv)</i> TABS 100mg	3	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	5	NDS, PA
MAVYRET TAB 100-40MG	5	NDS, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	
<i>rimantadine hydrochloride</i> TABS 100mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NDS, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	4	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	4	
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	NDS
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
<i>fidaxomicin</i> TABS 200mg	5	NDS
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	4	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	2	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	4	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	4	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	4	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	4	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	3	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	4	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	2	
<i>ampicillin</i> CAPS 500mg	2	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) SUSR 25mg/5ml</i>	4	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	2	
<i>doxycycline hyclate SOLR 100mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	3	
<i>NUZYRA SOLR 100mg</i>	5	NDS
<i>NUZYRA TABS 150mg</i>	5	NDS, QL (30 tabs / 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	
<i>tigecycline</i> SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D
BENDEKA SOLN 100mg/4ml	5	NDS, B/D
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	4	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	4	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLN 1gm/5ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	4	B/D
CYCLOPHOSPHAMIDE TABS 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D
LEUKERAN TABS 2mg	5	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	4	
<i>lomustine</i> CAPS 100mg	5	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D
<i>cytarabine</i> SOLN 20mg/ml	4	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	4	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS
<i>mercaptopurine</i> TABS 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i> TABS 250mg	4	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	PA
FIRMAGON SOLR 120mg/vial	5	NDS, PA
<i>fulvestrant</i> SOSY 250mg/5ml	4	B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), PA
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	PA
LIFYORLI CAP 125MG DS	5	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	5	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, PA
LYSODREN TABS 500mg	5	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX TABS 120mg	5	NDS, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
VEPPANU TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
VEPPANU TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NDS
<i>mesna</i> TABS 400mg	4	
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

BEIZRAY CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	4	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	NDS, B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	4	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	PA
<i>bortezomib</i> SOLR 3.5mg	4	PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
BOSULIF TABS 500mg	5	NDS, QL (30 tabs / 30 days), PA
<i>bosutinib</i> TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
<i>bosutinib</i> TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	5	NDS, PA
HERCEPTIN SOLR 150mg	5	NDS, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
HERZUMA SOLR 150mg, 420mg	5	NDS, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAPS 125mg	5	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 100mg	3	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAPS 140mg	5	NDS, QL (90 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 30 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D
KANJINTI SOLR 150mg, 420mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA SOLN 100mg/4ml	5	NDS, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), PA
KISQALI 200 DOSE TBPk 200mg	5	NDS, QL (21 tabs / 28 days), PA
KISQALI 400 DOSE TBPk 200mg	5	NDS, QL (42 tabs / 28 days), PA
KISQALI 600 DOSE TBPk 200mg	5	NDS, QL (63 tabs / 28 days), PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	5	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	5	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	5	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	5	NDS, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	5	NDS, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	5	NDS, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), PA
TAGRISSE TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, PA
TRUQAP TABS 200mg; TBPk 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	5	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	5	NDS, QL (8 tabs / 28 days), PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	4	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	4	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	4	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	4	QL (180 tabs / 30 days)
ENTRESTO TAB 49-51MG	4	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	4	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	2	QL (180 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	2	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>azilsartan medoxomil TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days), ST
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium TABS 100mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	4	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	4	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	4	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	4	
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
REDEMPLO SOSY 25mg/0.5ml	5	NDS, QL (1 syringe / 90 days), PA
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 pens / 28 days), PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	4	
<i>diltiazem hcl</i> CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl</i> TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg	3	
<i>verapamil hcl</i> SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml	4	
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	4	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	4	QL (90 caps / 30 days), PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	NDS, QL (180 caps / 30 days), PA
<i>epinephrine SOLN 1mg/ml</i>	4	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA applies if 65 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	3	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	4	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	5	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	3	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	3	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	4	QL (30 tabs / 30 days), PA
<i>VYNDAMAX CAPS 61mg</i>	5	NDS, QL (30 caps / 30 days), PA
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
<i>nitro-bid OINT 2%</i>	3	
<i>nitroglycerin OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	
<i>nitroglycerin SOLN .4mg/spray</i>	4	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), PA
alyq TABS 20mg	4	QL (60 tabs / 30 days), PA
ambrisentan TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
bosentan TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), PA
bosentan TBSO 32mg	5	NDS, QL (120 tabs / 30 days), PA
macitentan TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (200 tabs / 28 days), PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
bupirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
LEQEMBI IQLIK SOAJ 360mg/1.8ml	5	NDS, QL (4 pens / 28 days), PA
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr</i> 14-10 mg	4	
<i>memantine hcl-donepezil hcl cap er 24hr</i> 21-10 mg	4	
<i>memantine hcl-donepezil hcl cap er 24hr</i> 28-10 mg	4	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	5	NDS, QL (2 packs / year)
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (90 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TBDP 15mg, 30mg, 45mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	3	
<i>carb/levo orally disintegrating tab</i> 25-100mg	3	
<i>carb/levo orally disintegrating tab</i> 25-250mg	3	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
<i>INBRIJA CAPS 42mg</i>	5	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	5	NDS, QL (1 syringe / 56 days)
<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	5	NDS, QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	5	NDS, QL (1 vial / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	3	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days), ST
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>	5	NDS, QL (1 syringe / 28 days)
<i>ARISTADA PRSY 1064mg/3.9ml</i>	5	NDS, QL (1 syringe / 56 days)
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	5	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	4	QL (2 packs / year), PA
BYSANTI TAB PACK B	4	QL (2 packs / year), PA
BYSANTI TAB PACK C	4	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	4	
<i>haloperidol lactate</i> CONC 2mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate</i> SOLN 5mg/ml	4	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 syringe / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 vials / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	3	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	3	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 vials / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), PA
ANTIEPILEPTIC AGENTS		
<i>brivaracetam</i> SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>diazepam</i> SOLN 5mg/5ml	4	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	4	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg	3	
<i>ethosuximide</i> SOLN 250mg/5ml	4	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	4	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>relgaabi</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>relgaabi</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	4	QL (240 tabs / 30 days), PA
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> CPSP 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg	2	QL (18 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	4	QL (12 syringes / 30 days)
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	4	QL (12 vials / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	4	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	4	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	4	QL (120 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	2	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	3	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	3	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	2	
<i>naltrexone hcl TABS 50mg</i>	3	
<i>NICOTROL NS SOLN 10mg/ml</i>	4	
<i>varenicline tartrate TABS .5mg, 1mg</i>	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
<i>VIVITROL SUSR 380mg</i>	5	NDS

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol CAPS 50mg, 100mg, 200mg</i>	4	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	3	PA
<i>testosterone pump GEL 1.62%</i>	4	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	2	
<i>dapagliflozin TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	QL (30 tabs / 30 days)
<i>FARXIGA TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	6	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	6	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	6	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	6	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	6	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	6	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	6	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sitagliptin phosphate</i> TABS 25mg, 50mg, 100mg	6	QL (30 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	6	QL (60 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	6	QL (60 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR EXT WR MIS INSERTER	4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D; brand RELION not covered
NOVOLOG FLEXPEN SOPN 100unit/ml	3	brand RELION not covered
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days)
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 syringe / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days)
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), PA
WYOST SOLN 120mg/1.7ml	5	NDS, PA
XTRENBO SOLN 120mg/1.7ml	4	PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D

