

2025 Copy

Oscar 2025 Formulary

List of Covered Drugs



oscar

What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription drug therapies believed to be a necessary part of a quality treatment program.

Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar In-network pharmacy, and other plan rules are followed. This Formulary was updated as of 01/01/2025.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., OTEZLA) and generic drugs are listed in lower-case italics (e.g., *carvedilol*). There are two ways to find your drug within the formulary:

1 Medical Condition

The formulary begins on page 6. 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, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 6. Then look under the category name for your drug.

2 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index. 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?

Oscar covers both brand name drugs and generic drugs. A generic drug is determined and approved by the FDA to be therapeutically equivalent to the Brand drug and has the same active ingredient. 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:** Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- **Quantity Limits:** For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 30 pills in a 1-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Oscar 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, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar 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.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Concierge and ask if your drug is covered.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask him or her to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules. Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan's formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions. If you are impacted by a change to the formulary, Oscar will aim to notify you at least 60 days prior to the change becoming effective.

If we make such a change, you or your prescriber may request an exception for continued coverage. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

You can contact Concierge to find out if your drug is still covered, visit hioscar.com and log in to your plan specific account, or use the Oscar app drug search feature.

For more information

For more detailed information about your Oscar prescription drug coverage, please visit www.hioscar.com or call Concierge at 1 (855) OSCAR-88. You can also find your plan specific information on our Oscar app available through iTunes or Google Play.

Formulary Terminology

The formulary provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, look at the Index. The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy

¹To be covered at the pharmacy a prescription from your doctor is required.

KS 6T STND Effective 01/01/2025

Drug Name	Drug Tier	Requirements/Limits
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ADHD/ANTI-NARCOLEPSY/ANOREXIANTS**DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**

SUNOSI TABS 75MG, 150MG	3	PA, QL (30 tabs every 30 days)
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ANALGESICS**COX-2 INHIBITORS**

celecoxib caps 50mg, 100mg, 200mg	1B	
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GOUT

allopurinol tabs 100mg, 300mg	1A	
allopurinol sodium solr 500mg	1B	
colchicine tabs .6mg	1B	QL (120 tablets every 25 days)
colchicine w/ probenecid tab 0.5-500 mg	1B	
febuxostat tabs 40mg, 80mg	1B	PA
probenecid tabs 500mg	1B	

NON-OPIOID ANALGESICS

butalbital-acetaminophen-caffeine cap 50-300-40 mg	1B	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1B	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1B	QL (48 tabs every 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1B	QL (48 caps every 25 days)
tencon tab 50-325mg	1B	QL (48 tabs every 25 days)

NSAIDS

diclofenac potassium tabs 50mg	1B	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1B	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1B	
flurbiprofen tabs 50mg, 100mg	1B	
ibuprofen tabs 400mg, 600mg, 800mg	1A	
ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml	1B	
ketorolac tromethamine tabs 10mg	1B	QL (20 tabs every 25 days)
meclofenamate sodium caps 50mg, 100mg	1B	
mefenamic acid caps 250mg	1B	
meloxicam tabs 7.5mg, 15mg	1A	
nabumetone tabs 500mg, 750mg	1B	
naproxen tabs 250mg, 375mg, 500mg	1A	
oxaprozin tabs 600mg	1B	
piroxicam caps 10mg, 20mg	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tabs 150mg, 200mg</i>	1B	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1B	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1B	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1B	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1B	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1B	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 units every day); \$0 copay
<i>ZUBSOLV SUB 0.7-0.18</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 1.4-0.36</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 2.9-0.71</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 5.7-1.4</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 8.6-2.1</i>	2	QL (2 units every day)
<i>ZUBSOLV SUB 11.4-2.9</i>	2	QL (1 unit every day)
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1B	QL (390 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1B	QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1B	
<i>butorphanol tartrate soln 10mg/ml</i>	1B	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60MG	2	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1B	QL (10 patches every 30 days)
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1B	PA, QL (120 lozenges every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	QL (30 tabs every 30 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	2	QL (30 tablets every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	QL (150 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1B	Injectable Only
<i>hydromorphone hcl tabs 2mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1B	QL (120 tablets every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 8mg</i>	1B	QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1B	QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	1B	QL (30 tablets every 30 days)
<i>levorphanol tartrate tabs 2mg</i>	3	QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"
<i>levorphanol tartrate tabs 3mg</i>	3	QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl conc 10mg/ml</i>	1B	QL (600 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1B	QL (450 ml every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1B	QL (225mL every 30 days)
<i>methadone hcl soln 10mg/ml</i>	1B	QL (20 ml every 30 days)
<i>methadone hcl tabs 5mg</i>	1B	QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	1B	QL (90 tablets every 30 days)
<i>methadone hcl tbso 40mg</i>	1B	QL (9 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1B	QL (600 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	1B	QL (9 tabs every 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	1B	QL (30 caps every 30 days)
MORPHINE SULFATE SOLN 2MG/ML, 4MG/ML, 5MG/ML, 150MG/30ML	3	
<i>morphine sulfate soln 10mg/5ml</i>	1B	QL (900 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 20mg/5ml</i>	1B	QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 100mg/5ml</i>	1B	QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 10mg/ml</i>	1B	
<i>morphine sulfate tabs 15mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tabs 30mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	1B	QL (90 tabs every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1B	QL (30 caps every 30 days)
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1B	
<i>oxycodone hcl caps 5mg</i>	1B	QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	1B	QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	1B	QL (900 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 20mg</i>	1B	QL (60 tabs every 30 days)
<i>oxycodone hcl t12a 40mg, 80mg</i>	1B	QL (60 tablets every 30 days)
<i>oxycodone hcl tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	1B	QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 20mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 30mg</i>	1B	QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	QL (60 tablets every 30 days)
<i>tramadol hcl tabs 50mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tabs 100mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1B	QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1B	QL (30 tablets every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	2	QL (60 films every 30 days)
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	4	
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1B	QL (4 patches every 30 days)
<i>buprenorphine hcl soln .3mg/ml</i>	1B	
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	4	

SALICYLATES

<i>aspirin ec adult low dose tbec 81mg</i>	1B	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>goodsense aspirin chew 81mg</i>	1B	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	1B	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	1B	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>indomethacin caps 25mg, 50mg</i>	1B	
ANESTHETICS		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1B	
ANTI-INFECTIVES		
ANTHELMINTICS		
EMVERM CHEW 100MG	3	PA, QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	1B	QL (12 tabs every 91 days)
<i>praziquantel tabs 600mg</i>	3	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>chloramphenicol sodium succinate solr 1gm</i>	1B	
<i>fosfomycin tromethamine pack 3gm</i>	1B	
<i>neomycin sulfate tabs 500mg</i>	1B	
<i>streptomycin sulfate solr 1gm</i>	1B	
SULFADIAZINE TABS 500MG	2	
<i>tinidazole tabs 250mg, 500mg</i>	1B	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100MG/5ML	3	QL (540mL every 25 days)
<i>atovaquone susp 750mg/5ml</i>	1B	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1B	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1B	
<i>dapsone tabs 25mg, 100mg</i>	1B	
<i>daptomycin solr 500mg</i>	3	
<i>ertapenem sodium solr 1gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1B	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1B	
INVANZ SOLR 1GM	3	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	1B	
<i>linezolid inj 2mg/ml</i>	1B	
<i>meropenem solr 1gm</i>	1B	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem solr 500mg</i>	1B	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tabs 1gm</i>	1B	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1B	
<i>nitazoxanide tabs 500mg</i>	3	QL (20 tabs every 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	3	
<i>nitrofurantoin macrocrystal caps 25mg</i>	1B	
<i>nitrofurantoin macrocrystal caps 50mg, 100mg</i>	1A	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1A	
<i>pentamidine isethionate solr 300mg</i>	1B	
<i>polymyxin b sulfate solr 500000unit</i>	1B	
PRIMSOL SOLN 50MG/5ML	2	
SIVEXTRO SOLR 200MG	3	
SIVEXTRO TABS 200MG	3	QL (6 tabs every 180 days)
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1A	
<i>trimethoprim tabs 100mg</i>	1B	
<i>vancomycin hcl caps 125mg, 250mg</i>	1B	QL (80 caps every 10 days)

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl solr 1gm	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 5gm, 10gm	1B	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 500mg, 750mg	1B	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TABS 550MG	3	PA, QL (42 tabs per 14 days); Max 2 fills per year. Patients who experience recurrence can be retreated up to 2 times with the same regimen.

ANTIFUNGALS

amphotericin b solr 50mg	1B	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
fluconazole susr 10mg/ml, 40mg/ml	1B	
fluconazole tabs 50mg, 100mg, 150mg, 200mg	1A	
fluconazole in nacl 0.9% inj 200 mg/100ml	1B	
fluconazole in nacl 0.9% inj 400 mg/200ml	1B	
FLUCONAZOLE SOL /NACL	3	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	1B	
griseofulvin ultramicrosize tabs 125mg, 250mg	1B	
itraconazole caps 100mg; soln 10mg/ml	1B	PA
nystatin tabs 500000unit	1B	
terbinafine hcl tabs 250mg	1B	QL (180 tabs every 365 days)
voriconazole susr 40mg/ml	3	PA
voriconazole tabs 50mg, 200mg	1B	PA

ANTIMALARIALS

atovaquone-proguanil hcl tab 62.5-25 mg	1B	
atovaquone-proguanil hcl tab 250-100 mg	1B	
chloroquine phosphate tabs 250mg, 500mg	1B	
COARTEM TAB 20-120MG	3	QL (24 tabs per fill); 1 fill max per 180 days
mefloquine hcl tabs 250mg	1B	
primaquine phosphate tabs 26.3mg	1B	
pyrimethamine tabs 25mg	2	PA
quinine sulfate caps 324mg	1B	

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20mg/ml</i>	1B	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1B	QL (60 tabs every 30 days)
APRETUDE SUER 600MG/3ML	0	QL (6mL every 56 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
APTIVUS SOLN 100MG/ML	2	QL (285 mL every 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1B	QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1B	QL (60 caps every 30 days)
CRIXIVAN CAPS 200MG	2	QL (450 caps every 30 days)
CRIXIVAN CAPS 400MG	2	QL (180 caps every 30 days)
<i>darunavir tabs 600mg</i>	1B	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	1B	QL (30 tabs every 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1B	QL (30 caps every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1B	QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1B	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	2	QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	1B	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1B	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1B	QL (120 tabs every 30 days)
FUZEON SOLR 90MG	4	QL (60 vials every 30 days)
INTELENCE TABS 25MG	2	QL (120 tabs every 30 days)
INVIRASE CAPS 200MG	2	QL (300 caps every 30 days)
INVIRASE TABS 500MG	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	2	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	2	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TABS 600MG	2	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1B	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1B	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1B	QL (30 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	1B	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1B	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1B	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1B	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1B	QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1B	QL (30 tabs every 30 days)
NORVIR PACK 100MG	2	QL (360 packets every 30 days)
NORVIR SOLN 80MG/ML	2	QL (480 mL every 30 days)
PREZISTA SUSP 100MG/ML	2	QL (400 ml every 30 days)
RESCRIPTOR TABS 100MG	3	QL (900 tabs every 30 days)
RESCRIPTOR TABS 200MG	3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10MG/ML	2	
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1B	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	2	QL (1840 mL every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1B	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1B	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	2	QL (60 tabs every 30 days)
TYBOST TABS 150MG	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	2	QL (120 tabs every 30 days)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
ZERIT SOLR 1MG/ML	2	QL (2400 ml every 30 days)
<i>zidovudine caps 100mg</i>	1B	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1B	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1B	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1B	QL (60 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	2	QL (1 box every 30 days)
CABENUVA SUS 600-900	2	QL (1 box every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1B	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1B	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1B	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1B	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	2	QL (180 tabs every 30 days)
TRIUMEQ TAB	2	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1B	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1B	
PASER PACK 4GM	3	
PRIFTIN TABS 150MG	2	
<i>pyrazinamide tabs 500mg</i>	1B	
<i>rifabutin caps 150mg</i>	1B	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1B	
SIRTURO TABS 100MG	4	PA
TRECTOR TABS 250MG	2	

ANTIVIRALS

<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1A	
<i>acyclovir susp 200mg/5ml</i>	1B	
<i>acyclovir sodium soln 50mg/ml</i>	1B	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA
BARACLUDE SOLN .05MG/ML	3	QL (630 mL every 30 days)
<i>cidofovir soln 75mg/ml</i>	1B	
<i>entecavir tabs .5mg, 1mg</i>	3	QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5MG/ML	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1B	
<i>lamivudine (hbm) tabs 100mg</i>	1B	
<i>oseltamivir phosphate caps 30mg</i>	1B	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1B	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1B	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
<i>ribavirin solr 6gm</i>	1B	
<i>rimantadine hydrochloride tabs 100mg</i>	1B	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1B	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs every 30 days)
VEMLIDY TABS 25MG	4	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1B	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1B	
<i>cefazolin sodium solr 1gm, 10gm, 500mg</i>	1B	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefditoren pivoxil tabs 200mg, 400mg</i>	1B	
<i>cefepime hcl solr 1gm, 2gm</i>	1B	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1B	
<i>cefotaxime sodium solr 1gm, 2gm</i>	1B	
<i>cefotetan disodium solr 1gm, 2gm</i>	1B	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1B	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>ceftazidime solr 2gm</i>	1B	
CEFTIN SUSR 125MG/5ML, 250MG/5ML	2	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	1B	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1B	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	1B	
<i>cephalexin caps 250mg, 500mg</i>	1A	
<i>cephalexin caps 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>tazicef solr 1gm, 2gm</i>	1B	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 600mg</i>	1B	
<i>azithromycin tabs 250mg, 500mg</i>	1A	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1B	
DIFICID TABS 200MG	2	QL (20 tabs per fill); 1 fill max per 180 days
<i>e.e.s. 400 tabs 400mg</i>	1B	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	1B	
<i>erythrocin stearate tabs 250mg</i>	1B	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg</i>	1B	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1B	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1B	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1B	
<i>ciprofloxacin hcl tabs 100mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1A	
FACTIVE TABS 320MG	3	
<i>levofloxacin soln 25mg/ml</i>	1B	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1B	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1B	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1B	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1B	
<i>moxifloxacin hcl tabs 400mg</i>	1B	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1B	
<i>ofloxacin tabs 300mg, 400mg</i>	1B	

HEPATITIS C

EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs every 28 days)
HARVONI PAK	4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	PA, QL (4 syringes every 30 days)
PEGASYS PROCLICK SOAJ 135MCG/0.5ML	4	PA
REBETOL SOLN 40MG/ML	4	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	1B	PA
SOVALDI PACK 150MG	5	PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	5	PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG, 400MG	5	PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER TAB 50-100MG	5	PA, QL (28 tabs every 28 days)
PENICILLINS		
amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1A	
amoxicillin chew 125mg, 250mg	1B	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1B	
amoxicillin & k clavulanate chew tab 400-57 mg	1B	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1B	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1B	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1B	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1B	
amoxicillin & k clavulanate tab 250-125 mg	1A	
amoxicillin & k clavulanate tab 500-125 mg	1A	
amoxicillin & k clavulanate tab 875-125 mg	1A	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1B	
ampicillin caps 500mg	1B	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1B	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1B	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1B	
ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1B	
dicloxacillin sodium caps 250mg, 500mg	1B	
nafcillin sodium solr 1gm, 2gm, 10gm	1B	
oxacillin sodium solr 1gm, 2gm, 10gm	1B	
penicillin g potassium solr 5000000unit, 20000000unit	1B	
penicillin g sodium solr 5000000unit	1B	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1B	
pfizerpen solr 20000000unit	1B	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1B	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1B	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1B	
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1B	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1B	
<i>doxy 100 solr 100mg</i>	1B	
<i>doxycycline (monohydrate) caps 50mg, 100mg</i>	1A	
<i>doxycycline (monohydrate) susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1B	
<i>doxycycline hyclate caps 50mg, 100mg</i>	1A	
<i>doxycycline hyclate solr 100mg; tabs 20mg</i>	1B	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	1A	
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	1B	
<i>morgidox 1x100mg caps 100mg</i>	1A	
<i>tetracycline hcl caps 250mg, 500mg</i>	1B	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50MG/5ML	3	
ANTI-ANXIETY AGENTS		
BENZODIAZEPINES		
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1B	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS		
STEROID INHALANTS		
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1B	QL (1 package every 25 days)
SYMPATHOMIMETICS		
BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	3	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan soln 6mg/ml</i>	1B	
CARMUSTINE SOLR 50MG, 300MG	2	
<i>carmustine solr 100mg</i>	1B	
<i>cyclophosphamide caps 25mg, 50mg</i>	1B	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAPS 140MG	4	
GLEOSTINE CAPS 5MG, 10MG, 40MG, 100MG	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50MG	2	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1B	
LEUKERAN TABS 2MG	2	
MATULANE CAPS 50MG	4	
<i>melphalan tabs 2mg</i>	1B	
<i>melphalan hcl solr 50mg</i>	1B	
TEMODAR SOLR 100MG	4	PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	PA

ANTHRACYCLINES

<i>daunorubicin hcl soln 20mg/4ml</i>	1B	
<i>doxorubicin hcl solr 10mg, 50mg</i>	1B	
<i>doxorubicin hcl liposomal susp 2mg/ml</i>	1B	
<i>doxorubicin hydrochloride soln 2mg/ml</i>	1B	
<i>epirubicin hcl soln 50mg/25ml, 200mg/100ml</i>	1B	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	1B	

ANTIBIOTICS

<i>bleomycin sulfate solr 15unit, 30unit</i>	1B	
<i>mitomycin solr 5mg, 20mg</i>	1B	
<i>mitomycin solr 40mg</i>	4	
<i>mitoxantrone hcl conc 2mg/ml</i>	4	PA

