

2024 Formulary

List of Covered Drugs



Blue MedicareRxSM Value (PDP)

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

Formulary ID: 24522 Version 08

This formulary was updated on 02/01/2024. For more recent information or other questions, please contact Blue MedicareRx Member Services at **1-844-883-8524** (TTY users should call **711**). Hours are 24 hours a day, seven days a week, or visit **azblue.com/medicare**.



Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means Blue Cross® Blue Shield® of Arizona (BCBSAZ). When it refers to "plan" or "our plan," it means Blue MedicareRx Value.

This document includes a list of the drugs (formulary) for our plan which is current as of February 01, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on February 01, 2024, and from time to time during the year.

INTRODUCTION

What is the Blue MedicareRx Value Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx Value in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Value network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx Value may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Blue MedicareRx Value Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug

to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue MedicareRx Value Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of February 01, 2024. To get updated information about the drugs covered by Blue MedicareRx Value please contact us. Our contact information appears on the front and back cover pages. To view the most recent formulary, visit azblue.com/medicare.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under , you should look for your drug in the Index that begins on page 60. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue MedicareRx Value requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue MedicareRx Value before you fill your prescriptions. If you don't get approval, Blue MedicareRx Value may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Value limits the amount of the drug that Blue MedicareRx Value will cover. For example, Blue MedicareRx Value provides 30 capsules per prescription for *glimepiride*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Value requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue MedicareRx Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx Value will then cover Drug B.

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

You can ask Blue MedicareRx Value to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue MedicareRx Value formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue MedicareRx Value does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue MedicareRx Value. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue MedicareRx Value.
- You can ask Blue MedicareRx Value to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue MedicareRx Value Formulary?

You can ask Blue MedicareRx Value to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

For more information

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

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

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

The tables below show your share of the cost for 30-day and 90-day supplies from network pharmacies.

	Benefits	Blue MedicareRx Value (PDP)
Deductible		\$545
Initial Coverage:		Cost sharing
30-Day Supply from a Network Pharmacy	Tier 1: Preferred Generic	\$0 copay
	Tier 2: Generic	\$3 copay
	Tier 3: Preferred Brand	25% coinsurance
	Tier 4: Non-Preferred Drug	33% coinsurance
	Tier 5: Specialty	25% coinsurance
90-Day Supply from a Network Pharmacy or Mail-Order	Tier 1: Preferred Generic	\$0 copay
	Tier 2: Generic	\$9 copay
	Tier 3: Preferred Brand	25% coinsurance
	Tier 4: Non-Preferred Drug	33% coinsurance
	Tier 5: Specialty	Not available

Cost Sharing Tier 1: Preferred Generic

This Tier is the lowest tier and generally contains the lowest cost generics.

Cost Sharing Tier 2: Generic

This Tier contains generics.

Cost Sharing Tier 3: Preferred Brand

This Tier includes preferred brand drugs and non-preferred generic drugs.

Cost Sharing Tier 4: Non-Preferred Drug

This Tier includes non-preferred drugs.

Cost Sharing Tier 5: Specialty

This Tier includes very high-cost brand and some generic drugs, which may require special handling and/or close monitoring.

Blue MedicareRx Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Blue MedicareRx Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 60.

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

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

The key below can assist you as you look for the information for your drug.

KEY

- B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- EA:** Each.
- ED:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- MO:** Mail Order Drug. This prescription drug is available through a mail-order service.
- NDS:** Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.
- PA:** Prior Authorization. Blue MedicareRx Value requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue MedicareRx Value before you fill your prescriptions. If you don't get approval, Blue MedicareRx Value may not cover the drug.
- PA NSO:** Prior authorization for New Starts Only. This prescription drug requires prior authorization only for members starting therapy and does not apply to members already using the drug.
- QL:** Quantity Limit. For certain drugs, Blue MedicareRx Value limits the amount of the drug that Blue MedicareRx Value will cover. For example, Blue MedicareRx Value provides 30 tablets per prescription for Januvia. This may be in addition to a standard one month or three month supply.
- ST:** Step Therapy. In some cases, Blue MedicareRx Value requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue MedicareRx Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx Value will then cover Drug B.

Comprehensive Member Formulary

BCBS AZ GOLD 6T

Effective: 03/01/2024

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule	2	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	2	
diclofenac sodium er	3	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
diflunisal tablet 500mg	3	
ec-naproxen tablet delayed release 500mg	4	
etodolac capsule, tablet	3	
flurbiprofen tablet	2	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	4	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL(20 EA per 30 days)
meloxicam tablet	1	
nabumetone tablet	2	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet delayed release 375mg	2	
naproxen tablet delayed release 500mg	4	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	3	
piroxicam capsule	3	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
buprenorphine	4	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl tablet	2	NDS
methadone hcl solution	3	NDS
methadone hydrochloride intensol	3	NDS
methadone hydrochloride concentrate	3	NDS
morphine sulfate er tablet extended release	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine	2	NDS
endocet tablet 325mg; 5mg	2	NDS

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>loracet</i>	2	NDS
<i>loracet hd</i>	2	NDS
<i>loracet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
<i>VIVITROL</i>	5	
<i>Opioid Dependence</i>		

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL(90 EA per 30 days)
buprenorphine hcl tablet sublingual	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	3	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	2	
naloxone hcl injection 2mg/2ml	3	
naloxone hydrochloride liquid	3	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
varenicline starting month box	4	QL(504 EA per 365 days)
varenicline tartrate	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	
gentamicin sulfate pediatric	3	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	3	
gentamicin sulfate ointment 0.1%	3	
HUMATIN	5	
neomycin sulfate	2	
paromomycin sulfate	4	
streptomycin sulfate injection 1gm	5	
tobramycin sulfate injection	3	
Antibacterials, Other		
aztreonam	4	
clindacin etz pledges	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium	5	
daptomycin	5	
DAPTO MYCIN/SODIUM CHLORIDE	4	

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Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrys</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefeprizine</i>	4	
<i>cefeprizine hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>ceftazidime</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
DIFICID TABLET	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclercycline hcl tablet</i>	4	
<i>demeclercycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hydiate capsule 100mg, 50mg</i>	2	
<i>doxycycline hydiate injection 100mg</i>	4	
<i>doxycycline hydiate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>monodoxe nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i> gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i> gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i> gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i> gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i> gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i> phenobarbital elixir 20mg/5ml</i>	4	
<i> phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i> primidone tablet</i>	2	
<i> SYMPAZAN FILM 5MG</i>	4	
<i> SYMPAZAN FILM 10MG, 20MG</i>	5	
<i> tiagabine hydrochloride</i>	4	
<i> VALTOCO 10 MG DOSE</i>	5	QL(10 EA per 30 days)
<i> VALTOCO 15 MG DOSE</i>	5	QL(10 EA per 30 days)
<i> VALTOCO 20 MG DOSE</i>	5	QL(10 EA per 30 days)
<i> VALTOCO 5 MG DOSE</i>	5	QL(10 EA per 30 days)
<i> vigabatrin</i>	5	PA NSO
<i> vigadron</i>	5	PA NSO
<i> vigpoder</i>	5	PA NSO
Sodium Channel Agents		
<i> APTIOM</i>	5	
<i> carbamazepine er tablet extended release 12 hour</i>	3	
<i> carbamazepine er capsule extended release 12 hour</i>	4	
<i> carbamazepine tablet chewable</i>	2	
<i> carbamazepine suspension, tablet</i>	3	
<i> DILANTIN CAPSULE 30MG</i>	4	
<i> epitol</i>	3	
<i> lacosamide solution</i>	3	
<i> lacosamide tablet</i>	4	
<i> oxcarbazepine tablet</i>	2	
<i> oxcarbazepine suspension</i>	4	
<i> PEGANONE TABLET 250MG</i>	4	
<i> PHENYTEK</i>	2	
<i> phenytoin infatabs</i>	2	
<i> phenytoin sodium extended</i>	2	
<i> phenytoin tablet chewable, suspension</i>	2	
<i> rufinamide suspension</i>	5	
<i> rufinamide tablet 200mg</i>	4	
<i> rufinamide tablet 400mg</i>	5	
<i> ZONISADE</i>	4	ST NSO
<i> zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		

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Drug Name	Drug Tier	Requirements/Limits
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	

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<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	

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<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
<i>ABELCET</i>	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	

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griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	PA
JUBLIA	5	
ketoconazole shampoo, tablet	2	
ketoconazole cream	2	QL(90 GM per 30 days)
klayesta	2	QL(120 GM per 30 days)
nyamyc	2	QL(120 GM per 30 days)
nystatin cream, ointment, suspension	2	
nystatin powder	2	QL(120 GM per 30 days)
nystatin tablet	3	
nystop	2	QL(120 GM per 30 days)
posaconazole dr	5	PA
posaconazole suspension	5	PA
terbinafine hcl tablet	2	QL(84 EA per 180 days)
terconazole cream	3	
voriconazole tablet	4	
voriconazole suspension reconstituted	5	
voriconazole injection	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	3	
febuxostat	4	
probenecid/colchicine	2	
probenecid tablet	2	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate solution	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine	3	QL(24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl	3	QL(9 EA per 30 days)
rizatriptan benzoate	2	QL(18 EA per 30 days)
rizatriptan benzoate odt	3	QL(18 EA per 30 days)
sumatriptan succinate tablet	2	QL(9 EA per 30 days)
sumatriptan succinate injection	4	QL(5 ML per 30 days)
sumatriptan solution	4	QL(12 EA per 30 days)

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<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
Antiangiogenic Agents		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO

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QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
AKEEGA	5	PA NSO
BESREMI	5	PA NSO
COLUMVI	5	PA NSO
EPKINLY	5	PA NSO
GAVRETO	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
INREBIC	5	PA NSO
IWLIFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
KRAZATI	5	PA NSO
LONSURF	5	PA NSO
LUMAKRAS	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONUREG	5	PA NSO
ORSERDU	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PHESGO	5	PA NSO
RETEVMO	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SYNRIBO	5	PA NSO

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TAZVERIK	5	PA NSO
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	