CHELATING AGENTS

CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, PA
<i>deferasirox</i> TABS 90mg	3	PA
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg	4	PA
<i>kionex</i> SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	4	
<i>sps rectal</i> SUSP 15gm/60ml	4	
<i>trientine hcl</i> CAPS 250mg	5	NDS, PA

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla TABS .35mg</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>LILETTA IUD 20.1mcg/day</i>	3	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>loryna</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>luteria</i>	2	
<i>lyleq</i> TABS .35mg	2	
<i>lyza</i> TABS .35mg	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>meleya</i> TABS .35mg	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	3	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ace & ethinyl estradiol tab 1</i> mg-20 mcg	2	
<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg	2	
<i>norethindrone ace-eth estradiol-fe chew</i> tab 1 mg-20 mcg (24)	2	
<i>norgestimate & ethinyl estradiol tab 0.25</i> mg-35 mcg	2	
<i>norgestimate-eth estrad tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg	2	
<i>norgestimate-eth estrad tab 0.18-</i> 35/0.215-35/0.25-35 mg-mcg	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea</i> TABS .35mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>philit</i>	2	
<i>pimtree</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
<i>jinteli</i>	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml	3	
<i>dexamethasone</i> TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	4	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>hydrocortisone sod succinate</i> SOLR 100mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	4	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	4	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	4	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, PA
<i>betaine powder for oral solution</i>	5	NDS
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, PA
CERDELGA CAPS 84mg	5	NDS, PA
CEREZYME SOLR 400unit	5	NDS, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	4	PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	4	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, PA
INCRELEX SOLN 40mg/4ml	5	NDS, PA
ISTURISA TABS 1mg	5	NDS, QL (240 tabs / 30 days), PA
ISTURISA TABS 5mg	5	NDS, QL (360 tabs / 30 days), PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, PA
<i>raloxifene hcl</i> TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	5	NDS, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	3	QL (4 pens / 28 days), PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg	3	QL (30 tabs / 30 days), PA
<i>zelvysia PACK 100mg, 500mg</i>	5	NDS, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) CAPS 667mg</i>	2	B/D, QL (360 caps / 30 days)
<i>sevelamer carbonate TABS 800mg</i>	4	B/D, QL (540 tabs / 30 days)
PROGESTINS		
<i>gallifrey TABS 5mg</i>	3	
<i>medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate SUSP 40mg/ml</i>	3	
<i>megestrol acetate (appetite) SUSP 625mg/5ml</i>	4	PA
<i>norethindrone acetate TABS 5mg</i>	3	
<i>progesterone CAPS 100mg, 200mg</i>	3	
THYROID AGENTS		
<i>levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liomny TABS 5mcg, 25mcg, 50mcg</i>	3	
<i>liothyronine sodium TABS 5mcg, 25mcg, 50mcg</i>	3	
<i>methimazole TABS 5mg, 10mg</i>	1	
<i>propylthiouracil TABS 50mg</i>	3	
<i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	4	
<i>unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol CAPS .25mcg, .5mcg</i>	2	B/D
<i>calcitriol (oral) SOLN 1mcg/ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg	4	B/D
<i>aprepitant</i> CAPS 125mg	5	NDS, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml	3	
<i>metoclopramide hcl</i> SOLN 5mg/ml	4	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> SOSY 4mg/2ml	4	
<i>ondansetron hcl</i> TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	4	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	4	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	4	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	3	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	4	
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
<i>sucralfate</i> TABS 1gm	2	
TALICIA CAP	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TABS 550mg	3	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	4	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
FILSPARI TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
FILSPARI TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	
TARPEYO CPDR 4mg	5	NDS, QL (120 caps / 30 days), PA

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%	2	
<i>terconazole vaginal</i> SUPP 80mg	3	

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS		
<i>Genitourinary Agents, Other</i>		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (6 tabs / 30 days)
HEMATOLOGIC		
<i>ANTICOAGULANTS</i>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	4	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	4	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	4	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
<i>HEMATOPOIETIC GROWTH FACTORS</i>		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), PA
LEUKINE SOLR 250mcg	5	NDS, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 kits / 30 days), PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	4	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg, 90mg	4	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 pens / 28 days), PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
EBGLYSS SOAJ 250mg/2ml	5	NDS, QL (20 pens / 365 days), PA
EBGLYSS SOSY 250mg/2ml	5	NDS, QL (20 syringes / 365 days), PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), PA
ENTYVIO PEN SOAJ 108mg/0.68ml	5	NDS, QL (2 pens / 28 days), PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), PA
INFLIXIMAB SOLR 100mg	5	NDS, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), PA
OTEZLA TABS 20mg, 30mg	5	NDS, QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	5	NDS, QL (2 packs / year), PA
OTEZLA TAB 10/20/30	5	NDS, QL (2 packs / year), PA

Drug Name	Drug Tier	Requirements/Limits
OTEZLA XR TB24 75mg	5	NDS, QL (30 tabs / 30 days), PA
OTEZLA/XR TAB 28 DAY	5	NDS, QL (2 packs / year), PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
RENFLEXIS SOLR 100mg	5	NDS, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	5	NDS, PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	5	NDS, QL (6 syringes / 365 days), PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	5	NDS, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
<i>tofacitinib citrate</i> SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), PA
<i>tofacitinib citrate</i> TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), PA
<i>tofacitinib citrate</i> TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA SOLN 200mg/20ml	5	NDS, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
YESINTEK SOLN 130mg/26ml	3	PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	5	NDS, QL (2 pens / 28 days), PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	5	NDS, QL (2 syringes / 28 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, PA
GAMASTAN INJ	4	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
OCTAGAM SOLN 1gm/20ml	4	PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, PA
ARCALYST SOLR 220mg	5	NDS, PA
VYVGART SOLN 400mg/20ml	5	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	4	B/D
<i>everolimus (immunosuppressant)</i> TABS 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	4	B/D
<i>engraf</i> CAPS 25mg, 100mg	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	4	B/D

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/NACL INJ 0.2%	4
D5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	4
D10W/NACL INJ 0.45%	4
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4
<i>dextrose 5% in lactated ringers</i>	4
<i>dextrose 5% w/ sodium chloride 0.3%</i>	4
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4
<i>dextrose 5% w/ sodium chloride 0.225%</i>	4
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	4
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	4	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	4	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	4	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	4	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	4	
<i>multiple electrolytes ph 5.5</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	4	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

