

PERS Gold Medicare Part D Prescription Drug Plan (PDP)**Your 2025 Comprehensive Formulary** (list of covered drugs or “Drug List”)

Sponsored by CalPERS, administered by Optum Rx®

Effective May 1, 2025



Please read: this document contains information about the drugs we cover in this plan.

This comprehensive formulary was updated on April 1, 2025, and is a complete drug list covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free):	1-855-505-8106
TTY users:	711
Hours of operation:	24 hours a day, 7 days a week
Website:	welcome.optumrx.com/calpers

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Optum Rx. When it refers to “plan” or “our plan,” it means PERS Gold Medicare Part D Prescription Drug Plan.

In most instances, you must use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2026.

What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by PERS Gold Medicare Part D Prescription Drug Plan in consultation with Optum Rx and a team of healthcare providers. It represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Optum Rx network pharmacy, and other plan rules are followed.

Can the formulary (drug list) change? Most changes in drug coverage happen on January 1, but we, PERS Gold Medicare Part D Prescription Drug Plan, may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: optumrx.com/calpers.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
 - **Biological Product** – A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and cannot be copied exactly, so alternative forms are called biosimilars. (See also “**Original Biological Product**” and “**Biosimilar**”).
 - **Biosimilar** – A biological product that is very similar, but not identical, to the original biological product. Biosimilars are as safe and effective as the original biological product. Some biosimilars may be substituted for the original biological product at the pharmacy without needing a new prescription (See “**Interchangeable Biosimilar**”).
 - **Interchangeable Biosimilar** – A biosimilar that may be used as a substitute for an original biosimilar product at the pharmacy without needing a new prescription because it meets additional requirements related to the potential for automatic substitution. Automatic substitution at the pharmacy is subject to state law.

When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug.

- Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above.
- This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year.
- You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 1, 2025 To get updated information about the drugs covered by PERS Gold Medicare Part D Prescription Drug Plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

- **Medical Condition**

The formulary begins on 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on 8. Then, look under the category name for your drug.

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins 115. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs, preferred brand-name drugs, and non-preferred brand-name drugs.

Drug Tier	Helpful Tips
Tier 1	Mostly generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-Cost (and some Specialty) drugs are those that cost \$950 or more for up to a 30-day maximum supply. These types of drugs are in the Formulary as “NDS” under the Requirements/Limits column.

Please refer to your *Evidence of Coverage* for more information.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. There are generic drug substitutes available for many brand name drugs.

How can generic drugs be used?

Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 1, Section 3.3, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

Prior Authorization (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
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Quantity Limits (QL)

For certain drugs, there is a limit on the amount of the drug we will cover. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST)

In some cases, it is required that you 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

To find out if your drug has any additional requirements or limits, look in the formulary that begins on 8. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx Member Services. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” on page 5 for additional information.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. PERS Gold Medicare Part D Prescription Drug Plan pays for certain OTC drugs. The cost of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the formulary?

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

If your drug is not covered, you have two options:

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

CalPERS offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D. Please contact Optum Rx for any questions regarding your supplemental coverage. Our contact information is shown on the front and back cover pages.

How do I request an exception to the formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary, applying the restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your prescriber.

Should I talk to my prescriber about changing my drugs or requesting an exception?

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

For each of your drugs not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

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

Formulary

The formulary below provides coverage information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on 115.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The following abbreviations in the “Requirements/Limits” column let you know if there are any special requirements for coverage of your drug

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug we will cover.
ST	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX	3	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA	3	
CELEBREX	3	QL(60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
COXANTO	3	PA; NDS
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium packet</i>	1	
<i>diclofenac potassium capsule</i>	1	NDS
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	1	NDS
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	1	PA; NDS
DICLONA	3	NDS
<i>diflunisal tablet 500mg</i>	1	
DUEXIS	3	QL(90 EA per 30 days); PA; NDS
<i>ec-naproxen tablet delayed release 500mg</i>	1	
ELYXYB	3	PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	1	NDS
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	3	
INDOCIN SUPPOSITORY	3	NDS
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
INDOMETHACIN SUPPOSITORY 50MG	1	NDS
<i>ketoprofen capsule 25mg</i>	1	
<i>ketorolac tromethamine nasal solution 15.75mg/spray</i>	1	QL(5 EA per 30 days); NDS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
LICART	3	QL(30 EA per 30 days); PA
LODINE TABLET 400MG	3	
LOFENA	3	NDS
<i>meloxicam tablet</i>	1	

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Last Updated: 04/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tablet</i>	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION	3	PA; NDS
<i>naproxen dr</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	1	QL(60 EA per 30 days); PA; NDS
<i>naproxen suspension</i>	1	PA; NDS
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	3	NDS
<i>oxaprozin tablet</i>	1	
<i>oxaprozin capsule</i>	1	PA; NDS
PENNSAID SOLUTION	3	PA; NDS
<i>piroxicam capsule</i>	1	
RELAFEN DS	3	NDS
SPRIX	3	QL(5 EA per 30 days); NDS
<i>sulindac tablet</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin sodium capsule</i>	1	
<i>tolmetin sodium tablet 600mg</i>	1	
VIMOVO	3	QL(60 EA per 30 days); PA; NDS
ZIPSOR	3	NDS
Opioid Analgesics, Long-acting		
BELBUCA	3	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
BUTRANS	3	QL(4 EA per 28 days); NDS
CONZIP	3	PA; NDS
<i>fentanyl</i>	1	NDS
<i>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent</i>	1	ST; NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
HYSINGLA ER	3	ST; NDS
INFUMORPH 200	3	B/D; NDS
INFUMORPH 500	3	B/D; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate tablet</i>	1	NDS
<i>methadone hcl injection, oral solution, tablet</i>	1	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>methadose sugar-free</i>	1	NDS
<i>methadose concentrate 10mg/ml</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	1	NDS
<i>morphine sulfate er tablet extended release</i>	1	NDS
MS CONTIN TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	3	NDS
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40mg, 80mg</i>	1	ST; NDS
<i>oxycodone hydrochloride er</i>	1	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST; NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
<i>tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	1	PA; NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	1	NDS
<i>acetaminophen/codeine solution</i>	1	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	1	NDS
ACTIQ	3	PA; NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
<i>benzhydrocodone/acetaminophen</i>	1	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tablet</i>	1	NDS
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
<i>duramorph</i>	1	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal</i>	1	PA; NDS
<i>fentanyl citrate tablet</i>	1	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA; NDS
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	3	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hydrochloride</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, suppository, tablet</i>	1	NDS
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	NDS
<i>nalbuphine hydrochloride</i>	1	NDS
NALOCET	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA	3	NDS
OXAYDO	3	NDS
<i>oxycodone and acetaminophen</i>	1	NDS
<i>oxycodone hcl capsule</i>	1	NDS
<i>oxycodone hydrochloride/acetaminophen</i>	1	NDS
<i>oxycodone hydrochloride capsule, concentrate, solution, tablet</i>	1	NDS
<i>oxycodone hydrochloride tablet abuse-deterrent 10mg</i>	1	NDS
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 2.5mg, 300mg; 5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
PERCOCET TABLET 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	NDS
PROLATE	3	NDS
QDOLO	3	NDS
ROXICODONE TABLET 15MG, 30MG	3	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride solution, tablet</i>	1	NDS
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL(300 EA per 30 days); NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly prefilled syringe</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN	3	PA
LIDODERM	3	PA
LIDOTRAL GEL, SOLUTION	3	PA
LYDEXA	3	NDS
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	3	QL(4 EA per 90 days); PA; NDS
SYNERA	3	
TRIDACAINE	3	PA
TRIDACAINE II	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TRIDACAINE III	3	PA
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hydrochloride tablet</i>	1	
VIVITROL	3	NDS
<i>Opioid Dependence</i>		
BRIXADI	3	NDS
BUPRENEX INJECTION 0.3MG/ML	3	NDS
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>lofexidine hydrochloride</i>	1	QL(224 EA per 14 days); NDS
LUCEMYRA	3	QL(224 EA per 14 days); NDS
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL(180 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL(30 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL(360 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL(60 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days)
<i>Opioid Reversal Agents</i>		
KLOXXADO	3	
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	
ZIMHI	3	ST
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	2	QL(360 ML per 365 days)