ANTIMETABOLITES

<i>adrucil soln 500mg/10ml</i>	1B	
<i>azacitidine susr 100mg</i>	4	PA
<i>capecitabine tabs 150mg, 500mg</i>	4	PA
<i>cladribine soln 10mg/10ml</i>	4	
<i>clofarabine soln 1mg/ml</i>	1B	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1B	
<i>decitabine solr 50mg</i>	4	PA
<i>floxuridine solr .5gm</i>	1B	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	1B	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1B	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	4	
<i>mercaptopurine tabs 50mg</i>	1B	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1B	PA
<i>nelarabine soln 5mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
NIPENT SOLR 10MG	2	
<i>pemetrexed disodium solr 100mg, 500mg</i>	4	
TABLOID TABS 40MG	4	PA
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20MG/0.5ML, 80MG/2ML	2	
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml</i>	4	
<i>docetaxel soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1B	
DOCETAXEL (NON-ALCOHOL FO SOLN 20MG/ML, 80MG/4ML, 160MG/8ML	2	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1B	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1B	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate soln 1mg/ml</i>	1B	
<i>vincasar pfs soln 1mg/ml</i>	1B	
<i>vincristine sulfate soln 1mg/ml</i>	1B	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1B	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	4	PA
ERIVEDGE CAPS 150MG	4	PA, QL (30 caps every 30 days)
FARYDAK CAPS 10MG, 15MG, 20MG	4	PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000MG/40ML	4	PA
<i>hydroxyurea caps 500mg</i>	1B	
IBRANCE CAPS 75MG, 100MG, 125MG	4	PA, QL (21 caps every 28 days)
IBRANCE TABS 75MG, 100MG, 125MG	4	PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100MG, 160MG	4	PA
KEYTRUDA SOLN 100MG/4ML	4	PA
KISQALI TBPK 200MG	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA	4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	PA, QL (70 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 PAK FEMARA	4	PA, QL (91 tabs every 28 days)
LOQTORZI SOLN 240MG/6ML	4	PA
LYNPARZA CAPS 50MG	4	PA, QL (480 caps every 30 days)
LYNPARZA TABS 100MG, 150MG	4	PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	4	PA, QL (30 caps every 30 days)
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	4	PA
RYDAPT CAPS 25MG	5	PA, QL (224 caps every 28 days)
TEVIMBRA SOLN 100MG/10ML	4	PA
ZEJULA CAPS 100MG	4	PA, QL (90 caps every 30 days)
ZOLINZA CAPS 100MG	4	PA, QL (120 caps every 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1B	
DEPO-PROVERA SUSP 400MG/ML	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	PA
ERLEADA TABS 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1B	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1B	
<i>fulvestrant sosy 250mg/5ml</i>	4	
<i>letrozole tabs 2.5mg</i>	1B	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	4	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	4	PA
LYSODREN TABS 500MG	4	
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1B	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1B	
<i>nilutamide tabs 150mg</i>	1B	
NUBEQA TABS 300MG	4	PA, QL (120 tablets every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40MG	4	PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	4	PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	4	PA, QL (60 tabs every 30 days)
IMMUNOMODULATORS		
<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1B	
TRAZIMERA SOLR 150MG, 420MG	4	PA
KINASE INHIBITORS		
ALECENSA CAPS 150MG	4	PA, QL (240 caps every 30 days)
AUGTYRO CAPS 40MG	4	PA, QL (240 caps every 30 days)
CALQUENCE CAPS 100MG	4	PA, QL (60 caps every 30 days)
CAPRELSA TABS 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
COPIKTRA CAPS 15MG, 25MG	4	PA, QL (60 caps every 30 days)
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	PA, QL (90 tabs every 30 days)
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	4	PA, QL (30 tabs every 30 days)
IDHIFA TABS 50MG, 100MG	4	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs every 30 days)
INLYTA TABS 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3MG	4	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	4	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	5	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST TABS 2MG	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	4	PA, QL (90 tabs every 30 days)
OGSIVEO TABS 50MG, 100MG	4	PA, QL (180 tablets every 30 days)
OGSIVEO TABS 150MG	4	PA, QL (60 tablets every 30 days)
<i>pazopanib hcl tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20MG	4	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG	4	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40MG	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	5	PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	4	PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	4	PA, QL (60 caps every 30 days)
XALKORI CPSP 150MG	4	PA, QL (90 caps every 30 days)
ZELBORAF TABS 240MG	4	PA, QL (240 tabs every 30 days)
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	PA
ZYDELIG TABS 100MG, 150MG	4	PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150MG	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150MG	4	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>bexarotene caps 75mg</i>	4	PA
DROXIA CAPS 200MG, 300MG, 400MG	2	
ONCASPAR SOLN 750UNIT/ML	4	PA
PADCEV SOLR 20MG	5	PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	5	PA, QL (15 vials every 28 days)
PHOTOFRIN SOLR 75MG	2	
QUADRAMET SOLN 1850MBQ/ML	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	3	
UVADEX SOLN 20MCG/ML	2	
VISTOGARD PACK 10GM	2	QL (20 packets every 5 days)
VORANIGO TABS 10MG	4	PA, QL (60 tabs per 30 days)
VORANIGO TABS 40MG	4	PA, QL (30 tabs per 30 days)
PLATINUM-BASED AGENTS		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1B	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1B	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	4	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	1B	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1B	
<i>mesna soln 100mg/ml</i>	1B	
MESNEX TABS 400MG	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg; soln 100mg/5ml</i>	1B	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	4	
<i>irinotecan hcl soln 300mg/15ml</i>	1B	
TENIPOSIDE SOLN 10MG/ML	2	
<i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1B	
<i>topotecan hcl solr 4mg</i>	1B	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>paraplatin soln 1000mg/100ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC ENZYME INHIBITORS		
CALQUENCE TABS 100MG	4	PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10MG	5	PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25MG	5	PA, QL (120 caps every 30 days)
TAGRISSO TABS 40MG, 80MG	5	PA, QL (30 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG	4	PA, QL (60 tablets every 30 days)
VENCLEXTA TABS 50MG	4	PA, QL (30 tabs every 30 days)
VENCLEXTA TABS 100MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB START PK	4	PA, QL (1 pack per 365 days)
ANTIVIRALS		
ANTIRETROVIRALS		
SUNLENCA SOLN 463.5MG/1.5ML	4	QL (6mL every 24 weeks)
SUNLENCA TBPk 300MG	4	QL (1 pack every year)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	QL (20 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 300-100	2	QL (30 tabs every 90 days); Limited to 12 years of age and older
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	2	QL (40 caps every 90 days); Limited to 18 years of age and older
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1A	
amlodipine besylate-benazepril hcl cap 5-10 mg	1A	
amlodipine besylate-benazepril hcl cap 5-20 mg	1A	
amlodipine besylate-benazepril hcl cap 5-40 mg	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1A	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1B	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1B	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1B	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1A	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1A	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1B	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1A	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1A	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1A	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1A	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1A	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1B	

ACE INHIBITORS

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1B	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1A	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1A	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1B	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1B	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1B	
ALPHA BLOCKERS		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1B	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1B	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1B	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1B	QL (30 tabs every 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1B	
<i>BYVALSON TAB 5-80MG</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1B	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1B	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1B	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1A	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1A	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1A	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1A	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1B	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1B	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1B	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1B	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1B	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1B	
<i>eprosartan mesylate tabs 600mg</i>	1B	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1A	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1A	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1B	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1B	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1B	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	1B	
<i>disopyramide phosphate caps 100mg, 150mg</i>	1B	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1B	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1B	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1B	
MULTAQ TABS 400MG	3	PA, QL (60 tablets every 30 days)
<i>pacerone tabs 100mg, 200mg</i>	1B	
<i>procainamide hcl soln 100mg/ml</i>	1B	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1B	
<i>quinidine sulfate tabs 200mg, 300mg</i>	1B	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1B	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1B	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1B	
SOTALOL HYDROCHLORIDE SOLN 150MG/10ML	3	
ANTIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1B	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1B	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1B	
<i>prevalite powd 4gm/dose</i>	1B	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1B	PA
ANTIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1B	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 145mg</i>	1B	
<i>fenofibrate tabs 160mg</i>	1A	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1B	
<i>gemfibrozil tabs 600mg</i>	1A	
ANTIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1A	QL (30 tabs every 30 days); Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1B	PA; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 80mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1B	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1B	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps 1gm</i>	1B	PA, QL (120 caps every 30 days)
<i>icosapent ethyl caps .5gm</i>	1B	PA, QL (240 caps every 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1B	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	4	PA, QL (2 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1B	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1B	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1B	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1B	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1B	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1B	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1B	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1B	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1B	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	1B	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1A	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1B	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1B	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1B	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1B	
<i>labetalol hcl soln 5mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1A	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>metoprolol tartrate soln 5mg/5ml</i>	1B	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1A	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1B	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	
<i>pindolol tabs 5mg, 10mg</i>	1B	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 60mg, 80mg</i>	1B	
<i>propranolol hcl tabs 10mg, 20mg, 40mg</i>	1A	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1B	

CALCIUM CHANNEL BLOCKER/ANTIPIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1B	

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr tb24 30mg, 60mg</i>	1B	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1A	
<i>CARDENE IV SOL 20/200ML</i>	3	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1B	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
DILTIAZEM HCL SOLR 100MG	3	
diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg	1A	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1B	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1B	
felodipine tb24 2.5mg, 5mg, 10mg	1B	
isradipine caps 2.5mg, 5mg	1B	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1B	
nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml	1B	
nifedipine tb24 30mg, 60mg, 90mg	1B	
nimodipine caps 30mg	1B	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1B	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tbc 120mg, 180mg, 240mg	1B	
verapamil hcl tabs 40mg, 80mg, 120mg	1A	
DIGITALIS GLYCOSIDES		
digox tabs 125mcg, 250mcg	1B	
digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1B	
LANOXIN TABS 187.5MCG	2	
LANOXIN PEDIATRIC SOLN .1MG/ML	3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	1B	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1B	
acetazolamide sodium solr 500mg	1B	
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1B	
amiloride hcl tabs 5mg	1B	
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	1B	
chlorothiazide sodium solr 500mg	1B	
chlorthalidone tabs 25mg, 50mg	1A	
DIURIL SUSP 250MG/5ML	3	
ethacrynate sodium solr 50mg	1B	
ethacrynic acid tabs 25mg	1B	
furosemide soln 10mg/ml, 40mg/5ml; tabs 80mg	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tabs 20mg, 40mg</i>	1A	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1A	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1B	
<i>mannitol soln 20%, 25%</i>	1B	
<i>methazolamide tabs 25mg, 50mg</i>	1B	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1B	
<i>osmitrol viaflex soln 5%, 10%, 15%</i>	1B	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1A	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1B	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	1B	
<i>triamterene caps 50mg, 100mg</i>	1B	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1B	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1B	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1B	

HEART FAILURE

<i>CORLANOR SOLN 5MG/5ML</i>	2	
<i>ENTRESTO CAP 6-6MG</i>	2	QL (240 caps every 30 days)
<i>ENTRESTO CAP 15-16MG</i>	2	QL (240 caps every 30 days)
<i>ENTRESTO TAB 24-26MG</i>	2	QL (60 tablets every 30 days)
<i>ENTRESTO TAB 49-51MG</i>	2	QL (60 tablets every 30 days)
<i>ENTRESTO TAB 97-103MG</i>	2	QL (60 tablets every 30 days)
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	1B	QL (60 tablets every 30 days)

MISCELLANEOUS

<i>clonidine ptwk .1mg/24hr</i>	1B	QL (4 patches every 28 days)
<i>clonidine ptwk .2mg/24hr, .3mg/24hr</i>	1B	
<i>clonidine hcl tabs .1mg, .2mg</i>	1A	
<i>clonidine hcl tabs .3mg</i>	1B	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1B	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1B	
<i>methyldopa tabs 250mg, 500mg</i>	1B	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil tabs 2.5mg, 10mg</i>	1B	
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA
<i>ranolazine tb12 500mg, 1000mg</i>	1B	ST; PA**
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1B	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 120mg</i>	1B	
<i>isosorbide mononitrate tb24 30mg, 60mg</i>	1A	
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1B	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	2	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .6mg</i>	1B	
NITROGLYCERIN SOLN 5MG/ML	3	
<i>nitroglycerin subl .4mg</i>	1A	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1B	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1B	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1B	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA, QL (60 tabs every 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA
OPSUMIT TABS 10MG	4	PA, QL (30 tabs every 30 days)
OPSYNVI TAB 10-20MG	4	PA, QL (30 tablets every 30 days)
OPSYNVI TAB 10-40MG	4	PA, QL (30 tablets every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA, QL (300 tabs every 30 days)
ORENITRAM TAB MONTH 1	4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 2	4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 3	4	PA, QL (1 kit every 365 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	PA
TYVASO SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	4	PA
UPTRAVI TABS 200MCG	4	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack per 180 days)
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	PA, QL (270 ampules every 30 days)
WINREVAIR KIT 45MG, 60MG	4	PA, QL (2 vials every 21 days)
WINREVAIR INJ 45MG	4	PA, QL (2 vials every 21 days)
WINREVAIR INJ 60MG	4	PA, QL (2 vials every 21 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbec 333mg</i>	1B	
<i>disulfiram tabs 250mg, 500mg</i>	1B	

ANTI-ANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1B	QL (150 tabs every 25 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 25 days)
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1B	
<i>lorazepam conc 2mg/ml</i>	1B	QL (150 mL every 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1B	QL (150 tabs every 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	1B	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1B	QL (120 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
APTiom TABS 200MG, 400MG, 600MG	3	PA, QL (60 tablets every 30 days)
APTiom TABS 800MG	3	PA, QL (60 tabs every 30 days)
BRIVIACT SOLN 10MG/ML	3	PA, QL (600 mL every 30 days)
BRIVIACT SOLN 50MG/5ML	3	PA
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG, 100MG	3	PA, QL (60 tablets every 30 days)
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1B	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1B	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1B	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1B	QL (180 tabs every 25 days)
<i>diazepam soln 5mg/5ml</i>	1B	QL (1200 mL every 25 days)
<i>diazepam soln 5mg/ml</i>	1B	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1B	QL (120 tabs every 25 days)
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	2	PA
<i>diazepam intensol conc 5mg/ml</i>	1B	QL (240 mL every 25 days)
DILANTIN CAPS 30MG	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg</i>	1B	
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	1A	
EPIDIOLEX SOLN 100MG/ML	4	QL (800 mL every 30 days)
<i>epitol tabs 200mg</i>	1B	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1B	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1B	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1B	
FYCOMPA SUSP .5MG/ML	2	PA, QL (720 mL every 30 days)
FYCOMPA TABS 2MG, 4MG, 6MG	2	PA, QL (60 tablets every 30 days)
FYCOMPA TABS 8MG, 10MG, 12MG	2	PA, QL (30 tabs every 30 days)
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide soln 10mg/ml</i>	3	PA
<i>lacosamide soln 200mg/20ml; tabs 50mg, 100mg, 150mg</i>	1B	PA
<i>lacosamide tabs 200mg</i>	1B	PA, QL (60 tablets every 30 days)
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	1B	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1A	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 100mg, 200mg</i>	1B	PA
<i>lamotrigine tbdp 25mg, 50mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1B	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1B	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1B	
LIBERVANT FILM 5MG, 7.5MG, 10MG, 12.5MG, 15MG	2	PA, QL (10 films every 30 days)
<i>methsuximide caps 300mg</i>	1B	
NAYZILAM SOLN 5MG/0.1ML	2	PA, QL (10 nasal spray units every 30 days)
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1B	
PEGANONE TABS 250MG	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1B	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1B	
<i>phenytoin sodium soln 50mg/ml</i>	1B	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1B	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i>	1B	PA, QL (90 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	1B	PA
<i>primidone tabs 50mg, 250mg</i>	1B	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1B	
<i>valproic acid caps 250mg</i>	1B	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	2	PA, QL (10 devices every 30 days)
<i>vigabatrin pack 500mg</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	PA, QL (180 tabs every 30 days)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1A	
ANTIDEMENTIA		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1B	
<i>ergoloid mesylates tabs 1mg</i>	1B	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1B	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1B	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1B	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1B	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1B	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg</i>	1A	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1A	QL (60 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tabs 50mg</i>	1A	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1B	
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg</i>	1A	
<i>bupropion hcl tb24 150mg, 300mg</i>	1B	
<i>citalopram hydrobromide soln 10mg/5ml</i>	1B	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1A	
<i>clomipramine hcl caps 25mg, 50mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1B	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1B	PA, QL (30 tabs every 25 days); (generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1B	QL (450 mL every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1B	
EMSAM PT24 6MG/24HR, 12MG/24HR	3	PA, QL (30 patches every 30 days)
EMSAM PT24 9MG/24HR	3	PA
<i>escitalopram oxalate soln 5mg/5ml</i>	1B	
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1A	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps every 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1A	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	1B	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1B	(generic Sarafem not covered)
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	1B	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	1A	
<i>imipramine hcl tabs 10mg, 25mg</i>	1B	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1B	
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1B	
MARPLAN TABS 10MG	3	
<i>mirtazapine tabs 7.5mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1B	
<i>mirtazapine tabs 15mg</i>	1A	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1B	
<i>nortriptyline hcl caps 10mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl soln 10mg/5ml</i>	1B	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1A	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1B	
<i>phenelzine sulfate tabs 15mg</i>	1B	
<i>protriptyline hcl tabs 5mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml</i>	1B	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	1A	
<i>tranylcypromine sulfate tabs 10mg</i>	1B	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1A	
<i>trazodone hcl tabs 300mg</i>	1B	
<i>trimipramine maleate caps 25mg, 50mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1A	
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1B	
VIIBRYD KIT STARTER	3	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1B	PA, QL (30 tabs every 30 days)
ZURZUVAE CAPS 20MG, 25MG	4	PA, QL (28 capsules for 14 days)
ZURZUVAE CAPS 30MG	4	PA, QL (14 capsules for 14 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1B	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	PA, QL (20 cartridges every 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1B	
<i>carbidopa tabs 25mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab 10-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1B	
<i>entacapone tabs 200mg</i>	1B	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1B	
<i>rasagiline mesylate tabs 1mg</i>	1B	PA
<i>rasagiline mesylate tabs .5mg</i>	1B	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1B	
<i>tolcapone tabs 100mg</i>	1B	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1B	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	QL (1 Injection every 56 days)
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	QL (1 injection every 25 days)
<i>aripiprazole soln 1mg/ml</i>	2	PA, QL (450 mL every 30 days)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tbdp 10mg, 15mg</i>	1B	PA, QL (30 tablets every 30 days)
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	2	QL (1 syringe every 28 days)
ARISTADA PRSY 1064MG/3.9ML	2	QL (1 syringe every 56 days)
ARISTADA INITIO PRSY 675MG/2.4ML	2	QL (1 kit every 365 days)
<i>asenapine maleate subl 2.5mg</i>	2	PA
<i>asenapine maleate subl 5mg, 10mg</i>	2	PA, QL (60 tablets every 30 days)
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA, QL (30 caps every 30 days)
CHLORPROMAZINE HCL SOLN 25MG/ML, 50MG/2ML	1B	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1B	
COBENFY CAP 50-20MG	3	PA, QL (60 caps every 30 days)
COBENFY CAP 100-20MG	3	PA, QL (60 caps every 30 days)
COBENFY CAP 125-30MG	3	PA, QL (60 caps every 30 days)
COBENFY STRT CAP PACK	3	PA, QL (60 caps every 30 days)
<i>fluphenazine decanoate soln 25mg/ml</i>	1B	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1B	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1B	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1B	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	2	QL (1 injection every 84 days)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1B	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg</i>	2	PA, QL (30 tabs / 30 days)
<i>lurasidone hcl tabs 80mg</i>	2	PA, QL (60 tabs / 30 days)
NUPLAZID TABS 17MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1B	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	1B	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1B	
quetiapine fumarate tabs 25mg, 50mg, 100mg	1A	
quetiapine fumarate tabs 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1B	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	3	PA, QL (30 tabs every 30 days)
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1B	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1B	
thiothixene caps 1mg, 2mg, 5mg, 10mg	1B	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1B	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1B	
ZYPREXA RELPREVV SUSR 210MG, 300MG	2	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405MG	2	QL (1 injection every 25 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine sulfate tabs 10mg	1B	
amphetamine-dextroamphetamine cap er 24hr 5 mg	1B	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1B	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1B	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1B	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1B	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1B	QL (60 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	1B	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1B	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	1B	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1B	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	1B	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	1B	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1B	QL (60 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg</i>	1B	
<i>atomoxetine hcl caps 60mg, 80mg</i>	1B	QL (30 caps every 30 days)
<i>atomoxetine hcl caps 100mg</i>	1B	QL (30 tabs every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1B	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1B	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1B	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1B	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1B	QL (120 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1B	ST; PA**
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	1B	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1B	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1B	QL (1080 mL every 30 days)
<i>methylphenidate hcl tabs 20mg; tbcR 10mg, 20mg</i>	1B	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcR 18mg, 27mg, 36mg</i>	1B	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbcR 54mg</i>	1B	QL (30 tabs every 30 days)
FIBROMYALGIA		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	PA, QL (60 tablets every 30 days)
SAVELLA MIS TITR PAK	3	PA, QL (60 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	QL (30 tabs every 30 days)
<i>doxylamine succinate (sleep) tabs 25mg</i>	1B	OTC
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1B	QL (30 tablets every 30 days)
<i>ramelteon tabs 8mg</i>	1B	QL (30 tabs every 25 days)
<i>tasimelteon caps 20mg</i>	4	PA, QL (30 caps every 30 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1B	QL (15 caps every 25 days)
<i>zaleplon caps 5mg</i>	1B	QL (30 caps every 30 days)
<i>zaleplon caps 10mg</i>	1B	QL (60 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg</i>	1B	QL (30 tablets every 30 days)
MIGRAINE		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	PA, QL (1 injection every 25 days)
<i>almotriptan malate tabs 6.25mg</i>	1B	QL (18 tabs every 25 days)
<i>almotriptan malate tabs 12.5mg</i>	1B	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tabs 20mg</i>	1B	QL (18 tabs every 25 days)
<i>eletriptan hydrobromide tabs 40mg</i>	1B	QL (12 tabs every 25 days)
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	PA, QL (2 injections every 25 days)
EMGALITY SOSY 100MG/ML	2	PA, QL (3 injections every 25 days)
ERGOMAR SUBL 2MG	3	QL (20 tabs every 28 days)
<i>frovatriptan succinate tabs 2.5mg</i>	1B	ST, QL (12 tabs every 30 days)
<i>naratriptan hcl tabs 1mg</i>	1B	QL (18 tabs every 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	1B	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1A	QL (27 tabs every 25 days)
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	1A	QL (18 tabs every 25 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays every 25 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml</i>	2	QL (12 units every 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1A	QL (18 tabs every 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 25 days); PA**
<i>zolmitriptan soln 2.5mg</i>	1B	QL (18 sprays every 25 days)
<i>zolmitriptan soln 5mg</i>	1B	QL (12 sprays every 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	1B	QL (18 tabs every 25 days)
<i>zolmitriptan tabs 5mg; tbdp 5mg</i>	1B	QL (12 tabs every 25 days)