<i>aminosyn ii soln 15%</i>	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	4	
<i>dextrose SOLN 50%</i>	4	B/D
DEXTROSE 10% SOLN 10%	4	
DEXTROSE 70% SOLN 70%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	3	
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>besifloxacin hcl SUSP .6%</i>	4	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NDS, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide</i> SUSP 1%	4	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, PA
CYSTARAN SOLN .44%	5	NDS, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	
<i>ipratropium bromide hfa AERS 17mcg/act</i>	4	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	2	QL (300 mL / 30 days)
<i>cypheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine TABS 5mg</i>	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	4	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	5	NDS, QL (56 tabs / 28 days), PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
NUCALA SOAJ 100mg/ml	5	NDS, QL (3 pens / 28 days), PA
NUCALA SOLR 100mg	5	NDS, QL (3 vials / 28 days), PA
NUCALA SOSY 40mg/0.4ml	5	NDS, QL (1 syringe / 28 days), PA
NUCALA SOSY 100mg/ml	5	NDS, QL (3 syringes / 28 days), PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), PA

NASAL STEROIDS

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

STEROID INHALANTS

ALVESCO AERS 80mcg/act, 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D

STEROID/BETA-AGONIST COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	2	QL (60 blisters / 30 days)
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	2	QL (60 blisters / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	4	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	4	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	4	QL (60 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

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

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	3	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	3	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	3	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	3	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	NDS
PELLIX SOLN .005%	3	QL (120 mL / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	4	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	4	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	4	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	4	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	3	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
<i>PANRETIN</i> GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
<i>VALCHLOR</i> GEL .016%	5	NDS, QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

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<i>er 24hr 25 mg</i>	63
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	63
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	62
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	63
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	63
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	63

<i>amphetamine-dextroamphetamine tab</i> 20 mg	63	<i>atomoxetine hcl</i>	63
<i>amphetamine-dextroamphetamine tab</i> 30 mg	63	<i>atorvastatin calcium</i>	46
<i>amphetamine-dextroamphetamine tab</i> 5 mg	63	<i>atovaquone</i>	21
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	63	<i>atovaquone-proguanil hcl tab 250-100</i> mg	24
<i>amphotericin b</i>	23	<i>atovaquone-proguanil hcl tab 62.5-25</i> mg	23
<i>amphotericin b liposome</i>	23	ATROPINE SULFATE	95
<i>ampicillin</i>	28	<i>atropine sulfate (ophthalmic)</i>	95
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	28	ATROVENT HFA	96
<i>ampicillin & sulbactam sodium for inj 3</i> (2-1) gm	29	<i>aubra eq</i>	71
<i>ampicillin & sulbactam sodium for iv</i> soln 15 (10-5) gm	29	AUGTYRO	33
<i>ampicillin sodium</i>	29	<i>aurovela 1/20</i>	71
<i>anagrelide hcl</i>	85	<i>aurovela 24 fe</i>	71
<i>anastrozole</i>	31	<i>aurovela fe 1.5/30</i>	71
ANORO ELLIPT AER 62.5-25	96	<i>aurovela fe 1/20</i>	71
<i>aprepitant</i>	80	AUSTEDO	65
<i>aprepitant capsule therapy pack 80 &</i> 125 mg	80	AUSTEDO XR	65
<i>apri</i>	71	AUSTEDO XR TAB TITR KIT	65
APTIVUS	24	AUVELITY TAB 45-105MG	52
<i>aranelle</i>	71	AUVELITY TAB TITRATIO	52
ARCALYST	89	<i>aviane</i>	71
AREXVY	90	AVMAPKI PAK FAKZYNJA	33
<i>arformoterol tartrate</i>	97	<i>ayuna</i>	71
ARIKAYCE	21	AYVAKIT	34
<i>aripiprazole</i>	55	<i>azacitidine</i>	30
ARISTADA	55	<i>azathioprine</i>	89
ARISTADA INITIO	55	<i>azelaic acid</i>	103
<i>armodafinil</i>	66	<i>azelastine hcl</i>	96
ARNUITY ELLIPTA	99	<i>azelastine hcl (ophth)</i>	94
<i>asenapine maleate</i>	55	<i>azilsartan medoxomil</i>	45
<i>ashlyna</i>	71	<i>azithromycin</i>	27
<i>aspirin-dipyridamole cap er 12hr 25-</i> 200 mg	85	<i>aztreonam</i>	21
ASTAGRAF XL.....	89	<i>azurette</i>	71
<i>atazanavir sulfate</i>	24	B	
<i>atenolol</i>	47	<i>bacitracin-polymyxin b ophth oint</i>	94
<i>atenolol & chlorthalidone tab 100-25</i> mg.....	47	<i>bacitracin-polymyxin-neomycin-hc</i> ophth oint 1%	93
<i>atenolol & chlorthalidone tab 50-25 mg</i>	47	<i>baclofen</i>	66
		BAFIERTAM.....	65
		<i>balsalazide disodium</i>	81
		BALVERSA	34
		<i>balziva</i>	72
		BARACLUDE.....	26
		BCG VACCINE	90
		BEIZRAY	33

<i>benazepril & hydrochlorothiazide tab</i>		<i>blisovi 24 fe</i>	72
10-12.5 mg.....	42	<i>blisovi fe 1.5/30</i>	72
<i>benazepril & hydrochlorothiazide tab</i>		<i>blisovi fe 1/20</i>	72
20-12.5 mg.....	42	BLUJEPa.....	21
<i>benazepril & hydrochlorothiazide tab</i>		BOOSTRIX INJ	90
20-25 mg	42	<i>bortezomib</i>	34
<i>benazepril & hydrochlorothiazide tab</i> 5-		BORTEZOMIB.....	34
6.25mg	42	<i>bosentan</i>	51
<i>benazepril hcl</i>	43	BOSULIF	34
BENDAMUSTINE HYDROCHLORID.....	30	<i>bosutinib</i>	34
BENDEKA.....	30	BRAFTOVI	34
BENLYSTA	89	BREO ELLIPTA INH 100-25.....	99
<i>benzoyl peroxide-erythromycin gel</i> 5-		BREO ELLIPTA INH 200-25.....	99
3%	100	BREO ELLIPTA INH 50-25MCG	99
<i>benztropine mesylate</i>	54	<i>brey-na</i>	99
BERINERT	85	BREZTRI AERO AER 18MCG	96
<i>besifloxacin hcl</i>	94	BREZTRI AERO AER 9MCG	96
BESREMI	32	BREZTRI AERO AER SPHERE	
<i>betaine powder for oral solution</i>	77	(INSTITUTIONAL PACK).....	96
<i>betamethasone dipropionate (topical)</i>		<i>briellyn</i>	72
.....	101	<i>brimonidine tartrate</i>	95
<i>betamethasone dipropionate</i>		<i>brimonidine tartrate-timolol maleate</i>	
<i>augmented</i>	102	<i>ophth soln 0.2-0.5%</i>	95
<i>betamethasone valerate</i>	102	<i>brinzolamide</i>	95
BETASERON	65	<i>brivaracetam</i>	58
<i>betaxolol hcl (ophth)</i>	94	<i>bromocriptine mesylate</i>	54
<i>bethanechol chloride</i>	83	BRUKINSA.....	34
BEVESPI AER 9-4.8MCG.....	96	<i>budesonide</i>	81
<i>bexarotene</i>	32	<i>budesonide (inhalation)</i>	99
<i>bexarotene (topical)</i>	103	<i>budesonide-formoterol fumarate dihyd</i>	
BEXSERO.....	90	<i>aerosol 160-4.5 mcg/act</i>	100
<i>bicalutamide</i>	31	<i>budesonide-formoterol fumarate dihyd</i>	
BICILLIN L-A.....	29	<i>aerosol 80-4.5 mcg/act</i>	99
BIKTARVY TAB 30-120-15 MG	25	<i>bumetanide</i>	49
BIKTARVY TAB 50-200-25 MG	25	<i>buprenorphine</i>	19
BILDYOS	70	<i>buprenorphine hcl</i>	66
BIMZELX	85	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bismuth subcit-metronidazole-</i>		12-3 mg (base equiv).....	67
<i>tetracycline cap 140-125-125 mg</i> ..	82	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		2-0.5 mg (base equiv).....	66
10-6.25 mg.....	47	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		4-1 mg (base equiv)	66
2.5-6.25 mg.....	47	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-		8-2 mg (base equiv)	66
6.25 mg	47	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol fumarate</i>	48	2-0.5 mg (base equiv).....	67
BIVIGAM	88		