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Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTrif	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LYNPARZA TABLET	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
ODOMZO	5	PA NSO
OJAAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSO TABLET 80MG	5	PA NSO
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORA	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TRAZIMERA	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoiin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI	5	QL(150 EA per 30 days); PA
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate, tablet	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate, injection	4	
fluphenazine hcl tablet 1mg	4	
fluphenazine hydrochloride elixir	4	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	4	
haloperidol decanoate injection	3	
haloperidol lactate	3	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	2	
molindone hydrochloride	4	
perphenazine tablet 2mg, 4mg	3	
perphenazine tablet 16mg, 8mg	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	3	
trifluoperazine hcl tablet 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg	4	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
ariPIPRAZOLE odt	5	QL(60 EA per 30 days)
ariPIPRAZOLE tablet	2	QL(30 EA per 30 days)
ariPIPRAZOLE solution	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	5	
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	5	
atazanavir	4	
atazanavir sulfate capsule 300mg	4	
darunavir	5	
EVOTAZ	5	QL(30 EA per 30 days)
fosamprenavir calcium	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
lopinavir/ritonavir	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
ritonavir	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
<i>Anti-influenza Agents</i>		
amantadine hcl capsule, solution	2	
oseltamivir phosphate capsule 75mg	3	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
<i>Antiherpetic Agents</i>		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hydrochloride	3	QL(120 EA per 30 days)
Anxiolytics		
<i>Anxiolytics, Other</i>		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 5mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
<i>BYDUREON BCISE</i>	4	QL(3.4 ML per 28 days); PA
<i>BYETTA INJECTION 10MCG/0.04ML</i>	4	QL(2.4 ML per 28 days); PA
<i>BYETTA INJECTION 5MCG/0.02ML</i>	4	QL(4.8 ML per 28 days); PA
<i>FARXIGA</i>	3	
<i>glimepiride</i>	6	
<i>glipizide er</i>	6	
<i>glipizide xl</i>	6	
<i>glipizide/metformin hydrochloride</i>	6	
<i>glipizide tablet 2.5mg</i>	6	
<i>glipizide tablet 10mg, 5mg</i>	6	
<i>glyburide/metformin hydrochloride</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
<i>GLYXAMBI</i>	3	
<i>JANUMET</i>	3	
<i>JANUMET XR</i>	3	
<i>JANUVIA</i>	3	QL(30 EA per 30 days)
<i>JARDIANCE</i>	3	
<i>JENTADUETO</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	6	
OZEMPIK INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIK INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel</i>	2	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl patch weekly</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	6	
EDARBI	4	
<i>irbesartan</i>	6	
<i>losartan potassium tablet</i>	6	
<i>olmesartan medoxomil tablet</i>	6	
<i>telmisartan</i>	6	
<i>valsartan tablet</i>	6	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	6	
<i>benazepril hydrochloride tablet 20mg</i>	6	
<i>captopril tablet</i>	6	
<i>enalapril maleate tablet</i>	6	
<i>fosinopril sodium</i>	6	
<i>lisinopril tablet</i>	6	
<i>moexipril hcl</i>	6	
<i>perindopril erbumine</i>	6	
<i>quinapril hydrochloride</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	
<i>Antiarrhythmics</i>		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
flecainide acetate	2	
mexiletine hcl capsule 150mg	3	
mexiletine hcl capsule 200mg, 250mg	4	
MULTAQ	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	3	
propafenone hcl	2	
propafenone hydrochloride er	4	
quinidine sulfate tablet	3	
sorine	2	
sotalol hcl	2	
sotalol hydrochloride (af)	2	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	2	
acebutolol hydrochloride	2	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	3	
bisoprolol fumarate	2	
carvedilol	1	
labetalol hydrochloride tablet	2	
metoprolol succinate er	1	
metoprolol tartrate tablet	1	
nadolol tablet 20mg, 40mg	2	
nadolol tablet 80mg	3	
nebivolol hydrochloride	3	
nebivolol tablet 5mg	3	
pindolol tablet	3	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	2	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	2	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
isradipine	4	
nifedipine er	2	
nimodipine capsule	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er capsule extended release 12 hour	4	
diltiazem hcl er tablet extended release 24 hour 420mg	4	
diltiazem hcl tablet 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg	2	
matzim la	4	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour	3	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
acetazolamide	3	
aliskiren	6	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	6	
amlodipine besylate/valsartan	6	
amlodipine/olmesartan medoxomil	6	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	6	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	6	
captopril/hydrochlorothiazide	6	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
EDARBYCLO	4	
enalapril maleate/hydrochlorothiazide	6	
ENTRESTO	3	QL(60 EA per 30 days)
epinephrine injection 1mg/ml	3	
fosinopril sodium/hydrochlorothiazide	6	
irbesartan/hydrochlorothiazide	6	
isosorbide dinitrate/hydralazine hydrochloride	3	
KERENDIA	4	QL(30 EA per 30 days); PA
lisinopril/hydrochlorothiazide	6	
losartan potassium/hydrochlorothiazide	6	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	6	
pentoxifylline er	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide</i>	6	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	6	
<i>trandolapril/verapamil hcl er</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>torsemide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	6	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tablet</i>	6	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	6	
<i>rosuvastatin calcium</i>	6	
<i>simvastatin tablet</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	6	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)

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<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	PA
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERTY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
KEPIVANCE	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>ACCUTANE</i>	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinooin cream 0.025%</i>	2	PA
<i>tretinooin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
Dermatitis and Pruritus Agents		
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
<i>KLISYRI</i>	5	ST
<i>nystatin/triamcinolone</i>	3	
<i>OTEZLA TABLET 30MG</i>	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
<i>SANTYL</i>	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	
<i>BACTROBAN NASAL</i>	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml;</i> <i>1527mg/100ml; 1050mg/100ml; 1107mg/100ml;</i> <i>750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml;</i> <i>1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml;</i> <i>795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml;</i> <i>405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	

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PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	

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RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	

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Proton Pump Inhibitors		
DEXILANT	4	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i> miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA

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ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacain succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamine</i>	5	
<i>ELMIRON</i>	4	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	

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<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
<i>GENOTROPIN</i>	5	PA
<i>GENOTROPIN MINIQUICK</i>	5	PA
<i>INCRELEX</i>	5	PA
<i>LUPRON DEPOT-PED (6-MONTH)</i>	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>KORLYM</i>	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)

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<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethynodiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarrylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol gel, patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethynodiol estradiol</i>	3	
<i>etonogestrel/ethynodiol estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mihi</i>	3	
<i>mimvey</i>	4	

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<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>similiya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienna</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleg</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA NSO
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
<i>OSPHENA</i>	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

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Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(60 EA per 30 days); PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
LANREOTIDE ACETATE	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL(4 ML per 28 days); PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA NSO
INTRON A	5	PA NSO
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA

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Drug Name	Drug Tier	Requirements/Limits
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	

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Drug Name	Drug Tier	Requirements/Limits
PREHEVBARIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQUE SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
<i>SFROWASA</i>	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		

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<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA NSO
LAGEVRIQ	3	QL(40 EA per 5 days)
NUTRILIPID	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)

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OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
ulticare micro pen needles/32g x 5/32"	2	QL(200 EA per 30 days)
unifine pentips 32gx6mm	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	2	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
polycin	2	
polymyxin b sulfate(trimethoprim sulfate	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
IIDRA	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYLET	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	2	
olopatadine hcl	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium solution	2	
sulfacetamide sodium ointment	3	
tobramycin solution 0.3%	1	
trifluridine	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution	3	
diclofenac sodium solution 0.1%	2	
FLAREX	3	
fluorometholone	3	
flurbiprofen sodium	2	
ILEVRO	3	QL(4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.5%	2	
ketorolac tromethamine ophthalmic solution 0.4%	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
prednisolone acetate	2	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	3	
ALPHAGAN P SOLUTION 0.1%	3	

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BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>ciproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	

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Antileukotrienes		
montelukast sodium tablet	1	
montelukast sodium tablet chewable, packet	2	
zafirlukast	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)

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<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)

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TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	4	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