MISCELLANEOUS

<i>GUANIDINE HCL TABS 125MG</i>	3	
<i>lithium soln 8meq/5ml</i>	1B	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1A	
<i>lithium carbonate tabs 300mg; tbc 300mg, 450mg</i>	1B	
<i>NUEDEXTA CAP 20-10MG</i>	2	PA, QL (60 caps every 30 days)
<i>pimozide tabs 1mg, 2mg</i>	1B	
<i>pyridostigmine bromide soln 60mg/5ml; tbc 180mg</i>	2	
<i>pyridostigmine bromide tabs 60mg</i>	1B	
<i>riluzole tabs 50mg</i>	1B	

MOVEMENT DISORDERS

<i>AUSTEDO TABS 6MG, 9MG, 12MG</i>	4	PA, QL (60 tablets every 30 days)
<i>AUSTEDO XR TB24 6MG, 12MG, 24MG, 30MG, 36MG, 42MG, 48MG</i>	4	PA, QL (30 tablets every 30 days)
<i>AUSTEDO XR TAB TITR KIT</i>	4	PA, QL (1 per 365 days)
<i>tetrabenazine tabs 12.5mg</i>	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)

MULTIPLE SCLEROSIS AGENTS

<i>AVONEX KIT 30MCG/VIAL; PSKT 30MCG/0.5ML</i>	5	PA, QL (4 injections every 28 days)
<i>AVONEX PEN AJKT 30MCG/0.5ML</i>	5	PA, QL (4 injections every 28 days)
<i>BETASERON KIT .3MG</i>	4	PA, QL (14 injections every 28 days)
<i>COPAXONE SOSY 20MG/ML</i>	4	PA, QL (30 injections every 30 days)
<i>COPAXONE SOSY 40MG/ML</i>	4	PA, QL (12 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit every 30 days)
<i>fingolimod hcl caps .5mg</i>	4	PA, QL (30 caps every 30 days)
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA, QL (30 tabs every 30 days)
TYSABRI CONC 300MG/15ML	4	PA, QL (1 vial every 28 days)
ZEPOSIA CAPS .92MG	4	PA, QL (30 every 30 Days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT	4	PA, QL (1 kit every 365 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1B
<i>carisoprodol tabs 350mg</i>	1A
<i>chlorzoxazone tabs 500mg</i>	1B
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1A
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1B
<i>metaxalone tabs 800mg</i>	2
<i>methocarbamol tabs 500mg, 750mg</i>	1B
<i>orphenadrine citrate soln 30mg/ml; tb12 100mg</i>	1B
<i>tizanidine hcl tabs 2mg, 4mg</i>	1A

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
armodafinil tabs 50mg, 150mg, 200mg, 250mg	1B	PA, QL (30 tabs every 30 days)
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	PA, QL (30 packets every 30 days)
LUMRYZ PAK STARTER	4	QL (1 pack per 365 days)
modafinil tabs 100mg, 200mg	1B	PA, QL (30 tabs every 30 days)
WAKIX TABS 4.45MG, 17.8MG	4	PA, QL (60 tablets every 30 days)
OPIOID ANTAGONIST		
KLOXXADO LIQD 8MG/0.1ML	2	
naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml	1B	
naltrexone hcl tabs 50mg	0	\$0 copay
OPVEE SOLN 2.7MG/0.1ML	2	
REXTOVY LIQD 4MG/0.25ML	2	
RIVIVE SPR 3/0.1ML	2	OTC
VIVITROL SUSR 380MG	4	QL (1 vial every 28 days)
ZIMHI SOSY 5MG/0.5ML	2	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	0	\$0 limited to 2 treatment cycles/year
goodsense nicotine lozg 2mg	0	OTC; \$0 limited to 2 treatment cycles/year
goodsense nicotine polacr lozg 4mg	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2mg, 4mg	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine step 3 pt24 7mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5MG, 1MG	0	\$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year
CEPHALOSPORINS		
CEPHALOSPORINS - 3RD GENERATION		
<i>ceftazidime solr 6gm</i>	1B	
DERMATOLOGICALS		
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	2	
XEPI CREA 1%	2	
ANTIFUNGALS - TOPICAL		
<i>luliconazole crea 1%</i>	1B	
<i>oxiconazole nitrate crea 1%</i>	2	PA
ANTIVIRALS - TOPICAL		
<i>acyclovir topical oint 5%</i>	1B	PA
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	4	PA, QL (2 syringes every 28 days)
MISC. TOPICAL		
DRYSOL SOLN 20%	2	
XERAC AC SOLN 6.25%	2	
DIURETICS		
LOOP DIURETICS		
FUROSCIX CTKT 80MG/10ML	4	ST, QL (5 kits every 3 months)
ENDOCRINE AND METABOLIC		
ACROMEGALY		
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	PA, QL (1 injection every 28 days)
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50MCG/ML, 100MCG/ML, 500MCG/ML	4	PA, QL (90 mL every 30 days)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	PA, QL (30 vials every 30 days)
ANDROGENS		
ANADROL-50 TABS 50MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>depo-testosterone soln 200mg/ml</i>	1B	PA
INTRAROSA INST 6.5MG	3	
<i>methyltestosterone caps 10mg</i>	3	PA
<i>oxandrolone tabs 2.5mg, 10mg</i>	1B	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	1B	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1B	PA
<i>testosterone enanthate soln 200mg/ml</i>	1B	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1B	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1B	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1A	
<i>metformin hcl tabs 850mg</i>	1A	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1A	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1A	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1A	
<i>glyburide-metformin tab 1.25-250 mg</i>	1A	
<i>glyburide-metformin tab 2.5-500 mg</i>	1A	
<i>glyburide-metformin tab 5-500 mg</i>	1A	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1B	
JANUVIA TABS 25MG, 50MG, 100MG	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8MG	3	QL (180 tabs every 30 days)
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	ST, QL (60 tabs every 30 days); PA**
JANUMET TAB 50-1000	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-500MG	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-1000	2	ST, QL (60 tabs every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 100-1000	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide sopn 18mg/3ml</i>	1B	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML	2	PA, QL (1 pen every 28 days)
OZEMPIC SOPN 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA, QL (30 tablets every 30 days)
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL (4 pens every 28 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST, QL (6 pens every 30 days); PA**
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days); PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	QL (60mL every 30 days)
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	QL (60mL every 30 days)
FIASP PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days)
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
INSULIN LISPRO SOLN 100UNIT/ML	2	
LEVEMIR SOLN 100UNIT/ML	2	
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	1A	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N SUSP 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	2	QL (60mL every 30 days)
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days)
NOVOLOG MIX INJ 70/30	2	QL (60mL every 30 days)
NOVOLOG MIX INJ FLEXPEN	2	QL (60mL every 30 days)
NOVOLOG PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days)
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1A
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ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B
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<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B
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ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B
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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B
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ANTIDIABETICS, MEGLITINIDE

<i>nateglinide tabs 60mg, 120mg</i>	1B
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<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1B
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ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO

SYNJARDY TAB	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-500MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 12.5-500	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 10-1000	2	ST, QL (30 tabs every 30 days); PA**
SYNJARDY XR TAB 25-1000	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 2.5-1000	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 5-500MG	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 10-1000	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST, QL (30 tabs every 30 days); PA**
GLYXAMBI TAB 25-5 MG	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5MG, 10MG	2	ST, QL (30 tabs every 30 days); PA**
JARDIANCE TABS 10MG, 25MG	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1B	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1A	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1A	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1A	
BISPHOSPHONATES		
<i>alendronate sodium soln 70mg/75ml</i>	1B	
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 70mg</i>	1A	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1B	
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	1B	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1B	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA
FERRIPROX SOLN 100MG/ML	4	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	PA
<i>kionex susp 15gm/60ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACK 5GM, 10GM	3	PA, QL (900g every 30 days)
<i>penicillamine tabs 250mg</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1B	
CONTRACEPTIVES		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
ANNOVERA MIS	0	QL (1 every 300 days)
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab</i>	0	
<i>camila tabs .35mg</i>	0	
CAYA DPR	0	QL (1 every 300 days)
<i>caziant pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
<i>cryselle-28 tab 28 tabs</i>	0	
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 injections every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TABS 30MG	0	
<i>emoquette tab</i>	0	
ENCARE SUPP 100MG	0	OTC
<i>enilloring mis</i>	0	QL (13 every 300 days)
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 every 300 days)
falmina tab	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	
gianvi tab 3-0.02mg	0	
heather tabs .35mg	0	
introvale tab	0	
jolessa tab	0	
jolivette tabs .35mg	0	
joyeaux tab 0.1-20	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	
kariva tab 28 day	0	
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
larin tab 1.5/30	0	
leena tab	0	
lessina tab	0	
levonest tab	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel (emergency oc) tabs 1.5mg	0	OTC
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
levora-28 tab 0.15/30	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
lutra tab	0	
marlissa tab 0.15/30	0	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (1 injection every 84 days)
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
<i>mono-lynyah tab 0.25-35</i>	0	
<i>myzilra tab</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tabs .35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
<i>nylia tab 1/35</i>	0	
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	QL (28 tablets every 28 days), OTC; Rx required
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	0	QL (1 every 365 days)
PHEXXI GEL	0	QL (60g every 30 days)
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>quasense tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
TODAY SPONGE MISC 1000MG	0	OTC
<i>tri-lynyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
<i>turqoz tab</i>	0	
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
<i>velivet pak</i>	0	
<i>viorele tab</i>	0	
<i>wera tab 0.5/35</i>	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
<i>xulane dis 150-35</i>	0	
<i>zenchent tab</i>	0	
<i>zovia 1/35 tab</i>	0	
CUSHING'S DISEASE		
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	PA, QL (60 ampules every 30 days)
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1B	
SYNAREL SOLN 2MG/ML	5	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	4	PA
<i>carglumic acid tbso 200mg</i>	4	PA
CERDELGA CAPS 84MG	4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	PA
MYALEPT SOLR 11.3MG	4	PA, QL (30 vials every 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	4	PA
ORFADIN SUSP 4MG/ML	4	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate powd 3gm/tsp	4	PA, QL (600g every 30 days)
sodium phenylbutyrate tabs 500mg	4	PA, QL (1200 tabs every 30 days)
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	PA

ESTROGENS

CLIMARA PRO DIS WEEKLY	2	QL (4 patches every 28 days)
DEPO-ESTRADIOL OIL 5MG/ML	3	
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL .06%	3	
estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	1B	
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1B	QL (8 patches every 28 days)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1B	QL (4 patches every 28 days)
estradiol tabs .5mg, 1mg, 2mg	1A	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1B	
estradiol & norethindrone acetate tab 1-0.5 mg	1B	
estradiol vaginal crea .1mg/gm	1B	
estradiol valerate oil 20mg/ml	1B	QL (1 vial every 28 days)
estradiol valerate oil 40mg/ml	1B	
ESTROGEL GEL .06%	3	QL (50 g every 30 days)
EVAMIST SOLN 1.53MG/SPRAY	3	
jinteli tab 1mg-5mcg	1B	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	3	
mimvey lo tab 0.5-0.1	1B	
mimvey tab 1-0.5mg	1B	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1B	
PREMARIN CREA .625MG/GM	2	QL (30 g every 30 days)
PREMARIN SOLR 25MG	3	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	QL (30 tablets every 30 days)
yuvaferm tabs 10mcg	1B	

GLUCOCORTICOIDS

cortisone acetate tabs 25mg	1B	
DEPO-MEDROL SUSP 20MG/ML	3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs 1mg, 2mg	1B	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tabs .5mg, .75mg, 1.5mg, 4mg, 6mg	1A	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1B	
fludrocortisone acetate tabs .1mg	1B	
hydrocortisone tabs 5mg, 10mg, 20mg	1A	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1B	
methylprednisolone acetate susp 40mg/ml, 80mg/ml	1B	
methylprednisolone sod succ solr 40mg, 125mg, 1000mg	1B	
prednisolone soln 15mg/5ml	1B	
prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	1B	
prednisone soln 5mg/5ml; tabs 50mg; tbpk 5mg, 10mg	1B	
prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg	1A	
PREDNISONE INTENSOL CONC 5MG/ML	2	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna) kit 1mg	1B	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HUMAN GROWTH HORMONE SUPPLIES		
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	PA
HUMATROPE COMBO PACK SOLR 5MG	4	PA
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SRER 22.5MG	4	PA, QL (1 injection every 168 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	3	PA, QL (30 tabs every 30 days)
MISCELLANEOUS		
cabergoline tabs .5mg	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) soln 200unit/act</i>	1B	
INCRELEX SOLN 40MG/4ML	4	PA
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	4	PA
<i>raloxifene hcl tabs 60mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tolvaptan tabs 15mg, 30mg</i>	4	PA
OSTEOPOROSIS		
PROLIA SOSY 60MG/ML	4	PA, QL (60mg every 24 weeks)
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1B	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1B	PA
<i>sevelamer carbonate tabs 800mg</i>	1B	
VELPHORO CHEW 500MG	3	PA
PROGESTINS		
CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 10mg</i>	1A	
<i>medroxyprogesterone acetate tabs 5mg</i>	1B	
<i>norethindrone acetate tabs 5mg</i>	1B	
<i>progesterone caps 100mg, 200mg</i>	1B	
THYROID AGENTS		
ADTHYZA TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	1B	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1B	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1B	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1B	
<i>methimazole tabs 5mg, 10mg</i>	1B	
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 15 TABS 15MG	1B	
NP THYROID 30 TABS 30MG	1B	
NP THYROID 60 TABS 60MG	1B	
NP THYROID 90 TABS 90MG	1B	
NP THYROID 120 TABS 120MG	1B	
<i>propylthiouracil tabs 50mg</i>	1B	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	1B	

VASOPRESSINS

<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1B	
<i>desmopressin acetate spray soln .01%</i>	1B	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	

GASTROINTESTINAL

ABORTIFACIENTS

<i>misoprostol tabs 100mcg, 200mcg</i>	1B	
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ANTICHOLINERGICS

<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	1B	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1B	
<i>ed-spaz tbdp .125mg</i>	1B	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	1B	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1B	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1B	
<i>nulev tbdp .125mg</i>	1B	
<i>oscimin subl .125mg; tabs .125mg</i>	1B	
<i>oscimin sr tb12 .375mg</i>	1B	
<i>symax-sl subl .125mg</i>	1B	

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1B	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1B	
<i>loperamide hcl caps 2mg</i>	1B	
MOTOFEN TAB 1-0.025	3	

ANTIEMETICS

<i>aprepitant caps 40mg</i>	1B	QL (3 caps every 180 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 80mg</i>	1B	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	1B	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1B	QL (2 packs every 21 days)
<i>compro supp 25mg</i>	1B	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1B	QL (60 caps every 25 days)
<i>granisetron hcl soln 1mg/ml, 4mg/4ml</i>	1B	QL (2 mL every 21 days)
<i>granisetron hcl tabs 1mg</i>	1B	QL (12 tabs every 21 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1B	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1B	
<i>ondansetron tbdp 4mg, 8mg</i>	1A	QL (60 tabs every 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	1B	QL (20 mL every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1B	QL (200 mL every 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1A	QL (60 tabs every 30 days)
<i>ondansetron hcl tabs 24mg</i>	1B	QL (2 tabs every 21 days)
<i>prochlorperazine supp 25mg</i>	1B	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	1B	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1B	
<i>promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; tabs 12.5mg, 25mg, 50mg</i>	1B	
SANCUSO PTCH 3.1MG/24HR	2	PA, QL (3 patches every 30 days)
<i>scopolamine pt72 1mg/3days</i>	1B	
<i>trimethobenzamide hcl caps 300mg</i>	1B	
VARUBI EMUL 166.5MG/92.5ML	2	
VARUBI TBPK 90MG	2	PA

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1B	
<i>cimetidine hcl soln 300mg/5ml</i>	1B	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	1B	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1B	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1B	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium caps 750mg</i>	1B	
<i>budesonide cpep 3mg</i>	1B	PA
<i>colocort enem 100mg/60ml</i>	1B	
DIPENTUM CAPS 250MG	3	PA
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine tbec 800mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1B	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	QL (30 caps every 30 days)
<i>lubiprostone caps 8mcg, 24mcg</i>	1B	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
LAXATIVES		
<i>enulose soln 10gm/15ml</i>	1B	
<i>gavilyte-c sol</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-g sol</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-n sol flav pk</i>	1B	\$0 copay for members age 45 through 75
<i>generlac soln 10gm/15ml</i>	1B	
<i>lactulose soln 10gm/15ml</i>	1B	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1B	\$0 copay for members age 45 through 75
PEG-PREP KIT	1B	\$0 copay for members age 45 through 75
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1B	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1B	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1B	PA
MOVANTIK TABS 12.5MG, 25MG	2	QL (30 tabs every 30 days)
<i>sucralfate tabs 1gm</i>	1B	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1B	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA

PROTON PUMP INHIBITORS

<i>dexlansoprazole cpdr 30mg, 60mg</i>	1B	PA, QL (30 caps every 30 days)
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1B	PA, QL (30 caps every 30 days)
<i>esomeprazole sodium solr 40mg</i>	1B	
<i>lansoprazole cpdr 15mg, 30mg</i>	1A	QL (30 caps every 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1A	QL (30 caps every 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1B	QL (30 tabs every 30 days)
<i>rabeprazole sodium tbec 20mg</i>	1B	PA, QL (30 tabs every 30 days)

RECTAL,CORTICOSTEROIDS

<i>hydrocortisone (rectal) crea 1%</i>	1B	
<i>proctosol hc crea 2.5%</i>	1B	
<i>proctozone-hc crea 2.5%</i>	1B	

GASTROINTESTINAL AGENTS - MISC.