<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv).....	67
<i>bupropion hcl</i>	52
<i>bupropion hcl (smoking deterrent)</i> ...	67
<i>buspirone hcl</i>	51
<i>butorphanol tartrate</i>	20
BYSANTI.....	56
BYSANTI TAB PACK A	56
BYSANTI TAB PACK B	56
BYSANTI TAB PACK C	56
C	
<i>cabergoline</i>	77
CABOMETYX.....	34
<i>calcipotriene</i>	101
<i>calcitonin (salmon) spray</i>	70
<i>calcitrene</i>	101
<i>calcitriol</i>	79
<i>calcitriol (oral)</i>	79
<i>calcium acetate (phosphate binder)</i> ..	79
CALQUENCE	34
<i>camila</i>	72
<i>camrese</i>	72
<i>camrese lo</i>	72
<i>candesartan cilexetil</i>	45
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5 mg</i>	
.....	44
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	
.....	44
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i> .	44
CAPLYTA.....	56
CAPRELSA	34
<i>captopril</i>	43
<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>15 mg</i>	42
<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>25 mg</i>	42
<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>15 mg</i>	42
<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>25 mg</i>	42
<i>carb/levo orally disintegrating tab 10-</i>	
<i>100mg</i>	54
<i>carb/levo orally disintegrating tab 25-</i>	
<i>100mg</i>	54
<i>carb/levo orally disintegrating tab 25-</i>	
<i>250mg</i>	54
<i>carbamazepine</i>	58, 59
<i>carbidopa</i>	54
<i>carbidopa & levodopa tab 10-100 mg</i>	54
<i>carbidopa & levodopa tab 25-100 mg</i>	54
<i>carbidopa & levodopa tab 25-250 mg</i>	54
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i>	54
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	55
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	55
<i>carboplatin</i>	30
<i>carglumic acid</i>	77
<i>carteolol hcl (ophth)</i>	95
<i>cartia xt</i>	48
<i>carvedilol</i>	48
<i>caspofungin acetate</i>	23
CAYSTON	21
<i>cefaclor</i>	27
<i>cefadroxil</i>	27
CEFAZOLIN.....	27
CEFAZOLIN INJ 1GM/50ML.....	27
<i>cefazolin sodium</i>	27
CEFAZOLIN SOLN 2GM/100ML-4%...	27
CEFAZOLIN/DEX SOL 1GM/50ML-4%	27
CEFAZOLIN/DEX SOL 2GM/50ML-3%	27
CEFAZOLIN/DEX SOL 3GM/150ML-4%	
.....	27
CEFAZOLIN/DEX SOL 3GM/50ML-2%	27
<i>cefdinir</i>	27
<i>cefepime hcl</i>	27
<i>cefixime</i>	27
<i>cefotetan disodium</i>	27
<i>cefoxitin sodium</i>	27
<i>cefpodoxime proxetil</i>	27

<i>cefprozil</i>	27	<i>clindamycin phosphate</i>	21
<i>ceftaroline fosamil</i>	27	<i>clindamycin phosphate (topical)</i>	100
<i>ceftazidime</i>	27	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ceftriaxone sodium</i>	27	300 mg/50ml	21
<i>cefuroxime axetil</i>	27	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefuroxime sodium</i>	27	600 mg/50ml	21
<i>celecoxib</i>	19	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cephalexin</i>	27	900 mg/50ml	21
CEQUR EXT WR MIS INSERTER	69	<i>clindamycin phosphate vaginal</i>	83
CEQUR SIMPL KIT 1U EXTND	69	<i>clindamycin phosph-benzoyl peroxide</i>	
CEQUR SIMPL KIT 2U EXTND	69	(refrig) gel 1.2 (1)-5%	100
CEQUR SIMPL KIT PATCH 2U (4-DAY)		CLINDMYC/NAC INJ 300/50ML.....	21
.....	69	CLINDMYC/NAC INJ 600/50ML.....	21
CEQUR SIMPL MIS INSERTER	69	CLINDMYC/NAC INJ 900/50ML.....	21
CERDELGA	77	CLINIMIX INJ 4.25/D10	93
CEREZYME	77	CLINIMIX INJ 4.25/D5W	93
<i>cetirizine hcl</i>	96	CLINIMIX INJ 5%/D15W	93
<i>cevimeline hcl</i>	104	CLINIMIX INJ 5%/D20W	93
<i>chateal eq</i>	72	CLINIMIX INJ 6/5	93
CHEMET	71	CLINIMIX INJ 8/10.....	93
<i>chlorhexidine gluconate (mouth-throat)</i>		CLINIMIX INJ 8/14.....	93
.....	104	<i>clinisol sf 15%</i>	93
<i>chloroquine phosphate</i>	24	CLINOLIPID EMU 20%.....	93
<i>chlorpromazine hcl</i>	56	<i>clobazam</i>	59
<i>chlorthalidone</i>	49	<i>clobetasol propionate</i>	102
<i>cholestyramine</i>	47	<i>clobetasol propionate e</i>	102
<i>cholestyramine light</i>	47	<i>clodan</i>	102
<i>choline fenofibrate</i>	46	<i>clomipramine hcl</i>	52
<i>ciclopirox</i>	101	<i>clonazepam</i>	59
<i>ciclopirox olamine</i>	101	<i>clonidine</i>	50
<i>cilostazol</i>	85	<i>clonidine hcl</i>	50
CILOXAN	94	<i>clopidogrel bisulfate</i>	85
CIMDUO TAB 300-300	25	<i>clorazepate dipotassium</i>	59
<i>cinacalcet hcl</i>	77	<i>clotrimazole</i>	104
CIPRO	28	<i>clotrimazole (topical)</i>	101
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	28	<i>clotrimazole w/ betamethasone cream</i>	
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	28	1-0.05%.....	101
<i>ciprofloxacin hcl</i>	28	<i>clozapine</i>	56
<i>ciprofloxacin hcl (ophth)</i>	94	COARTEM TAB 20-120MG	24
<i>ciprofloxacin-dexamethasone otic susp</i>		COBENFY CAP 100-20MG.....	56
0.3-0.1%	95	COBENFY CAP 125-30MG.....	56
<i>cisplatin</i>	30	COBENFY CAP 50-20MG.....	56
<i>citalopram hydrobromide</i>	52	COBENFY STRT CAP PACK.....	56
<i>claravis</i>	100	<i>colchicine</i>	19
<i>clarithromycin</i>	28	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clindamycin hcl</i>	21	mg	19
<i>clindamycin palmitate hydrochloride</i> .	21	<i>colesevelam hcl</i>	47