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<i>acarbose</i>	24	<i>alyq</i>	58
ACCUTANE	34	<i>amabelz</i>	42
<i>acebutolol hcl</i>	29	<i>amantadine hcl</i>	23
<i>acebutolol hydrochloride</i>	29	<i>ambrisentan</i>	58
<i>acetaminophen/codeine</i>	1	<i>amethia</i>	42
<i>acetazolamide</i>	30	<i>amethia lo</i>	42
<i>acetazolamide er</i>	55	<i>amethyst</i>	42
<i>acetic acid</i>	56	<i>amikacin sulfate</i>	3
<i>acetic acid 0.25%</i>	41	<i>amiloride hcl</i>	31
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<i>acyclovir</i>	23	<i>amiodarone hydrochloride</i>	28
<i>acyclovir</i>	36	<i>amitriptyline hcl</i>	10
<i>acyclovir sodium</i>	23	<i>amitriptyline hydrochloride</i>	10
ADACEL	51	<i>amlodipine besylate</i>	29
ADBRY	48	<i>amlodipine besylate/benazepril</i>	30
<i>adefovir dipivoxil</i>	21	<i>hydrochloride</i>	
ADEMPAS	58	<i>amlodipine besylate/valsartan</i>	30
ADTHYZA	47	<i>amlodipine/olmesartan medoxomil</i>	30
<i>afirmelle</i>	42	<i>ammonium lactate</i>	35
AIMOVIG	12	<i>amnesteem</i>	34
AKEEGA	14	<i>amoxapine</i>	10
ALA-CORT	35	<i>amoxicillin</i>	5
<i>albendazole</i>	17	<i>amoxicillin/clavulanate potassium</i>	5
<i>albuterol sulfate</i>	57	<i>amoxicillin/clavulanate potassium er</i>	5
<i>albuterol sulfate er</i>	57	<i>amphetamine/dextroamphetamine</i>	32
<i>albuterol sulfate hfa</i>	57	<i>amphotericin b</i>	11
<i>alclometasone dipropionate</i>	35	<i>amphotericin b liposome</i>	11
ALCOHOL PREP PADS	53	<i>ampicillin</i>	5
ALDURAZYME	40	<i>ampicillin sodium</i>	5
ALECENSA	15	<i>ampicillin/sulbactam</i>	5
<i>alendronate sodium</i>	53	<i>ampicillin-sulbactam</i>	5
<i>alfuzosin hcl er</i>	41	<i>anagrelide hydrochloride</i>	27
ALINIA	18	<i>anastrozole</i>	15
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ASMANEX TWISTHALER 14 METERED DOSES	56	<i>baclofen</i>	20
ASMANEX TWISTHALER 30 METERED DOSES	56	BACTROBAN NASAL	36
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ASMANEX TWISTHALER 7 METERED DOSES	56	<i>balsalazide disodium</i>	52
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<i>atazanavir</i>	23	BAQSIMI TWO PACK	25
<i>atazanavir sulfate</i>	23	BARACLUDE	21
<i>atenolol</i>	29	<i>bcg vaccine</i>	51
<i>atenolol/chlorthalidone</i>	30	BD INSULIN SYRINGE	53
<i>atomoxetine</i>	33	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine hydrochloride</i>	33	B-D INSULIN SYRINGE ULTRAFINE	53
<i>atorvastatin calcium</i>	31	II/0.3ML/31G X 5/16"	
<i>atovaquone</i>	18	BD INSULIN SYRINGE ULTRA-	53
<i>atovaquone/proguanil hcl</i>	18	FINE/0.5ML/30G X 12.7MM	
<i>atropine sulfate</i>	54	BD INSULIN SYRINGE ULTRA-	53
ATROVENT HFA	57	FINE/1ML/31G X 8MM	
<i>aubra eq</i>	43	BD PEN NEEDLE/ORIGINAL/ULTRA-	53
AUGMENTIN	5	FINE/29G X 12.7MM	
AUGTYRO	53	bd veo insulin syringe ultra-fine/0.3ml/31g x	53
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BICILLIN L-A	5	<i>calcitriol</i>	53
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<i>bisoprolol fumarate</i>	29	CALQUENCE	15
<i>bisoprolol fumarate/hydrochlorothiazide</i>	30	<i>camila</i>	46
BIVIGAM	48	<i>camrese</i>	43
<i>blisovi fe 1.5/30</i>	43	<i>camrese lo</i>	43
<i>blisovi fe 1/20</i>	43	candesartan cilexetil	28
BOOSTRIX	51	<i>candesartan cilexetil/hydrochlorothiazide</i>	30
BOSULIF	15	CAPLYTA	19
BRAFTOVI	15	CAPRELSA	15
BREO ELLIPTA	58	<i>captopril</i>	28
BREZTRI AEROSPHERE	56	<i>captopril/hydrochlorothiazide</i>	30
<i>brielllyn</i>	43	<i>carbamazepine</i>	8
BRILINTA	27	<i>carbamazepine er</i>	8
BRIMONIDINE TARTRATE	56	<i>carbidopa</i>	18
<i>brimonidine tartrate/timolol maleate</i>	54	<i>carbidopa/levodopa</i>	18
<i>brinzolamide</i>	56	<i>carbidopa/levodopa er</i>	18
BRIVIACT	6	<i>carbidopa/levodopa odt</i>	18
<i>bromfenac sodium</i>	55	<i>carglumic acid</i>	37
<i>bromocriptine mesylate</i>	18	<i>carteolol hcl</i>	55
BRONCHITOL	58	<i>cartia xt</i>	29
BRUKINSA	15	<i>carvedilol</i>	29
<i>budesonide</i>	52	<i>caspofungin acetate</i>	11
<i>budesonide</i>	56	CAYSTON	57
<i>budesonide er</i>	52	<i>cefaclor</i>	4
<i>bumetanide</i>	31	<i>cefadroxil</i>	4
<i>buprenorphine</i>	1	CEFAZOLIN	4
<i>buprenorphine hcl</i>	3	<i>cefazolin sodium</i>	4
<i>buprenorphine hcl/naloxone hcl</i>	3	<i>cefdinir</i>	4
<i>buprenorphine hydrochloride/naloxone</i>	3	<i>cefpime</i>	4
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<i>ceftazidime/dextrose</i>	4	<i>clindamycin phosphate</i>	3
<i>ceftriaxone sodium</i>	4	<i>clindamycin phosphate</i>	36
<i>cefuroxime axetil</i>	4	<i>clobazam</i>	7
<i>cefuroxime sodium</i>	4	<i>clobetasol propionate</i>	35
<i>celecoxib</i>	1	<i>clobetasol propionate e</i>	35
<i>cephalexin</i>	4	<i>clomipramine hydrochloride</i>	10
CERDELGA	40	<i>clonazepam</i>	7
<i>chateal</i>	43	<i>clonazepam odt</i>	7
<i>chateal eq</i>	43	<i>clonidine hcl</i>	28
CHEMET	38	<i>clonidine hydrochloride</i>	28
<i>chlorhexidine gluconate</i>	34	<i>clopidogrel</i>	28
<i>chloroquine phosphate</i>	18	<i>clorazepate dipotassium</i>	24
<i>chlorothiazide</i>	31	<i>clotrimazole</i>	11
<i>chlorpromazine hcl</i>	19	<i>clotrimazole/betamethasone dipropionate</i>	36
<i>chlorpromazine hydrochloride</i>	19	CLOVIQUE	38
<i>chlorthalidone</i>	31	<i>clozapine</i>	20
CHOLBAM	40	<i>clozapine odt</i>	20
<i>cholestyramine</i>	31	COARTEM	18
<i>cholestyramine light</i>	31	<i>colchicine</i>	12
<i>ciclodan</i>	36	<i>colesevelam hydrochloride</i>	31
<i>ciclopirox</i>	36	<i>colestipol hcl</i>	31
<i>ciclopirox nail lacquer</i>	36	<i>colistimethate sodium</i>	3
<i>ciclopirox olamine</i>	36	<i>colocort</i>	52
<i>cidofovir</i>	21	COLUMVI	14
<i>cilostazol</i>	27	COMBIGAN	54
CIMDUO	22	COMBIVENT RESPIMAT	58
<i>cinacalcet hydrochloride</i>	53	COMETRIQ	15
CINRYZE	48	COMPLERA	21
CIPRO	6	<i>compro</i>	11
<i>ciprofloxacin</i>	6	<i>constulose</i>	38
<i>ciprofloxacin</i>	56	COPIKTRA	15
<i>ciprofloxacin hcl</i>	6	CORLANOR	30
<i>ciprofloxacin hydrochloride</i>	6	<i>cortisone acetate</i>	41
<i>ciprofloxacin hydrochloride</i>	55	COSENTYX	49
<i>ciprofloxacin i.v.-in d5w</i>	6	COSENTYX SENSOREADY PEN	48
<i>ciprofloxacin/dexamethasone</i>	56	COSENTYX UNOREADY	48
<i>cisplatin</i>	13	COTELIC	15
<i>citalopram hydrobromide</i>	9	CREON	40
<i>claravis</i>	34	<i>cromolyn sodium</i>	40
<i>clarithromycin</i>	5	<i>cromolyn sodium</i>	55
<i>clarithromycin er</i>	5	<i>cromolyn sodium</i>	58
CLENPIQ	39	<i>cryselle-28</i>	43
CLIMARA PRO	43	CURITY GAUZE PADS 2"X2" 12 PLY	53
<i>clindacin etz pledges</i>	3	CUTAQUIG	48

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CUVITRU	48	<i>dexamethasone sodium phosphate</i>	55
<i>cyclafem 1/35</i>	43	DEXILANT	40
<i>cyclafem 7/7/7</i>	43	<i>dexlansoprazole</i>	40
<i>cyclobenzaprine hydrochloride</i>	59	<i>dextroamphetamine sulfate</i>	33
<i>cyclophosphamide</i>	13	<i>dextroamphetamine sulfate er</i>	32
<i>cycloserine</i>	13	<i>dextrose 5%</i>	37
<i>cyclosporine</i>	49	<i>dextrose 5%/nacl 0.45%</i>	37
<i>cyclosporine</i>	54	<i>dextrose 5%/nacl 0.9%</i>	37
<i>cyclosporine modified</i>	49	DIACOMIT	7
CYLTEZO	49	<i>diazepam</i>	24
CYLTEZO STARTER PACKAGE FOR	49	<i>diazepam intensol</i>	24
CROHNS DISEASE/UC/HS		<i>diazepam rectal gel</i>	7
CYLTEZO STARTER PACKAGE FOR	49	<i>diazoxide</i>	25
PSORIASIS		<i>diclofenac potassium</i>	1
<i>cyproheptadine hydrochloride</i>	56	<i>diclofenac sodium</i>	1
CYSTAGON	40	<i>diclofenac sodium</i>	36
CYSTARAN	54	<i>diclofenac sodium</i>	55
<i>dalfampridine er</i>	33	<i>diclofenac sodium dr</i>	1
<i>danazol</i>	42	<i>diclofenac sodium er</i>	1
<i>dantrolene sodium</i>	20	<i>dicloxacillin sodium</i>	5
<i>dapsone</i>	13	<i>dicyclomine hcl</i>	39
DAPTACEL	51	<i>dicyclomine hydrochloride</i>	39
<i>daptomycin</i>	3	DIFCID	6
DAPTOMYCIN/SODIUM CHLORIDE	3	<i>diflunisal</i>	1
<i>darunavir</i>	23	<i>digitek</i>	28
DARZALEX FASPRO	17	<i>digox</i>	28
<i>dasetta 1/35</i>	43	<i>digoxin</i>	28
<i>dasetta 7/7/7</i>	43	<i>dihydroergotamine mesylate</i>	12
DAURISMO	15	DILANTIN	8
<i>daysee</i>	43	<i>diltiazem hcl</i>	30
<i>deblitane</i>	46	<i>diltiazem hcl cd</i>	30
<i>deferasirox</i>	38	<i>diltiazem hcl er</i>	30
DELSTRIGO	21	<i>diltiazem hydrochloride</i>	30
<i>delyla</i>	43	<i>diltiazem hydrochloride er</i>	30
<i>demeclacycline hcl</i>	6	<i>dilt-xr</i>	29
<i>demeclacycline hydrochloride</i>	6	<i>dimethyl fumarate</i>	33
DENGVAXIA	51	<i>dimethyl fumarate starterpack</i>	34
DEPO-PROVERA	46	<i>diphenhydramine hcl</i>	56
DEPO-SUBQ PROVERA 104	46	<i>diphenhydramine hydrochloride</i>	56
DESCOVY	22	<i>diphenoxylate hydrochloride/atropine</i>	39
<i>desipramine hydrochloride</i>	10	<i>sulfate</i>	
<i>desmopressin acetate</i>	42	<i>diphtheria/tetanus toxoids adsorbed</i>	51
<i>desogestrel/ethynodiol estradiol</i>	43	<i>pediatric</i>	
<i>desonide</i>	35	<i>disulfiram</i>	2
<i>desoximetasone</i>	35	<i>divalproex sodium</i>	8
<i>desvenlafaxine er</i>	10	<i>divalproex sodium dr</i>	7
<i>dexamethasone</i>	41	<i>divalproex sodium er</i>	7