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TYRVAYA	3	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	3	PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
HUMATIN	3	NDS
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	1	NDS
<i>tobramycin sulfate injection</i>	1	
ZEMDRI	3	NDS
<i>Antibacterials, Other</i>		
AEMCOLO	3	PA
<i>aztreonam injection 1gm</i>	1	
<i>aztreonam injection 2gm</i>	1	NDS
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	1	NDS
COLY-MYCIN M	3	NDS
CUBICIN RF	3	NDS
DALVANCE	3	NDS
<i>daptomycin</i>	1	NDS
<i>daptomycin/sodium chloride</i>	1	
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
LIKMEZ	3	PA
<i>lincomycin hydrochloride</i>	1	
<i>linezolid suspension reconstituted</i>	1	QL(1800 ML per 28 days); NDS
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	1	NDS

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<i>methenamine hippurate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 125mg, 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
<i>nitrofurantoin suspension</i>	1	NDS
ORBACTIV	3	NDS
SIVEXTRO	3	QL(6 EA per 30 days); NDS
<i>tigecycline</i>	1	NDS
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	3	NDS
VANCOCIN CAPSULE 125MG	3	QL(120 EA per 30 days); NDS
VANCOCIN CAPSULE 250MG	3	QL(240 EA per 30 days); NDS
<i>vancomycin hcl injection 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 750mg</i>	1	
VIBATIV INJECTION 750MG	3	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	3	NDS
XENLETA	3	NDS
ZYVOX SUSPENSION RECONSTITUTED	3	QL(1800 ML per 28 days); NDS
ZYVOX TABLET	3	QL(56 EA per 28 days); NDS
ZYVOX INJECTION 200MG/100ML	3	NDS
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	3	NDS
<i>cefaclor capsule</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium/dextrose injection 3gm; 2%</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	

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<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
FETROJA	3	NDS
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin</i>	1	NDS
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	1	
<i>penicillin g sodium</i>	1	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	

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<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
RECARBRIO	3	NDS
VABOMERE	3	
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
DIFICID	3	NDS
ERYPED 400	3	NDS
<i>erythromycin dr tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	1	NDS
Quinolones		
BAXDELA	3	NDS
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	1	NDS
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	3	NDS
DORYX TABLET DELAYED RELEASE 200MG	3	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	3	NDS
MINOCIN INJECTION	3	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxylene nl capsule 100mg</i>	1	
NUZYRA INJECTION	3	NDS
NUZYRA TABLET	3	QL(30 EA per 14 days); NDS
SEYSARA	3	NDS
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	3	NDS
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	3	PA; NDS
ELEPSIA XR	3	NDS
EPIDIOLEX	3	PA; NDS
EPRONTIA	3	
<i>felbamate</i>	1	
FELBATOL	3	NDS
FINTEPLA	3	PA; NDS
FYCOMPA SUSPENSION	3	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	NDS
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750MG	3	NDS
KEPPRA INJECTION, ORAL SOLUTION	3	NDS
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING	3	
LAMICTAL ODT KIT	3	NDS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	NDS

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LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET	3	NDS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution, tablet, tablet disintegrating soluble</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	3	NDS
<i>roweepra tablet 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	3	NDS
<i>topiramate er capsule extended release 24 hour 100mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	1	NDS
<i>topiramate er capsule er 24 hour sprinkle</i>	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	NDS
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)

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<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	3	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
GABARONE TABLET 400MG	3	QL(270 EA per 30 days); ST; NDS
GABARONE TABLET 100MG	3	QL(540 EA per 30 days); ST; NDS
GABITRIL TABLET 12MG, 16MG, 2MG	3	
GABITRIL TABLET 4MG	3	NDS
KLONOPIN TABLET 2MG	3	QL(300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
LYRICA SOLUTION	3	QL(900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL(60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL(90 EA per 30 days)
MYSOLINE TABLET	3	NDS
NEURONTIN SOLUTION	3	QL(2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL(270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL(360 EA per 30 days)
NEURONTIN TABLET 800MG	3	QL(150 EA per 30 days); NDS
NEURONTIN TABLET 600MG	3	QL(180 EA per 30 days); NDS
ONFI SUSPENSION	3	NDS
ONFI TABLET 10MG, 20MG	3	NDS
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin capsule 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin solution</i>	1	QL(900 ML per 30 days)
<i>primidone tablet</i>	1	
SABRIL	3	PA; NDS

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SYMPAZAN	3	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	1	PA; NDS
VIGADRONE	3	PA; NDS
VIGAFYDE	3	PA; NDS
<i>vigpoder</i>	1	PA; NDS
ZTALMY	3	PA; NDS
Sodium Channel Agents		
APTIOM	3	NDS
BANZEL	3	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	1	
<i>lacosamide oral solution, tablet</i>	1	
<i>lacosamide injection</i>	1	NDS
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er tablet extended release 24 hour 150mg, 300mg</i>	1	
<i>oxcarbazepine er tablet extended release 24 hour 600mg</i>	1	NDS
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	1	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	1	NDS
TRILEPTAL SUSPENSION	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION, ORAL SOLUTION	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
XCOPRI TABLET	3	PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	3	PA; NDS
ZONEGRAN CAPSULE 100MG, 25MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
ZONISADE	3	ST
zonisamide	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	1	
<i>memantine/donepezil hydrochloride er</i>	1	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	2	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	2	QL(56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>		
ADLARITY	3	ST
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
ZUNVEYL TABLET DELAYED RELEASE 15MG	3	QL(120 EA per 30 days); ST
ZUNVEYL TABLET DELAYED RELEASE 10MG, 5MG	3	QL(60 EA per 30 days); ST
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	
NAMENDA XR	3	QL(30 EA per 30 days)
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	3	QL(30 EA per 30 days); ST; NDS
AUVELITY	3	QL(60 EA per 30 days); ST; NDS
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
<i>quetiapine fumarate tablet 150mg</i>	1	QL(90 EA per 30 days)
SPRAVATO 56MG DOSE	3	PA; NDS
SPRAVATO 84MG DOSE	3	PA; NDS
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL(90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL(60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL(90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL(30 EA per 30 days); NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL(90 EA per 30 days); NDS
ZURZUVAE CAPSULE 30MG	3	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL(28 EA per 14 days); PA; NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide solution, tablet</i>	1	
<i>citalopram hydrobromide capsule</i>	1	ST
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL(60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL(90 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	1	QL(30 EA per 30 days); ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)

