MVP Health Care®
2026 Formulario Comprensivo de Medicare Parte D
(Lista de Drogas Cubiertas)

Lea: Este documento contiene información sobre los medicamentos que cubrimos en este plan. Este Formulario se actualizó el 1 de septiembre **de 2026**. Para obtener información o preguntas más recientes, comuníquese con el Centro de Atención al Cliente de Medicare MVP.

Recursos adicionales para ayudar: Comuníquese con el Centro de Atención al Cliente de Medicare MVP al **1-800-665-7924** para obtener información adicional.
Los usuarios de TTY deben llamar al 711. El horario es de siete días a la semana, de 8 a.m. a 8 p.m., hora del este.
Del 1 de abril al 30 de septiembre, llame de lunes a viernes, de 8 a.m. a 8 p.m.

Visite **mvphealthcare.com/partdformulary** para obtener la lista de formularios más actualizada.

Formulary ID 26114, Version 15
Updated 9/2026
Y0051_0700_C

Nota a los miembros existentes: Este formulario ha cambiado desde el año pasado. Examine este documento para asegurarse de que aún contiene lo medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros," "nos," o "nuestro," quiere decir MVP Health Care. Cuando se refiere a "plan" o "nuestro plan," quiere decir, MVP Medicare Preferred Gold (HMO-POS), MVP Medicare Secure Plus (HMO-POS), MVP® Medicare WellSelect® (PPO), o MVP® Medicare WellSelect® Plus (PPO).

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de septiembre de 2026. Para obtener un formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en las cubiertas delantera y trasera.

Generalmente, debe utilizar farmacias de red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1 de enero de 2027, y de vez en cuando durante el año.

¿Qué es el Formulario del MVP Health Care?

Un formulario es una lista de medicamentos cubiertos seleccionados por MVP Health Care consultando con un equipo de proveedores de atención médica, que representa las terapias de receta que se cree son parte necesaria de un programa de tratamiento de calidad. Generalmente, MVP cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea necesario por motivos médicos, la receta se surta en una farmacia de la red de MVP y se sigan otras reglas del plan. Para obtener más información acerca de cómo surtir sus recetas, examine su Evidencia de Cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero MVP podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones.

Cambios que pueden afectarlo este año
En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año.

Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales

Es posible que eliminemos inmediatamente un medicamento de nuestro formulario si lo estamos reemplazando con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costo compartido o en el más bajo y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o si estamos agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriéndole el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al Formulario MVP Medicare Parte D?

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

Medicamentos retirados del mercado

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

Otros cambios

Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el Formulario;

o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido diferente, o ambos. O podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un al menos el mes applicable suministro de medicamentos (hasta treinta días)

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de MVP Health Care?".

Cambios que no lo afectarán si actualmente toma el medicamento

En general, si usted toma un medicamento de nuestro Formulario para 2026 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos.

No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está al día 1 de septiembre de 2026. Para obtener información actualizada acerca de los medicamentos cubiertos por MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto aparece en las cubiertas delantera y trasera.

En el caso de un cambio o cambios en el Formulario durante el año, los cambios también se publicarán en **mvphealthcare.com**. La versión actualizada del Formulario completo se publicará en el sitio web de MVP mensualmente según sea necesario. Para ver la lista de cambios, visite **mvphealthcare.com/partdformulary.**

O puede solicitar una fe de errata (una copia de los Cambios en el Formulario de 2026) llamando al Centro de Servicios a los Afiliados en los números de teléfono que aparecen en el reverso de su tarjeta de ID de miembro.

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición Médica

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardiaca se enumeran bajo la categoría, "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después, busque su medicamento bajo el nombre de la categoría.

Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 87. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice.

1. Mire en el Índice para encontrar su medicamento.
2. Al lado de su medicamento verá el número de la página donde puede encontrar información de cobertura.
3. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

MVP cubre tanto medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) indicando que tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

¿Hay restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

Autorización Previa

MVP requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto quiere decir que necesitará obtener la aprobación de MVP antes de surtir sus recetas. Si no obtiene aprobación, es posible que MVP no cubra el medicamento.

Límites de Cantidad

Para ciertos medicamentos, MVP limita la cantidad de medicamento que cubrirá MVP. Por ejemplo, MVP proporciona 30 tabletas cada 30 días por receta para JANUVIA. Esto puede ser además de un suministro estándar de un mes o tres meses.

Terapia en Pasos

En algunos casos, MVP requiere que pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que MVP no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no le va bien, MVP cubrirá entonces el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales mirando en el formulario que empieza en la página 12. También puede obtener más información acerca de las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web. Hemos puesto en línea documentos que explican nuestras restricciones de autorización prévia y de terapia de paso.] También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Puede pedirle a MVP que haga una excepción a estas restricciones a límites, o pedirle una lista de otros medicamentos parecidos que puedan tratar su condición médica. Vea la sección, "¿Cómo se solicita una excepción al Formulario de MVP Health Care?" en la página E para ver información acerca de la manera de solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), lo primero que debe hacer es ponerse en contacto con Servicios de Miembros y preguntar si está cubierto su medicamento. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por eso es posible que MVP cubra su medicamento. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Si averigua que MVP Health Care no cubre su medicamento, tiene dos opciones:

1. Puede pedirle el Centro de Servicios a los Afiliados de MVP una lista de medicamentos parecidos que estén cubiertos por MVP. Cuando reciba la lista, enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por MVP.
2. Le puede pedir a MVP que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

¿Cómo se solicita una excepción al Formulario de MVP Health Care?

Le puede pedir a MVP Health Care que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento aún si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel predeterminado de costo compartido, y usted no podría pedirnos que proporcionemos el medicamento a un nivel más bajo de costo compartido.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel más bajo de costo compartido. Si se aprueba, esto reduciría la cantidad que debe pagar usted por su medicamento. **NOTA:** Usted no puede solicitarnos la cobertura de un medicamento de Nivel 5 (Nivel de medicamentos especializados) a un nivel de costo compartido más bajo.
- Puede pedirnos que demos una exención para las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, MVP Health Care limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, pude pedirnos que otorguemos una exención para el límite y que cubramos una cantidad agostor.

Generalmente, MVP solamente aprobará su solicitud de excepción si los medicamentos de alternativa incluidos en el formulario del plan, el medicamento de costo compartido más bajo, o las restricciones de utilización adicionales no serían tan efectivas en el tratamiento de su condición y/o harían que usted tuviera efectos médicos adversos.

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario o de las restricciones de utilización. **Cuando solicite una excepción al formulario o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente, tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo de o si continua en nuestro plan, puede que esté tomando medicamentos que no estén en nuestro formulario. O puede que esté tomando un medicamento que esté en el formulario pero su habilidad de obtenerlo sea limitada. Por ejemplo, puede que necesite autorización previa nuestra antes de poder surtir su receta. Debe hablar con su médico para decidir si debería cambiar a un medicamento

apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el rumbo correcto que seguir, puede que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal para un suministro de un mes. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Los miembros que estén cambiando los niveles de cuidado pueden ser elegibles para un suministro de medicamentos de transición fuera de su período de transición de inscripción inicial de 90 días. Los cambios en el nivel de atención pueden incluir: ingresar o salir de un centro de cuidados a largo plazo, dar de alta del hospital al hogar y terminar la estancia en un centro de enfermería especializada y regresar a la cobertura del Formulario de la Parte D bajo su plan.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos de receta de MVP Health Care, examine su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas acerca de MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las cubiertas delantera y trasera.

Si tiene preguntas generales acerca de la cobertura de medicamentos de receta de Medicare, llame a Medicare al **1-800-MEDICARE** (**1-800-633-4227**) 24 horas al día / 7 días a la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite **medicare.gov**.

Formulario de MVP Health Care

El formulario que empieza en página 1 proporciona información de cobertura acerca de los medicamentos cubiertos por MVP Health Care. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 87.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca están en letras mayúsculas (por ejemplo, JANUVIA) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *allopurinol*).

La información de la columna de Requisitos/Límites le dice si MVP tiene algún requisito especial para la cobertura de su medicamento.

Abreviaturas y definiciones de los términos del formulario

Puede encontrar una o más de las siguientes abreviaturas en el Formulario bajo la columna Requisitos/Límites junto a un nombre de medicamento.

No disponible mediante pedido por correo (NM)
No se permiten ciertos medicamentos a través del programa de farmacia de pedidos por correo. Estas recetas solo pueden abastecerse en una farmacia minorista.

Autorización previa (PA)

Por razones de seguridad y/o ahorro de costos, MVP Health Care requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará tener una aprobación de MVP antes de surtir sus recetas. Si no obtiene la aprobación primero, es posible que MVP no cubra el medicamento.

Límites de cantidad (QL)
Por razones de seguridad y/o ahorro de costos, MVP Health Care establece un límite en la cantidad del medicamento que cubrimos para ciertos medicamentos. Por ejemplo, MVP proporciona una cápsula al día para JANUVIA. Este límite puede aplicarse a un suministro estándar de un mes o de tres meses.

Terapia escalonada (ST)
Por razones de seguridad y/o ahorro de costos, en algunos casos MVP Health Care requiere que primero pruebe algunos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esta afección. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, puede ser que MVP no cubra el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona para usted, entonces MVP cubrirá el medicamento B.

Límites de suministro (DL)
Por razones de seguridad y/o ahorro de costos, ciertos medicamentos se limitan a un suministro de 30 días a través de una farmacia minorista y no están disponibles a través del programa de pedido por correo.

Acceso limitado (LA)
Algunos medicamentos solamente están disponibles a través de una Farmacia especializada designada debido a la distribución limitada del fabricante.

Cobertura de medicamentos de la Parte B frente a la cobertura de medicamentos de la Parte D (B/D)
Algunos medicamentos podrían cubrirse bajo el beneficio de la Parte B o Parte D, dependiendo de ciertos requisitos. Esto significa que usted o su médico deberán presentar una solicitud a MVP Health Care para que podamos determinar, basándonos en las pautas de Medicare, si su medicamento estará cubierto como Parte B o Parte D. Sus costos compartidos se basarán en esta determinación.

Descripciones de niveles

Nivel 1—Medicamentos genéricos preferidos –Costo $0
El Nivel 1 incluye medicamentos genéricos seleccionados que se usan para tratar afecciones crónicas como diabetes, presión arterial alta, colesterol alto, y osteoporosis/salud ósea.

Nivel 2—Medicamentos genéricos
El Nivel 2 incluye la mayoría del resto de los medicamentos genéricos en nuestro Formulario. Los medicamentos genéricos tienen los mismos ingredientes activos, concentración y eficacia que las versiones de marca, pero generalmente a un costo mucho menor.