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<i>dolishale</i>	43	EMGALITY	12
<i>donepezil hcl</i>	9	EMPaveli	49
<i>donepezil hydrochloride</i>	9	EMSAM	9
DOPTELET	28	emtricitabine	22
<i>dorzolamide hcl/timolol maleate</i>	54	<i>emtricitabine/tenofovir disoproxil</i>	22
<i>dorzolamide hydrochloride</i>	56	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
DOTTI	43	EMTRIVA	22
DOVATO	21	<i>enalapril maleate</i>	28
<i>doxazosin mesylate</i>	41	<i>enalapril maleate/hydrochlorothiazide</i>	30
<i>doxepin hcl</i>	10	ENBREL	50
<i>doxepin hydrochloride</i>	10	ENBREL MINI	49
<i>doxy 100</i>	6	ENBREL SURECLICK	50
<i>doxycycline</i>	6	ENDARI	40
<i>doxycycline hyclate</i>	6	<i>endocet</i>	1
<i>doxycycline hyclate</i>	34	ENGERIX-B	51
<i>doxycycline monohydrate</i>	6	<i>enilloring</i>	43
<i>d-penamine</i>	41	ENJAYMO	49
DRIZALMA SPRINKLE	10	<i>enoxaparin sodium</i>	27
<i>dronabinol</i>	11	<i>enpresso-28</i>	43
DROXIA	14	<i>entacapone</i>	18
<i>droxidopa</i>	28	<i>entecavir</i>	21
DULERA	58	ENTRESTO	30
<i>duloxetine hydrochloride</i>	10	<i>enulose</i>	38
DUPIXENT	49	ENVARSUS XR	50
<i>dutasteride</i>	41	EPIDIOLEX	6
<i>dutasteride/tamsulosin hydrochloride</i>	41	<i>epinephrine</i>	30
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	53	<i>epinephrine</i>	57
<i>ec-naproxen</i>	1	<i>epitol</i>	8
<i>econazole nitrate</i>	11	EPKINLY	14
EDARBI	28	<i>eplerenone</i>	31
EDARBYCLOR	30	<i>epoprostenol sodium</i>	58
EDURANT	21	EPRONTIA	6
<i>efavirenz</i>	21	<i>ergoloid mesylates</i>	9
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	22	<i>ergotamine tartrate/caffeine</i>	12
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	22	ERIVEDGE	15
<i>effer-k</i>	37	ERLEADA	13
ELAPRASE	40	<i>erlotinib hydrochloride</i>	15
<i>elinest</i>	43	<i>errin</i>	46
ELIQUIS	26	<i>ertapenem</i>	5
ELIQUIS STARTER PACK	26	<i>ertapenem sodium</i>	5
ELLA	53	<i>ery</i>	36
ELMIRON	41	<i>erythromycin</i>	36
<i>eluryng</i>	43	<i>erythromycin</i>	55
		<i>erythromycin dr</i>	6
		<i>erythromycin ethylsuccinate</i>	6
		<i>erythromycin/benzoyl peroxide</i>	34

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<i>esomeprazole magnesium</i>	40	<i> FINTEPLA</i>	7
<i> estarrylla</i>	43	<i> FIRMAGON</i>	47
<i> estradiol</i>	43	<i> FLAREX</i>	55
<i>estradiol/norethindrone acetate</i>	43	<i> flecainide acetate</i>	29
<i> ESTRING</i>	43	<i> fluconazole</i>	11
<i> eszopiclone</i>	59	<i> fluconazole in dextrose</i>	11
<i> ethambutol hydrochloride</i>	13	<i> fluconazole in sodium chloride</i>	11
<i> ethosuximide</i>	7	<i> flucytosine</i>	11
<i>ethynodiol diacetate/ethinyl estradiol</i>	43	<i> fludrocortisone acetate</i>	41
<i> etodolac</i>	1	<i> flunisolide</i>	56
<i> etonogestrel/ethinyl estradiol</i>	43	<i> fluocinolone acetonide</i>	35
<i> etravirine</i>	22	<i> fluocinolone acetonide body</i>	35
<i> EUCRISA</i>	35	<i> fluocinolone acetonide scalp</i>	35
<i> EUTHYROX</i>	47	<i> fluocinolone acetonide topical</i>	35
<i> everolimus</i>	15	<i> fluocinonide</i>	35
<i> everolimus</i>	50	<i> fluorometholone</i>	55
<i> EVOTAZ</i>	23	<i> fluorouracil</i>	36
<i> EVRYSDI</i>	40	<i> fluoxetine hydrochloride</i>	10
<i> exemestane</i>	15	<i> fluphenazine decanoate</i>	19
<i> EXKIVITY</i>	15	<i> fluphenazine hcl</i>	19
<i> ezetimibe</i>	32	<i> fluphenazine hydrochloride</i>	19
<i> ezetimibe/simvastatin</i>	32	<i> flurbiprofen</i>	1
<i> FABRAZYME</i>	40	<i> flurbiprofen sodium</i>	55
<i> falmina</i>	43	<i> flutamide</i>	13
<i> famciclovir</i>	23	<i> fluticasone propionate</i>	35
<i> famotidine</i>	39	<i> fluticasone propionate</i>	56
<i> FANAPT</i>	19	<i> fluticasone propionate/salmeterol</i>	58
FANAPT TITRATION PACK	19	<i> fluticasone propionate/salmeterol diskus</i>	58
<i> FARXIGA</i>	24	<i> fluvastatin</i>	31
<i> FARYDAK</i>	15	<i> fluvastatin sodium er</i>	31
<i> FASENRA</i>	58	<i> fluvoxamine maleate</i>	10
<i> FASENRA PEN</i>	58	<i> fondaparinux sodium</i>	27
<i> fayosim</i>	43	<i> formoterol fumarate</i>	57
<i> febuxostat</i>	12	<i> FORTEO</i>	53
<i> felbamate</i>	7	<i> fosamprenavir calcium</i>	23
<i> felodipine er</i>	29	<i> fasinopril sodium</i>	28
<i> femynor</i>	43	<i> fasinopril sodium/hydrochlorothiazide</i>	30
<i> fenofibrate</i>	31	<i> FOTIVDA</i>	13
<i> fenofibrate micronized</i>	31	<i> FRAGMIN</i>	27
<i> fenofibric acid dr</i>	31	<i> FRUZAQLA</i>	16
<i> fentanyl</i>	1	<i> furosemide</i>	31
<i> fentanyl citrate oral transmucosal</i>	2	<i> FUZEON</i>	22
<i> FETZIMA</i>	10	<i> FYAVOLV</i>	43
FETZIMA TITRATION PACK	10	<i> FYCOMPA</i>	7
<i> FINACEA</i>	35	<i> gabapentin</i>	8
<i> finasteride</i>	41	<i> galantamine hydrobromide</i>	9

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GAMASTAN	48	GVOKE HYPOOPEN 2-PACK	25
GAMMAKED	48	GVOKE KIT	25
GAMUNEX-C	48	GVOKE PFS	25
<i>ganciclovir</i>	21	<i>hailey 1.5/30</i>	43
GARDASIL 9	51	<i>hailey fe 1.5/30</i>	44
<i>gatifloxacin</i>	55	<i>hailey fe 1/20</i>	44
<i>gavilyte-c</i>	39	halobetasol propionate	35
<i>gavilyte-g</i>	39	<i>haloette</i>	44
<i>gavilyte-h</i>	39	<i>haloperidol</i>	19
<i>gavilyte-n/flavor pack</i>	39	<i>haloperidol decanoate</i>	19
GAVRETO	14	<i>haloperidol lactate</i>	19
<i>gefitinib</i>	16	HAVRIX	51
GELNIQUE PUMP	41	<i>heather</i>	46
<i>gemfibrozil</i>	31	HEPAGAM B	48
GEMTESA	41	<i>heparin sodium</i>	27
<i>generlac</i>	38	HEPLISAV-B	51
<i>gengraf</i>	50	HIBERIX	51
GENOTROPIN	42	HIZENTRA	48
GENOTROPIN MINIQUICK	42	HUMALOG	25
<i>gentak</i>	55	HUMALOG JUNIOR KWIKPEN	25
<i>gentamicin sulfate</i>	3	HUMALOG KWIKPEN	25
<i>gentamicin sulfate</i>	55	HUMALOG MIX 50/50	25
<i>gentamicin sulfate pediatric</i>	3	HUMALOG MIX 50/50 KWIKPEN	25
GENVOYA	21	HUMALOG MIX 75/25	25
GILOTrif	16	HUMALOG MIX 75/25 KWIKPEN	25
<i>glatiramer acetate</i>	34	HUMATIN	3
GLEOSTINE	13	HUMIRA	50
<i>glimepiride</i>	24	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	50
<i>glipizide</i>	24	HUMIRA PEN	50
<i>glipizide er</i>	24	HUMIRA PEN-CD/UC/HS STARTER	50
<i>glipizide xl</i>	24	HUMIRA PEN-PEDIATRIC UC STARTER PACK	50
<i>glipizide/metformin hydrochloride</i>	24	HUMIRA PEN-PS/UV STARTER	50
GLUCAGEN HYPOKIT	25	HUMULIN 70/30	26
<i>glucagon emergency kit</i>	25	HUMULIN 70/30 KWIKPEN	26
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	25	HUMULIN N	26
<i>glyburide</i>	24	HUMULIN N KWIKPEN	26
<i>glyburide/metformin hydrochloride</i>	24	HUMULIN R	26
<i>glycopyrrolate</i>	39	HUMULIN R U-500 (CONCENTRATED)	26
GLYXAMBI	24	HUMULIN R U-500 KWIKPEN	26
<i>griseofulvin microsize</i>	11	<i>hydralazine hcl</i>	32
<i>griseofulvin ultramicrosize</i>	12	<i>hydralazine hydrochloride</i>	32
<i>guanfacine er</i>	33	<i>hydrochlorothiazide</i>	31
<i>guanfacine hydrochloride</i>	28	hydrocodone bitartrate/acetaminophen	2
<i>guanfacine hydrochloride</i>	33	hydrocodone/acetaminophen	2
GUANIDINE HCL	13		