<i>colestipol hcl</i>	47	<i>dapagliflozin</i>	67
<i>colistimethate sodium</i>	21	<i>dapagliflozin free base-metformin hcl</i>	
COMBIGAN SOL 0.2/0.5%.....	95	<i>tab er 24hr 10-1000 mg</i>	67
COMBIVENT AER 20-100.....	96	<i>dapagliflozin free base-metformin hcl</i>	
COMETRIQ (60MG DOSE).....	34	<i>tab er 24hr 10-500 mg</i>	67
COMETRIQ KIT 100MG	34	<i>dapagliflozin free base-metformin hcl</i>	
COMETRIQ KIT 140MG	34	<i>tab er 24hr 5-1000 mg</i>	67
<i>compro</i>	80	<i>dapagliflozin free base-metformin hcl</i>	
<i>constulose</i>	81	<i>tab er 24hr 5-500 mg</i>	67
COPAXONE	65	<i>dapsone</i>	21
COPIKTRA.....	34	DAPTACEL INJ.....	90
COTELLIC	34	<i>daptomycin</i>	21
CREON CAP 12000UNT	82	DAPTOMYCIN	21
CREON CAP 24000UNT	82	<i>darifenacin hydrobromide</i>	83
CREON CAP 3000UNIT.....	82	<i>darunavir</i>	24
CREON CAP 36000UNT	82	<i>dasatinib</i>	35
CREON CAP 6000UNIT.....	82	<i>dasetta 1/35</i>	72
CRESEMBA.....	23	<i>dasetta 7/7/7</i>	72
<i>cromolyn sodium</i>	97	DAURISMO	35
<i>cromolyn sodium (mastocytosis)</i>	82	<i>daysee</i>	72
<i>cromolyn sodium (ophth)</i>	94	DAYVIGO.....	64
<i>cryselle</i>	72	<i>deblitane</i>	72
<i>cyclobenzaprine hcl</i>	66	<i>deferasirox</i>	71
<i>cyclophosphamide</i>	30	DELSTRIGO TAB	25
CYCLOPHOSPHAMIDE	30	DEPO-SUBQ PROVERA 104	72
CYCLOPHOSPHAMIDE MONOHYDR....	30	<i>depo-testosterone</i>	67
<i>cycloserine</i>	26	DESCOVY TAB 120-15MG	25
<i>cyclosporine</i>	89	DESCOVY TAB 200/25MG	25
<i>cyclosporine modified (for</i>		<i>desipramine hcl</i>	53
<i>microemulsion)</i>	89	<i>desloratadine</i>	96
<i>cyproheptadine hcl</i>	96	<i>desmopressin acetate</i>	77
<i>cyred eq</i>	72	<i>desmopressin acetate spray</i>	77
CYSTADROPS	95	<i>desmopressin acetate spray</i>	
CYSTAGON	77	<i>refrigerated</i>	77
CYSTARAN	95	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cytarabine</i>	30	<i>0.15-0.02/0.01 mg(21/5)</i>	72
D		<i>desvenlafaxine succinate</i>	53
D10W/NACL INJ 0.2%	91	<i>dexamethasone</i>	76
D10W/NACL INJ 0.45%	91	DEXAMETHASONE INTENSOL	76
D2.5W/NACL INJ 0.45%	91	<i>dexamethasone sodium phosphate</i> ...	76
D5W/NACL INJ 0.2%.....	91	<i>dexamethasone sodium phosphate</i>	
D5W/NACL INJ 0.45%	91	<i>(ophth)</i>	94
<i>dabigatran etexilate mesylate</i>	84	<i>dexmethylphenidate hcl</i>	63
<i>dalfampridine</i>	66	<i>dextrose</i>	93
<i>danazol</i>	67	DEXTROSE 10%	93
<i>dantrolene sodium</i>	66	<i>dextrose 2.5% w/ sodium chloride</i>	
DANZITEN	35	<i>0.45%</i>	91

<i>dextrose 5% in lactated ringers</i>	91	<i>dolishale</i>	72
<i>dextrose 5% w/ sodium chloride</i>		<i>donepezil hydrochloride</i>	52
<i>0.225%</i>	91	DOPTelet	85
<i>dextrose 5% w/ sodium chloride 0.3%</i>		DOPTelet SPRINKLE	85
.....	91	<i>dorzolamide hcl</i>	95
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>dorzolamide hcl-timolol maleate ophth</i>	
.....	91	<i>soln 2-0.5%</i>	95
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>dotti</i>	76
.....	91	DOVATO TAB 50-300MG	25
DEXTROSE 70%	93	<i>doxazosin mesylate</i>	43
DIACOMIT	59	<i>doxepin hcl</i>	53
<i>diazepam</i>	59	<i>doxepin hcl (sleep)</i>	64
<i>diazepam (anticonvulsant)</i>	59	<i>doxercalciferol</i>	80
<i>diazepam inj</i>	59	<i>doxorubicin hcl</i>	32
<i>diazepam intensol</i>	59	<i>doxorubicin hcl liposomal</i>	32
<i>diazoxide</i>	77	<i>doxy 100</i>	29
<i>diclofenac potassium</i>	19	<i>doxycycline (monohydrate)</i>	29
<i>diclofenac sodium</i>	19	<i>doxycycline hyclate</i>	29
<i>diclofenac sodium (ophth)</i>	94	DRIZALMA SPRINKLE	53
<i>diclofenac sodium (topical)</i>	103	<i>dronabinol</i>	80
<i>diclofenac w/ misoprostol tab delayed</i>		<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>release 50-0.2 mg</i>	19	<i>0.02 mg</i>	72
<i>diclofenac w/ misoprostol tab delayed</i>		<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>release 75-0.2 mg</i>	19	<i>0.03 mg</i>	72
<i>dicloxacillin sodium</i>	29	<i>drospirenone-ethinyl estrad-</i>	
<i>dicyclomine hcl</i>	80, 81	<i>levomefolate tab 3-0.02-0.451 mg</i> 72	
DIFICID	28	<i>drospirenone-ethinyl estrad-</i>	
<i>diflunisal</i>	19	<i>levomefolate tab 3-0.03-0.451 mg</i> 72	
<i>difluprednate</i>	94	DROXIA	85
<i>digoxin</i>	50	<i>droxidopa</i>	50
<i>dihydroergotamine mesylate</i>	64	<i>duloxetine hcl</i>	53
DILANTIN	59	DUPIXENT	86
<i>diltiazem hcl</i>	48	<i>dutasteride</i>	83
<i>diltiazem hcl coated beads</i>	48	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>diltiazem hcl extended release beads</i> 48		<i>mg</i>	83
<i>dilt-xr</i>	48	E	
<i>diphenhydramine hcl</i>	96	<i>e.e.s. 400</i>	28
<i>diphenoxylate w/ atropine tab 2.5-</i>		EBGLYSS	86
<i>0.025 mg</i>	82	<i>econazole nitrate</i>	101
<i>dipyridamole</i>	85	EDARBYCLOR TAB 40-12.5	44
<i>disopyramide phosphate</i>	46	EDARBYCLOR TAB 40-25MG	44
<i>disulfiram</i>	67	EDURANT	24
<i>divalproex sodium</i>	59	EDURANT PED	24
<i>docetaxel</i>	33	<i>efavirenz</i>	24
DOCETAXEL	33	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DOCIVYX	33	<i>600-200-300 mg</i>	25
<i>dofetilide</i>	46		