Nivel 3—Medicamentos de marca preferidos
El Nivel 3 incluye medicamentos de marca preferidos que tienen el costo compartido más bajo para los medicamentos de marca. Ciertos medicamentos genéricos pueden aparecer en el Nivel 3 debido a posibles incertidumbres respecto de la seguridad o al alto costo del medicamento.

Nivel 4—Medicamentos de marca no preferidos
El Nivel 4 incluye todos los demás medicamentos de marca y genéricos no preferidos en nuestro Formulario. Los medicamentos de la Parte D excluidos de nuestro Formulario deben pasar por un proceso de excepción para que MVP los cubra. Si son aprobados, tendrán cobertura en el Nivel 4.

Nivel 5—Medicamentos especializados
El Nivel 5 incluye medicamentos genéricos y de marca especializados de alto costo que cuestan $950 o más para un suministro de un mes. La mayoría de los medicamentos en el Nivel 5 están restringidos a un suministro de un mes en farmacias minoristas, y están excluidos del programa de pedido por correo y del proceso de excepción de nivel.

Los medicamentos de insulina cubiertos por el plan tienen un copago máximo de $35, independientemente del nivel, y no están sujetos al deducible.

ANALGESICS 1

ANTI-INFECTIVES 3

ANTINEOPLASTIC AGENTS 12

CARDIOVASCULAR 24

CENTRAL NERVOUS SYSTEM 33

ENDOCRINE AND METABOLIC 49

GASTROINTESTINAL 62

GENITOURINARY 65

HEMATOLOGIC 65

IMMUNOLOGIC AGENTS 67

NUTRITIONAL/SUPPLEMENTS 73

OPHTHALMIC 75

OTIC 77

RESPIRATORY 77

TOPICAL 82

Index 87

MVP_CY26_5T_GS_CORE eff 09/01/2026

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	3	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
febuxostat TABS 40mg, 80mg	4	
probenecid TABS 500mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
oxaprozin TABS 600mg	4	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl 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

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

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

albendazole TABS 200mg	4	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NM, PA
atovaquone SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NM
tenofovir disoproxil fumarate TABS 300mg	4	NM
TIVICAY TABS 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
zidovudine CAPS 100mg	4	NM
zidovudine SYRP 50mg/5ml; TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
IDVYNSO TAB 100-0.25	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM
lopinavir-ritonavir tab 100-25 mg	4	NM
lopinavir-ritonavir tab 200-50 mg	4	NM

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TAB	5	NM
PREZCOBIX TAB 675/150	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
entecavir TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	NM
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate 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	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	NM, PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
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	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftaroline fosamil SOLR 400mg, 600mg	5	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NM
BENDEKA SOLN 100mg/4ml	5	NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	
cyclophosphamide SOLN 1gm/5ml; SOLR 2gm	5	
cyclophosphamide SOLN 500mg/2.5ml; SOLR 1gm, 500mg	4	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	PA
lomustine CAPS 10mg, 40mg	4	NM
lomustine CAPS 100mg	5	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	
oxaliplatin SOLR 50mg, 100mg	5	
VIVIMUSTA SOLN 100mg/4ml	5	NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	NM
cytarabine SOLN 20mg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	5	NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	
TABLOID TABS 40mg	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
abirtega TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	2	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
fulvestrant SOSY 250mg/5ml	5	
INLURIYO TABS 200mg	5	QL (56 tabs / 28 days), NM, PA
letrozole TABS 2.5mg	2	

Drug Name	Drug Tier	Requirements/Limits
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LIFYORLI CAP 125MG DS	5	QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	5	QL (27 caps / 28 days), NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	PA
VEPPANU TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NM
mesna TABS 400mg	5	
MODEYSO CAPS 125mg	5	QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	
paclitaxel inj 100mg	5	NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
bortezomib SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
bosutinib TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
bosutinib TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	5	QL (60 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERCESSI SOLR 150mg, 420mg	5	NM, PA
HERNEXEOS TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
HYRNUO TABS 10mg	5	QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 3mg	5	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TECENTRIQ INJ HYBREZA	5	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	QL (8 tabs / 28 days), NM, PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	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	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	3	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	3	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	NM
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin 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		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	2	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	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)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	3	
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 34mg	4	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NM, PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	3	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	5	QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
UPTRAVI TABS 200mcg	5	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
doxepin hcl 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
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	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
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	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	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	3	QL (270 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine TABS 200mg	3	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	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	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	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
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg	2	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	4	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
brivaracetam SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days)
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days)
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg	3	
divalproex sodium TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM
eslicarbazepine acetate TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg, 400mg; TABS 600mg, 800mg	2	
gabapentin SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
lacosamide SOLN 200mg/20ml	4	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
levetiracetam SOLN 100mg/ml; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam TB3D 250mg	4	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	4	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
methsuximide CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
perampanel SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
perampanel TABS 2mg	4	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital 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

Drug Name	Drug Tier	Requirements/Limits
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	3	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	2	
relgaabi CAPS 300mg, 400mg	2	
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
valproic acid 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)
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	5	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
ramelteon TABS 8mg	3	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zolpidem tartrate 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), NM
dihydroergotamine mesylate SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days)
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	4	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	3	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	3	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg	3	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	3	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	2	
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl 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
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	3	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	3	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	3	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)

Drug Name	Drug Tier	Requirements/Limits
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
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	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 (3-DAY)	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"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	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)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
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
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
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	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
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		
alendronate sodium SOLN 70mg/75ml	4	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg	4	
risedronate sodium TBEC 35mg	4	ST
teriparatide SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	5	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	5	NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
zoledronic acid CONC 4mg/5ml	4	NM
zoledronic acid SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	

Drug Name	Drug Tier	Requirements/Limits
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine	2	
ESTROGENS		
abigale	3	
abigale lo	3	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate SOLR 100mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
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	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
betaine powder for oral solution	5	NM
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NM, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM, PA
lanreotide acetate SOLN 120mg/0.5ml	5	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM
mifepristone (hyperglycemia) TABS 300mg	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
raloxifene hcl TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
tolvaptan TABS 15mg, 30mg	5	NM, PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	5	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	5	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	5	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	5	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	5	NM, PA
zelvysia PACK 100mg, 500mg	5	NM, PA
PROGESTINS		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone CAPS 100mg, 200mg	3	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	3	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	3	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	

Drug Name	Drug Tier	Requirements/Limits
famotidine SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	QL (90 caps / 30 days)
budesonide TB24 9mg	5	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm	4	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	4	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS 1mg	5	QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	4	
ursodiol 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	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	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		
esomeprazole magnesium CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
silodosin CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
tadalafil TABS 5mg	3	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	3	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	3	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
trospium chloride CP24 60mg	4	QL (30 caps / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	3	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	3	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	5	NM, PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	3	
ticagrelor TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	5	QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	5	QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
KINERET SOSY 100mg/0.67ml	5	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
tofacitinib citrate SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
tofacitinib citrate TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NM, PA
TREMFYA SOPN 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
BENLYSTA SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	B/D, NM
everolimus (immunosuppressant) TABS .25mg	4	B/D, NM
gengraf CAPS 25mg, 100mg	4	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	5	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg	4	B/D, NM
tacrolimus CP24 5mg	5	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
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	
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 SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
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%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
lactated ringer's solution	3	

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
multiple electrolytes ph 5.5	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	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
KLOR-CON 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
KLOR-CON 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5%	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NM
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
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)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
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)
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ipratropium bromide hfa AERS 17mcg/act	4	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml	2	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
desloratadine TABS 5mg	3	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	4	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
arformoterol tartrate NEBU 15mcg/2ml	4	B/D
formoterol fumarate NEBU 20mcg/2ml	4	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
nintedanib esylate CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
roflumilast TABS 250mcg	4	QL (56 tabs / year)
roflumilast TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
mometasone furoate (nasal) 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	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) 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)
breyna	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (60 inhalations / 30 days)
wixela inhub	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate (topical) CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

ciclopirox GEL .77%	3	QL (100 gm / 30 days)
ciclopirox SHAM 1%	3	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
econazole nitrate CREA 1%	3	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	3	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	
calcipotriene CREA .005%; OINT .005%	4	QL (120 gm / 30 days)
calcipotriene SOLN .005%	3	QL (120 mL / 30 days)
calcitrene OINT .005%	4	QL (120 gm / 30 days)
ENSTILAR AER	5	QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	5	
pellix SOLN .005%	3	QL (120 mL / 30 days)
tazarotene CREA .05%, .1%	3	QL (60 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	4	QL (236 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate SOLN .05%	4	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (120 gm / 30 days)
clodan SHAM .05%	4	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	3	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	4	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	3	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	4	QL (3 patches / 1 day), PA

Drug Name	Drug Tier	Requirements/Limits
tridacaine iii PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15%	4	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	5	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	3	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	3	
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	4	QL (100 gm / 30 days), PA
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	3	QL (150 lozenges / 30 days)

Drug Name	Drug Tier	Requirements/Limits
kourzeq PSTE .1%	3	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Index

A

abacavir sulfate 6
abacavir sulfate-lamivudine tab 600-300 mg 7
abigale 58
abigale lo 58
ABILIFY ASIMTUFII 37
ABILIFY MAINTENA 37
abiraterone acetate 13
abirtega 13
ABRYSVO 71
acamprosate calcium 48
acarbose 49
accutane 82
acebutolol hcl 29
acetaminophen w/ codeine soln 120-12 mg/5ml 2
acetaminophen w/ codeine tab 300-15 mg 2
acetaminophen w/ codeine tab 300-30 mg 2
acetaminophen w/ codeine tab 300-60 mg 2
acetazolamide 31
acetic acid 65
acetic acid (otic) 77
acetylcysteine 79
acitretin 83
ACTHIB INJ 71
ACTIMMUNE 71
acyclovir 8
acyclovir sodium 8
ADACEL INJ 71
ADALIMUMAB-BWWD 67
adefovir dipivoxil 8
ADEMPAS 33
ADMELOG 51
ADMELOG SOLOSTAR 51
ADVAIR HFA AER 115/21 81
ADVAIR HFA AER 230/21 81
ADVAIR HFA AER 45/21 81
afirmelle 53
AIMOVIG 46
AIRSUPRA AER 90-80MCG 81
AKEEGA TAB 100/500 13
AKEEGA TAB 50/500MG 13
ala-cort 83
albendazole 3
albuterol sulfate 78, 79
alclometasone dipropionate 83
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 51
ALDURAZYME 59
ALECENSA 15
alendronate sodium 52
alfuzosin hcl 65
aliskiren fumarate 31
allopurinol 1
alosetron hcl 63
alprazolam 33
altavera 53
ALUNBRIG 15, 16
ALUNBRIG PAK 16
ALVAIZ 66
ALVESCO 81
alyacen 1/35 53
alyacen 7/7/7 53
ALYFTREK TAB 10-50-125 79
ALYFTREK TAB 4-20-50 79
ALYGLO 70
alyq 33
amantadine hcl 36
ambrisentan 33
amethyst 53
amikacin sulfate 3
amiloride & hydrochlorothiazide tab 5-50 mg 31
amiloride hcl 31
aminosyn ii soln 15% 74
AMINOSYN INJ 10% 74
AMINOSYN-PF INJ 10% 74
amiodarone hcl 28
amitriptyline hcl 34
amlodipine besylate 30
amlodipine besylate-atorvastatin calcium tab 10-10 mg 32
amlodipine besylate-atorvastatin calcium tab 10-20 mg 32
amlodipine besylate-atorvastatin calcium tab 10-40 mg 32
amlodipine besylate-atorvastatin calcium tab 10-80 mg 32