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<i>hydrocortisone</i>	35	INQOVI	16
<i>hydrocortisone</i>	42	INREBIC	14
<i>hydrocortisone</i>	52	<i>insulin lispro</i>	26
<i>hydrocortisone valerate</i>	35	INTELENCE	22
<i>hydrocortisone/acetic acid</i>	56	INTRON A	49
<i>hydromorphone hcl</i>	2	<i>introvale</i>	44
<i>hydromorphone hydrochloride</i>	2	INVEGA HAFYERA	19
<i>hydromorphone hydrochloride dosette</i>	2	INVEGA SUSTENNA	19
<i>hydroxychloroquine sulfate</i>	18	INVEGA TRINZA	19
<i>hydroxyurea</i>	14	INVIRASE	23
<i>hydroxyzine hcl</i>	56	IPOL INACTIVATED IPV	51
<i>hydroxyzine hydrochloride</i>	56	<i>ipratropium bromide</i>	57
<i>hydroxyzine pamoate</i>	24	<i>ipratropium bromide/albuterol sulfate</i>	58
HYPERHEP B	48	<i>irbesartan</i>	28
<i>ibandronate sodium</i>	53	<i>irbesartan/hydrochlorothiazide</i>	30
IBRANCE	14	ISENTRESS	21
IBRANCE	16	ISENTRESS HD	21
<i>ibu</i>	1	ISONIAZID	13
<i>ibuprofen</i>	1	<i>isosorbide dinitrate</i>	32
<i>icatibant acetate</i>	48	<i>isosorbide dinitrate/hydralazine</i>	30
<i>iclevia</i>	44	<i>hydrochloride</i>	
ICLUSIG	16	<i>isosorbide mononitrate</i>	32
<i>icosapent ethyl</i>	32	<i>isosorbide mononitrate er</i>	32
IDHIFA	14	<i>isotretinoin</i>	35
IGALMI	53	<i>isradipine</i>	29
ILARIS	49	ISTURISA	47
ILEVRO	55	<i>itraconazole</i>	12
<i>imatinib mesylate</i>	16	<i>ivermectin</i>	18
IMBRUVICA	16	IWILFIN	14
<i>imipenem/cilastatin</i>	5	IXCHIQ	51
<i>imipramine hcl</i>	10	IXIARO	51
<i>imipramine hydrochloride</i>	10	<i>jaimiess</i>	44
<i>imiquimod</i>	36	JAKAFI	16
IMOVAX RABIES (H.D.C.V.)	51	<i>jantoven</i>	27
IMPAVIDO	4	JANUMET	24
INBRIJA	18	JANUMET XR	24
<i>incassia</i>	46	JANUVIA	24
INCRELEX	42	JARDIANC	24
INCRUSE ELLIPTA	57	JAVYGTOR	40
<i>indapamide</i>	31	JAYPIRCA	16
<i>indomethacin</i>	1	<i>jencycla</i>	46
<i>indomethacin er</i>	1	JENTADUETO	24
INFANRIX	51	JENTADUETO XR	25
INFLECTRA	50	<i>jinteli</i>	44
INFliximab	50	<i>jolessa</i>	44
INGREZZA	33	<i>jolivette</i>	46
INLYTA	16	JUBLIA	12

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<i>junel 1.5/30</i>	44	<i>lamivudine</i>	21
<i>junel 1/20</i>	44	<i>lamivudine</i>	22
<i>junel fe 1.5/30</i>	44	<i>lamivudine/zidovudine</i>	22
<i>junel fe 1/20</i>	44	<i>lamotrigine</i>	7
JYLAMVO	50	<i>lamotrigine er</i>	7
JYNNEOS	51	<i>lamotrigine odt</i>	7
KALYDECO	57	<i>lamotrigine starter kit/blue</i>	7
KANJINTI	17	<i>lamotrigine starter kit/green</i>	7
KANUMA	40	<i>lamotrigine starter kit/orange</i>	7
<i>kariva</i>	44	<i>lamotrigine titration</i>	7
<i>kelnor 1/35</i>	44	LANREOTIDE ACETATE	47
<i>kelnor 1/50</i>	44	<i>lansoprazole</i>	40
KEPIVANCE	34	LANTUS	26
KERENDIA	30	LANTUS SOLOSTAR	26
KESIMPTA	34	<i>lapatinib ditosylate</i>	16
<i>ketoconazole</i>	12	<i>larin 1.5/30</i>	44
<i>ketorolac tromethamine</i>	1	<i>larin 1/20</i>	44
<i>ketorolac tromethamine</i>	55	<i>larin fe 1.5/30</i>	44
<i>kimidess</i>	44	<i>larin fe 1/20</i>	44
KINERET	49	<i>larissia</i>	44
KINRIX	51	<i>latanoprost</i>	56
<i>kionex</i>	38	<i>leflunomide</i>	50
KISQALI	16	<i>lenalidomide</i>	13
KISQALI FEMARA 200 DOSE	14	LENVIMA 10 MG DAILY DOSE	16
KISQALI FEMARA 400 DOSE	14	LENVIMA 12MG DAILY DOSE	16
KISQALI FEMARA 600 DOSE	14	LENVIMA 14 MG DAILY DOSE	16
<i>klayesta</i>	12	LENVIMA 18 MG DAILY DOSE	16
KLISYRI	36	LENVIMA 20 MG DAILY DOSE	16
<i>klor-con</i>	37	LENVIMA 24 MG DAILY DOSE	16
<i>klor-con 10</i>	37	LENVIMA 4 MG DAILY DOSE	16
<i>klor-con 8</i>	37	LENVIMA 8 MG DAILY DOSE	16
<i>klor-con m10</i>	37	<i>lessina</i>	44
<i>klor-con m15</i>	37	<i>letrozole</i>	15
<i>klor-con m20</i>	37	<i>leucovorin calcium</i>	17
<i>klor-con sprinkle</i>	37	LEUKERAN	13
<i>klor-con/ef</i>	37	<i>leuprolide acetate</i>	47
KORLYM	42	<i>levalbuterol</i>	57
KOSELUGO	16	<i>levalbuterol hcl</i>	57
<i>kourzeq</i>	34	<i>levalbuterol hydrochloride</i>	57
KRAZATI	14	<i>levalbuterol tartrate hfa</i>	57
<i>kurvelo</i>	44	LEVEMIR	26
KYNMOBI	18	LEVEMIR FLEXPEN	26
KYNMOBI TITRATION KIT	18	LEVEMIR FLEXTOUCH	26
<i>labetalol hydrochloride</i>	29	<i>levetiracetam</i>	7
<i>lacosamide</i>	8	<i>levetiracetam er</i>	7
<i>lactulose</i>	38	<i>levobunolol hcl</i>	55

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<i>levocetirizine dihydrochloride</i>	56	<i>lubiprostone</i>	38
<i>levofloxacin</i>	6	<i>LUMAKRAS</i>	14
<i>levofloxacin</i>	55	<i>LUMIGAN</i>	56
<i>levofloxacin in d5w</i>	6	<i>LUMIZYME</i>	40
<i>levonest</i>	44	<i>LUPRON DEPOT (1-MONTH)</i>	47
<i>levonorgestrel and ethinyl estradiol</i>	44	<i>LUPRON DEPOT (3-MONTH)</i>	47
<i>levonorgestrel/ethinyl estradiol</i>	44	<i>LUPRON DEPOT (4-MONTH)</i>	47
<i>levora 0.15/30-28</i>	44	<i>LUPRON DEPOT (6-MONTH)</i>	47
<i>LEVO-T</i>	47	<i>LUPRON DEPOT-PED (1-MONTH)</i>	47
<i>levothyroxine sodium</i>	47	<i>LUPRON DEPOT-PED (3-MONTH)</i>	47
<i>LEVOXYL</i>	47	<i>LUPRON DEPOT-PED (6-MONTH)</i>	42
<i>LEXIVA</i>	23	<i>lurasidone hydrochloride</i>	19
<i>lidocaine</i>	2	<i>lutera</i>	44
<i>lidocaine hydrochloride viscous</i>	34	<i>LYBALVI</i>	19
<i>lidocaine viscous</i>	34	<i>lyleq</i>	46
<i>lidocaine/prilocaine</i>	2	<i>lyllana</i>	44
<i>lidocaine-prilocaine-cream base</i>	2	<i>LYNPARZA</i>	16
<i>lillow</i>	44	<i>LYSODREN</i>	47
<i>linezolid</i>	4	<i>LYTGOBI</i>	14
<i>LINZESS</i>	38	<i>LYUMJEV</i>	26
<i>liothyronine sodium</i>	47	<i>LYUMJEV KWIKPEN</i>	26
<i>lisinopril</i>	28	<i>lyza</i>	46
<i>lisinopril/hydrochlorothiazide</i>	30	<i>magnesium sulfate</i>	37
<i>lithium</i>	24	<i>malathion</i>	36
<i>lithium carbonate</i>	24	<i>maprotiline hcl</i>	9
<i>lithium carbonate er</i>	24	<i>maraviroc</i>	22
<i>LIVALO</i>	31	<i>marlissa</i>	44
<i>LIVTENCITY</i>	21	<i>MARPLAN</i>	9
<i>lojaimiess</i>	44	<i>MATULANE</i>	13
LONHALA MAGNAIR REFILL KIT	57	<i>matzim la</i>	30
<i>LONSURF</i>	14	<i>MAVYRET</i>	21
<i>loperamide hcl</i>	39	<i>MAYZENT</i>	34
<i>lopinavir/ritonavir</i>	23	<i>MAYZENT STARTER PACK</i>	34
<i>lopreeza</i>	44	<i>meclizine hcl</i>	11
<i>LOQTORZI</i>	17	<i>medroxyprogesterone acetate</i>	46
<i>lorazepam</i>	24	<i>mefloquine hcl</i>	18
<i>lorazepam intensol</i>	24	<i>megestrol acetate</i>	46
<i>LORBRENA</i>	16	<i>MEKINIST</i>	16
<i>lorcet</i>	2	<i>MEKTOVI</i>	16
<i>lorcet hd</i>	2	<i>meloxicam</i>	1
<i>lorcet plus</i>	2	<i>memantine hcl titration pak</i>	9
<i>losartan potassium</i>	28	<i>memantine hydrochloride</i>	9
<i>losartan potassium/hydrochlorothiazide</i>	30	<i>memantine hydrochloride er</i>	9
<i>LOTEMAX SM</i>	55	<i>MENACTRA</i>	51
<i>lovastatin</i>	31	<i>MENEST</i>	44
<i>low-ogestrel</i>	44	<i>MENQUADFI</i>	51
<i>loxapine</i>	19	<i>MENVEO</i>	51