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

RELISTOR SOLN 12MG/0.6ML	3	PA, QL (28 injections every 28 days)
RELISTOR TABS 150MG	2	PA, QL (90 tabs every 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tb24 10mg</i>	1B	
CARDURA XL TB24 4MG, 8MG	3	ST; PA**
<i>dutasteride caps .5mg</i>	1B	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1B	
<i>finasteride tabs 5mg</i>	1B	
<i>silodosin caps 4mg, 8mg</i>	1B	
<i>tadalafil tabs 2.5mg, 5mg</i>	1B	PA, QL (30 tablets every 30 days)
<i>tamsulosin hcl caps .4mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1B	
ELMIRON CAPS 100MG	3	QL (90 caps every 30 days)
<i>flavoxate hcl tabs 100mg</i>	1B	
<i>phenazopyridine tab 95mg tabs 95mg</i>	1B	OTC
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	1B	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1B	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	3	PA, QL (30 tabs every 30 days)
<i>mirabegron tb24 25mg, 50mg</i>	2	PA, QL (30 tablets every 30 days)
MYRBETRIQ SRER 8MG/ML	2	PA, QL (300 mL every 30 days)
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1B	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1B	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1B	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1B	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal crea 2%</i>	1B	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	1B	
<i>miconazole 3 supp 200mg</i>	1B	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1B	
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban soln 250mg/2.5ml</i>	1B	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5MG	2	QL (60 tablets every 30 days)
ELIQUIS TABS 5MG	2	QL (74 tablets every 30 days)
ELIQUIS STARTER PACK TBPK 5MG	2	QL (1 starter pack every 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1B	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
XARELTO SUSR 1MG/ML	2	PA, QL (20mL every 30 days)
XARELTO TABS 2.5MG, 15MG	2	QL (60 tablets every 30 days)
XARELTO TABS 10MG, 20MG	2	QL (30 tablets every 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tablets every 365 days)
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	4	PA, QL (60 tablets every 30 days)
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML, 300MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	5	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 12.5MG, 25MG	5	PA, QL (30 tabs every 30 days)
PROMACTA TABS 50MG, 75MG	5	PA, QL (60 tabs every 30 days)
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	PA
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	1B	
<i>pentoxifylline tbc 400mg</i>	1B	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1B	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1B	
BRILINTA TABS 60MG, 90MG	2	QL (60 tablets every 30 days)
<i>clopidogrel bisulfate tabs 75mg</i>	1A	
<i>clopidogrel bisulfate tabs 300mg</i>	1B	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1B	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1B	
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6MG/0.6ML	4	PA
IRON		
FERROUS FUMARATE TABS 29MG	1B	OTC
<i>ferrous fumarate tabs 324mg</i>	1B	OTC
<i>ferrous gluconate tabs 240mg</i>	1B	OTC
FERROUS GLUCONATE TABS 324MG	1B	OTC
FERROUS SULFATE LIQD 220MG/5ML; TBEC 324MG	1B	OTC
<i>ferrous sulfate soln 220mg/5ml; tbec 325mg</i>	1B	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>quazepam tabs 15mg</i>	2	ST
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENTYVIO PEN SOAJ 108MG/0.68ML	5	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA SOSY 162MG/0.9ML	5	PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	5	PA, QL (4 syringes every 28 days)
ADBRY SOAJ 300MG/2ML	4	PA, QL (4 injections every 28 days)
ADBRY SOSY 150MG/ML	4	PA, QL (4 syringes every 28 days)
AVSOLA SOLR 100MG	4	PA
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days)
ENBREL SOLR 25MG; SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10MG/0.1ML	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN AJKT 40MG/0.4ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START AJKT 40MG/0.8ML	4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START AJKT 80MG/0.8ML	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER AJKT 40MG/0.8ML	4	PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 30MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only.
RINVOQ LQ SOLN 1MG/ML	4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	5	PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50MG/4ML	4	PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75MG/0.83ML	4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOLN 600MG/10ML	4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOSY 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOLN 130MG/26ML	4	PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80MG/ML; SOSY 20MG/0.25ML, 40MG/0.5ML, 80MG/ML	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA SOAJ 200MG/2ML	4	PA, QL (1 pen every 28 days); Preferred for ulcerative colitis

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOLN 200MG/20ML	4	PA, QL (1 vial every 28 days); Preferred for ulcerative colitis
TREMFYA SOSY 200MG/2ML	4	PA, QL (1 syringe every 28 days); Preferred for ulcerative colitis
TYENNE SOAJ 162MG/0.9ML; SOSY 162MG/0.9ML	5	PA, QL (4 injections every 28 days)
XELJANZ TABS 5MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 22MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<i>hydroxychloroquine sulfate tabs 200mg</i>	1B	QL (90 tabs every 30 days)
<i>leflunomide tabs 10mg, 20mg</i>	1B	
<i>methotrexate sodium tabs 2.5mg</i>	1B	
OTEZLA TABS 20MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TABS 30MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
HEREDITARY ANGIOEDEMA		
<i>icatibant acetate sosy 30mg/3ml</i>	4	PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100MCG/0.5ML	4	PA
ALFERON N SOLN 5000000UNIT/ML	4	
ARCALYST SOLR 220MG	4	PA, QL (8 vials every 28 days)
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	4	PA, QL (21 caps every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG	4	PA, QL (28 caps every 28 days)
THALOMID CAPS 100MG	4	PA, QL (112 caps every 28 days)
TICE BCG SUSR 50MG	2	
IMMUNOSUPPRESSANTS		
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1B	
<i>cyclosporine caps 25mg, 100mg; soln 50mg/ml</i>	1B	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1B	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	1B	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	1B	
<i>mycophenolate mofetil susr 200mg/ml</i>	3	
<i>mycophenolate mofetil hcl solr 500mg</i>	1B	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1B	
PROGRAF SOLN 5MG/ML	3	
SANDIMMUNE SOLN 100MG/ML	3	
<i>sirolimus soln 1mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs .5mg, 1mg, 2mg</i>	1B	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1B	
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	0	QL (1 injection every 365 days)
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA INJ 2024-25	0	QL (1 injection every 180 days)
AREXVY SUSR 120MCG/0.5ML	0	QL (1 injection every 365 days); \$0 copay for members age 60 and older, otherwise not covered
BEXSERO INJ	0	
BOOSTRIX INJ	0	
CAPVAXIVE SOSY .5ML	0	
COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGRIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML	0	
ENGRIX-B SUSY 20MCG/ML	0	QL (3 injections per 365 days)
FLUAD INJ 2024-25	0	QL (1 injection every 180 days)
FLUARIX INJ 2024-25	0	QL (1 injection every 180 days)
FLUBLOK INJ 2024-25	0	QL (1 injection every 180 days)
FLUCELVAX INJ 2024-25	0	QL (1 injection every 180 days)
FLULAVAL INJ 2024-25	0	QL (1 injection every 180 days)
FLUMIST NASA LIQ 2024-25	0	QL (1 application every 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE INJ 2024-25	0	QL (1 injection every 180 days)
GARDASIL 9 INJ	0	QL (3 injections per 365 days)
HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML	0	QL (2 injections every 365 days)
HEPLISAV-B SOSY 20MCG/0.5ML	0	QL (2 injections every 365 days)
HIBERIX SOLR 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	QL (2 injections every 365 days)
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
MODERNA INJ 2024-25 SUSY 25MCG/0.25ML	0	
MRESVIA SUSY 50MCG/0.5ML	0	QL (1 injection every 365 days); \$0 copay for members age 60 and older, otherwise not covered
NOVAVAX INJ 2024-25 SUSY 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	0	
PNEUMOVAX 23/1 DOSE SOLN 25MCG/0.5ML	0	
PREHEVBRIO SUSP 10MCG/ML	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	QL (1 injection per lifetime)
PRIORIX INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML	0	QL (2 injections per lifetime); \$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	0	
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML	0	
VAQTA SUSP 50UNIT/ML	0	QL (1 injection every 365 days)
VARIVAX SUSR 1350PFU/0.5ML	0	QL (2 injections every 365 days)
VAXNEUVANCE INJ	0	

Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX SUSR 19400UNT/0.65ML	0	\$0 copay for members age 19 and older, otherwise not covered
LAXATIVES		
LAXATIVE COMBINATIONS		
SUTAB TAB	2	QL (Limited to 1 every year)
MACROLIDES		
FIDAXOMICIN		
DIFICID SUSR 40MG/ML	2	PA
MEDICAL DEVICES		
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (150 test strips every 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL SWABS PADS 70%	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
CEQUR SIMPL KIT PATCH 2U	2	PA, QL (10 patches every 30 days)
CEQUR SIMPL KIT PATCH 2U	2	PA, QL (8 patches every 32 days)
GLUCOSE URINE TEST STRIPS	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
SHARPS CONTAINER	2	OTC
SIMPLICITY MIS INSERTER	2	PA, QL (1 inserter every 365 days)
TECHLITE INSULIN PEN NEEDLES	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
DEXCOM G6 MIS RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G6 MIS SENSOR	2	PA, QL (3 every 30 days)
DEXCOM G6 MIS TRANSMIT	2	PA, QL (1 every 90 days)
DEXCOM G7 MIS RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G7 MIS SENSOR	2	PA, QL (3 every 30 days)
OMNIPOD 5 DX KIT INT G7G6	2	PA, QL (1 kit every 365 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX MIS POD G7G6	2	PA, QL (10 pods every 30 days)
OMNIPOD 5 G7 KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 G7 MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD DASH KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD DASH MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD MIS CLASSIC	2	PA, QL (10 pods every 30 days)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

NURTEC TBDP 75MG	3	PA, QL (16 tablets every 30 days)
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MISCELLANEOUS THERAPEUTIC CLASSES

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA SC AUTO-INJECTOR SOAJ 200MG/ML	5	PA, QL (4 pens every 28 days)
BENLYSTA SC PREFILLED SYRINGE SOSY 200MG/ML	5	PA, QL (4 syringes every 28 days)

MUSCULOSKELETAL THERAPY AGENTS

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
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VISCOSUPPLEMENTS

EUFLEXXA SOSY 20MG/2ML	4	PA, QL (12 ml per year)
MONOVISC SOSY 88MG/4ML	4	PA, QL (8 ml per year)
ORTHOVISC SOSY 30MG/2ML	4	PA, QL (12 ml per year)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluoritab soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
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Drug Name	Drug Tier	Requirements/Limits
<i>flura-drops soln .25mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>k-effervescent tbef 25meq</i>	1B	
<i>klor-con 8 tbcr 8meq</i>	1B	
<i>klor-con 10 tbcr 10meq</i>	1B	
<i>klor-con m15 tbcr 15meq</i>	1B	
<i>klor-con m20 tbcr 20meq</i>	1B	
<i>ludent chew 1mg</i>	1B	
<i>ludent chew .25mg, .5mg</i>	1B	\$0 applies for ages 5 and under
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1B	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1B	
<i>nafrinse chew 2.2mg</i>	1B	
<i>nafrinse drops soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>potassium chloride cpcr 8meq, 10meq; tbcr 8meq, 10meq, 20meq</i>	1B	
<i>potassium chloride soln 10%, 20%</i>	1B	PA
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 20meq</i>	1B	
<i>sodium chloride soln 2.5meq/ml</i>	1B	
<i>sodium chloride flush soln .9%</i>	1B	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1B	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1B	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1B	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1B	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1B	
<i>potassium chloride soln 2meq/ml</i>	1B	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1B	
VITAMINS		
<i>av-vite fb tab 2.5-25-2</i>	1B	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1B	
<i>cholecalciferol caps 50000unit</i>	1B	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
cyanocobalamin soln 1000mcg/ml	1B	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml	1B	
elite-ob tab	1B	
ergocalciferol caps 50000unit	1B	
folic acid caps 800mcg	0	QL (100 caps every 30 days), OTC
folic acid tabs 1mg	1B	
folic acid tabs 400mcg, 800mcg	0	QL (100 tabs every 30 days), OTC
inatal gt tab	1B	
multi-vit/fe dro /fl 0.25	1B	OTC
multi-vit/fl dro 0.5mg/ml	1B	
multi-vit/fl dro /fe 0.25	1B	
multivit/fl chw 0.5mg	1B	
multivit/fl chw 0.25mg	1B	
multivit/fl chw 1mg	1B	
multivit/fl dro 0.25mg	1B	OTC
mvc-fluoride chw 1mg	1B	
niva-fol tab	1B	OTC
paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml	1B	
phytonadione tabs 5mg	3	
prenatabs rx tab	1B	OTC
prenatal 19 chw tab	1B	
pyridoxine hcl tabs 25mg, 50mg	1B	OTC
tri-vit/fluor dro 0.5mg	1B	
tri-vit/fluor dro 0.25mg	1B	
trinate tab	1B	
vit a/c/d/fl dro 0.25mg	1B	OTC

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%	1B	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1B	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1B	
neomycin-polymyxin-hc ophth susp	1B	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1B	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1B	

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
bacitracin (ophthalmic) oint 500unit/gm	1B	
bacitracin-polymyxin b ophth oint	1B	
BESIVANCE SUSP .6%	3	
ciprofloxacin hcl (ophth) soln .3%	1A	
erythromycin (ophth) oint 5mg/gm	1B	
gatifloxacin (ophth) soln .5%	1B	
gentak oint .3%	1B	
gentamicin sulfate (ophth) soln .3%	1A	QL (20 mL every 30 days)
levofloxacin (ophth) soln .5%	1B	
moxifloxacin hcl (ophth) soln .5%	1B	
NATACYN SUSP 5%	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1B	
ofloxacin (ophth) soln .3%	1B	
polycin oin op	1B	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1A	
sulfacetamide sodium (ophth) oint 10%; soln 10%	1B	
tobramycin (ophth) soln .3%	1A	
trifluridine soln 1%	1B	
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOLN .45%	2	
bromfenac sodium (ophth) soln .09%	1B	
dexamethasone sodium phosphate (ophth) soln .1%	1B	
diclofenac sodium (ophth) soln .1%	1B	
difluprednate emul .05%	1B	ST; PA**
flurbiprofen sodium soln .03%	1B	
FML OINT .1%	2	
FML FORTE SUSP .25%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	1B	
loteprednol etabonate susp .5%	2	
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1B	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIIL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1B	
<i>bepotastine besilate soln 1.5%</i>	1B	
<i>cromolyn sodium (ophth) soln 4%</i>	1B	
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1B	
<i>gnp olopatadine hydrochlo soln .1%</i>	1B	OTC
LASTACFT SOLN .25%	2	OTC
<i>olopatadine hcl soln .2%</i>	1B	OTC
PATADAY EXTRA STRENGTH SOLN .7%	2	OTC
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl soln .5%</i>	1B	
<i>betaxolol hcl (ophth) soln .5%</i>	1B	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1B	Generic Lumigan
<i>brimonidine tartrate soln .2%</i>	1A	
<i>brimonidine tartrate soln .15%</i>	1B	
<i>brinzolamide susp 1%</i>	1B	
<i>carteolol hcl (ophth) soln 1%</i>	1B	
<i>dorzolamide hcl soln 2%</i>	1B	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1B	
IOPIDINE SOLN 1%	3	
<i>latanoprost soln .005%</i>	1A	
<i>levobunolol hcl soln .5%</i>	1B	
LUMIGAN SOLN .01%	2	ST, QL (1 bottle per 30 days); PA**
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1B	
SIMBRINZA SUS 1-0.2%	2	
<i>tafluprost soln .015mg/ml</i>	1B	ST; PA**
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	1B	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1A	
<i>travoprost soln .004%</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
DRY EYE DISEASE		
MIEBO SOLN 1.338GM/ML	2	PA, QL (3 mL every 30 days)
RESTASIS EMUL .05%	1B	PA, QL (60 vials every 30 days); Single-Dose
RESTASIS MULTIDOSE EMUL .05%	2	PA, QL (1 bottle every 30 days); Multi-Dose
XIIDRA SOLN 5%	2	PA, QL (60 ampules every 30 days)
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1B	
CYSTARAN SOLN .44%	5	PA, QL (4 bottles every 28 days)
LACRISERT INST 5MG	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1B	
<i>proparacaine hcl soln .5%</i>	1B	
<i>tropicamide soln .5%, 1%</i>	1B	
OPHTHALMIC AGENTS		
OPHTHALMIC ANTI-INFECTIVES		
XDEMVI SOLN .25%	3	PA, QL (1 bottle every 6 weeks)
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte sol</i>	1B	
<i>physiosol sol irrigat</i>	1B	
<i>tis-u-sol sol</i>	1B	
OTIC AGENTS		
OTIC ANTI-INFECTIVES		
OTIPRIO SUSP 6%	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	3	
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	3	
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	PA, QL (1 injection per RSV season); \$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
NATURAL PENICILLINS		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	2	QL (3 syringes per 365 days)
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	1B	QL (4 auto-injectors every 25 days)
NEFFY SOLN 2MG/0.1ML	2	PA, QL (4 devices per 28 days)
ANTI-HISTAMINES		
azelastine hcl soln .1%, .15%	1B	QL (2 bottles every 25 days)
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1B	
clemastine fumarate tabs 2.68mg	1B	
cycloheptadine hcl syrp 2mg/5ml; tabs 4mg	1B	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1B	
diphenhydramine hcl soln 50mg/ml	1B	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml	1B	
hydroxyzine hcl tabs 10mg, 25mg, 50mg	1A	
hydroxyzine pamoate caps 25mg, 50mg	1A	
hydroxyzine pamoate caps 100mg	1B	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1B	
olopatadine hcl (nasal) soln .6%	1B	QL (1 container every 25 days)
COLD/COUGH		
benzonatate caps 100mg, 200mg	1B	
guaifenesin-codeine soln 100-10 mg/5ml	1B	OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1B	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1B	
hydromet syp 5-1.5/5	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>prometh vc/ syp codeine</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1B	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1B	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1B	
<i>tussigon tab 5-1.5mg</i>	1B	
CYSTIC FIBROSIS		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1B	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
CAYSTON SOLR 75MG	4	PA, QL (84 vials every 28 days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	1B	
<i>gentamicin in saline inj 1 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1B	
<i>gentamicin in saline inj 2 mg/ml</i>	1B	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1B	
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	PA, QL (56 packets every 28 days)
KALYDECO TABS 150MG	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu 300mg/4ml</i>	4	PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	PA, QL (280 mL every 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml</i>	1B	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	1B	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate solr 1.2gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
TRIKAFTA PAK 59.5MG	4	PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)

NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	1B	QL (3 containers every 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1B	QL (1 container every 25 days)
OMNARIS SUSP 50MCG/ACT	3	ST, QL (1 package every 25 days); PA**
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1B	QL (1 bottle every 25 days), OTC

PULMONARY AGENTS

<i>acetylcysteine soln 10%, 20%</i>	1B	
<i>albuterol sulfate aers 108mcg/act</i>	1B	QL (2 inhalers every 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1B	QL (120 vials every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (5 boxes every 25 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1B	
<i>aminophylline soln 25mg/ml</i>	1B	
ANORO ELLIPT AER 62.5-25	2	QL (1 package every 25 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 package every 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package every 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 25 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1B	QL (1 box every 25 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1B	QL (2 boxes every 25 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1B	QL (3 boxes every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1B	QL (1 package every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1B	QL (1 package every 25 days)
<i>cromolyn sodium nebu 20mg/2ml</i>	1B	QL (2 boxes every 25 days)
DULERA AER 50-5MCG	2	QL (1 package every 30 days)
DULERA AER 100-5MCG	2	QL (1 package every 30 days)
DULERA AER 200-5MCG	2	QL (1 inhaler every 30 days)
FASENRA SOSY 10MG/0.5ML, 30MG/ML	4	PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30MG/ML	4	PA, QL (1 autoinjector every 56 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1B	QL (1 package every 25 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (60 vials every 25 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	2	QL (1 package every 25 days)
<i>ipratropium bromide soln .02%</i>	1B	QL (5 boxes every 25 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1B	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1B	QL (6 boxes every 25 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1B	QL (45 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1B	QL (2 inhalers every 30 days)
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1B	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1B	
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 100MG/ML	4	PA, QL (3 injections every 28 days)
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	2	QL (2 packages every 25 days)
<i>roflumilast tabs 250mcg, 500mcg</i>	3	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1B	
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (1 package every 25 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 25 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1B	
TEZSPIRE SOAJ 210MG/1.91ML	4	PA, QL (1 pen every 4 weeks)
TEZSPIRE SOSY 210MG/1.91ML	4	PA, QL (1 syringe every 4 weeks)
<i>theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1B	
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 30 days)
XOLAIR SOAJ 75MG/0.5ML	4	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	PA, QL (8 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
<i>zafirlukast tabs 10mg, 20mg</i>	1B	
<i>zileuton tb12 600mg</i>	3	PA, QL (120 tabs every 30 days)

PULMONARY FIBROSIS AGENTS

OFEV CAPS 100MG, 150MG	4	PA, QL (60 caps every 30 days)
<i>pirfenidone caps 267mg</i>	4	PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	4	PA, QL (90 tabs every 30 days)

RESPIRATORY THERAPY SUPPLIES

MICROCHAMBER MIS	2	QL (2 every 365 days)
PEDIATRIC RESPIRATORY MASK	2	OTC

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	1B	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1B	QL (45g every 30 days)
<i>avita crea .025%; gel .025%</i>	1B	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1B	QL (46.6 g every 30 days)
<i>clindacin etz pledgets swab 1%</i>	1B	QL (60 every 30 days)
<i>clindacin-p swab 1%</i>	1B	QL (69 every 30 days)
<i>clindamycin phosphate (topical) foam 1%</i>	1B	
<i>clindamycin phosphate (topical) gel 1%</i>	1B	QL (75g every 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1B	QL (60mL every 25 days)
<i>dapsone (topical) gel 7.5%</i>	1B	PA
<i>ery pads 2%</i>	1B	
<i>erythromycin (acne aid) gel 2%</i>	1B	QL (60g every 25 days)
<i>erythromycin (acne aid) pads 2%</i>	1B	
<i>erythromycin (acne aid) soln 2%</i>	1B	QL (60mL every 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1B	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1B	QL (118mL every 30 days)
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	1B	PA, QL (45g every 30 days); PA applies for members age 35 and older