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<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine dr</i>	1	QL(4 EA per 28 days)
<i>fluoxetine hydrochloride capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
<i>nefazodone hydrochloride</i>	1	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
PEXEVA TABLET 30MG	3	QL(60 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	3	NDS
RALDESY	3	NDS
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride capsule</i>	1	ST
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
<i>venlafaxine besylate er</i>	1	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
VIIBRYD TABLET	3	QL(30 EA per 30 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	NDS
<i>clomipramine hcl capsule</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>imipramine pamoate</i>	1	
NORPRAMIN TABLET 10MG, 25MG	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	3	NDS
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
Antiemetics, Other		
ANTIVERT TABLET CHEWABLE	3	
ANTIVERT TABLET 50MG	3	
BARHEMSYS	3	B/D
BONJESTA	3	QL(60 EA per 30 days)
<i>compro</i>	1	
DICLEGIS	3	QL(120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 25mg, 50mg</i>	1	
PHENERGAN FORTIS	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg</i>	1	
<i>promethazine hydrochloride tablet</i>	1	
<i>promethazine hydrochloride suppository 25mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PATCH 72 HOUR 1MG/3DAYS	3	
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
APONVIE	3	
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND BIPACK	3	QL(8 EA per 30 days); B/D
EMEND TRIPACK	3	QL(6 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED	3	QL(6 EA per 30 days); B/D
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
MARINOL CAPSULE 2.5MG	3	QL(60 EA per 30 days); PA
MARINOL CAPSULE 10MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	3	QL(2 EA per 30 days); NDS
SUSTOL	3	QL(1.2 ML per 30 days); NDS
SYNDROS	3	QL(120 ML per 30 days); PA; NDS
VARUBI TABLET THERAPY PACK	3	QL(4 EA per 28 days); B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	3	B/D; NDS
<i>amphotericin b liposome</i>	1	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
<i>caspofungin acetate</i>	1	
<i>clotrimazole troche</i>	1	
<i>clotrimazole solution</i>	1	QL(60 ML per 30 days)
<i>clotrimazole cream</i>	1	QL(90 GM per 30 days)
CRESEMBA INJECTION	3	NDS
CRESEMBA CAPSULE	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABLET 200MG	3	NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	3	NDS
ERTACZO	3	NDS
EXTINA	3	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	NDS
FULVICIN P/G 165	3	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>griseofulvin ultramicrosize tablet 165mg</i>	1	NDS
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	1	PA; NDS
JUBLIA	3	NDS
KERYDIN	3	PA
<i>ketoconazole shampoo, tablet</i>	1	
<i>ketoconazole cream</i>	1	QL(90 GM per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>micafungin</i>	1	
<i>micafungin sodium/sodium chloride</i>	1	
<i>micafungin/sodium chloride</i>	1	
MYCAMINE INJECTION 50MG	3	
MYCAMINE INJECTION 100MG	3	NDS
NOXAFIL INJECTION	3	NDS
NOXAFIL PACKET, SUSPENSION, TABLET DELAYED RELEASE	3	PA; NDS
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
ORAVIG	3	NDS
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT CREAM	3	QL(90 GM per 30 days)
<i>posaconazole dr</i>	1	PA; NDS
<i>posaconazole injection</i>	1	NDS
<i>posaconazole suspension</i>	1	PA; NDS
REZZAYO	3	NDS
SPORANOX CAPSULE, SOLUTION	3	PA; NDS
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole cream</i>	1	
TOLSURA	3	PA; NDS
VFEND IV	3	PA; NDS
VFEND SUSPENSION RECONSTITUTED	3	NDS
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	1	NDS
<i>voriconazole injection</i>	1	PA; NDS
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet</i>	1	
<i>colchicine capsule</i>	1	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	3	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	2	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	2	QL(2 ML per 28 days); PA
AJOVY	3	QL(4.5 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA
QULIPTA	3	QL(30 EA per 30 days); PA; NDS
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
<i>Ergot Alkaloids</i>		
CAFERGOT TABLET	3	QL(24 EA per 28 days)
<i>dihydroergotamine mesylate injection</i>	1	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	1	QL(8 ML per 30 days); PA; NDS
ERGOMAR	3	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	3	QL(20 EA per 28 days); NDS
MIGRANAL	3	QL(8 ML per 30 days); PA; NDS
TRUDHESA	3	QL(12 ML per 28 days); PA
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
VYEPTI	3	QL(3 ML per 84 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)

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<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
FROVA	3	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL(5 ML per 30 days); NDS
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	3	QL(5 ML per 30 days); NDS
IMITREX SOLUTION	3	QL(12 EA per 30 days)
IMITREX TABLET	3	QL(9 EA per 30 days)
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL(18 EA per 30 days)
MAXALT TABLET 10MG	3	QL(18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)
RELPAX	3	QL(12 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL(9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	3	QL(9 EA per 30 days); NDS
ZEMBRACE SYMTOUCH	3	QL(8 ML per 30 days); NDS
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG TABLET	3	QL(12 EA per 30 days); NDS
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
VYVGART HYTRULO	3	PA; NDS
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
EMROSI	3	NDS

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MYCOBUTIN	3	
<i>rifabutin</i>	1	
Antituberculars		
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection, syrup, tablet</i>	1	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	3	NDS
<i>rifampin capsule, injection</i>	1	
SIRTURO	3	NDS
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
BELRAPZO	3	NDS
<i>bendamustine hydrochloride</i>	1	NDS
BENDEKA	3	NDS
BICNU	3	NDS
<i>busulfan</i>	1	NDS
BUSULFEX	3	NDS
<i>carmustine</i>	1	NDS
<i>cisplatin injection 100mg/100ml</i>	1	
<i>cisplatin injection 50mg</i>	1	NDS
<i>cyclophosphamide monohydrate injection</i>	1	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D
<i>cyclophosphamide injection</i>	1	NDS
EVOMELA	3	NDS
FRINDOVYX	3	NDS
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	3	NDS
GRAFAPEX	3	NDS
<i>ifosfamide injection 3gm</i>	1	
IVRA	3	NDS
LEUKERAN	3	NDS
MATULANE	3	NDS
OPDIVO QVANTIG	3	PA; NDS
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	1	NDS
TEMODAR INJECTION	3	NDS
TEPADINA	3	NDS
<i>thiotepa injection 100mg, 15mg</i>	1	NDS
TREANDA INJECTION 100MG, 25MG	3	NDS
VALCHLOR	3	PA; NDS