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 31
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 31
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 31
amlodipine besylate-atorvastatin calcium tab 5-10 mg 31
amlodipine besylate-atorvastatin calcium tab 5-20 mg 31
amlodipine besylate-atorvastatin calcium tab 5-40 mg 32
amlodipine besylate-atorvastatin calcium tab 5-80 mg 32
amlodipine besylate-benazepril hcl cap 10-20 mg 24
amlodipine besylate-benazepril hcl cap 10-40 mg 24
amlodipine besylate-benazepril hcl cap 2.5-10 mg 24
amlodipine besylate-benazepril hcl cap 5-10 mg 24
amlodipine besylate-benazepril hcl cap 5-20 mg 24
amlodipine besylate-benazepril hcl cap 5-40 mg 24
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 26
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 26
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 25
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 26
amlodipine besylate-valsartan tab 10-160 mg 26
amlodipine besylate-valsartan tab 10-320 mg 26
amlodipine besylate-valsartan tab 5-160 mg 26
amlodipine besylate-valsartan tab 5-320 mg 26
amnesteem 82
amoxapine 34
amoxicillin 10
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 10
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 10
amoxicillin & k clavulanate for susp 400-57 mg/5ml 10
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 10
amoxicillin & k clavulanate tab 250-125 mg 10
amoxicillin & k clavulanate tab 500-125 mg 11
amoxicillin & k clavulanate tab 875-125 mg 11
amphetamine-dextroamphetamine cap er 24hr 10 mg.....44
amphetamine-dextroamphetamine cap er 24hr 15 mg.....44
amphetamine-dextroamphetamine cap er 24hr 20 mg.....44
amphetamine-dextroamphetamine cap er 24hr 25 mg.....44
amphetamine-dextroamphetamine cap er 24hr 30 mg.....44
amphetamine-dextroamphetamine cap er 24hr 5 mg 44
amphetamine-dextroamphetamine tab 10 mg 45
amphetamine-dextroamphetamine tab 12.5 mg 45
amphetamine-dextroamphetamine tab 15 mg 45
amphetamine-dextroamphetamine tab 20 mg 45
amphetamine-dextroamphetamine tab 30 mg 45
amphetamine-dextroamphetamine tab 5 mg.....44
amphetamine-dextroamphetamine tab 7.5 mg 45
amphotericin b..... 5
amphotericin b liposome 5
ampicillin 11
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm.....11
ampicillin & sulbactam sodium for inj 3 (2-1) gm 11
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 11

ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 11
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 11
ampicillin sodium 11
anagrelide hcl 66
anastrozole 13
ANORO ELLIPT AER 62.5-25 77
aprepitant 62
aprepitant capsule therapy pack 80 & 125 mg 62
apri 53
APTIOM 40
APTIVUS 6
ARALAST NP 79
aranelle 53
ARCALYST 71
AREXVY 71
arformoterol tartrate 79
ARIKAYCE 3
aripiprazole 37
ARISTADA 37
ARISTADA INITIO 37
armodafinil 48
ARNUITY ELLIPTA 81
asenapine maleate 37
ashlyna 53
aspirin-dipyridamole cap er 12hr 25-200 mg 67
ASTAGRAF XL 71
atazanavir sulfate 6
atenolol 29
atenolol & chlorthalidone tab 100-25 mg 29
atenolol & chlorthalidone tab 50-25 mg 29
atomoxetine hcl 45
atorvastatin calcium 28
atovaquone 3
atovaquone-proguanil hcl tab 250-100 mg 5
atovaquone-proguanil hcl tab 62.5-25 mg 5
ATROPINE SULFATE 77
atropine sulfate (ophthalmic) 77
ATROVENT HFA 78
aubra eq 53
AUGTYRO 16
aurovela 1/20 53
aurovela 24 fe 54
aurovela fe 1.5/30 54
aurovela fe 1/20 54
AUSTEDO 46, 47
AUSTEDO XR 47
AUSTEDO XR TAB TITR KIT 47
AUVELITY TAB 45-105MG 34
AUVELITY TAB TITRATIO 34
aviane 54
AVMAPKI PAK FAKZYNJA 16
ayuna 54
AYVAKIT 16
azacitidine 12
azathioprine 71
azelaic acid 85
azelastine hcl 78
azelastine hcl (ophth) 76
azilsartan medoxomil 27
azithromycin 10
aztreonam 3
azurette 54

B

bacitracin-polymyxin b ophth oint 75
bacitracin-polymyxin-neomycin-hc ophth oint 1% 75
baclofen 48
BAFIERTAM 47
balsalazide disodium 63
BALVERSA 16
balziva 54
BARACLUDE 8
BCG VACCINE 71
benazepril & hydrochlorothiazide tab 10-12.5 mg 24
benazepril & hydrochlorothiazide tab 20-12.5 mg 24
benazepril & hydrochlorothiazide tab 20-25 mg 24
benazepril & hydrochlorothiazide tab 5-6.25mg 24
benazepril hcl 25
BENDAMUSTINE HYDROCHLORID 12
BENDEKA 12
BENLYSTA 71

benzoyl peroxide-erythromycin gel 5-3% 82
benztropine mesylate.....36
BERINERT 66
besifloxacin hcl 75
BESIVANCE 75
BESREMI.....15
betaine powder for oral solution 59
betamethasone dipropionate (topical) 83
betamethasone dipropionate augmented 83
betamethasone valerate.....83
BETASERON.....47
betaxolol hcl (ophth) 76
bethanechol chloride.....65
BEVESPI AER 9-4.8MCG 77
bexarotene.....15
bexarotene (topical) 85
BEXSERO 72
bicalutamide.....13
BICILLIN L-A 11
BIKTARVY TAB 30-120-15 MG..... 7
BIKTARVY TAB 50-200-25 MG..... 7
BILDYOS 52
BIMZELX 67
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 29
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 29
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 29
bisoprolol fumarate 29
BIVIGAM 70
blisovi 24 fe.....54
blisovi fe 1.5/30.....54
blisovi fe 1/20.....54
BLUJEPA..... 3
BONSITY 52
BOOSTRIX INJ 72
bortezomib.....16
BORTEZOMIB.....16
bosentan.....33
BOSULIF 16
bosutinib.....16
BRAFTOVI 16
BREO ELLIPTA INH 100-25 81
BREO ELLIPTA INH 200-25 81
BREO ELLIPTA INH 50-25MCG 81
breyna.....81
BREZTRI AERO AER 18MCG.....77
BREZTRI AERO AER 9MCG.....77
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 77
briellyn 54
brimonidine tartrate 76
brinzolamide.....76
brivaracetam 40
BRIVIACT.....40
bromocriptine mesylate.....36
BRUKINSA.....16
budesonide.....63
budesonide (inhalation) 81
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 81
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 81
bumetanide 31
buprenorphine hcl 48
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 48
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 48
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 48
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 48
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 48
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 48
bupropion hcl.....34
bupropion hcl (smoking deterrent) ...48
buspirone hcl.....33
butorphanol tartrate 2
BYSANTI 37
BYSANTI TAB PACK A 37
BYSANTI TAB PACK B 37
BYSANTI TAB PACK C 37

C

cabergoline 59
CABOMETYX 16
calcipotriene.....83
calcitonin (salmon) spray 52

calcitrene 83
calcitriol 61
calcitriol (oral) 61
CALQUENCE 16
camila 54
camrese 54
camrese lo 54
candesartan cilexetil 27
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 26
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 26
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg .26
CAPLYTA 37
CAPRELSA 16
captopril 25
captopril & hydrochlorothiazide tab 25-15 mg 24
captopril & hydrochlorothiazide tab 25-25 mg 24
captopril & hydrochlorothiazide tab 50-15 mg 24
captopril & hydrochlorothiazide tab 50-25 mg 25
carb/levo orally disintegrating tab 10-100mg 36
carb/levo orally disintegrating tab 25-100mg 36
carb/levo orally disintegrating tab 25-250mg 36
carbamazepine 40
carbidopa 36
carbidopa & levodopa tab 10-100 mg 36
carbidopa & levodopa tab 25-100 mg 36
carbidopa & levodopa tab 25-250 mg 36
carbidopa & levodopa tab er 25-100 mg 36
carbidopa & levodopa tab er 50-200 mg 36
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 36
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 36
carbidopa-levodopa-entacapone tabs 25-100-200 mg 36
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 36
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 36
carbidopa-levodopa-entacapone tabs 50-200-200 mg 37
carboplatin 12
carglumic acid 59
carteolol hcl (ophth) 76
cartia xt 30
carvedilol 30
caspofungin acetate 5
CAYSTON 3
cefaclor 9
cefadroxil 9
CEFAZOLIN 9
CEFAZOLIN INJ 1GM/50ML 9
cefazolin sodium 9
CEFAZOLIN SOLN 2GM/100ML-4% 9
CEFAZOLIN/DEX SOL 1GM/50ML-4% . 9
CEFAZOLIN/DEX SOL 2GM/50ML-3% . 9
CEFAZOLIN/DEX SOL 3GM/150ML-4% 9
CEFAZOLIN/DEX SOL 3GM/50ML-2% . 9
cefdinir 9
cefepime hcl 9
cefixime 9
cefotetan disodium 9
cefoxitin sodium 9
cefpodoxime proxetil 9
cefprozil 9
ceftaroline fosamil 9
ceftazidime 9
ceftriaxone sodium 9
cefuroxime axetil 9
cefuroxime sodium 9
celecoxib 1
cephalexin 9
CEQUR EXT WR MIS INSERTER 51
CEQUR SIMPL KIT 1U EXTND 51
CEQUR SIMPL KIT 2U EXTND 51
CEQUR SIMPL KIT PATCH 2U (3-DAY) 51
CEQUR SIMPL KIT PATCH 2U (4-DAY) 51
CEQUR SIMPL MIS INSERTER 51