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<i>emtricitabine-tenofovir disoproxil</i>		
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<i>emtricitabine-tenofovir disoproxil</i>		
fumarate tab 133-200 mg	25	
<i>emtricitabine-tenofovir disoproxil</i>		
fumarate tab 167-250 mg	25	
<i>emtricitabine-tenofovir disoproxil</i>		
fumarate tab 200-300 mg	25	
EMTRIVA	24	
EMVERM	21	
<i>emzahh</i>	72	
<i>enalapril maleate</i>	43	
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<i>enalapril maleate & hydrochlorothiazide</i>		
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<i>endocet tab 10-325mg</i>	20	
<i>endocet tab 2.5-325mg</i>	20	
<i>endocet tab 7.5-325mg</i>	20	
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<i>erythromycin ethylsuccinate</i>	28	
<i>erythromycin lactobionate</i>	28	
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<i>eslicarbazepine acetate</i>	60	
<i>esomeprazole magnesium</i>	82	
<i>estarylla</i>	72	
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<i>estradiol & norethindrone acetate tab</i>		
1-0.5 mg	76	
<i>estradiol vaginal</i>	76	
<i>estradiol valerate</i>	76	
<i>ethambutol hcl</i>	26	
<i>ethosuximide</i>	60	
<i>ethynodiol diacetate & ethinyl estradiol</i>		
tab 1 mg-50 mcg	72	
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<i>etonogestrel-ethinyl estradiol va ring</i>		
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<i>etoposide</i>	33	
<i>etravirine</i>	24	
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<i>ezetimibe-simvastatin tab 10-10 mg</i>	47	<i>flunisolide (nasal)</i>	99
<i>ezetimibe-simvastatin tab 10-20 mg</i>	47	<i>fluocinolone acetonide</i>	102
<i>ezetimibe-simvastatin tab 10-40 mg</i>	47	<i>fluocinolone acetonide (otic)</i>	95
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F		<i>fluocinonide emulsified base</i>	102
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<i>falmina</i>	72	<i>fluorouracil</i>	30
<i>famciclovir</i>	26	<i>fluorouracil (topical)</i>	103
<i>famotidine</i>	81	<i>fluoxetine hcl</i>	53
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	81	<i>fluphenazine decanoate</i>	56
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FARXIGA	67	<i>fluticasone furoate-vilanterol aero</i> <i>powd ba 200-25 mcg/act</i>	100
FASENRA	97	<i>fluticasone propionate</i>	102
FASENRA PEN	98	<i>fluticasone propionate (nasal)</i>	99
<i>febuxostat</i>	19	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	100
<i>feirza 1.5/30</i>	72	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	100
<i>feirza 1/20</i>	72	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	100
<i>felbamate</i>	60	<i>fluvastatin sodium</i>	46
<i>felodipine</i>	48	<i>fluvoxamine maleate</i>	51
<i>fenofibrate</i>	46	<i>fondaparinux sodium</i>	84
<i>fenofibrate micronized</i>	46	<i>formoterol fumarate</i>	97
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<i>gavilyte-n/flavor pack</i>	81
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<i>gefitinib</i>	35
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<i>gemfibrozil</i>	46
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<i>hydrochlorothiazide</i>	49	IMOVAX RABIES (H.D.C.V.)	90
<i>hydrocodone bitartrate</i>	20	INBRIJA	55
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>incassia</i>	73
<i>325 mg/15ml</i>	20	INCRELEX	78
<i>hydrocodone-acetaminophen tab 10-</i>		INCRUSE ELLIPTA	96
<i>325 mg</i>	20	<i>indapamide</i>	49
<i>hydrocodone-acetaminophen tab 5-325</i>		INFANRIX INJ	90
<i>mg</i>	20	INFLIXIMAB	86
<i>hydrocodone-acetaminophen tab 7.5-</i>		INLURIYO	31
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<i>hydrocortisone w/ acetic acid otic soln</i>		INTRALIPID	93
<i>1-2%</i>	95	<i>introvale</i>	73
<i>hydromorphone hcl</i>	20	INVEGA HAFYERA	57
<i>hydroxychloroquine sulfate</i>	88	INVEGA SUSTENNA	57
<i>hydroxyurea</i>	32	INVEGA TRINZA	57
<i>hydroxyzine hcl</i>	96	IPOL INJ INACTIVE	90
<i>hydroxyzine pamoate</i>	97	<i>ipratropium bromide</i>	96
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I		<i>ipratropium bromide hfa</i>	96
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IBRANCE	36	<i>2.5(3) mg/3ml</i>	96
IBTROZI	36	<i>irbesartan</i>	45
<i>ibu</i>	19	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibuprofen</i>	19	<i>150-12.5 mg</i>	44
<i>icatibant acetate</i>	85	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>iclevia</i>	73	<i>300-12.5 mg</i>	44
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<i>isosorbide mononitrate</i>	50	KANJINTI	36
<i>isotretinoin</i>	100	<i>kariva</i>	73
<i>isradipine</i>	48	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
ISTURISA	78	& nacl 0.45% inj.....	91
ITOVEBI	36	<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>	
<i>itraconazole</i>	23	inj	92
<i>ivabradine hcl</i>	50	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	
<i>ivermectin</i>	22		92
IWILFIN	32	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
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<i>jaimiess</i>	73	nacl 0.9% inj	91
JAKAFI	36	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>jantoven</i>	84		91
JANUMET TAB 50-1000	68	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
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JANUMET XR TAB 100-1000	68	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	
JANUMET XR TAB 50-1000	68	& nacl 0.45% inj.....	92
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<i>jasmiel</i>	73	nacl 0.45% inj.....	92
<i>javygtor</i>	78	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
JAYPIRCA	36	nacl 0.9% inj	92
<i>jencycla</i>	73	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	92
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<i>junel fe 1/20</i>	73	KINERET	86
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<i>roflumilast</i>	98	SKYRIZI	87
ROMVIMZA	39	SKYRIZI PEN	87
<i>ropinirole hydrochloride</i>	55	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	81
<i>rosuvastatin calcium</i>	46	<i>sodium chloride</i>	92
<i>rosyrah</i>	75	<i>sodium chloride (gu irrigant)</i>	104
ROTARIX SUS	91	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	93
ROTATEQ SOL	91	<i>sodium oxybate</i>	66
<i>roweepra</i>	61	<i>sodium phenylbutyrate</i>	78
ROZLYTREK	39	<i>sodium polystyrene sulfonate</i>	71
RUBRACA	39	<i>sodium polystyrene sulfonate powder</i>	71
<i>rufinamide</i>	61	<i>solifenacin succinate</i>	83
RUKOBIA	24	SOLQUA INJ 100/33	70
RYDAPT	39	SOLTAMOX	32
S		SOLU-CORTEF	77
<i>sacubitril-valsartan tab 24-26 mg</i> ...	45		
<i>sacubitril-valsartan tab 49-51 mg</i> ...	45		
<i>sacubitril-valsartan tab 97-103 mg</i> ...	45		
<i>sajazir</i>	85		
SANTYL	104		
<i>sapropterin dihydrochloride</i>	78		