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VIVIMUSTA	3	NDS
YONDELIS	3	NDS
ZANOSAR	3	NDS
ZEPZELCA	3	PA; NDS
Antandrogens		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	1	PA; NDS
<i>abirtega</i>	1	PA
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA	3	PA; NDS
EULEXIN	3	NDS
<i>flutamide</i>	1	
NILANDRON TABLET 150MG	3	NDS
<i>nilutamide</i>	1	NDS
NUBEQA	3	PA; NDS
XTANDI	3	PA; NDS
YONSA	3	PA; NDS
ZYTIGA	3	PA; NDS
Antiangiogenic Agents		
<i>lenalidomide</i>	1	PA; NDS
POMALYST	3	PA; NDS
REVLIMID	3	PA; NDS
THALOMID	3	PA; NDS
Antiestrogens/Modifiers		
EMCYT	3	NDS
FARESTON	3	NDS
FASLODEX INJECTION 250MG/5ML	3	NDS
<i>fulvestrant</i>	1	NDS
ORSERDU	3	PA; NDS
SOLTAMOX	3	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	1	NDS
Antimetabolites		
ALIMTA	3	NDS
ARRANON	3	NDS
<i>cladribine</i>	1	B/D; NDS
<i>clofarabine</i>	1	NDS
CLOLAR	3	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>floxuridine injection</i>	1	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	PA; NDS
<i>gemcitabine hydrochloride injection 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	1	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	3	NDS
<i>mercaptopurine tablet</i>	1	
<i>mercaptopurine suspension</i>	1	NDS
<i>nelarabine</i>	1	NDS
NIPENT	3	NDS
<i>pemetrexed disodium</i>	1	NDS
<i>pemetrexed injection 1gm/40ml</i>	1	
<i>pemetrexed injection 1000mg, 100mg/4ml, 100mg, 1gm/40ml, 500mg/20ml, 500mg, 750mg, 850mg/34ml</i>	1	NDS
PEMFEXY	3	NDS
PEMRYDI RTU	3	NDS
<i>pralatrexate</i>	1	PA; NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA; NDS
TABLOID	3	NDS
VYXEOS	3	PA; NDS
XROMI	3	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	3	NDS
<i>adriamycin injection 50mg</i>	1	B/D
ADSTILADRIN	3	PA; NDS
AKEEGA	3	PA; NDS
ANKTIVA	3	PA; NDS
<i>arsenic trioxide</i>	1	NDS
ASPARLAS	3	NDS
<i>azacitidine</i>	1	NDS
<i>bleomycin sulfate</i>	1	B/D
<i>bortezomib injection 1mg, 2.5mg, 3.5mg/1.4ml</i>	1	PA
<i>bortezomib injection 3.5mg</i>	1	PA; NDS
BORUZU	3	PA; NDS
COLUMVI	3	PA; NDS
COSMEGEN	3	NDS
<i>dactinomycin</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>decitabine</i>	1	NDS
<i>docetaxel injection 160mg/8ml, 20mg/2ml, 80mg/8ml</i>	1	NDS
DOXIL	3	NDS
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENCE INJECTION 50MG/25ML	3	
ELREXFIO	3	PA; NDS
ELZONRIS	3	PA; NDS
EPKINLY	3	PA; NDS
<i>eribulin mesylate</i>	1	PA; NDS
ETHYOL	3	NDS
HALAVEN	3	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA; NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
<i>idarubicin hcl</i>	1	NDS
IMDELLTRA	3	PA; NDS
INREBIC	3	PA; NDS
ISTODAX	3	PA; NDS
ITOVEBI TABLET 9MG	3	PA; NDS
ITOVEBI TABLET 3MG	3	QL(60 EA per 30 days); PA; NDS
IWILFIN	3	PA; NDS
IXEMPRA KIT	3	NDS
JEVTANA	3	PA; NDS
KIMMTRAK	3	PA; NDS
KISQALI FEMARA 200 DOSE	3	PA; NDS
KISQALI FEMARA 400 DOSE	3	PA; NDS
KISQALI FEMARA 600 DOSE	3	PA; NDS
LAZCLUZE TABLET 240MG	3	PA; NDS
LAZCLUZE TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	1	NDS
LONSURF	3	PA; NDS
LYSODREN	3	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	NDS
MUTAMYCIN	3	NDS
OGSIVEO	3	PA; NDS
OJEMDA	3	PA; NDS
ONCASPAR	3	NDS
ONUREG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound particles</i>	1	NDS
<i>pemetrexed injection 100mg/4ml</i>	1	NDS
PHESGO	3	PA; NDS
PHOTOFRIN	3	NDS
PROLEUKIN	3	NDS
REVUFORJ	3	PA; NDS
<i>romidepsin injection 10mg</i>	1	PA; NDS
RYLAZE	3	NDS
RYTELO	3	PA; NDS
SYNRIBO	3	NDS
TALVEY	3	PA; NDS
TECVAYLI	3	PA; NDS
TICE BCG	3	
TRISENOX INJECTION 12MG/6ML	3	NDS
TRUSELTIQ	3	PA; NDS
<i>valrubicin</i>	1	NDS
VALSTAR	3	NDS
VELCADE	3	PA; NDS
VIDAZA	3	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
VONJO	3	PA; NDS
ZALTRAP	3	PA; NDS
ZOLINZA	3	PA; NDS
Antineoplastics		
OPDUALAG	3	PA; NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
ARIMIDEX	3	
AROMASIN	3	NDS
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
CAMPTOSAR	3	NDS
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
<i>irinotecan hydrochloride</i>	1	NDS
<i>irinotecan injection 500mg/25ml</i>	1	NDS
KYPROLIS	3	PA; NDS
ONIVYDE	3	NDS
<i>topotecan hcl injection 4mg</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hydrochloride</i>	1	NDS
<i>Molecular Target Inhibitors</i>		
AFINITOR	3	QL(30 EA per 30 days); PA; NDS
AFINITOR DISPERZ	3	PA; NDS
ALECENSA	3	PA; NDS
ALIQOPA	3	PA; NDS
ALUNBRIG TABLET THERAPY PACK	3	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	3	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL(30 EA per 30 days); PA; NDS
AUGTYRO	3	PA; NDS
AYVAKIT	3	QL(30 EA per 30 days); PA; NDS
BALVERSA	3	PA; NDS
BELEODAQ	3	PA; NDS
BOSULIF	3	PA; NDS
BRAFTOVI CAPSULE 75MG	3	PA; NDS
BRUKINSA	3	PA; NDS
CABOMETYX TABLET 40MG, 60MG	3	PA; NDS
CABOMETYX TABLET 20MG	3	QL(30 EA per 30 days); PA; NDS
CALQUENCE	3	PA; NDS
CAPRELSA TABLET 300MG	3	PA; NDS
CAPRELSA TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
COMETRIQ	3	PA; NDS
COPIKTRA	3	PA; NDS
COTELLIC	3	PA; NDS
DANZITEN	3	PA; NDS
<i>dasatinib</i>	1	PA; NDS
DAURISMO	3	PA; NDS
ERIVEDGE	3	PA; NDS
<i>erlotinib hydrochloride tablet</i>	1	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	1	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
EXKIVITY	3	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	1	NDS
FOTIVDA	3	PA; NDS
FRUZAQLA	3	PA; NDS
FYARRO	3	PA; NDS
GAVRETO	3	PA; NDS
<i>gefitinib</i>	1	PA; NDS
GILOTRIF	3	QL(30 EA per 30 days); PA; NDS
GLEEVEC TABLET	3	PA; NDS
GOMEKLI	3	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABLET 30MG, 45MG	3	PA; NDS
ICLUSIG TABLET 10MG, 15MG	3	QL(30 EA per 30 days); PA; NDS
IDHIFA	3	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	3	PA; NDS
IMKELDI	3	PA; NDS
INLYTA	3	PA; NDS
INQOVI	3	PA; NDS
IRESSA	3	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	3	PA; NDS
JAKAFI TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	3	PA; NDS
JAYPIRCA TABLET 50MG	3	QL(30 EA per 30 days); PA; NDS
KISQALI	3	PA; NDS
KOSELUGO	3	PA; NDS
KRAZATI	3	PA; NDS
<i>lapatinib ditosylate</i>	1	PA; NDS
LENVIMA 10 MG DAILY DOSE	3	PA; NDS
LENVIMA 12MG DAILY DOSE	3	PA; NDS
LENVIMA 14 MG DAILY DOSE	3	PA; NDS
LENVIMA 18 MG DAILY DOSE	3	PA; NDS
LENVIMA 20 MG DAILY DOSE	3	PA; NDS
LENVIMA 24 MG DAILY DOSE	3	PA; NDS
LENVIMA 4 MG DAILY DOSE	3	PA; NDS
LENVIMA 8 MG DAILY DOSE	3	PA; NDS
LORBRENA	3	PA; NDS
LUMAKRAS	3	PA; NDS
LYNPARZA TABLET	3	PA; NDS
LYTGOBI	3	PA; NDS
MEKINIST	3	PA; NDS
MEKTOVI	3	PA; NDS
NERLYNX	3	QL(180 EA per 30 days); PA; NDS
NEXAVAR	3	PA; NDS
NINLARO	3	PA; NDS
ODOMZO	3	PA; NDS
OJJAARA	3	PA; NDS
<i>pazopanib hydrochloride</i>	1	PA; NDS
PEMAZYRE	3	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE	3	PA; NDS
PIQRAY 250MG DAILY DOSE	3	PA; NDS
PIQRAY 300MG DAILY DOSE	3	PA; NDS
QINLOCK	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPSULE	3	PA; NDS
RETEVMO TABLET 120MG, 160MG	3	PA; NDS
RETEVMO TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	3	QL(90 EA per 30 days); PA; NDS
REZLIDHIA	3	PA; NDS
ROMVIMZA	3	PA; NDS
ROZLYTREK	3	PA; NDS
RUBRACA	3	PA; NDS
RYDAPT	3	PA; NDS
SCEMBLIX TABLET 40MG	3	PA; NDS
SCEMBLIX TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
<i>sorafenib</i>	1	PA; NDS
<i>sorafenib tosylate</i>	1	PA; NDS
SPRYCEL	3	PA; NDS
STIVARGA	3	PA; NDS
<i>sunitinib malate</i>	1	PA; NDS
SUTENT	3	PA; NDS
TABRECTA	3	QL(120 EA per 30 days); PA; NDS
TAFINLAR	3	PA; NDS
TAGRISSE TABLET 80MG	3	PA; NDS
TAGRISSE TABLET 40MG	3	QL(30 EA per 30 days); PA; NDS
TALZENNA	3	PA; NDS
TARCEVA	3	PA; NDS
TASIGNA	3	PA; NDS
TAZVERIK	3	PA; NDS
<i>temsirolimus</i>	1	NDS
TEPMETKO	3	PA; NDS
TIBSOVO	3	PA; NDS
TORISEL	3	NDS
<i>torpenz</i>	1	QL(30 EA per 30 days); PA; NDS
TRUQAP	3	PA; NDS
TUKYSA	3	PA; NDS
TURALIO	3	PA; NDS
TYKERB	3	PA; NDS
VANFLYTA	3	PA; NDS
VENCLEXTA STARTING PACK	3	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA; NDS
VERZENIO	3	PA; NDS
VIJOICE PACKET	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
VITRAKVI	3	PA; NDS
VIZIMPRO	3	PA; NDS
VOTRIENT	3	PA; NDS
XALKORI	3	PA; NDS
XOSPATA	3	PA; NDS
XPOVIO	3	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	3	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	3	PA; NDS
ZEJULA CAPSULE	3	PA; NDS
ZEJULA TABLET 200MG, 300MG	3	PA; NDS
ZEJULA TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS
ZELBORAF	3	PA; NDS
ZYDELIG	3	PA; NDS
ZYKADIA TABLET	3	PA; NDS
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	3	PA; NDS
ALYMSYS	3	PA; NDS
ARZERRA	3	PA; NDS
AVASTIN	3	PA; NDS
BAVENCIO	3	PA; NDS
BESPO NSA	3	PA; NDS
BIZENGRI	3	PA; NDS
BLINCYTO	3	PA; NDS
CYRAMZA	3	PA; NDS
DANYELZA	3	PA; NDS
DARZALEX	3	PA; NDS
DARZALEX FASPRO	3	PA; NDS
DATROWAY	3	PA; NDS
ELAHERE	3	PA; NDS
EMPLICITI	3	PA; NDS
ENHERTU	3	PA; NDS
ERBITUX	3	PA; NDS
GAZYVA	3	PA; NDS
HERCEPTIN HYLECTA	3	PA; NDS
HERCEPTIN INJECTION 150MG	3	PA; NDS
HERCESSI	3	PA; NDS
HERZUMA	3	PA; NDS
IMFINZI	3	PA; NDS
IMJUDO	3	PA; NDS
JEMPERLI	3	PA; NDS
KADCYLA	3	PA; NDS