CERDELGA.....59
CEREZYME.....59
cetirizine hcl 78
cevimeline hcl 85
chateal eq 54
CHEMET 53
chlorhexidine gluconate (mouth-throat) 85
chloroquine phosphate 6
chlorpromazine hcl 37
chlorthalidone 31
cholestyramine 29
cholestyramine light 29
choline fenofibrate 28
ciclopirox 82
ciclopirox olamine 82
cilostazol 66
CILOXAN 75
CIMDUO TAB 300-300 7
cinacalcet hcl 60
CIPRO 10
ciprofloxacin 200 mg/100ml in d5w ..10
ciprofloxacin 400 mg/200ml in d5w ..10
ciprofloxacin hcl 10
ciprofloxacin hcl (ophth) 75
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 77
cisplatin 12
citalopram hydrobromide 34
claravis 82
clarithromycin 10
clindamycin hcl 3
clindamycin palmitate hydrochloride .. 3
clindamycin phosphate 3
clindamycin phosphate (topical) 82
clindamycin phosphate in d5w iv soln 300 mg/50ml 3
clindamycin phosphate in d5w iv soln 600 mg/50ml 3
clindamycin phosphate in d5w iv soln 900 mg/50ml 3
clindamycin phosphate vaginal 65
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 82
CLINDMYC/NAC INJ 300/50ML 3
CLINDMYC/NAC INJ 600/50ML 3
CLINDMYC/NAC INJ 900/50ML 3
CLINIMIX INJ 4.25/D10 75
CLINIMIX INJ 4.25/D5W 74
CLINIMIX INJ 5%/D15W 75
CLINIMIX INJ 5%/D20W 75
CLINIMIX INJ 6/5 75
CLINIMIX INJ 8/10 75
CLINIMIX INJ 8/14 75
clinisol sf 15% 75
CLINOLIPID EMU 20% 75
clobazam 40
clobetasol propionate 83, 84
clobetasol propionate e 84
clodan 84
clomipramine hcl 34
clonazepam 40
clonidine 32
clonidine hcl 32
clopidogrel bisulfate 67
clorazepate dipotassium 40
clotrimazole 85
clotrimazole (topical) 83
clotrimazole w/ betamethasone cream 1-0.05% 83
clozapine 37, 38
COARTEM TAB 20-120MG..... 6
COBENFY CAP 100-20MG 38
COBENFY CAP 125-30MG 38
COBENFY CAP 50-20MG 38
COBENFY STRT CAP PACK 38
colchicine 1
colchicine w/ probenecid tab 0.5-500 mg 1
colesevelam hcl 29
colestipol hcl 29
colistimethate sodium 3
COMBIGAN SOL 0.2/0.5% 76
COMBIVENT AER 20-100 77
COMETRIQ (60MG DOSE) 17
COMETRIQ KIT 100MG 17
COMETRIQ KIT 140MG 17
compro 62
constulose 63
COPAXONE 47
COPIKTRA 17
CORLANOR 32
COTELLIC 17
CREON CAP 12000UNT.....64

CREON CAP 24000UNT.....64
CREON CAP 3000UNIT 63
CREON CAP 36000UNT.....64
CREON CAP 6000UNIT 63
CRESEMBA 5
cromolyn sodium.....79
cromolyn sodium (mastocytosis) 64
cromolyn sodium (ophth) 76
cryselle 54
cyclobenzaprine hcl 48
cyclophosphamide 12
CYCLOPHOSPHAMIDE 12
CYCLOPHOSPHAMIDE MONOHYDR....12
cycloserine 8
cyclosporine 71
cyclosporine modified (for microemulsion) 71
cyproheptadine hcl 78
cyred eq.....54
CYSTADROPS.....77
CYSTAGON 60
CYSTARAN.....77
cytarabine 12
D
D10W/NACL INJ 0.2% 73
D10W/NACL INJ 0.45%.....73
D2.5W/NACL INJ 0.45%.....73
D5W/NACL INJ 0.2% 73
D5W/NACL INJ 0.45% 73
dabigatran etexilate mesylate 65
dalfampridine.....47
danazol.....49
dantrolene sodium.....48
DANZITEN 17
dapagliflozin 49
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg.....49
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg.....49
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg.....49
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 49
dapsone 3
DAPTACEL INJ.....72
daptomycin 3
DAPTOMYCIN..... 3
darifenacin hydrobromide.....65
darunavir 6
dasatinib 17
dasetta 1/35.....54
dasetta 7/7/7 54
DAURISMO 17
daysee.....54
DAYVIGO 46
deblitane.....54
deferasirox.....53
DELSTRIGO TAB..... 7
DEPO-SUBQ PROVERA 104.....54
depo-testosterone 49
DESCOVY TAB 120-15MG..... 7
DESCOVY TAB 200/25MG..... 7
desipramine hcl.....34
desloratadine.....78
desmopressin acetate 60
desmopressin acetate spray 60
desmopressin acetate spray refrigerated 60
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....54
desvenlafaxine succinate.....35
dexamethasone 58
DEXAMETHASONE INTENSOL.....59
dexamethasone sodium phosphate...59
dexamethasone sodium phosphate (ophth) 76
dexmethylphenidate hcl 45
dextrose 75
DEXTROSE 10%.....75
dextrose 2.5% w/ sodium chloride 0.45% 73
dextrose 5% in lactated ringers 73
dextrose 5% w/ sodium chloride 0.225%.....73
dextrose 5% w/ sodium chloride 0.3% 73
dextrose 5% w/ sodium chloride 0.45% 73
dextrose 5% w/ sodium chloride 0.9% 73
DEXTROSE 70%.....75
DIACOMIT 41
diazepam 41
diazepam (anticonvulsant) 41

diazepam inj 41
diazepam intensol 41
diazoxide 59
diclofenac potassium 1
diclofenac sodium 1
diclofenac sodium (ophth) 76
diclofenac sodium (topical) 85
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 1
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 1
dicloxacillin sodium 11
dicyclomine hcl 62
DIFICID 10
diflunisal 1
difluprednate 76
digoxin 32
dihydroergotamine mesylate 46
DILANTIN 41
diltiazem hcl 30
diltiazem hcl coated beads 30
diltiazem hcl extended release beads 30
dilt-xr 30
diphenhydramine hcl 78
diphenoxylate w/ atropine tab 2.5-0.025 mg 64
dipyridamole 67
disopyramide phosphate 28
disulfiram 48
divalproex sodium 41
docetaxel 15
DOCETAXEL 15
DOCIVYX 15
dofetilide 28
dolishale 54
donepezil hydrochloride 34
DOPTELET 66
DOPTELET SPRINKLE 66
dorzolamide hcl 76
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 76
dotti 58
DOVATO TAB 50-300MG 7
doxazosin mesylate 25
doxepin hcl 35
doxepin hcl (sleep) 46
doxercalciferol 62
doxorubicin hcl 15
doxorubicin hcl liposomal 15
doxy 100 11
doxycycline (monohydrate) 11
doxycycline hyclate 12
DRIZALMA SPRINKLE 35
dronabinol 62
drospirenone-ethinyl estradiol tab 3-0.02 mg 54
drospirenone-ethinyl estradiol tab 3-0.03 mg 54
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 54
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 54
DROXIA 66
droxidopa 32
DULERA AER 100-5MCG 81
DULERA AER 200-5MCG 81
DULERA AER 50-5MCG 81
duloxetine hcl 35
DUPIXENT 67
dutasteride 65
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 65

E

e.e.s. 400 10
EBGLYSS 67
econazole nitrate 83
EDARBI 27
EDARBYCLOR TAB 40-12.5 26
EDARBYCLOR TAB 40-25MG 26
EDURANT 6
EDURANT PED 6
efavirenz 6
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 7
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 7
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 7
ELIGARD 13
elinest 54
ELIQUIS 65, 66
ELIQUIS (1.5MG PACK) 3 X 66
ELIQUIS (2MG PACK) 4 X 66
ELIQUIS STARTER PACK 66

eluryng 54
EMGALITY 46
EMSAM 35
emtricitabine 6
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 7
EMTRIVA 6
EMVERM..... 3
emzahh.....54
enalapril maleate 25
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....25
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....25
ENBREL..... 67, 68
ENBREL MINI 68
ENBREL SURECLICK.....68
endocet tab 10-325mg..... 2
endocet tab 2.5-325mg..... 2
endocet tab 5-325mg 2
endocet tab 7.5-325mg..... 2
ENGERIX-B.....72
enilloring.....54
enoxaparin sodium 66
ENSACOVE 17
enskyce 54
ENSTILAR AER 83
entacapone.....37
entecavir..... 8
ENTRESTO CAP 15-16MG 26
ENTRESTO CAP 6-6MG.....26
enulose.....63
EPCLUSA PAK 150-37.5..... 8
EPCLUSA PAK 200-50MG..... 8
EPCLUSA TAB 200-50MG..... 8
EPCLUSA TAB 400-100..... 8
EPIDIOLEX 41
epinephrine 32
epinephrine (anaphylaxis) 79
eplerenone 25
ergotamine w/ caffeine tab 1-100 mg 46
ERIVEDGE 17
ERLEADA.....13
erlotinib hcl 17
errin 54
ertapenem sodium 3
ery 82
ERYTHROCIN LACTOBIONATE 10
erythromycin (acne aid) 82
erythromycin (ophth) 75
erythromycin base.....10
erythromycin ethylsuccinate 10
erythromycin lactobionate 10
ERZOFRI 38
escitalopram oxalate.....35
eslicarbazepine acetate 41
esomeprazole magnesium 64
estarylla.....54
estradiol.....58
estradiol & norethindrone acetate tab 0.5-0.1 mg 58
estradiol & norethindrone acetate tab 1-0.5 mg.....58
estradiol vaginal.....58
estradiol valerate 58
ethambutol hcl..... 8
ethosuximide.....41
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 54
etodolac..... 1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 54
etoposide 15
etravirine 6
EUCRISA.....85
EULEXIN 13
everolimus 17
everolimus (immunosuppressant) 71
EVOTAZ TAB 300-150..... 7
exemestane.....13
EXXUA 35
EXXUA TITRATION PACK 35
EYSUVIS 77
ezetimibe 29
ezetimibe-simvastatin tab 10-10 mg.29