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel .05%</i>	1B	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	1B	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%</i>	1B	QL (80 g every 28 days)
<i>fluorouracil (topical) crea .5%; soln 2%</i>	1B	
<i>imiquimod crea 5%</i>	1B	
<i>PICATO GEL .015%, .05%</i>	3	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1B	QL (120g every 30 days)
<i>IV PREP WIPE PAD</i>	2	OTC
<i>mupirocin oint 2%</i>	1B	QL (30g every 25 days)
<i>silver sulfadiazine crea 1%</i>	1B	
<i>ssd crea 1%</i>	1B	
<i>SULFAMYLON CREA 85MG/GM</i>	3	

DERMATOLOGY, ANTIFUNGALS

<i>butenafine hcl crea 1%</i>	1A	QL (60g every 25 days), OTC
<i>ciclopirox gel .77%</i>	1B	QL (120g every 25 days)
<i>ciclopirox sham 1%</i>	1B	QL (120mL every 25 days)
<i>ciclopirox soln 8%</i>	1B	
<i>ciclopirox olamine crea .77%</i>	1B	QL (120g every 25 days)
<i>ciclopirox olamine susp .77%</i>	1B	QL (120mL every 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1B	QL (60g every 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1B	QL (60mL every 25 days)
<i>econazole nitrate crea 1%</i>	1B	QL (60g every 25 days)
<i>ERTACZO CREA 2%</i>	3	QL (60g every 25 days)
<i>ketoconazole (topical) crea 2%</i>	1B	QL (120g every 25 days)
<i>naftifine hcl crea 1%, 2%</i>	1B	QL (60g every 25 days)
<i>nyamyc powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1B	QL (60g every 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1B	QL (60g every 25 days)
<i>nystop powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>sulconazole nitrate crea 1%</i>	1B	ST, QL (60g every 21 days); PA**
<i>sulconazole nitrate soln 1%</i>	1B	ST, QL (60mL every 21 days); PA**

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	ST, QL (90 grams every 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	1B	QL (60mL every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	2	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SOSY 150MG/ML	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
<i>methoxsalen rapid caps 10mg</i>	1B	
<i>tazarotene crea .1%; gel .05%, .1%</i>	1B	PA
TAZORAC CREA .05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	1B	
<i>selenium sulfide lotn 2.5%</i>	1B	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA OINT 2%	2	PA, QL (60 grams every 25 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>amcinonide lotn .1%</i>	1B	QL (240mL every 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	1A	QL (240g every 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	1A	QL (240mL every 25 days)
<i>betamethasone dipropionate augmented crea .05%; oint .05%</i>	1A	QL (240g every 25 days)
<i>betamethasone dipropionate augmented gel .05%</i>	1B	QL (240g every 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1A	QL (240mL every 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	1A	QL (240g every 25 days)
<i>betamethasone valerate lotn .1%</i>	1A	QL (240mL every 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	1B	QL (300mL every 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	1B	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>desonide lotn .05%</i>	1B	QL (300mL every 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	1B	QL (240g every 25 days)
<i>desoximetasone liqd .25%</i>	1B	
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1B	QL (300g every 25 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1B	QL (300mL every 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>fluocinonide soln .05%</i>	1B	QL (240mL every 25 days)
<i>flurandrenolide lotn .05%</i>	2	
<i>fluticasone propionate crea .05%; oint .005%</i>	1B	QL (240g every 25 days)
<i>fluticasone propionate lotn .05%</i>	2	QL (300mL every 25 days)
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone (topical) crea 2.5%; oint 2.5%</i>	1A	QL (300g every 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1A	QL (300mL every 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1B	QL (240mL every 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate soln .1%</i>	1B	QL (240mL every 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1B	QL (240mL every 25 days)
<i>triderm crea .1%</i>	1B	QL (240g every 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	1B	PA, QL (90 patches every 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1B	QL (60mL every 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1B	QL (30gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1B	
<i>pramox gel gel 1%</i>	1B	
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) gel 1%</i>	4	PA
<i>diclofenac sodium (topical) gel 1%</i>	1B	QL (300g every 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1B	
<i>nitroglycerin (intra-anal) oint .4%</i>	2	
<i>podofilox soln .5%</i>	1B	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1B	PA, QL (50 g every 30 days)
<i>brimonidine tartrate (topical) gel .33%</i>	3	
FINACEA FOAM 15%	2	QL (50 g every 30 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1B	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	1B	QL (60 mL every 30 days)
<i>rosadan crea .75%</i>	1B	QL (60g every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CREA 10%	3	
<i>lindane sham 1%</i>	1B	
<i>malathion lotn .5%</i>	1B	
<i>permethrin crea 5%</i>	1B	
<i>spinosad susp .9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g every 25 days)
SANTYL OINT 250UNIT/GM	3	PA, QL (180g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1A	
<i>clotrimazole troc 10mg</i>	1B	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1B	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1B	
<i>oralone dental paste pste .1%</i>	1B	
<i>periogard soln .12%</i>	1A	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1B	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1B	

OTIC

<i>acetic acid (otic) soln 2%</i>	1B	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1B	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) oil .01%</i>	1B	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1B	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1B	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1B	
<i>ofloxacin (otic) soln .3%</i>	1B	

TOXOIDS

TOXOID COMBINATIONS

VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
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VASOPRESSORS

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa caps 100mg</i>	4	PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	4	PA, QL (180 capsules every 30 days)

Index

A	
<i>abacavir sulfate</i>	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	14
ABILIFY ASIMTUFII	45
ABILIFY MAINTENA	45
<i>abiraterone acetate</i>	22
ABRYSVO	77
<i>acamprosate calcium</i>	38
<i>acarbose</i>	54
ACCU-CHEK BLOOD GLUCOSE TEST KITS	80
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	80
<i>acebutolol hcl</i>	33
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	35
<i>acetazolamide sodium</i>	35
<i>acetic acid (otic)</i>	97
<i>acetylcysteine</i>	89
<i>acitretin</i>	94
ACTEMRA	72
ACTEMRA ACTPEN	72
ACTHIB INJ	77
ACTIMMUNE	76
ACUVAIL	84
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
<i>acyclovir topical</i>	53
ADACEL INJ	77
<i>adapalene</i>	92
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	92
ADBRY	72
<i>adefovir dipivoxil</i>	15
ADEMPAS	37
<i>adrucil</i>	20
ADTHYZA	64
<i>afeditab cr</i>	34
AFLURIA INJ 2024-25	77
AIMOVIG	49
<i>albuterol sulfate</i>	89
<i>alclometasone dipropionate</i>	95
ALCOHOL SWABS	80
ALCOH-WIPE MIS 12	80
ALDACTAZIDE TAB 50/50	35
ALECENSA	23
<i>alendronate sodium</i>	57
ALFERON N	76
<i>alfuzosin hcl</i>	68
ALINIA	9
<i>aliskiren fumarate</i>	35
<i>allopurinol</i>	1
<i>allopurinol sodium</i>	1
<i>almotriptan malate</i>	49
ALOCRIAL	85
<i>alogliptin benzoate</i>	54
ALOMIDE	85
<i>alosetron hcl</i>	67
ALPHAGAN P	85
<i>alprazolam</i>	38
ALPRAZOLAM INTENSOL	38
ALTABAX	53
<i>altavera tab</i>	58
ALVAIZ	70
<i>alyacen tab 1/35</i>	58
<i>alyacen tab 7/7/7</i>	58
<i>amantadine hcl</i>	44
<i>ambrisentan</i>	37
<i>amcinonide</i>	95
<i>amethia tab</i>	58
<i>amethyst tab 90-20mcg</i>	58
<i>amikacin sulfate</i>	88
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	35
<i>amiloride hcl</i>	35
<i>aminophylline</i>	89
<i>amiodarone hcl</i>	30

amitriptyline hcl	41, 42
amlodipine besylate.....	34
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....	34
amlodipine besylate-atorvastatin calcium tab 10-20 mg	34
amlodipine besylate-atorvastatin calcium tab 10-40 mg	34
amlodipine besylate-atorvastatin calcium tab 10-80 mg	34
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	34
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	34
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	34
amlodipine besylate-atorvastatin calcium tab 5-10 mg	34
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	34
amlodipine besylate-atorvastatin calcium tab 5-40 mg	34
amlodipine besylate-atorvastatin calcium tab 5-80 mg	34
amlodipine besylate-benazepril hcl cap 10- 20 mg	28
amlodipine besylate-benazepril hcl cap 10- 40 mg	28
amlodipine besylate-benazepril hcl cap 2.5- 10 mg	27
amlodipine besylate-benazepril hcl cap 5- 10 mg	27
amlodipine besylate-benazepril hcl cap 5- 20 mg	27
amlodipine besylate-benazepril hcl cap 5- 40 mg	27
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	29
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	29
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	29
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	29

amlodipine besylate-valsartan tab 10-160 mg	29
amlodipine besylate-valsartan tab 10-320 mg	29
amlodipine besylate-valsartan tab 5-160 mg	29
amlodipine besylate-valsartan tab 5-320 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	29
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....	29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....	29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	29
amoxapine.....	42
amoxicillin	18
amoxicillin & k clavulanate chew tab 200- 28.5 mg.....	18
amoxicillin & k clavulanate chew tab 400- 57 mg	18
amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml	18
amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml	18
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	18
amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml	18
amoxicillin & k clavulanate tab 250-125 mg	18
amoxicillin & k clavulanate tab 500-125 mg	18
amoxicillin & k clavulanate tab 875-125 mg	18
amoxicillin & k clavulanate tab er 12hr 1000- 62.5 mg.....	18
amphetamine-dextroamphetamine cap er 24hr 10 mg.....	47
amphetamine-dextroamphetamine cap er 24hr 15 mg	47

<i>amphetamine-dextroamphetamine cap er</i>	
24hr 20 mg	47
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 25 mg	47
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 30 mg	47
<i>amphetamine-dextroamphetamine cap er</i>	
24hr 5 mg	47
<i>amphetamine-dextroamphetamine tab 10</i>	
mg	47
<i>amphetamine-dextroamphetamine tab 12.5</i>	
mg	47
<i>amphetamine-dextroamphetamine tab 15</i>	
mg	47
<i>amphetamine-dextroamphetamine tab 20</i>	
mg	47
<i>amphetamine-dextroamphetamine tab 30</i>	
mg	48
<i>amphetamine-dextroamphetamine tab 5</i>	
mg	47
<i>amphetamine-dextroamphetamine tab 7.5</i>	
mg	47
<i>amphetamine sulfate</i>	47
<i>amphotericin b</i>	11
<i>ampicillin</i>	18
<i>ampicillin & sulbactam sodium for inj 1.5 (1-</i>	
0.5) gm	18
<i>ampicillin & sulbactam sodium for inj 3 (2-1)</i>	
gm	18
<i>ampicillin & sulbactam sodium for iv soln 15</i>	
(10-5) gm	18
<i>ampicillin sodium</i>	18
<i>ANADROL-50</i>	53
<i>anagrelide hcl</i>	71
<i>anastrozole</i>	22
<i>ANNOVERA MIS</i>	58
<i>ANORO ELLIPT AER 62.5-25</i>	89
<i>apomorphine hydrochloride</i>	44
<i>apraclonidine hcl</i>	85
<i>aprepitant</i>	65, 66
<i>aprepitant capsule therapy pack 80 & 125</i>	
mg	66
<i>APRETUDE</i>	12
<i>apri tab</i>	58

<i>APTIOM</i>	39
<i>APTIVUS</i>	12
<i>aranelle tab</i>	58
<i>ARANESP ALBUMIN FREE</i>	70
<i>ARCALYST</i>	76
<i>AREXVY</i>	77
<i>ARGATRB/NACL INJ 50MG/50</i>	69
<i>argatroban</i>	69
<i>ARGATROBAN INJ 125/125</i>	69
<i>ARGATROBAN INJ 250/250</i>	69
<i>aripiprazole</i>	45, 46
<i>ARISTADA</i>	46
<i>ARISTADA INITIO</i>	46
<i>armodafinil</i>	52
<i>ARMOUR THYROID</i>	64
<i>ARNUITY ELLIPTA</i>	89
<i>arsenic trioxide</i>	23
<i>asenapine maleate</i>	46
<i>ashlyna tab</i>	58
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
.....	71
<i>aspirin ec adult low dose</i>	8
<i>atazanavir sulfate</i>	12
<i>atenolol</i>	33
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	33
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	33
<i>atomoxetine hcl</i>	48
<i>atorvastatin calcium</i>	31, 32
<i>atovaquone</i>	9
<i>atovaquone-proguanil hcl tab 250-100 mg</i> 11	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> 11	
<i>atropine sulfate</i>	65
<i>atropine sulfate (ophthalmic)</i>	86
<i>AUGTYRO</i>	23
<i>AUSTEDO</i>	50
<i>AUSTEDO XR</i>	50
<i>AUSTEDO XR TAB TITR KIT</i>	50
<i>AUVELITY TAB 45-105MG</i>	19
<i>aviane tab</i>	58
<i>avidoxy</i>	19
<i>avita</i>	92
<i>AVONEX</i>	50
<i>AVONEX PEN</i>	50
<i>AVSOLA</i>	72

<i>av-vite fb tab 2.5-25-2</i>	82	<i>betaxolol hcl</i>	33
<i>azacitidine</i>	20	<i>betaxolol hcl (ophth)</i>	85
AZACTAM/DEX INJ 1GM	88	<i>bethanechol chloride</i>	69
AZACTAM/DEX INJ 2GM.....	88	BETIMOL	85
AZASITE	84	BETOPTIC-S	85
<i>azathioprine</i>	76	BEVESPI AER 9-4.8MCG.....	89
<i>azelaic acid</i>	96	<i>bexarotene</i>	26
<i>azelastine hcl</i>	87	<i>bexarotene (topical)</i>	96
<i>azelastine hcl (ophth)</i>	85	BEXSERO INJ.....	77
<i>azithromycin</i>	16	BEYFORTUS.....	86
<i>azurette tab</i>	58	<i>bicalutamide</i>	22
B		BICILLIN L-A	87
<i>bacitracin (ophthalmic)</i>	84	BIKTARVY TAB.....	14
<i>bacitracin-polymyxin b ophth oint</i>	84	<i>bimatoprost</i>	85
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	83	<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	33
<i>baclofen</i>	51	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	33
<i>balsalazide disodium</i>	66	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	33
BARACLUDE	15	<i>bisoprolol fumarate</i>	33
BASAGLAR KWIKPEN	55	<i>bleomycin sulfate</i>	20
BASAGLAR TEMPO PEN.....	55	BLEPHAMIDE OIN S.O.P.	83
BELBUCA.....	8	BLEPHAMIDE SUS OP	83
BELSOMRA	49	BLOOD GLUCOSE CALIBRATION SOLUTION.....	80
<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	28	BOOSTRIX INJ	77
<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	28	<i>bosentan</i>	37
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	28	BREO ELLIPTA INH 100-25.....	90
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	28	BREO ELLIPTA INH 200-25	90
<i>benazepril hcl</i>	28	BREO ELLIPTA INH 50-25MCG	90
BENLYSTA SC AUTO-INJECTOR	81	BREZTRI AERO AER SPHERE	19
BENLYSTA SC PREFILLED SYRINGE	81	BRILINTA.....	71
<i>benzonatate</i>	87	<i>brimonidine tartrate</i>	85
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	92	<i>brimonidine tartrate (topical)</i>	96
<i>benztropine mesylate</i>	44	<i>brinzolamide</i>	85
<i>bepotastine besilate</i>	85	BRIVIACT	39
BESIVANCE.....	84	BRIXADI	8
<i>betaine powder for oral solution</i>	61	<i>bromfenac sodium (ophth)</i>	84
<i>betamethasone dipropionate (topical)</i>	95	<i>bromocriptine mesylate</i>	44
<i>betamethasone dipropionate augmented</i>	95	<i>budesonide</i>	66
<i>betamethasone valerate</i>	95	<i>budesonide (inhalation)</i>	90
BETASERON	50	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	90

budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	90	calcium acetate (phosphate binder)	64
bumetanide	35	CALQUENCE.....	23, 27
buprenorphine	8	camila	58
buprenorphine hcl	8	candesartan cilexetil.....	30
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....	29
buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv).....	2	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	29
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....	29
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	capecitabine	20
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	CAPLYTA	46
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	CAPRELSA	23
bupropion hcl.....	42	captopril	28
bupropion hcl (smoking deterrent).....	52	captopril & hydrochlorothiazide tab 25-15 mg	28
buspirone hcl	38	captopril & hydrochlorothiazide tab 25-25 mg	28
busulfan.....	19	captopril & hydrochlorothiazide tab 50-15 mg	28
butalbital-acetaminophen-caffeine cap 50- 300-40 mg	1	captopril & hydrochlorothiazide tab 50-25 mg	28
butalbital-acetaminophen-caffeine cap 50- 325-40 mg.....	1	CAPVAXIVE.....	77
butalbital-acetaminophen-caffeine tab 50- 325-40 mg.....	1	carbamazepine.....	39
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	3	carbidopa	44
butalbital-aspirin-caffeine cap 50-325-40 mg	1	carbidopa & levodopa orally disintegrating tab 10-100 mg	44
butenafine hcl	93	carbidopa & levodopa orally disintegrating tab 25-100 mg.....	45
butorphanol tartrate.....	3	carbidopa & levodopa orally disintegrating tab 25-250 mg	45
BYVALSON TAB 5-80MG	29	carbidopa & levodopa tab 10-100 mg	45
C		carbidopa & levodopa tab 25-100 mg.....	45
CABENUVA SUS 400-600	14	carbidopa & levodopa tab 25-250 mg	45
CABENUVA SUS 600-900	14	carbidopa & levodopa tab er 25-100 mg ..	45
cabergoline	63	carbidopa & levodopa tab er 50-200 mg .	45
calcipotriene	94	carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg	45
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	95	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	45
calcitonin (salmon)	64	carbidopa-levodopa-entacapone tabs 25- 100-200 mg.....	45
calcitriol	82	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	45
calcitriol (topical)	94		

<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	45	CHEMET	57
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	45	<i>chloramphenicol sodium succinate</i>	9
<i>carbinoxamine maleate</i>	87	<i>chlordiazepoxide hcl</i>	19
<i>carboplatin</i>	26	<i>chlorhexidine gluconate (mouth-throat)</i> ...	97
CARDENE IV SOL 20/200ML	34	<i>chloroquine phosphate</i>	11
CARDURA XL.....	68	<i>chlorothiazide sodium</i>	35
<i>carglumic acid</i>	61	<i>chlorpromazine hcl</i>	46
<i>carisoprodol</i>	51	CHLORPROMAZINE HCL.....	46
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	81	<i>chlorthalidone</i>	35
<i>carmustine</i>	19	<i>chlorzoxazone</i>	51
CARMUSTINE	19	<i>cholecalciferol</i>	82
<i>carteolol hcl (ophth)</i>	85	<i>cholestyramine</i>	31
<i>cartia xt</i>	34	<i>cholestyramine light</i>	31
<i>carvedilol</i>	33	<i>choline fenofibrate</i>	31
<i>carvedilol phosphate</i>	33	<i>ciclopirox</i>	93
CAYA DPR.....	58	<i>ciclopirox olamine</i>	93
CAYSTON.....	88	<i>cidofovir</i>	15
<i>caziant pak</i>	58	<i>cilostazol</i>	71
<i>cefaclor</i>	15	CIMDUO TAB 300-300	14
<i>cefadroxil</i>	15	<i>cimetidine</i>	66
<i>cefazolin sodium</i>	15	<i>cimetidine hcl</i>	66
<i>cefdinir</i>	15	<i>cinacalcet hcl</i>	57
<i>cefditoren pivoxil</i>	16	<i>ciprofloxacin 200 mg/100ml in d5w</i>	16
<i>cefepime hcl</i>	16	<i>ciprofloxacin 400 mg/200ml in d5w</i>	16
<i>cefixime</i>	16	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	97
<i>cefotaxime sodium</i>	16	<i>ciprofloxacin hcl</i>	16, 17
<i>cefotetan disodium</i>	16	<i>ciprofloxacin hcl (ophth)</i>	84
<i>cefoxitin sodium</i>	16	CIPRO HC SUS OTIC.....	97
<i>cefpodoxime proxetil</i>	16	<i>cisplatin</i>	26
<i>cefprozil</i>	16	<i>citalopram hydrobromide</i>	42
<i>ceftazidime</i>	16, 53	CITRANATAL CAP HARMONY	82
CEFTIN	16	CITRANATAL CAP MEDLEY	82
<i>ceftriaxone sodium</i>	16	CITRANATAL MIS 90 DHA.....	82
<i>cefuroxime axetil</i>	16	CITRANATAL MIS B-CALM	82
<i>cefuroxime sodium</i>	16	CITRANATAL PAK ASSURE	82
<i>celecoxib</i>	1	CITRANATAL PAK DHA	82
<i>cephalexin</i>	16	CITRANATAL TAB BLOOM	83
CEQUR SIMPL KIT PATCH 2U	80	CITRANATAL TAB RX.....	83
CERDELGA.....	61	<i>cladribine</i>	20
<i>cevimeline hcl</i>	96	<i>clarithromycin</i>	16
<i>chateal tab 0.15/30</i>	58	<i>clemastine fumarate</i>	87
		CLIMARA PRO DIS WEEKLY	62
		<i>clindacin etz pledgets</i>	92