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KANJINTI	3	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA; NDS
LIBTAYO	3	PA; NDS
LOQTORZI	3	PA; NDS
LUMOXITI	3	PA; NDS
LUNSUMIO	3	PA; NDS
MARGENZA	3	PA; NDS
MONJUVI	3	PA; NDS
MVASI	3	PA; NDS
MYLOTARG	3	PA; NDS
OGIVRI	3	PA; NDS
ONTRUZANT	3	PA; NDS
OPDIVO	3	PA; NDS
PADCEV	3	PA; NDS
PERJETA	3	PA; NDS
POLIVY	3	PA; NDS
PORTRAZZA	3	PA; NDS
POTELIGEO	3	PA; NDS
RIABNI	3	PA; NDS
RITUXAN	3	PA
RITUXAN HYCELA	3	PA; NDS
RUXIENCE	3	PA; NDS
RYBREVANT	3	PA; NDS
SARCLISA	3	PA; NDS
TECENTRIQ	3	PA; NDS
TECENTRIQ HYBREZA	3	PA; NDS
TEVIMBRA	3	PA; NDS
TIVDAK	3	PA; NDS
TRAZIMERA	3	PA; NDS
TRODELVY	3	PA; NDS
TRUXIMA	3	PA
UNITUXIN	3	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
VEGZELMA	3	PA; NDS
VYLOY	3	PA; NDS
YERVOY	3	PA; NDS
ZEVALIN Y-90	3	NDS
ZIIHERA	3	PA; NDS
ZIRABEV	3	PA; NDS
ZYNLONTA	3	PA; NDS
ZYNYZ	3	PA; NDS
Retinoids		

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<i>bexarotene</i>	1	PA; NDS
PANRETIN	3	NDS
TARGRETIN	3	PA; NDS
<i>tretinoin capsule 10mg</i>	1	NDS
<i>Treatment Adjuncts</i>		
<i>dexrazoxane</i>	1	NDS
ELITEK	3	NDS
KHAPZORY	3	NDS
<i>mesna tablet</i>	1	NDS
MESNEX TABLET	3	NDS
VORANIGO TABLET 40MG	3	PA; NDS
VORANIGO TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
VORAXAZE	3	NDS
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	1	NDS
EMVERM	3	
<i>ivermectin tablet 3mg, 6mg</i>	1	PA
<i>praziquantel tablet</i>	1	
STROMEKTOL TABLET 3MG	3	PA
<i>Antiprotozoals</i>		
ALINIA	3	NDS
<i>artesunate</i>	1	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	PA; NDS
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>mefloquine hydrochloride</i>	1	
MEPRON SUSPENSION	3	NDS
NEBUPENT	3	B/D
<i>nitazoxanide</i>	1	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
PLAQUENIL	3	
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	PA; NDS
QUALAQUIN	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
SOVUNA	3	ST
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	1	
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
GOCOVRI	3	PA; NDS
NOURIANZ	3	PA; NDS
ONGENTYS	3	ST
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	PA
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
TASMAR TABLET 100MG	3	QL(180 EA per 30 days); NDS
<i>tolcapone</i>	1	QL(180 EA per 30 days); NDS
<i>Dopamine Agonists</i>		
APOKYN INJECTION 30MG/3ML	3	QL(90 ML per 30 days); PA; NDS
<i>apomorphine hydrochloride injection</i>	1	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	1	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
DHIVY	3	ST
DUOPA	3	PA; NDS
INBRIJA	3	PA; NDS
LODOSYN	3	NDS