ezetimibe-simvastatin tab 10-20 mg.29
ezetimibe-simvastatin tab 10-40 mg.29
ezetimibe-simvastatin tab 10-80 mg.29
F
FABRAZYME.....60
falmina 54
famciclovir..... 8
famotidine 62, 63
famotidine in nacl 0.9% iv soln 20 mg/50ml 63
FANAPT.....38
FANAPT PAK PACK A 38
FANAPT PAK PACK B 38
FANAPT PAK PACK C 38
FARXIGA 49
FASENRA.....79
FASENRA PEN 79
febuxostat 1
feirza 1.5/30.....55
feirza 1/20 55
felbamate.....41
felodipine 30
fenofibrate 28
fenofibrate micronized 28
fentanyl 1
fesoterodine fumarate.....65
FETZIMA 35
FETZIMA CAP TITRATIO 35
FIASP 51
FIASP FLEXTOUCH.....51
FIASP PENFILL 51
FIASP PUMPCART 51
fidaxomicin.....10
finasteride 65
fingolimod hcl 47
FINTEPLA 41
finzala.....55
FIRMAGON 13
flac.....77
FLEBOGAMMA DIF 70
flecainide acetate 28
fluconazole 5
fluconazole in nacl 0.9% inj 200 mg/100ml 5
fluconazole in nacl 0.9% inj 400 mg/200ml 5
flucytosine..... 5
fludrocortisone acetate 59
flunisolide (nasal).....81
fluocinolone acetonide 84
fluocinolone acetonide (otic) 77
fluocinonide.....84
fluocinonide emulsified base 84
fluorometholone (ophth) 76
fluorouracil.....13
fluorouracil (topical) 85
fluoxetine hcl.....35
fluphenazine decanoate 38
fluphenazine hcl.....38
flurbiprofen 1
flurbiprofen sodium 76
fluticasone propionate.....84
fluticasone propionate (nasal).....81
fluticasone-salmeterol aer powder ba 100-50 mcg/act 82
fluticasone-salmeterol aer powder ba 250-50 mcg/act 82
fluticasone-salmeterol aer powder ba 500-50 mcg/act 82
fluvastatin sodium.....28
fluvoxamine maleate 33
fondaparinux sodium 66
formoterol fumarate 79
fosamprenavir calcium 6
fosfomycin tromethamine..... 3
fosinopril sodium.....25
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....25
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....25
FOTIVDA.....17
FRINDOVYX.....12
FRUZAQLA.....17
FULPHILA 66
fulvestrant 13
furosemide 31
furosemide inj.....31
fyavolv tab 0.5mg-2.5mcg 58
fyavolv tab 1mg-5mcg 58
FYCOMPA 41, 42
G
gabapentin 42
galantamine hydrobromide.....34
galbriela.....55

gallifrey 61
GAMASTAN INJ 70
GAMMAGARD LIQUID.....70
GAMMAGARD LIQUID ERC 70
GAMMAGARD S/D IGA LESS TH.....70
GAMMAKED 70
GAMMAPLEX 70
GAMUNEX-C 70
ganciclovir sodium..... 8
GARDASIL 9 72
gatifloxacin (ophth) 75
GATTEX 64
GAUZE PADS 2.....51
gavilyte-c 63
gavilyte-g.....63
gavilyte-n/flavor pack 63
GAVRETO 17
gefitinib 17
gemcitabine hcl.....13
gemfibrozil 28
GEMTESA 65
generlac.....63
gengraf.....71
GENOTROPIN.....60
GENOTROPIN MINIQUICK.....60
gentamicin in saline inj 0.8 mg/ml..... 3
gentamicin in saline inj 1 mg/ml 3
gentamicin in saline inj 1.2 mg/ml..... 3
gentamicin in saline inj 1.6 mg/ml..... 4
gentamicin in saline inj 2 mg/ml 4
gentamicin sulfate 4
gentamicin sulfate (ophth) 76
gentamicin sulfate (topical) 82
GENVOYA TAB 7
GILOTRIF 18
glatiramer acetate 47
glatopa 47
GLEOSTINE 12
glimepiride 49
glipizide 49
glipizide-metformin hcl tab 2.5-250 mg 49
glipizide-metformin hcl tab 2.5-500 mg 49
*glipizide-metformin hcl tab 5-500 mg*49
glycopyrrolate.....62
glydo 84
GLYXAMBI TAB 10-5 MG 49
GLYXAMBI TAB 25-5 MG 49
GOMEKLI 18
granisetron hcl.....62
griseofulvin microsize 5
griseofulvin ultramicrosize..... 5
guanfacine hcl 32
guanfacine hcl (adhd) 45
GVOKE HYPOPEN 1-PACK 59
GVOKE HYPOPEN 2-PACK 59
GVOKE KIT.....59
GVOKE PFS 59

H

HADLIMA 68
HADLIMA PUSHTOUCH.....68
HAEGARDA.....67
hailey 1.5/30 55
hailey 24 fe 55
hailey fe 1/20 55
halobetasol propionate.....84
haloperidol 38
haloperidol decanoate.....38
haloperidol lactate.....38
HAVRIX.....72
heather.....55
HEP SOD/NACL INJ 25000UNT.....66
heparin sodium (porcine) 66
HEPLISAV-B 72
HERCEP HYLEC SOL 60-10000 18
HERCEPTIN 18
HERCESSI 18
HERNEXEOS 18
HERZUMA.....18
HIBERIX.....72
HUMIRA 68
HUMIRA PEN.....68
HUMIRA PEN KIT PS/UV 68
HUMIRA PEN-CD/UC/HS START.....68
HUMULIN R U-500 (CONCENTR.....51
HUMULIN R U-500 KWIKPEN 51
hydralazine hcl.....32
hydrochlorothiazide 31
hydrocodone bitartrate 2
hydrocodone-acetaminophen soln 7.5-325 mg/15ml..... 2
hydrocodone-acetaminophen tab 10-325 mg 2

hydrocodone-acetaminophen tab 5-325 mg 2
hydrocodone-acetaminophen tab 7.5-325 mg 2
hydrocodone-ibuprofen tab 7.5-200 mg 2
hydrocortisone 59
hydrocortisone (intrarectal) 63
hydrocortisone (rectal).....85
hydrocortisone (topical) 84
hydrocortisone sod succinate 59
hydrocortisone valerate.....84
hydrocortisone w/ acetic acid otic soln 1-2% 77
hydromorphone hcl..... 2
hydroxychloroquine sulfate.....70
hydroxyurea 15
hydroxyzine hcl.....78
hydroxyzine pamoate.....78
HYRNUO.....18
I
ibandronate sodium 52
IBRANCE.....18
IBTROZI.....18
ibu 1
ibuprofen 1
icatibant acetate 67
iclevia 55
ICLUSIG.....18
IDHIFA.....18
IDVYNSO TAB 100-0.25 7
imatinib mesylate.....18
IMBRUVICA 18
imipenem-cilastatin intravenous for soln 250 mg..... 4
imipenem-cilastatin intravenous for soln 500 mg..... 4
imipramine hcl 35
imiquimod 85
IMKELDI.....18
IMOVAX RABIES (H.D.C.V.) 72
INBRIJA 37
incassia.....55
INCRELEX.....60
INCRUSE ELLIPTA.....78
indapamide 31
INFANRIX INJ 72
INFLIXIMAB.....68
INLURIYO.....13
INLYTA 18
INQOVI TAB 35-100MG.....13
INREBIC.....18
INSULIN PEN NEEDLES: EMBECTA-BD 51
INSULIN SAFETY NEEDLES: EMBECTA-BD.....51
INSULIN SYRINGES: EMBECTA-BD ...51
INTELENCE..... 6
INTRALIPID 75
introvale 55
INVEGA HAFYERA.....38
INVEGA SUSTENNA 38
INVEGA TRINZA.....38
IPOL INJ INACTIVE.....72
ipratropium bromide.....78
ipratropium bromide (nasal) 78
ipratropium bromide hfa 78
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 77
irbesartan 27
irbesartan-hydrochlorothiazide tab 150-12.5 mg 26
irbesartan-hydrochlorothiazide tab 300-12.5 mg 26
irinotecan hcl.....15
ISENTRESS 6
ISENTRESS HD 6
isibloom 55
ISOLYTE-P INJ /D5W 73
ISOLYTE-S INJ PH 7.4.....73
isoniazid 8
isosorbide dinitrate.....32
isosorbide mononitrate 32
isotretinoin 82
isradipine 30
ITOVEBI.....19
itraconazole..... 5
ivabradine hcl 32
ivermectin 4
IWILFIN 15
IXIARO INJ.....72
J
jaimiess 55
JAKAFI.....19

jantoven 66
JANUMET TAB 50-1000 49
JANUMET TAB 50-500MG 49
JANUMET XR TAB 100-1000.....49
JANUMET XR TAB 50-1000 49
JANUMET XR TAB 50-500MG.....49
JANUVIA 50
JARDIANCE.....50
jasmiel.....55
javygtor 60
JAYPIRCA 19
jencycla 55
JENTADUETO TAB 2.5-1000.....50
JENTADUETO TAB 2.5-500.....50
JENTADUETO TAB 2.5-850.....50
JENTADUETO TAB XR 2.5-1000MG ...50
JENTADUETO TAB XR 5-1000MG 50
jinteli 58
jolessa 55
JOURNAVX 1
juleber 55
JULUCA TAB 50-25MG..... 7
junel 1.5/30 55
junel 1/20 55
junel fe 1.5/30.....55
junel fe 1/20.....55
junel fe 24.....55
JYLAMVO.....70
JYNNEOS.....72

K

KADCYLA.....19
kaitlib fe.....55
KALETRA SOL 7
KALYDECO.....79
KANJINTI 19
kariva 55
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 73
kcl 20 meq/l (0.149%) in nacl 0.45% inj 73
kcl 20 meq/l (0.149%) in nacl 0.9% inj 73
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 73
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 73
kcl 20 meq/l (0.15%) in nacl 0.45% inj 73
kcl 20 meq/l (0.15%) in nacl 0.9% inj 73
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 73
kcl 40 meq/l (0.298%) in nacl 0.9% inj 73
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 73
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 73
kcl 40 meq/l (0.3%) in nacl 0.9% inj 73
KCL/D5W/NACL INJ 0.15/0.2 73
KCL/D5W/NACL INJ 0.3/0.9%.....73
kelnor 1/35 55
KERENDIA.....25
KESIMPTA 47
ketoconazole 5
ketoconazole (topical).....83
ketorolac tromethamine (ophth) 76
KEYTRUDA 19
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 19
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 19
KINERET 68
KINRIX INJ.....72
kionex 53
KISQALI 200 DOSE 19
KISQALI 400 DOSE 19
KISQALI 600 DOSE 19
klayesta 83
klor-con 74
klor-con 10.....74
KLOR-CON 10 74
klor-con 8 74
KLOR-CON 8.....74
klor-con m10 74
klor-con m15 74
klor-con m20 74
KLOXXADO.....48
KOMZIFTI.....19
KOSELUGO.....19
kourzeq 86
KRAZATI 19
kurvelo 55