<i>clindacin-p</i>	92	COSENTYX SENSOREADY PEN.....	94
<i>clindamycin hcl</i>	9	COSENTYX UNOREADY	94
<i>clindamycin palmitate hydrochloride</i>	9	CREON CAP 12000UNT	67
<i>clindamycin phosphate</i>	10	CREON CAP 24000UNT	67
<i>clindamycin phosphate (topical)</i>	92	CREON CAP 3000UNIT.....	67
<i>clindamycin phosphate vaginal</i>	69	CREON CAP 36000UNT	67
<i>clobazam</i>	39	CREON CAP 6000UNIT.....	67
<i>clobetasol propionate</i>	95	CRINONE.....	64
<i>clofarabine</i>	20	CRIXIVAN	12
<i>clomipramine hcl</i>	42	<i>cromolyn sodium</i>	90
<i>clonazepam</i>	39	<i>cromolyn sodium (mastocytosis)</i>	67
<i>clonidine</i>	36	<i>cromolyn sodium (ophth)</i>	85
<i>clonidine hcl</i>	36	<i>cryselle-28 tab 28 tabs</i>	58
<i>clopidogrel bisulfate</i>	71	<i>cyanocobalamin</i>	83
<i>clorazepate dipotassium</i>	39	<i>cyclafem tab 1/35</i>	58
<i>clotrimazole</i>	97	<i>cyclafem tab 7/7/7</i>	58
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	93	<i>cyclobenzaprine hcl</i>	51
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	93	<i>cyclophosphamide</i>	19
<i>clozapine</i>	46	<i>cycloserine</i>	14
COARTEM TAB 20-120MG	11	CYCLOSET	54
COBENFY CAP 100-20MG	46	<i>cyclosporine</i>	76
COBENFY CAP 125-30MG	46	<i>cyclosporine modified (for microemulsion)</i>	76
COBENFY CAP 50-20MG	46	<i>cypheptadine hcl</i>	87
COBENFY STRT CAP PACK	46	CYSTAGON.....	61
<i>codeine sulfate</i>	3	CYSTARAN	86
CODEINE SULFATE	3	<i>cytarabine</i>	20
<i>colchicine</i>	1	D	
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1	<i>dacarbazine</i>	19
<i>colestipol hcl</i>	31	<i>dalfampridine</i>	51
<i>colocort</i>	66	<i>danazol</i>	61
COLY-MYCIN S SUS OTIC	97	<i>dantrolene sodium</i>	51
COMETRIQ	23	<i>dapsone</i>	10
COMETRIQ KIT 100MG	23	<i>dapsone (topical)</i>	92
COMETRIQ KIT 140MG.....	23	DAPTACEL INJ	77
COMIRNATY 2023-24	77	<i>daptomycin</i>	10
<i>compro</i>	66	<i>darifenacin hydrobromide</i>	69
CONDOMS MIS	58	<i>darunavir</i>	12
COPAXONE	50	<i>dasetta tab 1/35</i>	58
COPIKTRA.....	23	<i>dasetta tab 7/7/7</i>	58
CORLANOR.....	36	<i>daunorubicin hcl</i>	20
<i>cortisone acetate</i>	62	<i>decitabine</i>	20
COSENTYX	94	<i>deferiprone</i>	57
		<i>delyla tab 0.1-0.02</i>	58

<i>demeclocycline hcl</i>	19	<i>didanosine</i>	12
DENGAXIA SUS.....	77	DIFICID.....	16, 80
DEPO-ESTRADIOL.....	62	<i>diflunisal</i>	8
DEPO-MEDROL.....	62	<i>difluprednate</i>	84
DEPO-PROVERA.....	22	<i>digox</i>	35
DEPO-SUBQ PROVERA 104.....	58	<i>digoxin</i>	35
<i>depo-testosterone</i>	54	DILANTIN.....	39
DESCOVY TAB 120-15MG.....	14	<i>diltiazem hcl</i>	34, 35
DESCOVY TAB 200/25MG.....	14	DILTIAZEM HCL.....	35
<i>desipramine hcl</i>	42	<i>diltiazem hcl coated beads</i>	35
<i>desloratadine</i>	87	<i>diltiazem hcl extended release beads</i>	35
<i>desmopressin acetate</i>	65	<i>dimethyl fumarate</i>	51
<i>desmopressin acetate spray</i>	65	<i>dimethyl fumarate capsule dr starter pack</i> 120 mg & 240 mg.....	51
<i>desmopressin acetate spray refrigerated</i>	65	DIP/TET PED INJ 25-5LFU.....	77
<i>desonide</i>	95	DIPENTUM.....	66
<i>desoximetasone</i>	95	<i>diphenhydramine hcl</i>	87
<i>desvenlafaxine succinate</i>	42	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> mg/5ml.....	65
<i>dexamethasone</i>	62, 63	<i>diphenoxylate w/ atropine tab 2.5-0.025</i> mg.....	65
DEXAMETHASONE INTENSOL.....	63	<i>dipyridamole</i>	71
<i>dexamethasone sodium phosphate</i>	63	<i>disopyramide phosphate</i>	30
<i>dexamethasone sodium phosphate (ophth)</i>	84	<i>disulfiram</i>	38
DEXCOM G6 MIS RECEIVER.....	80	DIURIL.....	35
DEXCOM G6 MIS SENSOR.....	80	<i>divalproex sodium</i>	39
DEXCOM G6 MIS TRANSMIT.....	80	<i>docetaxel</i>	21
DEXCOM G7 MIS RECEIVER.....	80	DOCETAXEL.....	21
DEXCOM G7 MIS SENSOR.....	80	DOCETAXEL (NON-ALCOHOL FO.....	21
<i>dexlansoprazole</i>	68	<i>dofetilide</i>	30
<i>dexmethylphenidate hcl</i>	48	<i>donepezil hydrochloride</i>	41
<i>dextrazoxane hcl</i>	26	<i>dorzolamide hcl</i>	85
<i>dextroamphetamine sulfate</i>	48	<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%.....	85
<i>diazepam</i>	39	DOVATO TAB 50-300MG.....	14
<i>diazepam (anticonvulsant)</i>	39	<i>doxazosin mesylate</i>	29
<i>diazepam intensol</i>	39	<i>doxepin hcl</i>	42
<i>diclofenac potassium</i>	1	<i>doxepin hcl (antipruritic)</i>	94
<i>diclofenac sodium</i>	1	<i>doxepin hcl (sleep)</i>	49
<i>diclofenac sodium (ophth)</i>	84	<i>doxercalciferol</i>	83
<i>diclofenac sodium (topical)</i>	96	<i>doxorubicin hcl</i>	20
<i>diclofenac w/ misoprostol tab delayed</i> release 50-0.2 mg.....	2	<i>doxorubicin hcl liposomal</i>	20
<i>diclofenac w/ misoprostol tab delayed</i> release 75-0.2 mg.....	2	<i>doxorubicin hydrochloride</i>	20
<i>dicloxacin sodium</i>	18	<i>doxy 100</i>	19
<i>dicyclomine hcl</i>	65		

<i>doxycycline (monohydrate)</i>	19
<i>doxycycline hyclate</i>	19
<i>doxylamine succinate (sleep)</i>	49
<i>dronabinol</i>	66
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	58
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	58
DROXIA.....	26
<i>droxidopa</i>	97
DRYSOL	53
DUAVEE TAB 0.45-20	62
DULERA AER 100-5MCG	90
DULERA AER 200-5MCG.....	90
DULERA AER 50-5MCG	90
<i>duloxetine hcl</i>	43
DUPIXENT	53
<i>dutasteride</i>	68
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	68
E	
<i>e.e.s. 400</i>	16
<i>econazole nitrate</i>	93
<i>ed-spaz</i>	65
EDURANT	12
<i>efavirenz</i>	12
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
ELESTRIN	62
<i>eletriptan hydrobromide</i>	49
ELIGARD	22
<i>elinest tab</i>	58
ELIQUIS.....	69
ELIQUIS STARTER PACK	69
<i>elite-ob tab</i>	83
ELLA.....	58
ELMIRON.....	69
EMADINE.....	85
EMCYT	20
EMGALITY.....	49
<i>emoquette tab</i>	58
EMSAM.....	43

<i>emtricitabine</i>	12
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
EMTRIVA	12
EMVERM.....	9
<i>enalapril maleate</i>	28
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	28
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	28
ENBREL.....	72
ENBREL MINI	72
ENBREL SURECLICK.....	72
ENCARE.....	58
ENGERIX-B.....	77
<i>enilloring mis</i>	58
<i>enoxaparin sodium</i>	70
<i>enpresse-28 tab</i>	58
<i>enskyce tab</i>	58
<i>entacapone</i>	45
<i>entecavir</i>	15
ENTRESTO CAP 15-16MG	36
ENTRESTO CAP 6-6MG	36
ENTRESTO TAB 24-26MG	36
ENTRESTO TAB 49-51MG.....	36
ENTRESTO TAB 97-103MG	36
ENTYVIO PEN	71
<i>enulose</i>	67
EPCLUSA PAK 150-37.5.....	17
EPCLUSA PAK 200-50MG	17
EPCLUSA TAB 200-50MG.....	17
EPCLUSA TAB 400-100	17
EPIDIOLEX.....	39
<i>epinastine hcl (ophth)</i>	85
<i>epinephrine (anaphylaxis)</i>	87
<i>epirubicin hcl</i>	20
<i>epitol</i>	39
EPIVIR HBV	15

<i>eplerenone</i>	29
<i>epoprostenol sodium</i>	37
<i>eprosartan mesylate</i>	30
ERBITUX	21
<i>ergocalciferol</i>	83
<i>ergoloid mesylates</i>	41
ERGOMAR	49
ERIVEDGE	21
ERLEADA	22
<i>erlotinib hcl</i>	23
<i>errin</i>	58
ERTACZO	93
<i>ertapenem sodium</i>	10
<i>ery</i>	92
<i>ery-tab</i>	16
<i>erythrocine stearate</i>	16
<i>erythromycin (acne aid)</i>	92
<i>erythromycin (ophth)</i>	84
<i>erythromycin base</i>	16
<i>erythromycin ethylsuccinate</i>	16
<i>escitalopram oxalate</i>	43
<i>esomeprazole magnesium</i>	68
<i>esomeprazole sodium</i>	68
<i>estradiol</i>	62
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	62
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	62
<i>estradiol vaginal</i>	62
<i>estradiol valerate</i>	62
ESTROGEL	62
<i>eszopiclone</i>	49
<i>ethacrynate sodium</i>	35
<i>ethacrynic acid</i>	35
<i>ethambutol hcl</i>	14
<i>ethosuximide</i>	39
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	58
<i>etodolac</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	59
<i>etoposide</i>	26
<i>etravirine</i>	12
EUCRISA	94

EUFLEXXA	81
EURAX	96
EVAMIST	62
<i>everolimus</i>	24
EVOTAZ TAB 300-150	14
<i>exemestane</i>	22
<i>ezetimibe</i>	31
<i>ezetimibe-simvastatin tab 10-10 mg</i>	33
<i>ezetimibe-simvastatin tab 10-20 mg</i>	33
<i>ezetimibe-simvastatin tab 10-40 mg</i>	33
<i>ezetimibe-simvastatin tab 10-80 mg</i>	33
F	
FACTIVE	17
<i>falmina tab</i>	59
<i>famciclovir</i>	15
<i>famotidine</i>	66
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	66
FARXIGA	57
FARYDAK	21
FASENRA	90
FASENRA PEN	90
FC2 FEMALE MIS CONDOM	59
<i>febuxostat</i>	1
<i>felbamate</i>	39
<i>felodipine</i>	35
FEMCAP MIS 22MM	59
FEMCAP MIS 26MM	59
FEMCAP MIS 30MM	59
FEMLYV TAB 1/0.02MG	59
<i>fenofibrate</i>	31
<i>fenofibrate micronized</i>	31
<i>fentanyl</i>	3
<i>fentanyl citrate</i>	3
FERRIPROX	57
FERRIPROX TWICE-A-DAY	57
<i>ferrous fumarate</i>	71
FERROUS FUMARATE	71
<i>ferrous gluconate</i>	71
FERROUS GLUCONATE	71
<i>ferrous sulfate</i>	71
FERROUS SULFATE	71
<i>fesoterodine fumarate</i>	69
FETZIMA	43

FETZIMA CAP TITRATIO	43
FIASP	55
FIASP FLEXTOUCH	55
FIASP PENFILL	55
FINACEA.....	96
<i>finasteride</i>	68
<i> fingolimod hcl</i>	51
<i>flavoxate hcl</i>	69
<i>flecainide acetate</i>	30
<i>floxuridine</i>	20
FLUAD INJ 2024-25.....	77
FLUARIX INJ 2024-25	77
FLUBLOK INJ 2024-25	77
FLUCELVAX INJ 2024-25	77
<i>fluconazole</i>	11
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11
FLUCONAZOLE SOL /NACL	11
<i>fludarabine phosphate</i>	20
<i>fludrocortisone acetate</i>	63
FLULAVAL INJ 2024-25	77
FLUMIST NASA LIQ 2024-25.....	77
<i>flunisolide (nasal)</i>	89
<i>fluocinolone acetonide</i>	95
<i>fluocinolone acetonide (otic)</i>	97
<i>fluocinonide</i>	95
<i>fluoritab</i>	81
<i>fluorouracil</i>	20
<i>fluorouracil (topical)</i>	93
<i>fluoxetine hcl</i>	43
<i>fluphenazine decanoate</i>	46
<i>fluphenazine hcl</i>	46
<i>flura-drops</i>	82
<i>flurandrenolide</i>	95
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	84
<i>flutamide</i>	22
<i>fluticasone propionate</i>	95
<i>fluticasone propionate (inhalation)</i>	19
<i>fluticasone propionate (nasal)</i>	89
<i>fluticasone propionate hfa</i>	19

<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	90
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	90
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	90
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	90
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	90
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	90
<i>fluvastatin sodium</i>	32
<i>fluvoxamine maleate</i>	43
FLUZONE INJ 2024-25.....	78
FML	84
FML FORTE	84
<i>folic acid</i>	83
<i>fondaparinux sodium</i>	70
<i>formoterol fumarate</i>	90
<i>fosamprenavir calcium</i>	12
<i>fosfomycin tromethamine</i>	9
<i>fosinopril sodium</i>	28
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	28
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>fosphenytoin sodium</i>	39
FRAGMIN	70
<i>frovatriptan succinate</i>	49
<i>fulvestrant</i>	22
FUROSCIX	53
<i>furosemide</i>	35, 36
FUZEON	12
FYCOMPA	39
G	
<i>gabapentin</i>	39
<i>galantamine hydrobromide</i>	41
GARDASIL 9 INJ	78
<i>gatifloxacin (ophth)</i>	84
<i>gavilyte-c sol</i>	67
<i>gavilyte-g sol</i>	67
<i>gavilyte-n sol flav pk</i>	67
GAZYVA.....	21

<i>gemcitabine hcl</i>	20
<i>gemfibrozil</i>	31
<i>generlac</i>	67
<i>gengraf</i>	76
<i>gentak</i>	84
<i>gentamicin in saline inj 0.8 mg/ml</i>	88
<i>gentamicin in saline inj 1.2 mg/ml</i>	88
<i>gentamicin in saline inj 1.6 mg/ml</i>	88
<i>gentamicin in saline inj 1 mg/ml</i>	88
<i>gentamicin in saline inj 2 mg/ml</i>	88
<i>gentamicin sulfate</i>	88
<i>gentamicin sulfate (ophth)</i>	84
<i>gentamicin sulfate (topical)</i>	93
GENVOYA TAB.....	14
<i>gianvi tab 3-0.02mg</i>	59
GLEOSTINE	20
GLIADEL WAF 7.7MG	20
<i>glimepiride</i>	57
<i>glipizide</i>	57
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	54
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	54
<i>glipizide-metformin hcl tab 5-500 mg</i>	54
<i>glucagon (rdna)</i>	63
GLUCOSE URINE TEST STRIPS.....	80
<i>glyburide</i>	57
<i>glyburide-metformin tab 1.25-250 mg</i>	54
<i>glyburide-metformin tab 2.5-500 mg</i>	54
<i>glyburide-metformin tab 5-500 mg</i>	54
<i>glyburide micronized</i>	57
<i>glycopyrrolate</i>	65
GLYXAMBI TAB 10-5 MG	57
GLYXAMBI TAB 25-5 MG.....	57
<i>gnp olopatadine hydrochlo</i>	85
<i>goodsense aspirin</i>	9
<i>goodsense nicotine</i>	52
<i>goodsense nicotine polacr</i>	52
<i>granisetron hcl</i>	66
<i>griseofulvin microsize</i>	11
<i>griseofulvin ultramicrosize</i>	11
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 87	
<i>guanfacine hcl</i>	36
<i>guanfacine hcl (adhd)</i>	48
GUANIDINE HCL	50
GYNAZOLE-1.....	69

H	
<i>halcinonide</i>	95
<i>halobetasol propionate</i>	95
<i>haloperidol</i>	46
<i>haloperidol decanoate</i>	46
<i>haloperidol lactate</i>	46
HARVONI PAK	17
HARVONI PAK 45-200MG	17
HARVONI TAB 45-200MG.....	17
HARVONI TAB 90-400MG	17
HAVRIX	78
<i>heather</i>	59
HEMLIBRA	71
<i>heparin sodium (porcine)</i>	70
HEPLISAV-B.....	78
HEXALEN	20
HIBERIX	78
HUMATROPE	63
HUMATROPE COMBO PACK	63
HUMATROPEN MIS FOR 12MG.....	63
HUMATROPEN MIS FOR 24MG	63
HUMATROPEN MIS FOR 6MG	63
HUMIRA	72
HUMIRA PEDIA INJ CROHNS.....	72
HUMIRA PEDIATRIC CROHNS D	72
HUMIRA PEN.....	72
HUMIRA PEN-CD/UC/HS START	73
HUMIRA PEN KIT PS/UV	72
HUMIRA PEN-PS/UV STARTER	73
HUMULIN R U-500 (CONCENTR	55
HUMULIN R U-500 KWIKPEN	55
<i>hydralazine hcl</i>	36
<i>hydrochlorothiazide</i>	36
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	4
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	4
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	87

<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	87
<i>hydrocodone bitartrate</i>	3
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
<i>hydrocortisone</i>	63
<i>hydrocortisone (rectal)</i>	68
<i>hydrocortisone (topical)</i>	95
<i>hydrocortisone butyrate</i>	95
<i>hydrocortisone valerate</i>	95
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	97
<i>hydromet syp 5-1.5/5</i>	87
<i>hydromorphone hcl</i>	4
<i>hydroxychloroquine sulfate</i>	75
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	87
<i>hydroxyzine pamoate</i>	87
<i>hyoscyamine sulfate</i>	65
<i>HYQVIA INJ 10-800</i>	76
<i>HYQVIA INJ 2.5-200</i>	76
<i>HYQVIA INJ 20-1600</i>	76
<i>HYQVIA INJ 30-2400</i>	76
<i>HYQVIA INJ 5-400</i>	76
I	
<i>ibandronate sodium</i>	57
<i>IBRANCE</i>	21
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	76
<i>ICLUSIG</i>	24
<i>icosapent ethyl</i>	33
<i>idarubicin hcl</i>	20
<i>IDHIFA</i>	24
<i>ifosfamide</i>	20
<i>imatinib mesylate</i>	24
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>imipramine hcl</i>	43
<i>imipramine pamoate</i>	43
<i>imiquiremod</i>	93
<i>inatal gt tab</i>	83
<i>INCRELEX</i>	64
<i>INCRUSE ELLIPTA</i>	90