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RYTARY	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	3	QL(30 EA per 30 days); ST; NDS
ZELAPAR	3	NDS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate</i>	1	
<i>fluphenazine hydrochloride</i>	1	
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>thioridazine hydrochloride</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	3	NDS
ABILIFY MAINTENA	3	NDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	3	ST; NDS
ABILIFY TABLET	3	QL(30 EA per 30 days); NDS
<i>aripiprazole odt tablet disintegrating 15mg</i>	1	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	1	QL(60 EA per 30 days); NDS
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	3	NDS
ARISTADA INITIO	3	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	3	QL(30 EA per 30 days); PA; NDS

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FANAPT	3	QL(60 EA per 30 days); ST; NDS
FANAPT TITRATION PACK	3	QL(16 EA per 365 days); ST
GEODON INJECTION	3	QL(60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL(60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL(60 EA per 30 days); NDS
INVEGA HAFYERA	3	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NDS
INVEGA TRINZA	3	NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL(30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL(30 EA per 30 days); NDS
LATUDA TABLET 80MG	3	QL(60 EA per 30 days); NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	3	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	3	PA; NDS
NUPLAZID TABLET 10MG	3	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL(30 EA per 30 days)
OPIPZA FILM 2MG	3	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 10MG, 5MG	3	QL(90 EA per 30 days); PA; NDS
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL(60 EA per 30 days)
PERSERIS	3	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	3	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	3	NDS
RISPERDAL SOLUTION	3	QL(240 ML per 30 days); NDS
RISPERDAL TABLET 0.5MG, 1MG, 4MG	3	QL(60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	3	QL(60 EA per 30 days); NDS
<i>risperidone er injection 12.5mg, 25mg</i>	1	
<i>risperidone er injection 37.5mg, 50mg</i>	1	NDS

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<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SAPHRIS	3	QL(60 EA per 30 days)
SECUADO	3	QL(30 EA per 30 days); ST; NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL(60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL(90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL(60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL(90 EA per 30 days)
UZEDY	3	ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	3	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL(30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL(30 EA per 30 days); NDS
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	3	QL(30 EA per 30 days); NDS
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL(270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL(120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL(180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL(270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL(270 EA per 30 days); NDS
VERSACLOZ	3	QL(540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	1	
<i>baclofen suspension</i>	1	ST; NDS
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D

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<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	1	B/D; NDS
<i>baclofen oral solution 10mg/5ml</i>	1	ST
<i>baclofen oral solution 5mg/5ml</i>	1	ST; NDS
BOTOX	3	PA
DANTRIUM IV	3	NDS
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	1	NDS
DYSPOET	3	PA
FLEQSUVY	3	ST; NDS
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D; NDS
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC	3	PA
OZOBAX	3	ST; NDS
OZOBAX DS	3	ST; NDS
<i>revonto</i>	1	NDS
SOHONOS CAPSULE 5MG	3	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPSULE 2.5MG	3	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1.5MG	3	QL(364 EA per 28 days); PA; NDS
SOHONOS CAPSULE 10MG	3	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1MG	3	QL(560 EA per 28 days); PA; NDS
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	3	PA; NDS
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	1	NDS
<i>foscarnet sodium injection 6000mg/250ml</i>	1	B/D; NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D; NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	3	NDS
PREVYMIS INJECTION, TABLET	3	NDS
PREVYMIS PACKET 20MG	3	

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PREVYMIS PACKET 120MG	3	NDS
VALCYTE	3	NDS
<i>valganciclovir tablet 450mg</i>	1	
<i>valganciclovir hydrochloride solution 50mg/ml</i>	1	NDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABLET	3	QL(30 EA per 30 days); NDS
BARACLUDE SOLUTION	3	QL(600 ML per 30 days); NDS
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	3	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	3	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	3	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI TABLET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
<i>ledipasvir/sofosbuvir</i>	1	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	3	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	3	QL(560 EA per 365 days); PA; NDS
<i>ribavirin tablet 200mg</i>	1	
<i>sofosbuvir/velpatasvir</i>	1	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	3	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	3	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	3	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	3	QL(672 EA per 365 days); NDS
VOSEVI	3	QL(84 EA per 365 days); PA; NDS
ZEPATIER	3	QL(112 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL(30 EA per 30 days)
CABENUVA	3	
DOVATO	3	QL(30 EA per 30 days)
GENVOYA	3	QL(30 EA per 30 days)
ISENTRESS HD	3	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	3	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	3	QL(180 EA per 30 days)
JULUCA	3	QL(30 EA per 30 days)

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STRIBILD	3	QL(30 EA per 30 days)
TIVICAY PD	3	QL(180 EA per 30 days)
TIVICAY TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	3	QL(60 EA per 30 days)
VOCABRIA	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL(30 EA per 30 days)
DELSTRIGO	3	QL(30 EA per 30 days)
EDURANT	3	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	1	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	1	QL(90 EA per 30 days)
<i>etravirine</i>	1	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	3	QL(120 EA per 30 days)
INTELENCE TABLET 100MG, 200MG	3	QL(60 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	1	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	1	QL(1200 ML per 30 days)
<i>nevirapine tablet</i>	1	QL(60 EA per 30 days)
PIFELTRO	3	QL(30 EA per 30 days)
SUSTIVA CAPSULE 200MG, 50MG	3	QL(90 EA per 30 days)
SYMFI	3	QL(30 EA per 30 days)
SYMFI LO	3	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate</i>	1	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir tablet</i>	1	QL(60 EA per 30 days)
<i>abacavir solution</i>	1	QL(960 ML per 30 days)
CIMDUO	3	QL(30 EA per 30 days)
COMBIVIR	3	QL(60 EA per 30 days)
DESCOVY	3	QL(30 EA per 30 days)
<i>emtricitabine</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
EMTRIVA CAPSULE	3	QL(30 EA per 30 days)
EMTRIVA SOLUTION	3	QL(850 ML per 30 days)
EPIVIR SOLUTION	3	QL(960 ML per 30 days)
EPIVIR TABLET 300MG	3	QL(30 EA per 30 days)

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EPIVIR TABLET 150MG	3	QL(60 EA per 30 days)
EPZICOM	3	QL(30 EA per 30 days)
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	1	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	1	QL(60 EA per 30 days)
ODEFSEY	3	QL(30 EA per 30 days)
RETROVIR IV INFUSION	3	
RETROVIR CAPSULE	3	QL(180 EA per 30 days)
RETROVIR SYRUP	3	QL(1920 ML per 30 days)
<i>stavudine capsule</i>	1	
<i>tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
TRIUMEQ	3	QL(30 EA per 30 days)
TRIUMEQ PD	3	QL(180 EA per 30 days)
TRIZIVIR	3	QL(60 EA per 30 days)
TRUVADA	3	QL(30 EA per 30 days)
VIREAD POWDER	3	QL(240 GM per 30 days)
VIREAD TABLET	3	QL(30 EA per 30 days)
ZIAGEN TABLET	3	QL(60 EA per 30 days)
ZIAGEN SOLUTION	3	QL(960 ML per 30 days)
<i>zidovudine capsule</i>	1	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	1	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	3	
<i>maraviroc tablet 300mg</i>	1	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	1	QL(60 EA per 30 days)
RUKOBIA	3	QL(60 EA per 30 days)
SELZENTRY SOLUTION	3	
SELZENTRY TABLET 300MG	3	QL(120 EA per 30 days)
SELZENTRY TABLET 25MG	3	QL(480 EA per 30 days)
SELZENTRY TABLET 150MG, 75MG	3	QL(60 EA per 30 days)
SUNLENCA INJECTION	3	
SUNLENCA TABLET THERAPY PACK 300MG	3	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	3	QL(8 EA per 365 days)
TROGARZO	3	
TYBOST	2	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	3	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	1	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	1	
<i>atazanavir capsule 200mg</i>	1	QL(60 EA per 30 days)