L

labetalol hcl 30
lacosamide 42
lacosamide oral 42
LACTATED RIN INJ 73
lactated ringer's solution 73
lactic acid (ammonium lactate) 85
lactulose 63
lactulose (encephalopathy) 63
lamivudine 6
lamivudine (hbv) 8
lamivudine-zidovudine tab 150-300 mg 7
lamotrigine 42
lanreotide acetate 60
lansoprazole 64
LANTUS 51
LANTUS SOLOSTAR 51
lapatinib ditosylate 19
larin 1.5/30 55
larin 1/20 55
larin 24 fe 55
larin fe 1.5/30 55
larin fe 1/20 55
latanoprost 76
LAZCLUZE 19
leflunomide 70
lenalidomide 14
LENVIMA 10 MG DAILY DOSE 19
LENVIMA 12MG DAILY DOSE 20
LENVIMA 20 MG DAILY DOSE 20
LENVIMA 4 MG DAILY DOSE 19
LENVIMA 8 MG DAILY DOSE 19
LENVIMA CAP 14 MG 20
LENVIMA CAP 18 MG 20
LENVIMA CAP 24 MG 20
lessina 55
letrozole 13
leucovorin calcium 15
LEUKERAN 12
leuprolide acetate 14
levalbuterol hcl 79
levalbuterol tartrate 79
levetiracetam 42
levetiracetam in sodium chloride iv soln 1000 mg/100ml 42
levetiracetam in sodium chloride iv soln 1500 mg/100ml 42
levetiracetam in sodium chloride iv soln 500 mg/100ml 42
levobunolol hcl 76
levocarnitine (metabolic modifiers) 60
levocetirizine dihydrochloride 78
levofloxacin 10
levofloxacin in d5w iv soln 250 mg/50ml 10
levofloxacin in d5w iv soln 500 mg/100ml 10
levofloxacin in d5w iv soln 750 mg/150ml 10
levonest 55
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 55
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 55
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 55
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 55
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 55
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 55
levora 0.15/30-28 56
levothyroxine sodium 61
levoxyl 61
l-glutamine (sickle cell) 67
lidocaine 84
lidocaine hcl 84
lidocaine hcl (local anesth.) 1
lidocaine hcl (mouth-throat) 86
lidocaine-prilocaine cream 2.5-2.5% 84
lidocan 84
LIFYORLI CAP 125MG DS 14
LIFYORLI CAP 150MG DS 14
LILETTA 56
linezolid 4
LINEZOLID INJ 2MG/ML 4
LINZESS 64
liomny 61
liothyronine sodium 61
lisdexamfetamine dimesylate 45

lisinopril 25
lisinopril & hydrochlorothiazide tab 10-12.5 mg 25
lisinopril & hydrochlorothiazide tab 20-12.5 mg 25
lisinopril & hydrochlorothiazide tab 20-25 mg 25
lithium 47
lithium carbonate 47
LIVTENCITY 8
loestrin 1.5/30-21 56
loestrin 1/20-21 56
loestrin fe 1.5/30 56
loestrin fe 1/20 56
lojaimiess 56
LOKELMA 53
lomustine 12
LONSURF TAB 15-6.14 13
LONSURF TAB 20-8.19 13
loperamide hcl 64
lopinavir-ritonavir tab 100-25 mg 7
lopinavir-ritonavir tab 200-50 mg 7
lorazepam 33, 34
lorazepam intensol 34
LORBRENA 20
loryna 56
losartan potassium 27
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 26
*losartan potassium & hydrochlorothiazide tab 100-25 mg*26
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 26
LOTEMAX 76
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 75
lovastatin 28
low-ogestrel 56
loxapine succinate 38
lubiprostone 64
luizza 1.5/30 56
luizza 1/20 56
LUMAKRAS 20
LUMIGAN 76
LUMIZYME 60
LUPRON DEPOT (1-MONTH) 14
LUPRON DEPOT (3-MONTH) 14
LUPRON DEPOT-PED (1-MONTH 60
LUPRON DEPOT-PED (3-MONTH 60
LUPRON DEPOT-PED (6-MONTH 60
lurasidone hcl 38
lutera 56
LYBALVI TAB 10-10MG 38
LYBALVI TAB 15-10MG 38
LYBALVI TAB 20-10MG 39
LYBALVI TAB 5-10MG 38
lyleq 56
lyllana 58
LYNPARZA 20
LYSODREN 14
LYTGOBI (12 MG DAILY DOSE) 20
LYTGOBI (16 MG DAILY DOSE) 20
LYTGOBI (20 MG DAILY DOSE) 20
lyza 56

M

macitentan 33
magnesium sulfate 74
MAGNESIUM SULFATE 74
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 74
malathion 85
maraviroc 6
marlissa 56
MARPLAN 35
MATULANE 15
matzim la 30
MAVYRET PAK 50-20MG 8
MAVYRET TAB 100-40MG 8
meclizine hcl 62
medroxyprogesterone acetate 61
medroxyprogesterone acetate (contraceptive) 56
mefloquine hcl 6
megestrol acetate 14, 61
megestrol acetate (appetite) 61
MEKINIST 20
MEKTOVI 20
meleya 56
meloxicam 1
memantine hcl 34
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 34

memantine hcl-donepezil hcl cap er 24hr 21-10 mg 34
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 34
MENQUADFI 72
MENVEO INJ 72
MENVEO SOL 72
mercaptopurine 13
meropenem 4
mesalamine 63
mesalamine w/ cleanser 63
mesna 15
metformin hcl 50
methadone hcl 2
methadone hydrochloride i 2
methazolamide 31
methenamine hippurate 4
methimazole 61
methotrexate sodium 13, 70
methoxsalen rapid 83
methsuximide 42
methylphenidate hcl 45
methylprednisolone 59
methylprednisolone acetate 59
methylprednisolone sod succ 59
metoclopramide hcl 62
metolazone 31
metoprolol & hydrochlorothiazide tab 100-25 mg 29
metoprolol & hydrochlorothiazide tab 100-50 mg 29
metoprolol & hydrochlorothiazide tab 50-25 mg 29
metoprolol succinate 30
metoprolol tartrate 30
metronidazole 4
metronidazole (topical) 85
metronidazole vaginal 65
metyrosine 32
mibelas 24 fe 56
micafungin sodium 5
microgestin 1.5/30 56
microgestin 1/20 56
microgestin fe 1.5/30 56
microgestin fe 1/20 56
midodrine hcl 32
MIEBO 77
mifepristone (hyperglycemia) 60
mili 56
mimvey 58
minocycline hcl 12
minoxidil 32
mirtazapine 35
misoprostol 64
M-M-R II INJ 72
M-NATAL PLUS TAB 74
modafinil 48
MODEYSO 15
moexipril hcl 25
molindone hcl 39
mometasone furoate 84
mometasone furoate (nasal) 81
MONJUVI 20
mono-linyah 56
montelukast sodium 79
morphine sulfate 2
MOUNJARO 50
MOVANTIK 64
moxifloxacin hcl 10
moxifloxacin hcl (ophth) 76
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 10
MRESVIA 72
MULTAQ 28
multiple electrolytes ph 5.5 74
mupirocin 82
mycophenolate mofetil 71
mycophenolate sodium 71
MYRBETRIQ 65

N

nabumetone 1
nadolol 30
nafcillin sodium 11
NAGLAZYME 60
naloxone hcl 48
naltrexone hcl 48
NAMZARIC CAP 7-10MG 34
naproxen 1
naproxen sodium 1
naratriptan hcl 46
NATACYN 76
nateglinide 50
NAYZILAM 42
nebivolol hcl 30

necon 0.5/35-28 56
nefazodone hcl.....35
neomycin sulfate 4
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 76
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..76
neomycin-polymyxin-dexamethasone ophth oint 0.1% 75
neomycin-polymyxin-dexamethasone ophth susp 0.1% 75
neomycin-polymyxin-hc ophth susp ..75
neomycin-polymyxin-hc otic soln 1% 77
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....77
NERLYNX.....20
neuac 82
nevirapine 6
NEXLETOL 29
NEXLIZET TAB 180/10MG.....29
NEXPLANON 56
niacin (antihyperlipidemic) 29
nicardipine hcl 30
NICOTROL NS 49
nifedipine 30
nikki 56
nilotinib hcl.....20
nilutamide 14
nimodipine 30
NINLARO.....20
nintedanib esylate 80
nisoldipine.....30
nitazoxanide 4
nitisinone 60
nitro-bid.....32
nitrofurantoin macrocrystal..... 4
nitrofurantoin monohyd macro 4
nitroglycerin 32, 33
nitroglycerin (intra-anal) 85
nizatidine 63
nora-be.....56
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 56
norethindrone (contraceptive).....56
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....56
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....56
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 56
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 56
norethindrone acetate.....61
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....58
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 58
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 56
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 56
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 57
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 57
norlyroc 57
nortrel 0.5/35 (28).....57
nortrel 1/35 (21).....57
nortrel 1/35 (28).....57
nortrel 7/7/7 57
nortriptyline hcl 35
NORVIR 6
NOVOLIN INJ 70/30.....51
NOVOLIN INJ 70/30 FP 51
NOVOLIN N 51
NOVOLIN N FLEXPEN 52
NOVOLIN R 52
NOVOLIN R FLEXPEN 52
NOVOLOG 52
NOVOLOG FLEXPEN 52
NOVOLOG FLEXPEN RELION 52
NOVOLOG MIX INJ 70/30 52
NOVOLOG MIX INJ FLEXPEN 52
NOVOLOG PENFILL.....52
NOVOLOG RELION.....52
NUBEQA.....14
NUEDEXTA CAP 20-10MG.....47
NULOJIX 71
NUPLAZID 39
NURTEC 46
NUTRILIPID 75
NUZYRA 12
nyamyc.....83