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<i>meropenem</i>	5	<i>misoprostol</i>	39
<i>mesalamine</i>	52	<i>M-M-R II</i>	51
<i>mesalamine dr</i>	52	<i>modafinil</i>	59
<i>mesalamine er</i>	52	<i>moexipril hcl</i>	28
<i>MESNEX</i>	17	<i>molindone hydrochloride</i>	19
<i>metformin hydrochloride</i>	25	<i>mometasone furoate</i>	36
<i>metformin hydrochloride er</i>	25	<i>mometasone furoate</i>	56
<i>methadone hcl</i>	1	<i>monodoxine nl</i>	6
<i>methadone hydrochloride</i>	1	<i>mono-linyah</i>	45
<i>methadone hydrochloride intensol</i>	1	<i>mononessa</i>	45
<i>methazolamide</i>	56	<i>montelukast sodium</i>	57
<i>methenamine hippurate</i>	4	<i>morgidox 1x100mg</i>	6
<i>methimazole</i>	48	<i>morgidox 2x100mg</i>	6
<i>methocarbamol</i>	59	<i>morphine sulfate</i>	2
<i>methotrexate</i>	50	<i>morphine sulfate er</i>	1
<i>methotrexate sodium</i>	50	<i>MOTEGRITY</i>	38
<i>methsuximide</i>	7	<i>MOUNJARO</i>	25
<i>methyldopa</i>	28	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	6
<i>methylphenidate hydrochloride</i>	33	<i>moxifloxacin hydrochloride</i>	6
<i>methylphenidate hydrochloride er</i>	33	<i>moxifloxacin hydrochloride</i>	55
<i>methylprednisolone</i>	42	<i>MULTAQ</i>	29
<i>methylprednisolone dose pack</i>	42	<i>mupirocin</i>	37
<i>metoclopramide hcl</i>	39	<i>mycophenolate mofetil</i>	50
<i>metoclopramide hydrochloride</i>	39	<i>mycophenolic acid dr</i>	50
<i>metolazone</i>	31	<i>myorisan</i>	35
<i>metoprolol succinate er</i>	29	<i>MYRBETRIQ</i>	41
<i>metoprolol tartrate</i>	29	<i>NABI-HB</i>	48
<i>metronidazole</i>	4	<i>nabumetone</i>	1
<i>metronidazole</i>	35	<i>nadolol</i>	29
<i>metronidazole vaginal</i>	4	<i>nafcillin sodium</i>	5
<i>metyrosine</i>	30	<i>NAGLAZYME</i>	40
<i>mexiletine hcl</i>	29	<i>naloxone hcl</i>	3
<i>microgestin 1.5/30</i>	44	<i>naloxone hydrochloride</i>	3
<i>microgestin 1/20</i>	44	<i>naltrexone hcl</i>	2
<i>microgestin fe 1.5/30</i>	44	<i>NAMZARIC</i>	9
<i>microgestin fe 1/20</i>	44	<i>naproxen</i>	1
<i>midodrine hcl</i>	28	<i>naproxen sodium</i>	1
<i>mifepristone</i>	42	<i>naratriptan hcl</i>	12
<i>miglustat</i>	40	<i>NATACYN</i>	55
<i>mili</i>	44	<i>nateglinide</i>	25
<i>mimvey</i>	44	<i>NAYZILAM</i>	7
<i>mimvey lo</i>	45	<i>nebivolol</i>	29
<i>minocycline hcl</i>	6	<i>nebivolol hydrochloride</i>	29
<i>minocycline hydrochloride</i>	6	<i>necon 0.5/35-28</i>	45
<i>minoxidil</i>	32	<i>necon 7/7/7</i>	45
<i>mirtazapine</i>	9		

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<i>neomycin sulfate</i>	3	<i>nortriptyline hcl</i>	10
<i>neomycin/bacitracin/polymyxin</i>	54	<i>nortriptyline hydrochloride</i>	11
<i>neomycin/polymyxin/bacitracin</i>	54	<i>NORVIR</i>	23
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	54	<i>NOVOLIN 70/30</i>	26
<i>neomycin/polymyxin/dexamethasone</i>	54	<i>NOVOLIN 70/30 FLEXPEN</i>	26
<i>neomycin/polymyxin/gramicidin</i>	54	<i>NOVOLIN 70/30 FLEXPEN RELION</i>	26
<i>neomycin/polymyxin/hc</i>	56	<i>NOVOLIN 70/30 RELION</i>	26
<i>neomycin/polymyxin/hydrocortisone</i>	56	<i>NOVOLIN N</i>	26
<i>neo-polycin</i>	54	<i>NOVOLIN N FLEXPEN</i>	26
<i>neo-polycin hc</i>	54	<i>NOVOLIN N FLEXPEN RELION</i>	26
<i>NERLYNX</i>	16	<i>NOVOLIN N RELION</i>	26
<i>NEULASTA</i>	27	<i>NOVOLIN R</i>	26
<i>NEULASTA ONPRO KIT</i>	27	<i>NOVOLIN R FLEXPEN</i>	26
<i>NEUPRO</i>	18	<i>NOVOLIN R FLEXPEN RELION</i>	26
<i>nevirapine</i>	22	<i>NOVOLIN R RELION</i>	26
<i>nevirapine er</i>	22	<i>NOVOLOG</i>	26
<i>NEXLETOL</i>	32	<i>NOVOLOG FLEXPEN</i>	26
<i>NEXLIZET</i>	32	<i>NOVOLOG FLEXPEN RELION</i>	26
<i>niacin er</i>	32	<i>NOVOLOG MIX 70/30</i>	26
<i>NICOTROL NS</i>	3	<i>NOVOLOG MIX 70/30 PREFILLED</i>	26
<i>nifedipine er</i>	29	<i>FLEXPEN</i>	
<i>nilutamide</i>	13	<i>NOVOLOG MIX 70/30 PREFILLED</i>	26
<i>nimodipine</i>	29	<i>FLEXPEN RELION</i>	
<i>NINLARO</i>	14	<i>NOVOLOG MIX 70/30 RELION</i>	26
<i>nitazoxanide</i>	18	<i>NOVOLOG PENFILL</i>	26
<i>nitisinone</i>	40	<i>NOVOLOG RELION</i>	26
<i>NITRO-BID</i>	32	<i>np thyroid 120</i>	47
<i>nitrofurantoin macrocrystals</i>	4	<i>np thyroid 15</i>	47
<i>nitrofurantoin monohydrate</i>	4	<i>np thyroid 30</i>	47
<i>nitrofurantoin monohydrate/macrocrys</i>	4	<i>np thyroid 60</i>	47
<i>nitroglycerin</i>	32	<i>np thyroid 90</i>	47
<i>nitroglycerin transdermal</i>	32	<i>NUBEQA</i>	13
<i>NIVA THYROID</i>	47	<i>NUCALA</i>	58
<i>nizatidine</i>	39	<i>NUEDEXTA</i>	33
<i>nora-be</i>	46	<i>NUPLAZID</i>	19
<i>norethindrone</i>	46	<i>NURTEC</i>	12
<i>norethindrone acetate</i>	46	<i>NUTRILIPID</i>	53
<i>norethindrone acetate/ethinyl estradiol</i>	45	<i>nyamyc</i>	12
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45	<i>nylia 1/35</i>	45
<i>norgestimate/ethinyl estradiol</i>	45	<i>nylia 7/7/7</i>	45
<i>norlyda</i>	46	<i>NYMALIZE</i>	29
<i>norlyroc</i>	46	<i>nymyo</i>	45
<i>nortrel 0.5/35 (28)</i>	45	<i>nystatin</i>	12
<i>nortrel 1/35</i>	45	<i>nystatin/triamcinolone</i>	36
		<i>nystop</i>	12
		<i>OCREVUS</i>	34

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ODEFSEY	22	<i>orsythia</i>	45
ODOMZO	16	<i>oseltamivir phosphate</i>	23
OFEV	58	OSMOLEX ER	18
<i>ofloxacin</i>	55	OSPHENA	46
<i>ofloxacin</i>	56	OTEZLA	36
OGSIVEO	14	OTEZLA	49
OJJAARA	16	<i>oxacillin sodium</i>	5
<i>olanzapine</i>	20	<i>oxaprozin</i>	1
<i>olanzapine odt</i>	20	OXBRYTA	27
<i>olmesartan medoxomil</i>	28	<i>oxcarbazepine</i>	8
<i>olmesartan medoxomil/hydrochlorothiazide</i>	30	OXLUMO	54
<i>olopatadine hcl</i>	55	<i>oxybutynin chloride</i>	41
<i>olopatadine hydrochloride</i>	55	<i>oxybutynin chloride er</i>	41
<i>omega-3-acid ethyl esters</i>	32	<i>oxycodone hydrochloride</i>	2
<i>omeprazole</i>	40	<i>oxycodone/acetaminophen</i>	2
<i>omeprazole dr</i>	40	OZEMPIC	25
OMNIPOD 5 G6 INTRO KIT (GEN 5)	53	PACERONE	29
OMNIPOD 5 G6 PODS (GEN 5)	53	<i>paliperidone er</i>	20
OMNIPOD 5 G7 INTRO KIT (GEN 5)	53	PANRETIN	17
OMNIPOD 5 G7 PODS (GEN 5)	53	<i>pantoprazole sodium</i>	40
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	53	PANZYGA	48
OMNIPOD CLASSIC PODS (GEN 3)	53	<i>paricalcitol</i>	53
OMNIPOD DASH INTRO KIT (GEN 4)	53	<i>paroex</i>	34
OMNIPOD DASH PDM KIT (GEN 4)	54	<i>paromomycin sulfate</i>	3
OMNIPOD DASH PODS (GEN 4)	54	<i>paroxetine hcl</i>	10
<i>ondansetron hcl</i>	11	<i>paroxetine hydrochloride</i>	10
<i>ondansetron hydrochloride</i>	11	PASER	13
<i>ondansetron odt</i>	11	PAXLOVID	54
ONUREG	14	<i>pazopanib hydrochloride</i>	16
OPDUALAG	15	PEDIARIX	51
OPSUMIT	58	PEDVAX HIB	51
<i>oralone dental paste</i>	34	<i>peg 3350/electrolytes</i>	39
ORENCIA	49	<i>peg-3350/electrolytes</i>	39
ORENCIA	50	<i>peg-3350/nacl/na bicarbonate/kcl</i>	39
ORENCIA CLICKJECT	49	PEGANONE	8
ORENITRAM	58	PEGASYS	49
ORENITRAM TITRATION KIT MONTH 1	58	<i>pegylax</i>	38
ORENITRAM TITRATION KIT MONTH 2	58	PEMAZYRE	14
ORENITRAM TITRATION KIT MONTH 3	58	PENBRAYA	51
ORGOVYX	48	<i>penicillamine</i>	41
ORKAMBI	57	<i>penicillin g sodium</i>	5
<i>orphenadrine citrate er</i>	59	<i>penicillin v potassium</i>	5
		PENTACEL	51
		<i>pentamidine isethionate</i>	18
		<i>pentoxifylline er</i>	30
		<i>perindopril erbumine</i>	28