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<i>darunavir tablet 800mg</i>	1	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	1	QL(60 EA per 30 days)
EVOTAZ	3	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	1	QL(120 EA per 30 days)
KALETRA SOLUTION	3	
KALETRA TABLET 200MG; 50MG	3	
LEXIVA TABLET	3	QL(120 EA per 30 days)
LEXIVA SUSPENSION	3	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, TABLET	3	QL(360 EA per 30 days)
NORVIR SOLUTION	3	QL(480 ML per 30 days)
PREZCOBIX	3	QL(30 EA per 30 days)
PREZISTA SUSPENSION	3	QL(400 ML per 30 days)
PREZISTA TABLET 150MG	3	QL(180 EA per 30 days)
PREZISTA TABLET 800MG	3	QL(30 EA per 30 days)
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 600MG	3	QL(60 EA per 30 days)
REYATAZ PACKET	3	QL(180 EA per 30 days)
REYATAZ CAPSULE 300MG	3	QL(30 EA per 30 days)
REYATAZ CAPSULE 200MG	3	QL(60 EA per 30 days)
<i>ritonavir</i>	1	QL(360 EA per 30 days)
SYMTUZA	3	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	3	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	3	QL(300 EA per 30 days)
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RAPIVAB	3	NDS
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
TAMIFLU CAPSULE 75MG	3	QL(110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL(84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	
XOFLUZA TABLET THERAPY PACK 20MG	2	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	

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<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
VALTREX	3	QL(120 EA per 30 days)
VYJUVEK	3	PA; NDS
Antiviral, Coronavirus Agents		
LAGEVRIO	2	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	3	QL(4 EA per 3 days); NDS
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
ATIVAN INJECTION	3	NDS
ATIVAN TABLET 2MG	3	QL(150 EA per 30 days); NDS
ATIVAN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days); NDS
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate, oral solution</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam injection 2mg/ml</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL(30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL(360 EA per 30 days)
VALIUM TABLET 10MG	3	QL(120 EA per 30 days)
VALIUM TABLET 5MG	3	QL(240 EA per 30 days)
VALIUM TABLET 2MG	3	QL(300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL(150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL(30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL(90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL(120 EA per 30 days)
XANAX TABLET 2MG	3	QL(150 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI	3	PA
<i>Mood Stabilizers</i>		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL(6 ML per 28 days)
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days)
<i>alogliptin</i>	1	QL(30 EA per 30 days); ST
<i>alogliptin/metformin hcl</i>	1	ST
<i>alogliptin/metformin hydrochloride</i>	1	ST
<i>alogliptin/pioglitazone tablet 12.5mg; 30mg, 25mg; 15mg, 25mg; 30mg, 25mg; 45mg</i>	1	ST
<i>bexagliflozin</i>	1	QL(30 EA per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
BRENZAVVY	3	QL(30 EA per 30 days); ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	PA; NDS
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
METFORMIN HYDROCHLORIDE TABLET 750MG	1	PA; NDS
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	1	PA; NDS
<i>miglitol</i>	1	
MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
OSENI TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
QTERN	3	ST
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 4MG, 7MG, 9MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG, 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	1	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	ST
SEGLUROMET	3	ST
<i>sitagliptin</i>	1	QL(30 EA per 30 days); ST
SOLQUA 100/33	2	
STEGLUJAN	3	ST
SYMLINPEN 120	3	PA; NDS
SYMLINPEN 60	3	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	QL(30 EA per 30 days)
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
ZITUVIMET XR	3	ST
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	NDS
GLUCAGEN HYPOKIT	3	ST
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
ZEGALOGUE	3	ST
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	3	PA; NDS
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
<i>insulin lispro</i>	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	1	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	NDS
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	NDS
CEPROTIN	3	NDS
<i>dabigatran etexilate</i>	1	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NDS
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 120MG/0.8ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	
LOVENOX INJECTION 100MG/ML, 150MG/ML, 300MG/3ML	3	NDS
<i>rivaroxaban</i>	1	QL(360 EA per 30 days)
TISSEEL KIT	3	NDS
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(600 ML per 30 days); NDS
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 2.5MG	2	QL(360 EA per 30 days)
XARELTO TABLET 15MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
ADAKVEO	3	PA; NDS
ALVAIZ	3	PA; NDS
<i>anagrelide hydrochloride</i>	1	
APHEXDA	3	NDS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	3	PA; NDS
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA	3	QL(60 EA per 30 days); PA; NDS
FULPHILA	3	PA; NDS
FYLNETRA	3	PA; NDS
GRANIX	3	ST; NDS
LEUKINE INJECTION 250MCG	3	PA; NDS
MOZOBIL	3	NDS
MULPLETA	3	PA; NDS
NEULASTA	3	PA; NDS
NEULASTA ONPRO KIT	3	PA; NDS
NEUPOGEN	3	ST; NDS
NIVESTYM	3	ST; NDS
NPLATE	3	PA; NDS
NYPOZI	3	ST; NDS
NYVEPRIA	3	PA; NDS
<i>plerixafor</i>	1	NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	3	PA; NDS
PROMACTA	3	PA; NDS
REBLOZYL	3	PA; NDS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RELEUKO INJECTION 300MCG/ML, 480MCG/1.6ML	3	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA; NDS
ROLVEDON	3	PA; NDS
STIMUFEND	3	PA; NDS
UDENYCA	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY	3	PA; NDS
VAFSEO TABLET 300MG	3	QL(60 EA per 30 days); PA; NDS
VAFSEO TABLET 150MG	3	QL(90 EA per 30 days); PA
XOLREMDI	3	QL(120 EA per 30 days); PA; NDS
ZARXIO	3	NDS
ZIEXTENZO	3	PA; NDS
Hemostasis Agents		
AMICAR SOLUTION, TABLET	3	NDS
<i>aminocaproic acid solution, tablet</i>	1	NDS
<i>tranexamic acid tablet</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	2	
CABLIVI	3	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	3	PA; NDS
<i>eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	1	NDS
KENGREAL	3	NDS
<i>prasugrel hydrochloride</i>	1	
TAVALISSE	3	PA; NDS
YOSPRALA	3	QL(30 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hydrochloride er</i>	1	ST
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	1	PA; NDS
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hydrochloride</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR	3	ST
NORTHERA	3	PA; NDS
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	3	PA; NDS
<i>phenoxybenzamine hydrochloride</i>	1	PA; NDS
<i>prazosin hydrochloride capsule</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
<i>valsartan solution</i>	1	ST; NDS
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
EPANED SOLUTION	3	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hydrochloride</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	3	NDS
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digoxin solution</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hydrochloride capsule</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>propafenone hydrochloride tablet 300mg</i>	1	
<i>quinidine sulfate tablet</i>	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425MG	3	NDS
<i>sorine</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
<i>sotalol hydrochloride injection</i>	1	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	3	NDS
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	3	NDS
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	3	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>levamlodipine</i>	1	ST
<i>nicardipine hcl capsule</i>	1	
<i>nicardipine hydrochloride/sodium chloride injection 20mg/200ml; 0.9%, 40mg/200ml; 0.9%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	3	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er tablet extended release 120mg, 180mg</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	3	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CORLANOR SOLUTION	3	QL(450 ML per 30 days)
CORLANOR TABLET	3	QL(60 EA per 30 days)
DEFITELIO	3	NDS
DEMSEER	3	PA; NDS
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	2	QL(240 EA per 30 days)
ENTRESTO TABLET	2	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA	3	PA; NDS
FILSPARI	3	QL(30 EA per 30 days); PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>ivabradine hydrochloride</i>	1	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	1	
LODOCO	3	PA
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	PA; NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
valsartan/hydrochlorothiazide	1	
VECAMYL	3	NDS
VYNDAMAX	3	QL(30 EA per 30 days); PA; NDS
Diuretics, Loop		
bumetanide injection, tablet	1	
EDECIN TABLET 25MG	3	NDS
ethacrynate sodium	1	NDS
ethacrynic acid tablet	1	
FUROSCIX	3	PA
furosemide injection, oral solution, tablet	1	
SOAANZ	3	ST
SODIUM EDECIN	3	NDS
torsemide tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet	1	
triamterene capsule	1	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
INZIRQO	3	PA
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	1	
fenofibrate tablet	1	
fenofibric acid dr	1	
FENOGLIDE TABLET 120MG	3	
gemfibrozil tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
atorvastatin calcium	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
fluvastatin	1	
fluvastatin sodium er	1	
LIVALO	2	ST
lovastatin tablet	1	
pitavastatin calcium	1	
pravastatin sodium	1	
rosuvastatin calcium tablet	1	