nylia 1/35 57
nylia 7/7/7 57
nystatin 5
nystatin (mouth-throat) 86
nystatin (topical) 83
nystop 83
O
OCTAGAM 70
octreotide acetate 60
ODEFSEY TAB 8
ODOMZO.....20
OFEV 80
ofloxacin (ophth).....76
ofloxacin (otic).....77
OGIVRI 21
OGSIVEO 21
OJEMDA 21
OJJAARA 21
olanzapine.....39
olmesartan medoxomil.....27
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 26
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 26
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .26
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 26
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 27
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 27
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 26
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 27
olopatadine hcl (nasal).....78
omega-3-acid ethyl esters cap 1 gm .29
omeprazole 64
OMNIPOD 5 DX KIT INT G7G6.....52
OMNIPOD 5 DX MIS POD G7G6.....52
OMNIPOD DASH KIT INTRO.....52
OMNIPOD DASH MIS PODS 52
OMNIPOD5 LIB KIT INTRO.....52
OMNIPOD5 LIB MIS PODS 52
ondansetron 62
ondansetron hcl 62
ONTRUZANT 21
ONUREG 13
OPIPZA 39
OPSUMIT 33
ORGOVYX.....14
ORKAMBI GRA 100-125 80
ORKAMBI GRA 150-188 80
ORKAMBI GRA 75-94MG 80
ORKAMBI TAB 100-125.....80
ORKAMBI TAB 200-125.....80
orquidea 57
ORSERDU.....14
oseltamivir phosphate..... 8
OSPOMYV.....52
oxacillin sodium 11
oxaliplatin 12
oxaprozin 1
oxcarbazepine 42
oxybutynin chloride 65
oxycodone hcl..... 2
oxycodone w/ acetaminophen tab 10-325 mg 3
oxycodone w/ acetaminophen tab 2.5-325 mg 3
oxycodone w/ acetaminophen tab 5-325 mg 3
oxycodone w/ acetaminophen tab 7.5-325 mg 3
OZEMPIC.....50
OZEMPIC (0.25 OR 0.5MG/DOSE) 50
OZEMPIC (1MG/DOSE).....50
OZEMPIC (2MG/DOSE).....50
P
pacerone.....28
paclitaxel 15
paclitaxel inj 100mg 15
paliperidone 39
pamidronate disodium 53
PAMIDRONATE DISODIUM.....52
PANRETIN 85

pantoprazole sodium 64
PANZYGA 71
paricalcitol 62
paroxetine hcl 35
PAXLOVID PAK..... 8
PAXLOVID TAB 150-100..... 8
PAXLOVID TAB 300-100..... 8
pazopanib hcl 21
PEDIARIX INJ 0.5ML 72
PEDVAXHIB 72
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....63
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 63
PEGASYS..... 8
pellix 83
PEMAZYRE.....21
pemetrexed disodium 13
PENBRAYA INJ 72
penicillamine 53
penicillin g potassium 11
penicillin g sodium.....11
penicillin v potassium.....11
PENMENVY INJ.....72
PENTACEL INJ.....72
pentamidine isethionate inh..... 4
pentamidine isethionate inj..... 4
pentoxifylline 67
perampanel 42
perindopril erbumine 25
periogard 86
permethrin 85
perphenazine 39
pfizerpen.....11
phenelzine sulfate 35
phenobarbital 42
phenobarbital sodium 43
phenytek.....43
phenytoin.....43
phenytoin sodium.....43
phenytoin sodium extended.....43
PHESGO SOL 21
philith 57
PIFELTRO 6
pilocarpine hcl.....77
pilocarpine hcl (oral).....86
pimecrolimus 85
pimozide 39
pimtrea.....57
pindolol.....30
pioglitazone hcl.....50
pioglitazone hcl-metformin hcl tab 15-500 mg 50
pioglitazone hcl-metformin hcl tab 15-850 mg 50
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 11
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....11
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....11
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 11
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....11
PIQRAY 200MG DAILY DOSE.....21
PIQRAY 250MG TAB DOSE.....21
PIQRAY 300MG DAILY DOSE.....21
pirfenidone.....80
piroxicam 1
pitavastatin calcium.....28
plenamine 75
PLENVU SOL.....63
podofilox.....85
polymyxin b sulfate 4
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 76
pomalidomide 14
POMALYST.....14
portia-28.....57
posaconazole..... 5
POT CHL 20MEQ/L IN NACL 0.45% INJ 74
POT CHL 20MEQ/L IN NACL 0.9% INJ 74
POT CHL 40MEQ/L IN NACL 0.9% INJ 74
potassium chloride 74
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 74
potassium chloride microencapsulated crystals er 74
potassium citrate (alkalinizer).....65
pramipexole dihydrochloride.....37

prasugrel hcl 67
pravastatin sodium 28
praziquantel 4
prazosin hcl 25
prednisolone 59
prednisolone acetate (ophth) 76
PREDNISOLONE SODIUM PHOSP 76
prednisolone sodium phosphate 59
prednisone 59
PREDNISONE INTENSOL 59
pregabalin 43
PREMASOL SOL 10% 75
PRENATAL TAB 27-1MG 74
PRENATAL TAB PLUS 74
prevalite 29
PREVYMIS 9
PREZCOBIX TAB 675/150 8
PREZCOBIX TAB 800-150 8
PREZISTA 6
PRIFTIN 8
primaquine phosphate 6
PRIMAQUINE PHOSPHATE 6
primidone 43
PRIORIX INJ 72
PRIVIGEN 71
probenecid 1
prochlorperazine 62
prochlorperazine edisylate 62
prochlorperazine maleate 62
PROCRIT 66
proctocort 85
procto-med hc 85
proctosol hc 85
proctozone-hc 85
progesterone 61
PROGRAF 71
PROLASTIN-C 80
PROLIA 53
promethazine hcl 62
propafenone hcl 28
proparacaine hcl 77
propranolol hcl 30
propylthiouracil 61
PROQUAD INJ 72
PROSOL INJ 20% 75
protriptyline hcl 35
PULMOZYME 80
pyrazinamide 8
pyridostigmine bromide 47
pyrimethamine 4
PYZCHIVA 68

Q

QINLOCK 21
QUADRACEL INJ 0.5ML 72
quetiapine fumarate 39
quinapril hcl 25
quinidine sulfate 28
quinine sulfate 6
QULIPTA 46

R

RABAVERT INJ 72
rabeprazole sodium 64
RALDESY 35
raloxifene hcl 60
ramelteon 46
ramipril 25
ranolazine 32
rasagiline mesylate 37
reclipsen 57
RECOMBIVAX HB 72
RELENZA DISKHALER 9
relgaabi 43
RELISTOR 64
REMICADE 68
RENFLEXIS 68
repaglinide 50
REPATHA 29
REPATHA SURECLICK 29
RESTASIS 77
RESTASIS MULTIDOSE 77
RETEVMO 21
REVCOVI 60
REVUFORJ 21
REXULTI 39
REYATAZ 6
REZDIFFRA 60
REZLIDHIA 21
REZUROCK 71
RHOPRESSA 77
ribavirin (hepatitis c) 9
rifabutin 8
rifampin 8
rilpivirine hcl 6
riluzole 47

rimantadine hydrochloride 9
RINVOQ 68
RINVOQ LQ 68
risedronate sodium 53
risperidone 39
risperidone microspheres 39
ritonavir 6
rivaroxaban 66
rivastigmine 34
rivastigmine tartrate 34
rivelsa 57
rizatriptan benzoate 46
ROCKLATAN DRO 77
roflumilast 80
ROMVIMZA 21
ropinirole hydrochloride 37
rosuvastatin calcium 28
rosyrah 57
ROTARIX SUS 72
ROTATEQ SOL 72
roweepra 43
ROZLYTREK 21
RUBRACA 22
rufinamide 43
RUKOBIA 6
RYBELSUS 50
RYDAPT 22

S

sacubitril-valsartan tab 24-26 mg 27
sacubitril-valsartan tab 49-51 mg 27
sacubitril-valsartan tab 97-103 mg 27
sajazir 67
SANTYL 85
sapropterin dihydrochloride 60
SCEMBLIX 22
scopolamine 62
SECUADO 39
selegiline hcl 37
selenium sulfide 83
SELZENTRY 7
SEREVENT DISKUS 79
sertraline hcl 35
setlakin 57
sharobel 57
SHINGRIX 72
SIGNIFOR 60
SIKLOS 67
sildenafil citrate (pulmonary hypertension) 33
silodosin 65
silver sulfadiazine 82
SIMBRINZA SUS 1-0.2% 77
simliya 57
simpesse 57
simvastatin 28
sirolimus 71
SIRTURO 8
sitagliptin phosphate 50
sitagliptin phosphate-metformin hcl tab 50-1000 mg 50
sitagliptin phosphate-metformin hcl tab 50-500 mg 50
SKYRIZI 69
SKYRIZI PEN 69
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 63
sodium chloride 74
sodium chloride (gu irrigant) 85
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 74
sodium oxybate 48
sodium phenylbutyrate 60
sodium polystyrene sulfonate 53
sodium polystyrene sulfonate powder 53
solifenacin succinate 65
SOLIQUA INJ 100/33 52
SOLTAMOX 14
SOLU-CORTEF 59
SOMATULINE DEPOT 61
SOMAVERT 61
sorafenib tosylate 22
sotalol hcl 28
sotalol hcl (afib/afl) 28
SOTYKTU 69
SPIRIVA RESPIMAT 78
spironolactone 25
spironolactone & hydrochlorothiazide tab 25-25 mg 31
sprintec 28 57
SPRITAM 43
sps 53
sps rectal 53
sronyx 57

ssd 82
STELARA 69
STIVARGA 22
streptomycin sulfate 4
STRIBILD TAB..... 8
subvenite 43
SUBVENITE 43
sucralfate 64
sulfacetamide sodium (acne) 82
sulfacetamide sodium (ophth) 76
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 75
sulfadiazine 4
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 4
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 4
sulfamethoxazole-trimethoprim tab 400-80 mg 4
sulfamethoxazole-trimethoprim tab 800-160 mg..... 4
SULFAMYLON.....82
sulfasalazine.....63
sulindac 1
sumatriptan.....46
sumatriptan succinate.....46
sunitinib malate 22
SUNLENCA 7
syeda 57
SYMDEKO TAB 100-150 80
SYMDEKO TAB 50-75MG 80
SYMPAZAN 43
SYMTUZA TAB..... 8
SYNAREL.....61
SYNTHROID.....61