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<i>perphenazine</i>	19	<i>prednisolone</i>	42
PERSERIS	20	<i>prednisolone acetate</i>	55
<i>phenadoz</i>	11	<i>prednisolone sodium phosphate</i>	42
<i>phenelzine sulfate</i>	9	<i>prednisone</i>	42
<i>phenobarbital</i>	8	<i>pregabalin</i>	33
PHENYTEK	8	PREHEVBARIO	52
<i>phenytoin</i>	8	PREMARIN	45
<i>phenytoin infatabs</i>	8	<i>premium lidocaine</i>	2
<i>phenytoin sodium extended</i>	8	PREMPHASE	45
PHESGO	14	PREMPRO	45
<i>philith</i>	45	<i>prenatal</i>	38
PIFELTRO	22	<i>prevalite</i>	32
<i>pilocarpine hcl</i>	56	<i>previfem</i>	45
<i>pilocarpine hydrochloride</i>	34	PREVYMMIS	21
<i>pimozone</i>	19	PREZCOBIX	23
<i>pimtrea</i>	45	PREZISTA	23
<i>pindolol</i>	29	PRIFTIN	13
<i>pioglitazone hcl</i>	25	<i>primaquine phosphate</i>	18
<i>pioglitazone hcl/metformin hcl</i>	25	<i>primidone</i>	8
<i>pioglitazone hydrochloride</i>	25	PRIORIX	52
<i>piperacillin sodium/tazobactam sodium</i>	5	PRIVIGEN	48
PIQRAY 200MG DAILY DOSE	16	PROAIR RESPICLICK	57
PIQRAY 250MG DAILY DOSE	16	<i>probenecid</i>	12
PIQRAY 300MG DAILY DOSE	16	<i>probenecid/colchicine</i>	12
<i>pirfenidone</i>	58	<i>prochlorperazine</i>	11
<i>pirmella 1/35</i>	45	<i>prochlorperazine edisylate</i>	11
<i>pirmella 7/7/7</i>	45	<i>prochlorperazine maleate</i>	11
<i>piroxicam</i>	1	PROCIT	27
<i>pitavastatin calcium</i>	31	<i>procto-med hc</i>	52
PLENAMINE	38	<i>proctosol hc</i>	52
<i>podofilox</i>	36	<i>protozone-hc</i>	52
<i>polycin</i>	54	<i>progesterone</i>	46
<i>polymyxin b sulfate(trimethoprim sulfate</i>	54	PROGRAF	50
POMALYST	13	PROLASTIN-C	40
<i>portia-28</i>	45	PROLENSA	55
<i>posaconazole</i>	12	PROLIA	53
<i>posaconazole dr</i>	12	PROMACTA	27
<i>potassium chloride</i>	38	<i>promethazine hcl</i>	11
<i>potassium chloride er</i>	38	<i>promethazine hydrochloride</i>	11
<i>potassium chloride sr</i>	38	<i>promethazine hydrochloride plain</i>	11
<i>potassium citrate er</i>	38	<i>promethegan</i>	11
PRALUENT	32	<i>propafenone hcl</i>	29
<i>pramipexole dihydrochloride</i>	18	<i>propafenone hydrochloride er</i>	29
<i>prasugrel</i>	28	<i>propranolol hcl</i>	29
<i>pravastatin sodium</i>	31	<i>propranolol hcl er</i>	29
<i>praziquantel</i>	18	<i>propranolol hydrochloride</i>	29

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<i>propylthiouracil</i>	48	REVCovi	40
PROQUAD	52	REVLIMID	14
<i>protriptyline hcl</i>	11	REXULTI	20
PULMOZYME	57	REYATAZ	23
PURIXAN	14	REZLIDHIA	16
<i>pyrazinamide</i>	13	REZUROCK	51
<i>pyridostigmine bromide</i>	13	RHOPRESA	56
<i>pyrimethamine</i>	18	<i>ribavirin</i>	21
PYRUKYND	27	<i>rifabutin</i>	13
PYRUKYND TAPER PACK	27	<i>rifampin</i>	13
QINLOCK	14	<i>riluzole</i>	33
QUADRACEL	52	RINVOQ	49
<i>quetiapine fumarate</i>	20	<i>risedronate sodium</i>	53
<i>quetiapine fumarate er</i>	20	<i>risedronate sodium dr</i>	53
<i>quinapril hydrochloride</i>	28	RISPERDAL CONSTA	20
<i>quinapril/hydrochlorothiazide</i>	31	<i>risperidone</i>	20
<i>quinidine sulfate</i>	29	<i>risperidone er</i>	20
<i>quinine sulfate</i>	18	<i>risperidone odt</i>	20
QULIPTA	12	<i>ritonavir</i>	23
RABAVERT	52	<i>rivastigmine tartrate</i>	9
<i>rabeprozole sodium</i>	40	<i>rivastigmine transdermal system</i>	9
<i>raloxifene hydrochloride</i>	46	<i>rivelsa</i>	45
<i>ramelteon</i>	59	<i>rizatriptan benzoate</i>	12
<i>ramipril</i>	28	<i>rizatriptan benzoate odt</i>	12
<i>ranolazine er</i>	31	ROCKLATAN	54
<i>rasagiline mesylate</i>	18	<i>roflumilast</i>	58
RAYALDEE	53	ROLVEDON	27
REBETOL	21	<i>ropinirole er</i>	18
REBIF	34	<i>ropinirole hcl</i>	18
REBIF REBIDOSE	34	<i>ropinirole hydrochloride</i>	18
REBIF REBIDOSE TITRATION PACK	34	<i>rosadan</i>	35
REBIF TITRATION PACK	34	<i>rosuvastatin calcium</i>	31
RECOMBIVAX HB	52	ROTARIX	52
RECTIV	39	ROTATEQ	52
RELENZA DISKHALER	23	<i>roweepra</i>	7
RELISTOR	39	<i>roweepra xr</i>	7
REMICADE	50	ROZLYTREK	16
RENFLEXIS	50	RUBRACA	16
<i>repaglinide</i>	25	<i>rufinamide</i>	8
REPATHA	32	RUKOBIA	22
REPATHA PUSHTRONEX SYSTEM	32	RUXIENCE	17
REPATHA SURECLICK	32	RYBELSUS	25
RESTASIS	54	RYDAPT	16
RESTASIS MULTIDOSE	54	RYTARY	18
RETACRIT	27	<i>sajazir</i>	48
RETEVMO	14	SANDIMMUNE	51

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SANTYL	36	sorafenib	16
SAPHNELO	49	sorafenib tosylate	16
<i>sapropterin dihydrochloride</i>	40	sorine	29
SAVELLA	33	sotalol hcl	29
SAVELLA TITRATION PACK	33	sotalol hydrochloride	29
SCEMBLIX	14	sotalol hydrochloride (af)	29
<i>scopolamine</i>	11	SPIRIVA HANDIHALER	57
SECUADO	20	SPIRIVA RESPIMAT	57
<i>selegiline hcl</i>	18	<i>spironolactone</i>	31
<i>selenium sulfide</i>	36	<i>spironolactone/hydrochlorothiazide</i>	31
SELZENTRY	23	SPRAVATO 56MG DOSE	9
SEREVENT DISKUS	57	SPRAVATO 84MG DOSE	9
<i>sertraline hcl</i>	10	sprintec 28	45
<i>sertraline hydrochloride</i>	10	SPRITAM	7
<i>setlakin</i>	45	SPRYCEL	16
<i>sevelamer carbonate</i>	38	<i>sps</i>	38
SFROWASA	52	<i>sronyx</i>	45
<i>sharobel</i>	46	<i>ssd</i>	36
SHINGRIX	52	STAMARIL	52
SIGNIFOR	48	<i>stavudine</i>	22
SIGNIFOR LAR	48	STELARA	49
<i>sildenafil citrate</i>	58	STIOLTO RESPIMAT	58
<i>silodosin</i>	41	STIVARGA	17
<i>silver sulfadiazine</i>	36	STRENSIQ	40
SIMBRINZA	54	<i>streptomycin sulfate</i>	3
<i>simliya</i>	45	STRIBILD	21
<i>simpesse</i>	45	<i>subvenite</i>	7
<i>simvastatin</i>	31	<i>subvenite starter kit/blue</i>	7
<i>sirolimus</i>	51	<i>subvenite starter kit/green</i>	7
SIRTURO	13	<i>subvenite starter kit/orange</i>	7
SKYCLARYS	54	SUCRAID	40
SKYRIZI	49	<i>sucralfate</i>	39
SKYRIZI PEN	49	<i>sulfacetamide sodium</i>	55
<i>sodium chloride</i>	38	<i>sulfacetamide sodium/prednisolone sodium</i>	54
<i>sodium chloride 0.45%</i>	38	<i>phosphate</i>	
<i>sodium chloride 0.9%</i>	54	<i>sulfadiazine</i>	6
<i>sodium oxybate</i>	59	<i>sulfamethoxazole/trimethoprim</i>	6
<i>sodium phenylbutyrate</i>	40	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>sodium polystyrene sulfonate</i>	38	<i>sulfasalazine</i>	52
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	39	<i>sulindac</i>	1
sofosbuvir/velpatasvir	21	<i>sumatriptan</i>	12
<i>solifenacin succinate</i>	41	<i>sumatriptan succinate</i>	12
SOLIQUA 100/33	25	<i>sunitinib malate</i>	17
SOLTAMOX	14	SUNLENCA	23
SOMATULINE DEPOT	48	SUTAB	39
SOMAVERT	48	SYMPAZAN	8
		SYMTUZA	23