SOMATULINE DEPOT	78	TABRECTA	40
SOMAVERT	78	<i>tacrolimus</i>	90
<i>sorafenib tosylate</i>	39	<i>tacrolimus (topical)</i>	103
<i>sotalol hcl</i>	46	<i>tadalafil</i>	83
<i>sotalol hcl (afib/af)</i>	46	<i>tadalafil (pulmonary hypertension)</i> ...	51
SPIRIVA RESPIMAT	96	TAFINLAR	40
<i>spironolactone</i>	43	TAGRISSO	40
<i>spironolactone & hydrochlorothiazide</i>		TALICIA CAP	82
<i>tab 25-25 mg</i>	49	TALZENNA	40
<i>sprintec 28</i>	75	<i>tamoxifen citrate</i>	32
<i>sps</i>	71	<i>tamsulosin hcl</i>	83
<i>sps rectal</i>	71	<i>tarina 24 fe</i>	75
<i>ssd</i>	100	<i>tarina fe 1/20 eq</i>	75
STELARA	87	TARPEYO	83
STIVARGA	40	<i>tasimelteon</i>	64
<i>streptomycin sulfate</i>	22	TAVNEOS	85
STRIBILD TAB	26	<i>tazarotene</i>	101
<i>subvenite</i>	61	<i>tazicef</i>	27
SUBVENITE	61	TECENTRIQ	40
<i>sucralfate</i>	82	TECENTRIQ INJ HYBREZA	40
<i>sulfacetamide sodium (acne)</i>	100	<i>telmisartan</i>	45
<i>sulfacetamide sodium (ophth)</i>	94	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sulfacetamide sodium-prednisolone</i>			45
<i>ophth soln 10-0.23(0.25)%</i>	93	<i>telmisartan-amlodipine tab 40-5 mg</i> ..	45
<i>sulfadiazine</i>	22	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulfamethoxazole-trimethoprim iv soln</i>			45
<i>400-80 mg/5ml</i>	22	<i>telmisartan-amlodipine tab 80-5 mg</i> ..	45
<i>sulfamethoxazole-trimethoprim susp</i>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>200-40 mg/5ml</i>	22	<i>12.5 mg</i>	45
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>400-80 mg</i>	22	<i>12.5 mg</i>	45
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>800-160 mg</i>	22	<i>25 mg</i>	45
SULFAMYLON	101	<i>temazepam</i>	64
<i>sulfasalazine</i>	81	TENIVAC INJ 5-2LF	91
<i>sulindac</i>	19	<i>tenofovir disoproxil fumarate</i>	25
<i>sumatriptan</i>	65	TEPMETKO	40
<i>sumatriptan succinate</i>	65	<i>terazosin hcl</i>	43
<i>sunitinib malate</i>	40	<i>terbinafine hcl</i>	23
SUNLENCA	24	<i>terbutaline sulfate</i>	97
<i>syeda</i>	75	<i>terconazole vaginal</i>	83
SYMPAZAN	61	<i>testosterone</i>	67
SYMTUZA TAB	26	<i>testosterone cypionate</i>	67
SYNAREL	78	<i>testosterone enanthate</i>	67
SYNTHROID	79	<i>testosterone pump</i>	67
T		<i>tetrabenazine</i>	65
TABLOID	31	<i>tetracycline hcl</i>	30

THALOMID	32	<i>tranexamic acid</i>	85
<i>theophylline</i>	98	<i>tranylcypromine sulfate</i>	54
<i>thioridazine hcl</i>	58	TRAVASOL INJ 10%	93
<i>thiothixene</i>	58	<i>travoprost</i>	95
<i>tiadylt er</i>	48	TRAZIMERA	40
<i>tiagabine hcl</i>	61	<i>trazodone hcl</i>	54
TIBSOVO	40	TRELEGY AER ELLIPTA 100-62.5-25	
<i>ticagrelor</i>	85	MCG	96
TICOVAC	91	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tigecycline</i>	30	MCG	96
<i>tilia fe</i>	75	TREMFYA	87
<i>timolol maleate</i>	48	TREMFYA INDUCTION PACK FO.....	88
<i>timolol maleate (ophth)</i>	95	TREMFYA PEN	88
<i>tinidazole</i>	22	<i>treprostinil</i>	51
TIVICAY	25	<i>tretinoin</i>	100
TIVICAY PD	25	<i>tretinoin (chemotherapy)</i>	33
<i>tizanidine hcl</i>	66	<i>triamcinolone acetonide (mouth)</i> ...	104
TOBI PODHALER	22	<i>triamcinolone acetonide (topical)</i> ...	102
TOBRADEX OIN 0.3-0.1%	94	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tobramycin</i>	22	37.5-25 mg	49
<i>tobramycin (ophth)</i>	94	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin sulfate</i>	23	37.5-25 mg	49
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamterene & hydrochlorothiazide tab</i>	
0.3-0.1%	94	75-50 mg	49
<i>tofacitinib citrate</i>	87	<i>tridacaine iii</i>	103
<i>tolterodine tartrate</i>	83	<i>triderm</i>	102
<i>tolvaptan</i>	78	<i>trientine hcl</i>	71
<i>tolvaptan tab therapy pack 30 & 15 mg</i>		<i>tri-estarylla</i>	75
.....	78	<i>trifluoperazine hcl</i>	58
<i>tolvaptan tab therapy pack 45 & 15 mg</i>		<i>trifluridine</i>	94
.....	79	<i>trihexyphenidyl hcl</i>	55
<i>tolvaptan tab therapy pack 60 & 30 mg</i>		TRIJARDY XR TAB ER 24HR 10-5-	
.....	79	1000MG	69
<i>tolvaptan tab therapy pack 90 & 30 mg</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
.....	79	1000MG	69
<i>topiramate</i>	61, 62	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	32	1000MG	69
<i>torpenz</i>	40	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>torsemide</i>	49	1000MG	69
TOUJEO MAX SOLOSTAR	70	TRIKAFTA PAK 59.5MG	98
TOUJEO SOLOSTAR	70	TRIKAFTA PAK 75MG	98
TPN ELECTROL INJ	92	TRIKAFTA TAB 100-50-75MG & 150MG	
TRADJENTA	69		99
<i>tramadol hcl</i>	21	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol-acetaminophen tab 37.5-325</i>			99
mg	21	<i>tri-legest fe</i>	75
<i>trandolapril</i>	43	<i>tri-linyah</i>	75