T

TABLOID 13
TABRECTA.....22
tacrolimus 71
tacrolimus (topical) 85
tadalafil.....65
tadalafil (pulmonary hypertension) ...33
TAFINLAR.....22
TAGRISSO.....22
TALZENNA.....22
tamoxifen citrate.....14
tamsulosin hcl.....65
tarina 24 fe 57
tarina fe 1/20 eq.....57
tasimelteon 46
TAVNEOS 67
tazarotene.....83
tazicef 9
TECENTRIQ 22
TECENTRIQ INJ HYBREZA.....22
TEFLARO 9
telmisartan.....27
telmisartan-amlodipine tab 40-10 mg 27
telmisartan-amlodipine tab 40-5 mg .27
telmisartan-amlodipine tab 80-10 mg 27
telmisartan-amlodipine tab 80-5 mg .27
telmisartan-hydrochlorothiazide tab 40-12.5 mg 27
telmisartan-hydrochlorothiazide tab 80-12.5 mg 27
telmisartan-hydrochlorothiazide tab 80-25 mg.....27
temazepam 46
TENIVAC INJ 5-2LF.....72
tenofovir disoproxil fumarate 7
TEPMETKO 22
terazosin hcl.....25
terbinafine hcl..... 5
terbutaline sulfate 79
terconazole vaginal 65
teriparatide 53
TERIPARATIDE.....53
testosterone 49
testosterone cypionate.....49
testosterone enanthate 49
testosterone pump 49
tetrabenazine 47
tetracycline hcl 12
THALOMID 14
theophylline 80
thioridazine hcl 40
thiothixene.....40
tiadylt er.....30
tiagabine hcl.....43
TIBSOVO.....22
ticagrelor 67
TICOVAC.....72

tigecycline 12
tilia fe 57
timolol maleate 30
timolol maleate (ophth) 77
tinidazole 4
TIVICAY 7
TIVICAY PD 7
tizanidine hcl 48
TOBI PODHALER 4
TOBRADEX OIN 0.3-0.1% 75
tobramycin 4
tobramycin (ophth) 76
tobramycin sulfate 5
tobramycin-dexamethasone ophth susp 0.3-0.1% 75
tofacitinib citrate 69
tolterodine tartrate 65
tolvaptan 61
tolvaptan tab therapy pack 30 & 15 mg 61
tolvaptan tab therapy pack 45 & 15 mg 61
tolvaptan tab therapy pack 60 & 30 mg 61
tolvaptan tab therapy pack 90 & 30 mg 61
topiramate 43
toremifene citrate 14
torpenz 22
torsemide 31
TOUJEO MAX SOLOSTAR 52
TOUJEO SOLOSTAR 52
TPN ELECTROL INJ 74
TRADJENTA 50
tramadol hcl 3
tramadol-acetaminophen tab 37.5-325 mg 3
trandolapril 25
tranexamic acid 67
tranylcypromine sulfate 36
TRAVASOL INJ 10% 75
travoprost 77
TRAZIMERA 22
trazodone hcl 36
TRELEGY AER ELLIPTA 100-62.5-25 MCG 78
TRELEGY AER ELLIPTA 200-62.5-25 MCG 78
TREMFYA 69
TREMFYA INDUCTION PACK FO 69
TREMFYA PEN 69
treprostinil 33
tretinoin 82
tretinoin (chemotherapy) 15
triamcinolone acetonide (mouth) 86
triamcinolone acetonide (topical) 84
triamterene & hydrochlorothiazide cap 37.5-25 mg 31
triamterene & hydrochlorothiazide tab 37.5-25 mg 31
triamterene & hydrochlorothiazide tab 75-50 mg 31
tridacaine iii 85
triderm 84
trientine hcl 53
tri-estarylla 57
trifluoperazine hcl 40
trifluridine 76
trihexyphenidyl hcl 37
TRIJARDY XR TAB ER 24HR 10-5-1000MG 50
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 50
TRIJARDY XR TAB ER 24HR 25-5-1000MG 51
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 50
TRIKAFTA PAK 59.5MG 80
TRIKAFTA PAK 75MG 80
TRIKAFTA TAB 100-50-75MG & 150MG 80
TRIKAFTA TAB 50-25-37.5MG & 75MG 80
tri-legest fe 57
tri-linyah 57
tri-lo-estarylla 57
tri-lo-marzia 57
tri-lo-mili 57
tri-lo-sprintec 57
trimethoprim 5
tri-mili 57
trimipramine maleate 36
TRINTELLIX 36

tri-sprintec 57
TRIUMEQ PD TAB 8
TRIUMEQ TAB 8
tri-vylibra 57
tri-vylibra lo.....57
TROGARZO..... 7
TROPHAMINE INJ 10%.....75
trospium chloride 65
TRULICITY.....51
TRUMENBA.....72
TRUQAP 22
TRUXIMA.....22
TUKYSA 22
TURALIO 23
turqoz.....57
twice-daily clindamycin phosphate (topical) 82
TWINRIX INJ 72
TYBOST..... 7
tydemy 57
TYENNE.....69
TYMLOS 53
TYPHIM VI 72
U
UBRELVY.....46
unithroid 61
UPTRAVI 33
UPTRAVI PACK TAB 200/800.....33
ursodiol.....64
USTEKINUMAB.....69
V
valacyclovir hcl 9
VALCHLOR.....85
valganciclovir hcl..... 9
valproate sodium 43
valproic acid 44
valsartan.....27
valsartan-hydrochlorothiazide tab 160-12.5 mg 27
valsartan-hydrochlorothiazide tab 160-25 mg.....27
valsartan-hydrochlorothiazide tab 320-12.5 mg 27
valsartan-hydrochlorothiazide tab 320-25 mg.....27
valsartan-hydrochlorothiazide tab 80-12.5 mg 27
VALTOCO 10 MG DOSE 44
VALTOCO 15 MG DOSE 44
VALTOCO 20 MG DOSE 44
VALTOCO 5 MG DOSE.....44
valtya 1/35.....57
valtya 1/50.....57
vancomycin hcl 5
VANCOMYCIN INJ 1 GM..... 5
VANCOMYCIN INJ 500MG..... 5
VANCOMYCIN INJ 750MG..... 5
VANFLYTA 23
VAQTA.....73
varenicline tartrate.....49
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....49
VARIVAX.....73
VASCEPA.....29
VAXCHORA SUS.....73
velivet 57
VELSIPITY.....69
VENCLEXTA 23
VENCLEXTA TAB START PK.....23
venlafaxine hcl.....36
VENTOLIN HFA.....79
VENTOLIN HFA (INSTITUTIONAL PACK) 79
VEPPANU 14
verapamil hcl.....31
VERQUVO.....32
VERSACLOZ.....40
VERZENIO.....23
vestura 57
vienva 58
vigabatrin.....44
vigadrone.....44
VIGAFYDE 44
vilazodone hcl.....36
VIMKUNYA 73
vincristine sulfate.....15
vinorelbine tartrate.....15
viorele 58
VIRACEPT..... 7
VIREAD..... 7
VITRAKVI.....23
VIVIMUSTA 12
VIVITROL.....49
VIVOTIF CAP EC.....73

VIZIMPRO 23
VONJO 23
VOQUEZNA PAK DUAL PAK 64
VOQUEZNA PAK TRIP PK 64
VORANIGO 23
voriconazole 5
VOSEVI TAB 9
VOWST CAP.....64
VRAYLAR.....40
vyfemla.....58
vylibra 58
VYNDAMAX.....32
VYZULTA.....77
W
warfarin sodium 66
water for irrigation, sterile irrigation soln 85
WELIREG.....15
wera 58
WESTAB PLUS TAB 27-1MG 74
WINREVAIR 33
WINREVAIR INJ 45MG.....33
WINREVAIR INJ 60MG.....33
wixela inhub 82
wymzya fe.....58
WYOST 53
X
XALKORI 23
xarah fe 58
XARELTO.....66
XARELTO STAR TAB 15/20MG 66
XATMEP 70
XCOPRI.....44
XCOPRI PAK 100-150 44
XCOPRI PAK 12.5-25 44
XCOPRI PAK 150-200MG (MAINTENANCE).....44
XCOPRI PAK 150-200MG (TITRATION) 44
XCOPRI PAK 50-100MG.....44
XDEMVY.....76
XELJANZ 70
XELJANZ XR 70
xelria fe 58
XERMELO 64
XHANCE.....81
XIFAXAN 64
XIGDUO XR TAB 10-1000.....51
XIGDUO XR TAB 10-500MG 51
XIGDUO XR TAB 2.5-1000.....51
XIGDUO XR TAB 5-1000MG 51
XIGDUO XR TAB 5-500MG.....51
XIIDRA 77
XOLAIR..... 80, 81
XOSPATA 23
XPOVIO PAK (100 MG ONCE WEEKLY) 24
XPOVIO PAK (40 MG ONCE WEEKLY) 23
XPOVIO PAK (40 MG TWICE WEEKLY) 23
XPOVIO PAK (60 MG ONCE WEEKLY) 23
XPOVIO PAK (60 MG TWICE WEEKLY) 23
XPOVIO PAK (80 MG ONCE WEEKLY) 23, 24
XPOVIO PAK (80 MG TWICE WEEKLY) 24
XTANDI.....14
XTRENBO 53
xulane 58
XULTOPHY INJ 100/3.6 52
Y
YESINTEK.....70
YF-VAX INJ.....73
YONSA.....14
yulithira 24
YUTREPIA.....33
yuvafem 58
Z
zafemy 58
zafirlukast 79
ZARXIO.....66
ZEGALOGUE 59
ZEJULA 24
ZELBORAF.....24
zelvysia 61
ZEMAIRA.....81
zenatane.....82
ZENPEP CAP 10000UNT.....64
ZENPEP CAP 15000UNT.....64
ZENPEP CAP 20000UNT.....64
ZENPEP CAP 25000UNT.....64
ZENPEP CAP 3000UNIT 64
ZENPEP CAP 40000UNT.....64

ZENPEP CAP 5000UNIT 64
ZENPEP CAP 60000UNT.....64
ZERVIATE.....76
zidovudine..... 7
ziprasidone hcl.....40
ziprasidone mesylate 40
ZIRABEV 24
ZIRGAN 76
zoledronic acid 53
ZOLINZA.....24
zolpidem tartrate.....46
ZONISADE 44
zonisamide.....44
zovia 1/35.....58
ZTALMY 44
zumandimine.....58
ZURZUVAE 36
ZYDELIG 24
ZYKADIA.....24
ZYLET SUS 0.5-0.3%.....75
ZYPITAMAG 29
ZYPREXA RELPREVV 40

Este formulario fue actualizado el 1 de septiembre de 2026. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con el Centro de Servicios a los Afiliados de MVP.

Para miembros de Medicare Advantage:

1-800-665-7924

Siete días a la semana, de 8 am a 8 pm hora del este
1 de abril al 30 de septiembre, lunes a viernes, de 8 am a 8 pm

TTY: 711

Visite **mvphealthcare.com/partdformulary** para ver la lista más actualizada de Formularios y obtener más información sobre la cobertura de medicamentos de la Parte D de Medicare.