<i>indapamide</i>	36
<i>indomethacin</i>	9
<i>INFANRIX INJ</i>	78
<i>INLYTA</i>	24
<i>INSTA-GLUCOSE</i>	63
<i>INSULIN LISPRO</i>	55
<i>INTELENCE</i>	12
<i>INTRAROSA</i>	54
<i>introvale tab</i>	59
<i>INVANZ</i>	10
<i>INVEGA SUSTENNA</i>	46
<i>INVEGA TRINZA</i>	46
<i>INVIRASE</i>	12
<i>IOPIDINE</i>	85
<i>IPOL INJ INACTIVE</i>	78
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	90
<i>ipratropium bromide</i>	90
<i>ipratropium bromide (nasal)</i>	90
<i>irbesartan</i>	30
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	29
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
<i>irinotecan hcl</i>	26
<i>ISENTRESS</i>	12
<i>ISENTRESS HD</i>	13
<i>isoniazid</i>	15
<i>isosorbide dinitrate</i>	37
<i>isosorbide mononitrate</i>	37
<i>isotretinoin</i>	92
<i>isradipine</i>	35
<i>ITOVEBI</i>	24
<i>itraconazole</i>	11
<i>ivabradine hcl</i>	36
<i>ivermectin</i>	9
<i>IV PREP WIPE PAD</i>	93
J	
<i>JAKAFI</i>	24
<i>jantoven</i>	70
<i>JANUMET TAB 50-1000</i>	54
<i>JANUMET TAB 50-500MG</i>	54
<i>JANUMET XR TAB 100-1000</i>	55
<i>JANUMET XR TAB 50-1000</i>	54

JANUMET XR TAB 50-500MG.....	54	lacosamide	40
JANUVIA	54	LACRISERT	86
JARDIANCE	57	<i>lactic acid (ammonium lactate)</i>	96
<i>jinteli tab 1mg-5mcg</i>	62	<i>lactulose</i>	67
<i>jolessa tab</i>	59	LAGEVRIO	27
<i>jolivette</i>	59	<i>lamivudine</i>	13
<i>joyeaux tab 0.1-20</i>	59	<i>lamivudine (hbv)</i>	15
<i>junel 1/20 tab</i>	59	<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>junel 1.5/30 tab</i>	59	<i>lamotrigine</i>	40
<i>junel fe tab 1/20</i>	59	<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i> <i>starter kit</i>	40
<i>junel fe tab 1.5/30</i>	59	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i> <i>starter kit</i>	40
JYNNEOS	78	LANCETS	80
K		LANCING DEVICE	80
KADCYLA	21	LANOXIN	35
KALYDECO	88	LANOXIN PEDIATRIC	35
<i>kariva tab 28 day</i>	59	<i>lanreotide acetate</i>	53
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ...	82	<i>lansoprazole</i>	68
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	82	<i>lanthanum carbonate</i>	64
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	82	<i>lapatinib ditosylate</i>	24
<i>k-effervescent</i>	82	<i>larin tab 1.5/30</i>	59
<i>kelnor tab 1/35</i>	59	LASTACFT	85
KERENDIA	63	<i>latanoprost</i>	85
<i>ketoconazole (topical)</i>	93, 94	<i>leena tab</i>	59
KETONE URINE TEST STRIPS	80	<i>leflunomide</i>	75
<i>ketorolac tromethamine</i>	1	<i>lenalidomide</i>	76
<i>ketorolac tromethamine (ophth)</i>	84	LENVIMA 10 MG DAILY DOSE.....	24
KEVZARA.....	73	LENVIMA 12MG DAILY DOSE	24
KEYTRUDA.....	21	LENVIMA 20 MG DAILY DOSE	24
KINRIX INJ.....	78	LENVIMA 4 MG DAILY DOSE	24
<i>kionex</i>	57	LENVIMA 8 MG DAILY DOSE	24
KISQALI	21	LENVIMA CAP 14 MG	24
KISQALI 200 PAK FEMARA	21	LENVIMA CAP 18 MG	24
KISQALI 400 PAK FEMARA.....	21	LENVIMA CAP 24 MG.....	24
KISQALI 600 PAK FEMARA	22	<i>lessina tab</i>	59
<i>klor-con 10</i>	82	<i>letrozole</i>	22
<i>klor-con 8</i>	82	<i>leucovorin calcium</i>	26
<i>klor-con m15</i>	82	LEUKERAN	20
<i>klor-con m20</i>	82	<i>leuprolide acetate</i>	22
KLOXXADO	52	<i>levalbuterol hcl</i>	90, 91
KOSELUGO.....	27	<i>levalbuterol tartrate</i>	91
<i>kurvelo tab 0.15/30</i>	59	LEVEMIR.....	55
KYLEENA.....	59	LEVEMIR FLEXPEN	55
L			
<i>labetalol hcl</i>	33, 34		

<i>levetiracetam</i>	40	<i>liothyronine sodium</i>	64
<i>levetiracetam in sodium chloride iv soln</i>		<i>liraglutide</i>	55
1000 mg/100ml	40	<i>lisinopril</i>	28
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>	
1500 mg/100ml	40	mg	28
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>	
500 mg/100ml.....	40	mg	28
<i>levobunolol hcl</i>	85	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>levocetirizine dihydrochloride</i>	87	mg	28
<i>levofloxacin</i>	17	<i>lithium</i>	50
<i>levofloxacin (ophth)</i>	84	<i>lithium carbonate</i>	50
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	17	LOKELMA.....	58
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	17	LO LOESTRIN TAB 1-10-10.....	59
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	17	<i>loperamide hcl</i>	65
<i>levonest tab</i>	59	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
<i>levonorgestrel (emergency oc)</i>	59	(80-20 mg/ml).....	14
<i>levonorgestrel & ethinyl estradiol (91-day)</i>		<i>lopinavir-ritonavir tab 100-25 mg</i>	14
tab 0.15-0.03 mg	59	<i>lopinavir-ritonavir tab 200-50 mg</i>	14
<i>levonorgestrel & ethinyl estradiol tab 0.15</i>		LOQTORZI	22
mg-30 mcg	59	<i>lorazepam</i>	38
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>		LORBRENA	24, 25
mg-20 mcg (21)	59	<i>loryna tab 3-0.02mg</i>	59
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>		<i>losartan potassium</i>	30
est tab 0.01mg(7)	59	<i>losartan potassium & hydrochlorothiazide</i>	
<i>levora-28 tab 0.15/30</i>	59	tab 100-12.5 mg	29
<i>levorphanol tartrate</i>	4	<i>losartan potassium & hydrochlorothiazide</i>	
<i>levothyroxine sodium</i>	64	tab 100-25 mg.....	29
<i>levoxyl</i>	64	<i>losartan potassium & hydrochlorothiazide</i>	
LIBERVANT	40	tab 50-12.5 mg.....	29
LIDO/DEXTROS INJ 5-7.5%	9	<i>loteprednol etabonate</i>	84
<i>lidocaine</i>	96	<i>lovastatin</i>	32
<i>lidocaine hcl</i>	96	<i>low-ogestrel tab</i>	59
<i>lidocaine hcl (cardiac)</i>	31	<i>loxapine succinate</i>	46
<i>lidocaine hcl (local anesth.)</i>	9	<i>lubiprostone</i>	67
<i>lidocaine hcl (mouth-throat)</i>	97	<i>ludent</i>	82
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	31	<i>luliconazole</i>	53
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	31	LUMIGAN	85
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	96	LUMRYZ.....	52
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	96	LUMRYZ PAK STARTER	52
LILETTA	59	LUPRON DEPOT-PED (1-MONTH	22
<i>lindane</i>	96	LUPRON DEPOT-PED (3-MONTH	23
<i>linezolid</i>	10	<i>lurasidone hcl</i>	46
<i>linezolid inj 2mg/ml</i>	10	<i>lutra tab</i>	59
LINZESS.....	67	LYNPARZA	22

LYSODREN.....	23
M	
magnesium sulfate.....	82
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml.....	82
malathion	96
mannitol.....	36
maprotiline hcl.....	43
maraviroc	13
marlissa tab 0.15/30	59
MARPLAN	43
MATULANE	20
matzim la	35
MAXIDEX.....	84
meclizine hcl	66
meclofenamate sodium	1
medroxyprogesterone acetate	64
medroxyprogesterone acetate (contraceptive)	60
mefenamic acid.....	1
mefloquine hcl.....	11
megestrol acetate	23
megestrol acetate (appetite)	23
MEKINIST	25
meloxicam.....	1
melphalan	20
melphalan hcl	20
memantine hcl.....	41
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	41
MENACTRA INJ.....	78
MENEST.....	62
MENQUADFI INJ	78
MENVEO INJ.....	78
MENVEO SOL	78
meprobamate	38
mercaptopurine.....	20
meropenem	10
mesalamine.....	66
mesna	26
MESNEX	26
metaproterenol sulfate.....	91
metaxalone	51
metformin hcl	54

methadone hcl.....	5
methadone hydrochloride i.....	5
methadose	5
methamphetamine hcl	48
methazolamide.....	36
methenamine hippurate	10
methimazole	64
methocarbamol.....	51
methotrexate sodium.....	20, 75
methoxsalen rapid	94
methscopolamine bromide	65
methsuximide.....	40
methyl dopa	36
methylphenidate hcl.....	48
methylprednisolone	63
methylprednisolone acetate.....	63
methylprednisolone sod succ	63
methyltestosterone.....	54
metoclopramide hcl.....	66
metolazone	36
metoprolol & hydrochlorothiazide tab 100- 25 mg	33
metoprolol & hydrochlorothiazide tab 100- 50 mg	33
metoprolol & hydrochlorothiazide tab 50-25 mg.....	33
metoprolol succinate	34
metoprolol tartrate.....	34
metronidazole	10
metronidazole (topical)	96
metronidazole vaginal	69
mexiletine hcl	31
miconazole 3.....	69
MICRHOGAM ULTRA-FILTERED	86
MICROCHAMBER MIS	92
microgestin tab 1.5/30	60
midodrine hcl.....	36
MIEBO.....	86
miglitol	54
mimvey lo tab 0.5-0.1	62
mimvey tab 1-0.5mg	62
minitran.....	37
minocycline hcl	19
minoxidil	37

<i>mirabegron</i>	69
MIRCERA.....	70
MIRENA	60
<i>mirtazapine</i>	43
MISC LANCETS.....	80
<i>misoprostol</i>	65
<i>mitomycin</i>	20
<i>mitoxantrone hcl</i>	20
M-M-R II INJ	78
<i>modafinil</i>	52
MODERNA INJ 2024-25.....	78
<i>moexipril hcl</i>	28
<i>mometasone furoate</i>	95
<i>mono-lynyah tab 0.25-35</i>	60
MONOVISC	81
<i>montelukast sodium</i>	91
<i>morgidox 1x100mg</i>	19
<i>morphine sulfate</i>	5, 6
MORPHINE SULFATE	5
<i>morphine sulfate beads</i>	6
MOTOFEN TAB 1-0.025	65
MOUNJARO	55
MOVANTIK.....	67
<i>moxifloxacin hcl</i>	17
<i>moxifloxacin hcl (ophth)</i>	84
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	17
MRESVIA	78
MULTAQ.....	31
<i>multi-vit/fe dro /fl 0.25</i>	83
<i>multivit/fl chw 0.25mg</i>	83
<i>multivit/fl chw 0.5mg</i>	83
<i>multivit/fl chw 1mg</i>	83
<i>multi-vit/fl dro /fe 0.25</i>	83
<i>multivit/fl dro 0.25mg</i>	83
<i>multi-vit/fl dro 0.5mg/ml</i>	83
<i>mupirocin</i>	93
<i>mvc-fluoride chw 1mg</i>	83
MYALEPT	61
<i>mycophenolate mofetil</i>	76
<i>mycophenolate mofetil hcl</i>	76
<i>mycophenolate sodium</i>	76
MYRBETRIQ.....	69
<i>myzilra tab</i>	60

N	
<i>nabumetone</i>	1
<i>nadolol</i>	34
<i>nafcillin sodium</i>	18
<i>nafrinse</i>	82
<i>nafrinse drops</i>	82
<i>naftifine hcl</i>	93
<i>nalbuphine hcl</i>	6
<i>naloxone hcl</i>	52
<i>naltrexone hcl</i>	52
NAMENDA XR CAP TITRATIO	41
<i>naproxen</i>	1
<i>naratriptan hcl</i>	49
NATACYN	84
NATAZIA TAB	60
<i>nateglinide</i>	56
NAYZILAM	40
<i>nebivolol hcl</i>	34
<i>necon tab 0.5/35</i>	60
<i>nefazodone hcl</i>	43
NEFFY	87
<i>nelarabine</i>	20
<i>neomycin-polymy-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	84
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	83
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	83
<i>neomycin-polymyxin-hc ophth susp</i>	83
<i>neomycin-polymyxin-hc otic soln 1%</i>	97
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	97
<i>neomycin sulfate</i>	9
NEUPRO	45
NEVANAC	84
<i>nevirapine</i>	13
NEXPLANON	60
NEXTSTELLIS TAB 3-14.2MG.....	60
<i>niacin (antihyperlipidemic)</i>	33
<i>nicardipine hcl</i>	35
<i>nicotine</i>	52
<i>nicotine polacrilex</i>	52
<i>nicotine step 3</i>	52
NICOTROL INHALER	52

NICOTROL NS	52
<i>nifedipine</i>	35
<i>nikki tab 3-0.02mg</i>	60
<i>nilutamide</i>	23
<i>nimodipine</i>	35
NIPENT	21
<i>nitazoxanide</i>	10
<i>nitisinone</i>	61
NITRO-BID.....	37
NITRO-DUR.....	37
<i>nitrofurantoin</i>	10
<i>nitrofurantoin macrocrystal</i>	10
<i>nitrofurantoin monohyd macro</i>	10
<i>nitroglycerin</i>	37
NITROGLYCERIN.....	37
<i>nitroglycerin (intra-anal)</i>	96
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> ...	37
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> ...	37
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> ...	37
<i>niva-fol tab</i>	83
NIVA THYROID	64
NIVESTYM.....	70
<i>nizatidine</i>	66
<i>nora-be</i>	60
NORDITROPIN FLEXPOR	63
<i>norethindrone (contraceptive)</i>	60
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i>	60
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	60
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	60
<i>norethindrone ace-ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg (24)</i>	60
<i>norethindrone acetate</i>	64
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	62
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	60
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	60
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	60

<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i>	60
<i>nortrel tab 0.5/35</i>	60
<i>nortrel tab 1/35</i>	60
<i>nortrel tab 7/7/7</i>	60
<i>nortriptyline hcl</i>	43, 44
NORVIR	13
NOVAVAX INJ 2024-25	78
NOVOLIN INJ 70/30.....	55
NOVOLIN INJ 70/30 FP	55
NOVOLIN N	55
NOVOLIN N FLEXPEN	55
NOVOLIN R	55
NOVOLIN R FLEXPEN.....	56
NOVOLOG.....	56
NOVOLOG FLEXPEN	56
NOVOLOG MIX INJ 70/30	56
NOVOLOG MIX INJ FLEXPEN	56
NOVOLOG PENFILL.....	56
NP THYROID 120.....	65
NP THYROID 15	65
NP THYROID 30	65
NP THYROID 60	65
NP THYROID 90	65
NUBEQA	23
NUCALA	91
NUDEXTA CAP 20-10MG	50
<i>nulev</i>	65
NUPLAZID	46
NURTEC	81
<i>nyamyc</i>	93
<i>nylia tab 1/35</i>	60
<i>nystatin</i>	11
<i>nystatin (mouth-throat)</i>	97
<i>nystatin (topical)</i>	93
<i>nystatin-triamcinolone cream 100000-0.1</i> <i>unit/gm-%</i>	93
<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i>	93
<i>nystop</i>	93
NYVEPRIA	71
●	
<i>ocella tab 3-0.03mg</i>	60
<i>octreotide acetate</i>	53

OCTREOTIDE ACETATE	53	ONCASPAR	26
ODEFSEY TAB	14	ondansetron	66
ODOMZO	22	ondansetron hcl	66
OFEV	92	OPILL	60
ofloxacin	17	OPSUMIT	37
ofloxacin (ophth)	84	OPSYNVI TAB 10-20MG	37
ofloxacin (otic)	97	OPSYNVI TAB 10-40MG	37
ogestrel tab	60	OPTIONS GYNOL II VAGINAL	60
OGSIVEO	25	OPVEE	52
olanzapine	47	oralone dental paste	97
olmesartan-amlodipine-		ORENITRAM	37
hydrochlorothiazide tab 20-5-12.5 mg ..	30	ORENITRAM TAB MONTH 1	37
olmesartan-amlodipine-		ORENITRAM TAB MONTH 2	37
hydrochlorothiazide tab 40-10-12.5 mg	30	ORENITRAM TAB MONTH 3	37
olmesartan-amlodipine-		ORFADIN	61
hydrochlorothiazide tab 40-10-25 mg ..	30	ORKAMBI GRA 100-125	88
olmesartan-amlodipine-		ORKAMBI GRA 150-188	88
hydrochlorothiazide tab 40-5-12.5 mg ..	30	ORKAMBI TAB 100-125	88
olmesartan-amlodipine-		ORKAMBI TAB 200-125	88
hydrochlorothiazide tab 40-5-25 mg	30	orphenadrine citrate	51
olmesartan medoxomil	30	orsythia tab	60
olmesartan medoxomil-		ORTHOVISC	81
hydrochlorothiazide tab 20-12.5 mg	30	oscimin	65
olmesartan medoxomil-		oscimin sr	65
hydrochlorothiazide tab 40-12.5 mg	30	oseltamivir phosphate	15
olmesartan medoxomil-		osmitrol viaflex	36
hydrochlorothiazide tab 40-25 mg	30	OTEZLA	75
olopatadine hcl	85	OTEZLA TAB 10/20	75
olopatadine hcl (nasal)	87	OTEZLA TAB 10/20/30	76
omega-3-acid ethyl esters cap 1 gm	33	OTIPRIO	86
omeprazole	68	OTREXUP	9
OMNARIS	89	oxacillin sodium	18
OMNIFLEX DPR	60	oxaliplatin	26
OMNIPOD 5 DX KIT INT G7G6	80	oxandrolone	54
OMNIPOD 5 DX MIS POD G7G6	81	oxaprozin	1
OMNIPOD 5 G7 KIT INTRO	81	oxazepam	38
OMNIPOD 5 G7 MIS PODS	81	oxcarbazepine	40
OMNIPOD DASH KIT INTRO	81	oxiconazole nitrate	53
OMNIPOD DASH MIS PODS	81	oxybutynin chloride	69
OMNIPOD GO KIT 10UNT/DY	81	oxycodone-aspirin tab 4.8355-325 mg	7
OMNIPOD GO KIT 15UNT/DY	81	oxycodone hcl	6, 7
OMNIPOD GO KIT 25UNT/DY	81	oxycodone-ibuprofen tab 5-400 mg	7
OMNIPOD GO KIT 35UNT/DY	81	oxycodone w/ acetaminophen tab 10-325	
OMNIPOD MIS CLASSIC	81	mg	7

oxycodone w/ acetaminophen tab 2.5-325 mg.....	7
oxycodone w/ acetaminophen tab 5-325 mg.....	7
oxycodone w/ acetaminophen tab 7.5-325 mg.....	7
oxymorphone hcl.....	7, 8
OZEMPIC.....	55
P	
pacerone.....	31
paclitaxel.....	21
paclitaxel protein-bound particles for iv susp 100 mg.....	21
PADCEV.....	26
paliperidone.....	47
pamidronate disodium.....	57
pantoprazole sodium.....	68
PARAGARD IUD T380A.....	60
paraplatin.....	26
paricalcitol.....	83
paroxetine hcl.....	44
PASER.....	15
PATADAY EXTRA STRENGTH.....	85
PAXLOVID TAB 150-100.....	27
PAXLOVID TAB 300-100.....	27
pazopanib hcl.....	25
PEDIARIX INJ 0.5ML.....	78
PEDIATRIC RESPIRATORY MASK.....	92
PEDVAX HIB.....	78
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	67
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....	67
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	67
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	67
PEGANONE.....	40
PEGASYS.....	17
PEGASYS PROCLICK.....	17
PEG-PREP KIT.....	67
pemetrexed disodium.....	21
PENBRAYA INJ.....	78
penicillamine.....	58

penicillin g potassium.....	18
penicillin g sodium.....	18
penicillin v potassium.....	18
PENTACEL INJ.....	78
pentamidine isethionate.....	10
pentoxifylline.....	71
perindopril erbumine.....	28
periogard.....	97
permethrin.....	96
perphenazine.....	47
PFIZER-BIONTECH COVID-19.....	79
pfizerpen.....	18
phenazopyridine tab 95mg.....	69
phenelzine sulfate.....	44
phenobarbital.....	40
phenoxybenzamine hcl.....	37
phenylephrine hcl (mydriatic).....	86
phenytoin.....	40
phenytoin sodium.....	40
phenytoin sodium extended.....	40
PHEXXI GEL.....	60
PHOSPHOLINE IODIDE.....	85
PHOTOFRIN.....	26
physiolyte sol.....	86
physiosol sol irrigat.....	86
phytonadione.....	83
PICATO.....	93
pilocarpine hcl.....	85
pilocarpine hcl (oral).....	97
pimozide.....	50
pindolol.....	34
pioglitazone hcl.....	56
pioglitazone hcl-glimepiride tab 30-2 mg.....	56
pioglitazone hcl-glimepiride tab 30-4 mg.....	56
pioglitazone hcl-metformin hcl tab 15-500 mg.....	56
pioglitazone hcl-metformin hcl tab 15-850 mg.....	56
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....	18
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....	18
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm).....	19