<i>tri-lo-estarylla</i>	75	<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i>tri-lo-marzia</i>	75	25 mg	45
<i>tri-lo-mili</i>	75	<i>valsartan-hydrochlorothiazide tab 320-</i>	
<i>tri-lo-sprintec</i>	75	12.5 mg	45
<i>trimethoprim</i>	23	<i>valsartan-hydrochlorothiazide tab 320-</i>	
<i>tri-mili</i>	75	25 mg	45
<i>trimipramine maleate</i>	54	<i>valsartan-hydrochlorothiazide tab 80-</i>	
TRINTELLIX	54	12.5 mg	45
<i>tri-sprintec</i>	75	VALTOCO 10 MG DOSE.....	62
TRIUMEQ PD TAB.....	26	VALTOCO 15 MG DOSE.....	62
TRIUMEQ TAB	26	VALTOCO 20 MG DOSE.....	62
<i>tri-vylibra</i>	75	VALTOCO 5 MG DOSE	62
<i>tri-vylibra lo</i>	75	<i>valtya 1/35</i>	75
TROGARZO	25	<i>valtya 1/50</i>	75
TROPHAMINE INJ 10%	93	<i>vancomycin hcl</i>	23
<i>trosium chloride</i>	83	VANCOMYCIN INJ 1 GM	23
TRULICITY	69	VANCOMYCIN INJ 500MG.....	23
TRUMENBA	91	VANCOMYCIN INJ 750MG.....	23
TRUQAP.....	40	VANFLYTA	40
TRUXIMA	40	VAQTA	91
TUKYSA.....	40	<i>varenicline tartrate</i>	67
TURALIO	40	<i>varenicline tartrate tab 11 x 0.5 mg &</i>	
<i>turqoz</i>	75	42 x 1 mg start pack	67
<i>twice-daily clindamycin phosphate</i>		VARIVAX	91
<i>(topical)</i>	100	VASCEPA.....	47
TWINRIX INJ	91	VAXCHORA SUS	91
<i>tydemy</i>	75	<i>velivet</i>	75
TYENNE.....	88	VELSIPITY	88
TYMLOS.....	71	VENCLEXTA	40
TYPHIM VI	91	VENCLEXTA TAB START PK	40
U		<i>venlafaxine hcl</i>	54
UBRELVY	65	VEPPANU.....	32
<i>unithroid</i>	79	<i>verapamil hcl</i>	49
UPTRAVI.....	51	VERQUVO.....	50
UPTRAVI PACK TAB 200/800	51	VERSACLOZ.....	58
<i>ursodiol</i>	82	VERZENIO	40
USTEKINUMAB	88	<i>vestura</i>	75
V		<i>vienva</i>	75
<i>valacyclovir hcl</i>	27	<i>vigabatrin</i>	62
VALCHLOR.....	103	<i>vigadrone</i>	62
<i>valganciclovir hcl</i>	27	VIGAFYDE	62
<i>valproate sodium</i>	62	<i>vilazodone hcl</i>	54
<i>valproic acid</i>	62	VIMKUNYA.....	91
<i>valsartan</i>	45	<i>vincristine sulfate</i>	33
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>vinorelbine tartrate</i>	33
12.5 mg	45	<i>violele</i>	75
		VIRACEPT	25

VIREAD	25	<i>xelria fe</i>	75
VITRAKVI	41	XERMELO	82
VIVIMUSTA	30	XHANCE	99
VIVITROL	67	XIFAXAN	23, 82
VIVOTIF CAP EC	91	XIIDRA	95
VONJO	41	XOLAIR	99
VOQUEZNA PAK DUAL PAK	82	XOSPATA	41
VOQUEZNA PAK TRIP PK	82	XPOVIO PAK (100 MG ONCE WEEKLY)	
VORANIGO	41		41
<i>voriconazole</i>	23	XPOVIO PAK (40 MG ONCE WEEKLY)	41
VOSEVI TAB	27	XPOVIO PAK (40 MG TWICE WEEKLY)	
VOWST CAP	82		41
VRAYLAR	58	XPOVIO PAK (60 MG ONCE WEEKLY)	41
<i>vyfemla</i>	75	XPOVIO PAK (60 MG TWICE WEEKLY)	
<i>vylibra</i>	75		41
VYNDAMAX	50	XPOVIO PAK (80 MG ONCE WEEKLY)	41
VYVGART	89	XPOVIO PAK (80 MG TWICE WEEKLY)	
VYZULTA	95		41
W		XTANDI	32
<i>warfarin sodium</i>	84	XTRENBO	71
<i>water for irrigation, sterile irrigation</i>		<i>xulane</i>	75
<i>soln</i>	104	XULTOPHY INJ 100/3.6	70
WEGOVY	79	Y	
WELIREG	33	YESINTEK	88
<i>wera</i>	75	YF-VAX INJ	91
WESTAB PLUS TAB 27-1MG	93	YONSA	32
WINREVAIR	51	<i>yulithira</i>	41
WINREVAIR INJ 45MG	51	YUTREPIA	51
WINREVAIR INJ 60MG	51	<i>yuvaferm</i>	76
<i>wixela inhub</i>	100	Z	
<i>wymzya fe</i>	75	<i>zafemy</i>	75
WYOST	71	<i>zafirlukast</i>	97
X		ZARXIO	84
XALKORI	41	ZEJULA	41
<i>xarah fe</i>	75	ZELBORAF	41
XARELTO	84	<i>zelvysia</i>	79
XARELTO STAR TAB 15/20MG	84	<i>zenatane</i>	100
XATMEP	88	ZENPEP CAP 10000UNT	82
XCOPRI	62	ZENPEP CAP 15000UNT	82
XCOPRI PAK 100-150	62	ZENPEP CAP 20000UNT	82
XCOPRI PAK 12.5-25	62	ZENPEP CAP 25000UNT	82
XCOPRI PAK 150-200MG		ZENPEP CAP 3000UNIT	82
(MAINTENANCE)	62	ZENPEP CAP 40000UNT	82
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 5000UNIT	82
.....	62	ZENPEP CAP 60000UNT	82
XCOPRI PAK 50-100MG	62	ZERVIAE	94
XDEMVY	94	<i>zidovudine</i>	25

<i>ziprasidone hcl</i>	58
<i>ziprasidone mesylate</i>	58
ZIRABEV	41
ZIRGAN	94
<i>zoledronic acid</i>	71
ZOLINZA	41
<i>zolpidem tartrate</i>	64
ZONISADE	62
<i>zonisamide</i>	62

<i>zovia 1/35</i>	75
ZTALMY	62
<i>zumandimine</i>	75
ZURZUVAE	54
ZYKADIA	41
ZYMFENTRA 2-PEN	88
ZYMFENTRA 2-SYRINGE	88
ZYPITAMAG	47
ZYPREXA RELPREVV	58