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SYNAGIS	48	<i>theophylline er</i>	58
SYNJARDY	25	<i>thioridazine hcl</i>	19
SYNJARDY XR	25	<i>thiothixene</i>	19
SYNRIBO	14	THYROID	47
SYNTHROID	47	THYROLAR-1	47
TABLOID	14	THYROLAR-1/2	47
TABRECTA	14	THYROLAR-1/4	47
<i>tacrolimus</i>	36	THYROLAR-2	47
<i>tacrolimus</i>	51	THYROLAR-3	47
<i>tadalafil</i>	41	<i>tiadylt er</i>	30
<i>tadalafil</i>	58	<i>tiagabine hydrochloride</i>	8
TAFINLAR	17	TIBSOVO	17
TAGRISSO	17	TICOVAC	52
TALZENNA	17	<i>timolol maleate</i>	55
<i>tamoxifen citrate</i>	14	<i>tinidazole</i>	4
<i>tamsulosin hydrochloride</i>	41	<i>tiotropium bromide</i>	57
<i>tarina fe 1/20</i>	45	TIVICAY	21
<i>tarina fe 1/20 eq</i>	45	TIVICAY PD	21
TASIGNA	17	<i>tizanidine hcl</i>	21
<i>tazarotene</i>	35	<i>tizanidine hydrochloride</i>	21
TAZICEF	4	TOBI PODHALER	57
<i>taztia xt</i>	30	TOBRADEX	54
TAZVERIK	15	TOBRADEX ST	54
TDVAX	52	<i>tobramycin</i>	55
TEFLARO	5	<i>tobramycin</i>	58
TEGSEDI	40	<i>tobramycin sulfate</i>	3
<i>telmisartan</i>	28	<i>tobramycin/dexamethasone</i>	54
<i>telmisartan/hydrochlorothiazide</i>	31	<i>tolazamide</i>	25
<i>temazepam</i>	59	<i>tolterodine tartrate</i>	41
TEMIXYS	22	<i>tolterodine tartrate er</i>	41
TENIVAC	52	<i>topiramate</i>	7
<i>tenofovir disoproxil fumarate</i>	22	<i>toremifene citrate</i>	14
TEPMETKO	17	<i>torsemide</i>	31
<i>terazosin hcl</i>	28	TOUJEO MAX SOLOSTAR	26
<i>terazosin hydrochloride</i>	28	TOUJEO SOLOSTAR	26
<i>terbinafine hcl</i>	12	TRADJENTA	25
<i>terconazole</i>	12	<i>tramadol hydrochloride</i>	2
<i>teriparatide</i>	53	<i>tramadol hydrochloride/acetaminophen</i>	2
<i>testosterone</i>	42	<i>trandolapril</i>	28
<i>testosterone cypionate</i>	42	<i>trandolapril/verapamil hcl er</i>	31
<i>testosterone enanthate</i>	42	<i>tranexamic acid</i>	27
<i>testosterone pump</i>	42	<i>tranylcypromine sulfate</i>	9
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	52	TRAZIMERA	17
<i>tetrabenazine</i>	33	<i>trazodone hydrochloride</i>	10
<i>tetracycline hydrochloride</i>	6	TRECATOR	13
THALOMID	14	TRELEGY ELLIPTA	59
		TRELSTAR MIXJECT	48

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TRESIBA	26	TYMLOS	53
TRESIBA FLEXTOUCH	26	TYPHIM VI	52
<i>tretinoin</i>	17	TYRVAYA	54
<i>tretinoin</i>	35	TYSABRI	34
<i>tri femynor</i>	45	UBRELVY	12
<i>triamcinolone acetonide</i>	36	UDENYCA	27
<i>triamcinolone acetonide</i>	42	UDENYCA ONBODY	27
<i>triamcinolone acetonide dental paste</i>	34	<i>ulticare micro pen needles/32g x 5/32"</i>	54
<i>triamterene/hydrochlorothiazide</i>	31	<i>unifine pentips 32gx6mm</i>	54
<i>triderm</i>	36	UNITROID	47
<i>trientine hydrochloride</i>	38	<i>urea</i>	36
<i>tri-estarrylla</i>	45	<i>ursodiol</i>	39
<i>trifluoperazine hcl</i>	19	<i>valacyclovir hydrochloride</i>	23
<i>trifluoperazine hydrochloride</i>	19	VALCHLOR	13
<i>trifluridine</i>	55	<i>valganciclovir</i>	21
<i>trihexyphenidyl hydrochloride</i>	18	<i>valganciclovir hydrochloride</i>	21
TRIJARDY XR	25	<i>valproic acid</i>	24
TRIKAFTA	58	<i>valsartan</i>	28
<i>tri-linyah</i>	45	<i>valsartan/hydrochlorothiazide</i>	31
<i>trilyte</i>	39	VALTOCO 10 MG DOSE	8
<i>trimethoprim</i>	4	VALTOCO 15 MG DOSE	8
<i>tri-mili</i>	45	VALTOCO 20 MG DOSE	8
<i>trimipramine maleate</i>	11	VALTOCO 5 MG DOSE	8
<i>trinessa</i>	46	<i>vancomycin hcl</i>	4
TRINTELLIX	10	<i>vancomycin hydrochloride</i>	4
<i>tri-nymyo</i>	45	VANFLYTA	17
<i>tri-previfem</i>	45	VAQTA	52
TRIPTODUR	48	<i>varenicline starting month box</i>	3
<i>tri-sprintec</i>	46	<i>varenicline tartrate</i>	3
TRIUMEQ	22	VARIVAX	52
TRIUMEQ PD	22	VARIZIG	48
<i>trivora-28</i>	46	VAXELIS	52
<i>tri-vylibra</i>	46	VELPHORO	38
TRIZIVIR	22	VELTASSA	38
TROGARZO	23	VENCLEXTA	17
<i>trospium chloride</i>	41	VENCLEXTA STARTING PACK	17
<i>trospium chloride er</i>	41	<i>venlafaxine hydrochloride</i>	10
TRULICITY	25	<i>venlafaxine hydrochloride er</i>	10
TRUMENBA	52	VENTAVIS	58
TRUQAP	17	VEOPOZ	49
TRUSELTIQ	15	<i>verapamil hcl</i>	30
TUKYSA	15	<i>verapamil hcl er</i>	30
<i>tulana</i>	46	<i>verapamil hcl sr</i>	30
TURALIO	17	<i>verapamil hydrochloride</i>	30
<i>turqoz</i>	46	<i>verapamil hydrochloride er</i>	30
TWINRIX	52	VERQUVO	32
TYBOST	23	VERSACLOZ	20

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VERZENIO	17	XEMBIFY	48
V-GO 20	54	XERMELO	39
V-GO 30	54	XGEVA	53
V-GO 40	54	XIFAXAN	39
<i>vicodin hp</i>	2	XIGDUO XR	25
VIDEX EC	22	XIIDRA	54
VIDEX PEDIATRIC	22	XOFLUZA	23
<i>vienna</i>	46	XOLAIR	49
<i>vigabatrin</i>	8	XOSPATA	17
<i>vigadron</i>	8	XPOVIO	15
<i>vigpoder</i>	8	XPOVIO 100 MG ONCE WEEKLY	15
VIIBRYD STARTER PACK	10	XPOVIO 40 MG ONCE WEEKLY	15
<i>vilazodone hydrochloride</i>	10	XPOVIO 40 MG TWICE WEEKLY	15
VIMIZIM	40	XPOVIO 60 MG ONCE WEEKLY	15
<i>viorele</i>	46	XPOVIO 60 MG TWICE WEEKLY	15
VIRACEPT	23	XPOVIO 80 MG ONCE WEEKLY	15
VIREAD	22	XPOVIO 80 MG TWICE WEEKLY	15
VISTOGARD	54	XTAMPZA ER	1
VITRAKVI	17	XTANDI	13
VIVITROL	2	<i>yargesa</i>	40
VIZIMPRO	17	YF-VAX	52
VOCABRIA	21	YUFLYMA	51
<i>volnea</i>	46	YUFLYMA 1-PEN KIT	51
VONJO	15	YUFLYMA 2-PEN KIT	51
voriconazole	12	YUFLYMA 2-SYRINGE KIT	51
VOSEVI	21	YUFLYMA CD/UC/HS STARTER	51
VOTRIENT	17	YUPELRI	57
VOWST	39	<i>yuvafem</i>	46
VRAYLAR	20	zafirlukast	57
VUMERITY	34	zaleplon	59
<i>vyfemla</i>	46	ZARXIO	27
VYJUVEK	54	ZEJULA	17
<i>vylbra</i>	46	ZELBORAF	17
VYNDA MAX	31	<i>zenatane</i>	35
VYVGART HYTRULO	49	ZENPEP	41
VYZULTA	56	ZEPOSIA	34
<i>warfarin sodium</i>	27	ZEPOSIA 7-DAY STARTER PACK	34
WELIREG	17	ZEPOSIA STARTER KIT	34
<i>wera</i>	46	<i>zidovudine</i>	22
wixela inhub	59	<i>ziprasidone hcl</i>	20
XALKORI	17	<i>ziprasidone mesylate</i>	20
XARELTO	27	ZIRGAN	55
XARELTO STARTER PACK	27	ZOKINVY	41
XATMEP	51	ZOLINZA	15
XCOPRI	7	<i>zolmitriptan</i>	13
XELJANZ	49	<i>zolpidem tartrate</i>	59
XELJANZ XR	49	<i>zolpidem tartrate er</i>	59

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ZONISADE	8
<i>zonisamide</i>	8
<i>zovia 1/35</i>	46
<i>zovia 1/35e</i>	46
ZTALMY	33
ZURZUVAE	9
ZYDELIG	17
ZYKADIA	17
ZYLET	55
ZYPREXA RELPREVV	20

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **1-844-883-8524 (TTY: 711)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-883-8524 (TTY: 711)**.

Navajo: Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká' ánida' áwo' dęę́, t'áá jiik'eh, éí ná hóló, kojí hódíílnih **1-844-883-8524 (TTY: 711)**.

Blue MedicareRxSM is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Blue MedicareRx depends on contract renewal.

NOTES



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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-883-8524. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-883-8524. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-883-8524。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-883-8524。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-883-8524. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-883-8524. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-883-8524 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-883-8524. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-883-8524 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-883-8524. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجمي المفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا.
للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-883-8524. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-883-8524 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-883-8524. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-883-8524. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-883-8524. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-883-8524. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするため、無料の通訳サービスがありますございます。通訳をご用命になるには、1-844-883-8524 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Navajo: T'áá hait'éego da ats'íís baa'áhayá doodago azee' aanídaa'nií nihinaaltsoos bee hadadít'éhígíí bqágh na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jiík'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohíj' 1-844-883-8524 nihich'íj' hodíilnih. T'áá háida Bilagáana Bizaad yee yálti'ígíí ta' niká'iilyeed dooleet. Díí t'áá jiík'eh bee niká'iilyeed dooleet.

This formulary was updated on 02/01/2024.

For more recent information or other questions, please contact Blue MedicareRx Member Services at:



1-844-883-8524 (TTY users should call **711**). Hours are 24 hours a day, seven days a week.



Or, visit **azblue.com/medicare**.



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