<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	19	PREVNAR 20 INJ	79
<i>pirfenidone</i>	92	PREZCOBIX TAB 800-150	14
<i>piroxicam</i>	1	PREZISTA	13
PLEGRIDY	51	PRIFTIN	15
PLEGRIDY INJ STARTER	51	<i>primaquine phosphate</i>	11
PLEGRIDY PEN INJ STARTER	51	<i>primidone</i>	40
PNEUMOVAX 23/1 DOSE	79	PRIMSOL	10
<i>podofilox</i>	96	PRIORIX INJ	79
<i>polycin oin op</i>	84	<i>probenecid</i>	1
<i>polyethylene glycol 3350</i>	67	<i>procainamide hcl</i>	31
<i>polymyxin b sulfate</i>	10	<i>prochlorperazine</i>	66
<i>polymyxin b-trimethoprim ophth soln</i>		<i>prochlorperazine edisylate</i>	66
10000 unit/ml-0.1%	84	<i>prochlorperazine maleate</i>	66
POMALYST	76	<i>proctosol hc</i>	68
<i>portia-28 tab</i>	60	<i>proctozone-hc</i>	68
<i>potassium chloride</i>	82	<i>progesterone</i>	64
<i>potassium chloride microencapsulated</i>		PROGRAF	76
<i>crystals er</i>	82	PROLASTIN-C	87
<i>potassium citrate (alkalinizer)</i>	69	PROLIA	64
PRALUENT	33	PROMACTA	71
<i>pramipexole dihydrochloride</i>	45	<i>promethazine & phenylephrine syrup 6.25-</i>	
<i>pramox gel</i>	96	5 mg/5ml	88
<i>prasugrel hcl</i>	71	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	88
<i>pravastatin sodium</i>	32	<i>promethazine hcl</i>	66
<i>praziquantel</i>	9	<i>promethazine w/ codeine syrup 6.25-10</i>	
<i>prazosin hcl</i>	29	mg/5ml	88
PRED MILD	85	<i>prometh vc/ syp codeine</i>	88
<i>prednicarbate</i>	95	<i>propafenone hcl</i>	31
<i>prednisolone</i>	63	<i>proparacaine hcl</i>	86
<i>prednisolone acetate (ophth)</i>	85	<i>propranolol & hydrochlorothiazide tab 40-</i>	
PREDNISOLONE SODIUM PHOSP	85	25 mg	33
<i>prednisolone sodium phosphate</i>	63	<i>propranolol & hydrochlorothiazide tab 80-</i>	
<i>prednisone</i>	63	25 mg	33
PREDNISON INTENSOL	63	<i>propranolol hcl</i>	34
<i>pregabalin</i>	40	<i>propylthiouracil</i>	65
PREGNYL W/DILUENT BENZYL	64	PROQUAD INJ	79
PREHEVBRIO	79	<i>protriptyline hcl</i>	44
PREMARIN	62	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>prenatabs rx tab</i>	83	mg/5ml	88
<i>prenatal 19 chw tab</i>	83	<i>pyrazinamide</i>	15
<i>prevalite</i>	31	<i>pyridostigmine bromide</i>	50
<i>previfem tab</i>	60	<i>pyridoxine hcl</i>	83
PREVNAR 13 INJ	79	<i>pyrimethamine</i>	11

Q	
QUADRACEL INJ 0.5ML.....	79
QUADRAMET	26
quasense tab	61
quazepam	71
quetiapine fumarate	47
quinapril hcl.....	28
quinapril-hydrochlorothiazide tab 20-12.5 mg	28
quinapril-hydrochlorothiazide tab 20-25 mg	28
quinidine sulfate	31
quinine sulfate	11
QVAR REDHALER	91
R	
rabeprazole sodium	68
raloxifene hcl	64
ramelteon	49
ramipril.....	28
ranolazine	37
rasagiline mesylate	45
RASUVO.....	9
REBETOL	17
REBIF	51
REBIF REBIDO INJ TITRATN	51
REBIF REBIDOSE.....	51
REBIF TITRTN INJ PACK.....	51
reclipsen tab	61
RECOMBIVAX HB.....	79
REGRANEX.....	96
RELENZA DISKHALER.....	15
RELISTOR.....	68
repaglinide	56
RESCRIPTOR	13
RESTASIS	86
RESTASIS MULTIDOSE	86
RETACRIT.....	71
RETROVIR IV INFUSION	13
REXTOVY.....	52
REXULTI.....	47
REYATAZ.....	13
RHOGAM ULTRA-FILTERED PLU	86
ribavirin.....	15
ribavirin (hepatitis c)	17
rifabutin	15
rifampin	15
riluzole	50
rimantadine hydrochloride	15
RINVOQ	73
RINVOQ LQ	73
risedronate sodium	57
risperidone	47
ritonavir	13
rivastigmine	41
rivastigmine tartrate	41
rivelsa tab.....	61
RIVIVE SPR 3/0.1ML	52
rizatriptan benzoate.....	49
roflumilast	91
ropinirole hydrochloride.....	45
rosadan.....	96
rosuvastatin calcium	32
ROTARIX SUS	79
ROTATEQ SOL.....	79
RUXIENCE	22
RYBELSUS.....	55
RYDAPT	22
S	
SANCUSO	66
SANDIMMUNE.....	76
SANTYL	96
sapropterin dihydrochloride.....	61
SAVELLA	48
SAVELLA MIS TITR PAK.....	48
scopolamine	66
selegiline hcl	45
selenium sulfide	94
SELZENTRY	13
sertraline hcl	44
sevelamer carbonate.....	64
SHARPS CONTAINER	80
SHINGRIX.....	79
SIGNIFOR	61
sildenafil citrate (pulmonary hypertension)	37, 38
silodosin	68
silver sulfadiazine	93
SIMBRINZA SUS 1-0.2%.....	85

SIMPLICITY MIS INSERTER	80	STIVARGA	25
SIMPONI	73	STRENSIQ	62
SIMPONI ARIA	73	<i>streptomycin sulfate</i>	9
<i>simvastatin</i>	32	STRIVERDI RESPIMAT	91
<i>sirolimus</i>	76, 77	SUBLOCADE	8
SIRTURO	15	<i>sucalfate</i>	67
SIVEXTRO	10	<i>sulconazole nitrate</i>	93
SKYLA.....	61	<i>sulfacetamide sodium (acne)</i>	92
SKYRIZI.....	73, 74	<i>sulfacetamide sodium (ophth)</i>	84
SKYRIZI PEN	74	<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	84
SLYND	61	SULFADIAZINE	9
<i>sm nicotine transdermal s</i>	52	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	10
<i>sodium chloride</i>	82	<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	10
<i>sodium chloride (gu irrigant)</i>	96	<i>sulfamethoxazole-trimethoprim tab 400-80</i> <i>mg</i>	10
<i>sodium chloride (inhalant)</i>	91	<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	10
<i>sodium chloride flush</i>	82	SULFAMYLON	93
<i>sodium fluoride</i>	82	<i>sulfasalazine</i>	67
<i>sodium phenylbutyrate</i>	62	<i>sulindac</i>	2
<i>sodium polystyrene sulfonate</i>	58	<i>sumatriptan</i>	49
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i> <i>3.13-1.6 gm/177ml</i>	67	<i>sumatriptan-naproxen sodium tab 85-500</i> <i>mg</i>	50
<i>solifenacin succinate</i>	69	<i>sumatriptan succinate</i>	49, 50
SOLQUA INJ 100/33.....	55	<i>sunitinib malate</i>	25
SOMATULINE DEPOT	53	SUNLENCA.....	27
SOMAVERT	53	SUNOSI	1
<i>sorafenib tosylate</i>	25	SUPPRELIN LA.....	63
<i>sorine</i>	31	SUTAB TAB	80
<i>sotalol hcl</i>	31	<i>syeda tab 3-0.03mg</i>	61
<i>sotalol hcl (afib/afI)</i>	31	<i>symax-sl</i>	65
SOTALOL HYDROCHLORIDE.....	31	SYMDEKO TAB 100-150	88
SOVALDI	17	SYMDEKO TAB 50-75MG	88
SPIKEVAX COVID-19 VACCINE.....	79	SYMLINPEN 120	54
<i>spinosad</i>	96	SYMLINPEN 60	54
SPIRIVA HANDIHALER.....	91	SYNAREL	61
SPIRIVA RESPIMAT	91	SYNERA DIS 70-70MG.....	96
<i>spironolactone</i>	36	SYNJARDY TAB	56
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	36	SYNJARDY TAB 12.5-500	56
<i>sprintec 28 tab 28 day</i>	61	SYNJARDY TAB 5-1000MG	56
SPRYCEL	25	SYNJARDY TAB 5-500MG	56
<i>sronyx tab</i>	61		
<i>ssd</i>	93		
<i>stavudine</i>	13		
STELARA	74		

SYNJARDY XR TAB	56	<i>terbinafine hcl</i>	11
SYNJARDY XR TAB 10-1000	56	<i>terbutaline sulfate</i>	91
SYNJARDY XR TAB 25-1000	56	<i>terconazole vaginal</i>	69
SYNJARDY XR TAB 5-1000MG	56	<i>teriflunomide</i>	51
SYNTHROID	65	<i>testosterone</i>	54
T		<i>testosterone cypionate</i>	54
TABLOID	21	<i>testosterone enanthate</i>	54
<i>tacrolimus</i>	77	<i>tetrabenazine</i>	50
<i>tacrolimus (topical)</i>	94	<i>tetracycline hcl</i>	19
<i>tadalafil</i>	68	TEVIMBRA	22
<i>tadalafil (pulmonary hypertension)</i>	38	TEZSPIRE	91
TAFINLAR	25	THALOMID	76
<i>tafluprost</i>	85	<i>theophylline</i>	91
TAGRISSE	27	<i>thioridazine hcl</i>	47
TALTZ	74	<i>thiothixene</i>	47
<i>tamoxifen citrate</i>	23	THYROID	65
<i>tamsulosin hcl</i>	68	<i>tiagabine hcl</i>	40
<i>tasimelteon</i>	49	TICE BCG	76
<i>tazarotene</i>	94	<i>timolol maleate</i>	34
<i>tazicef</i>	16	<i>timolol maleate (ophth)</i>	85
TAZORAC	94	<i>tinidazole</i>	9
<i>taztia xt</i>	35	<i>tis-u-sol sol</i>	86
TDVAX INJ 2-2 LF	79	TIVICAY	13
TECHLITE INSULIN PEN NEEDLES	80	<i>tizanidine hcl</i>	51
<i>telmisartan</i>	30	TOBRADEX OIN 0.3-0.1%	84
<i>telmisartan-amlodipine tab 40-10 mg</i>	30	TOBRADEX ST SUS 0.3-0.05	84
<i>telmisartan-amlodipine tab 40-5 mg</i>	30	<i>tobramycin</i>	89
<i>telmisartan-amlodipine tab 80-10 mg</i>	30	<i>tobramycin (ophth)</i>	84
<i>telmisartan-amlodipine tab 80-5 mg</i>	30	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	84
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	30	<i>tobramycin sulfate</i>	89
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	30	TODAY SPONGE	61
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	30	<i>tolcapone</i>	45
<i>temazepam</i>	49	<i>tolmetin sodium</i>	2
TEMIXYS TAB 300-300	14	<i>tolterodine tartrate</i>	69
TEMODAR	20	<i>tolvaptan</i>	64
<i>temozolomide</i>	20	<i>topiramate</i>	41
<i>tencon tab 50-325mg</i>	1	<i>toposar</i>	26
TENIPOSIDE	26	<i>topotecan hcl</i>	26
TENIVAC INJ 5-2LF	79	<i>toremifene citrate</i>	23
<i>tenofovir disoproxil fumarate</i>	13	<i>torseamide</i>	36
<i>terazosin hcl</i>	29	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8
		<i>tramadol hcl</i>	8

<i>trandolapril</i>	28
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	28
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	28
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	28
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	28
<i>tranexamic acid</i>	71
<i>tranylcypromine sulfate</i>	44
<i>travoprost</i>	85
TRAZIMERA	23
<i>trazodone hcl</i>	44
TRECTOR.....	15
TRELEGY AER 100MCG	91
TRELEGY AER 200MCG.....	91
TREMFYA	74, 75
<i>treprostinil</i>	38
TRESIBA	56
TRESIBA FLEXTOUCH	56
<i>tretinoin</i>	92, 93
<i>tretinoin (chemotherapy)</i>	26
<i>tretinoin microsphere</i>	93
<i>triamcinolone acetoneide (mouth)</i>	97
<i>triamcinolone acetoneide (nasal)</i>	89
<i>triamcinolone acetoneide (topical)</i>	96
<i>triamterene</i>	36
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg.....	36
<i>triamterene & hydrochlorothiazide tab 37.5- 25 mg</i>	36
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	36
<i>triderm</i>	96
<i>trifluoperazine hcl</i>	47
<i>trifluridine</i>	84
<i>trihexyphenidyl hcl</i>	45
TRIKAFTA PAK 59.5MG	89
TRIKAFTA PAK 75MG	89
TRIKAFTA TAB	89
<i>tri-lynyah tab</i>	61
<i>trimethobenzamide hcl</i>	66
<i>trimethoprim</i>	10

<i>trimipramine maleate</i>	44
<i>trinate tab</i>	83
<i>trinessa tab</i>	61
TRIPTODUR.....	63
<i>tri-sprintec tab</i>	61
TRIUMEQ PD TAB	14
TRIUMEQ TAB	14
<i>tri-vit/fluo dro 0.25mg</i>	83
<i>tri-vit/fluo dro 0.5mg</i>	83
<i>trivora-28 tab</i>	61
<i>tropicamide</i>	86
<i>tropium chloride</i>	69
TRULICITY	55
TRUMENBA INJ	79
<i>turgoz tab</i>	61
<i>tussigon tab 5-1.5mg</i>	88
TWINRIX INJ	79
TWIRLA DIS 120-30	61
TYBLUME CHW 0.1-0.02	61
TYBOST	13
TYENNE	75
TYMLOS	64
TYSABRI	51
TYVASO	38
TYVASO REFILL KIT	38
TYVASO STARTER KIT	38
U	
<i>unithroid</i>	65
UPTRAVI.....	38
UPTRAVI PACK TAB 200/800	38
URINE GLUCOSE MONITORING SUPPLIES	80
URINE TEST STRIPS	80
<i>ursodiol</i>	67
UVADEX.....	26
V	
<i>valacyclovir hcl</i>	15
<i>valganciclovir hcl</i>	15
<i>valproate sodium</i>	41
<i>valproic acid</i>	41
<i>valsartan</i>	30
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	30

<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	30	VISTOGARD	26
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30	<i>vit a/c/d/fl dro 0.25mg</i>	83
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30	VITRAKVI	25
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	30	VIVITROL	52
VALTOCO 10 MG DOSE	41	VORANIGO	26
VALTOCO 15 MG DOSE	41	<i>voriconazole</i>	11
VALTOCO 20 MG DOSE	41	VOSEVI TAB	17
VALTOCO 5 MG DOSE	41	W	
<i>vancomycin hcl</i>	10, 11	WAKIX	52
VAQTA	79	<i>warfarin sodium</i>	70
VARENICLINE TARTRATE	52	<i>wera tab 0.5/35</i>	61
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	53	WIDE-SEAL SILICONE DIAPHR	61
VARIVAX	79	WINREVAIR	38
VARUBI	66	WINREVAIR INJ 45MG	38
VAXELIS INJ	97	WINREVAIR INJ 60MG	38
VAXNEUVANCE INJ	79	X	
VCF VAGINAL CONTRACEPTIVE	61	XALKORI	25
<i>velivet pak</i>	61	XARELTO	70
VELPHORO	64	XARELTO STAR TAB 15/20MG	70
VEMLIDY	15	XDEMVY	86
VENCLEXTA	27	XELJANZ	75
VENCLEXTA TAB START PK	27	XELJANZ XR	75
<i>venlafaxine hcl</i>	44	XEPI	53
VENTAVIS	38	XERAC AC	53
<i>verapamil hcl</i>	35	XIFAXAN	11
VERZENIO	27	XIGDUO XR TAB 10-1000	57
VIBRAMYCIN	19	XIGDUO XR TAB 10-500MG	57
<i>vigabatrin</i>	41	XIGDUO XR TAB 2.5-1000	56
VIIIBRYD KIT STARTER	44	XIGDUO XR TAB 5-1000MG	56
<i>vilazodone hcl</i>	44	XIGDUO XR TAB 5-500MG	56
<i>vinblastine sulfate</i>	21	XIIDRA	86
<i>vincasar pfs</i>	21	XOLAIR	91, 92
<i>vincristine sulfate</i>	21	XTANDI	23
<i>vinorelbine tartrate</i>	21	<i>xulane dis 150-35</i>	61
VIOKACE TAB 10440	67	XULTOPHY INJ 100/3.6	55
VIOKACE TAB 20880	67	Y	
<i>violele tab</i>	61	<i>yuvaferm</i>	62
VIRACEPT	13	Z	
VIREAD	13	<i>zafirlukast</i>	92
		<i>zaleplon</i>	49
		ZEJULA	22
		ZELBORAF	25
		<i>zenchent tab</i>	61
		ZENPEP CAP 10000UNT	68

ZENPEP CAP 15000UNT	68
ZENPEP CAP 20000UNT	68
ZENPEP CAP 25000UNT	68
ZENPEP CAP 3000UNIT	68
ZENPEP CAP 40000UNT	68
ZENPEP CAP 5000UNIT	68
ZENPEP CAP 60000UNT	68
ZEPATIER TAB 50-100MG	18
ZEPOSIA	51
ZEPOSIA 7DAY CAP STR PACK	51
ZEPOSIA CAP STR KIT	51
ZERIT	13
<i>zidovudine</i>	13
<i>zileuton</i>	92
ZIMHI	52
<i>ziprasidone hcl</i>	47
ZIRABEV	25
ZIRGAN	84

<i>zoledronic acid</i>	57
ZOLINZA	22
<i>zolmitriptan</i>	50
<i>zolpidem tartrate</i>	49
<i>zonisamide</i>	41
ZOSTAVAX	80
<i>zovia 1/35 tab</i>	61
ZUBSOLV SUB 0.7-0.18	2
ZUBSOLV SUB 1.4-0.36	2
ZUBSOLV SUB 11.4-2.9	2
ZUBSOLV SUB 2.9-0.71	2
ZUBSOLV SUB 5.7-1.4	2
ZUBSOLV SUB 8.6-2.1	2
ZURZUVAE	44
ZYDELIG	25
ZYKADIA	25
ZYPREXA RELPREVV	47