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<i>simvastatin tablet</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	3	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
LEQVIO	3	QL(3 ML per 180 days); PA
LOVAZA	3	
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
<i>rosuvastatin/ezetimibe</i>	1	ST
ROSZET	3	ST
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	2	QL(30 EA per 30 days)
INPEFA	3	ST
INVOKANA	3	QL(30 EA per 30 days); ST
JARDIANCE	2	QL(30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL(30 EA per 30 days); ST
STEGLATRO TABLET 5MG	3	QL(60 EA per 30 days); ST
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	NDS
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hydrochloride tablet</i>	1	
<i>minoxidil tablet</i>	1	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
ADDERALL	3	QL(90 EA per 30 days)
ADDERALL XR	3	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
DESOXYN	3	QL(150 EA per 30 days); PA; NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL(120 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL(180 EA per 30 days); NDS
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANAVEL XR TABLET EXTENDED RELEASE	3	QL(30 EA per 30 days)
<i>methamphetamine hydrochloride</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL(180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL(90 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
APTENSIO XR	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL(30 EA per 30 days)

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<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
FOCALIN	3	QL(60 EA per 30 days)
FOCALIN XR	3	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
METADATE CD	3	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
ONYDA XR	3	QL(120 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL(30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
RITALIN	3	QL(90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL(60 EA per 30 days)
Central Nervous System, Other		
ALLZITAL	3	
AQNEURSA	3	QL(120 EA per 30 days); PA; NDS
AUSTEDO	3	QL(120 EA per 30 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(84 EA per 365 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(210 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	3	QL(30 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	3	QL(60 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	3	QL(90 EA per 30 days); PA; NDS
BUPAP TABLET 300MG; 50MG	3	
<i>butalbital/acetaminophen capsule</i>	1	NDS
<i>butalbital/acetaminophen tablet 300mg; 50mg, 325mg; 50mg</i>	1	
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	1	NDS
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
COBENFY	3	QL(60 EA per 30 days); PA; NDS
COBENFY STARTER PACK	3	QL(112 EA per 365 days); PA; NDS
DURACLON INJECTION 100MCG/ML	3	B/D
<i>edaravone</i>	1	PA; NDS
EXSERVAN	3	PA; NDS
FIRDAPSE	3	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	3	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 40MG	3	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	3	QL(60 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA	3	PA; NDS
PRIALT	3	B/D; NDS
QALSODY	3	PA; NDS
RADICAVA	3	PA; NDS
RADICAVA ORS	3	PA; NDS
RADICAVA ORS STARTER KIT	3	PA; NDS
RELYVRIO	3	QL(60 EA per 30 days); PA; NDS
RILUTEK	3	NDS
<i>riluzole</i>	1	
TEGLUTIK	3	PA; NDS
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	1	PA; NDS
TIGLUTIK	3	PA; NDS
VEOZAH	3	QL(30 EA per 30 days); PA
XENAZINE	3	PA; NDS
<i>Fibromyalgia Agents</i>		
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AMPYRA	3	QL(60 EA per 30 days); PA
AUBAGIO	3	QL(30 EA per 30 days); PA
AVONEX PEN	3	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	3	QL(4 EA per 28 days); PA
BAFIERTAM	3	QL(120 EA per 30 days); PA
BETASERON	3	QL(15 EA per 30 days); PA
BRIUMVI	3	PA
COPAXONE INJECTION 40MG/ML	3	QL(12 ML per 28 days); PA
COPAXONE INJECTION 20MG/ML	3	QL(30 ML per 30 days); PA
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	1	QL(120 EA per 365 days); PA
EXTAVIA	3	QL(15 EA per 30 days); PA
<i>fingolimod hydrochloride</i>	1	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.5MG	3	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.25MG	3	QL(60 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA
<i>glatopa injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA
KESIMPTA	3	QL(0.4 ML per 28 days); PA
MAVENCLAD	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	3	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	3	PA
OCREVUS ZUNOVO	3	QL(23 ML per 168 days); PA
PLEGRIDY	3	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK INJECTION 0	3	QL(2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJECTION 0	3	QL(4 ML per 365 days); PA
PONVORY	3	QL(30 EA per 30 days); PA
PONVORY 14-DAY STARTER PACK	3	QL(28 EA per 365 days); PA
REBIF	3	QL(6 ML per 28 days); PA
REBIF REBIDOSE	3	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	3	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	3	QL(8.4 ML per 365 days); PA
TASCENSO ODT	3	QL(30 EA per 30 days); PA
TECFIDERA	3	QL(60 EA per 30 days); PA
TECFIDERA STARTER PACK	3	QL(120 EA per 365 days); PA
<i>teriflunomide</i>	1	QL(30 EA per 30 days); PA
TYSABRI	3	PA
VUMERITY	3	QL(120 EA per 30 days); PA
ZEPOSIA	3	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	3	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	3	NDS
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE INJECTION 5.16MG	3	NDS
<i>kourzeq</i>	1	
<i>lidocaine hcl solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	

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<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD	3	NDS
ABSORICA CAPSULE 20MG, 30MG, 40MG	3	NDS
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
<i>adapalene/benzoyl peroxide pad</i>	1	NDS
<i>adapalene pad</i>	1	
<i>adapalene solution</i>	1	NDS
<i>amnestem</i>	1	
ARAZLO	3	QL(90 GM per 30 days)
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	QL(100 GM per 30 days)
AZELEX	3	QL(100 GM per 30 days)
<i>benzoyl peroxide forte- hc</i>	1	NDS
<i>benzoyl peroxide- hc</i>	1	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FABIOR	3	QL(100 GM per 30 days)
FINACEA FOAM	2	QL(50 GM per 30 days)
FINACEA GEL	3	QL(100 GM per 30 days)
<i>isotretinoin capsule</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NORITATE	3	NDS
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
<i>rosadan</i>	1	
<i>tazarotene foam, gel</i>	1	QL(100 GM per 30 days)
<i>tazarotene cream</i>	1	QL(60 GM per 30 days)
TAZORAC GEL	3	QL(100 GM per 30 days)
TAZORAC CREAM	3	QL(60 GM per 30 days)
<i>tretinoin microsphere</i>	1	PA

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<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
WINLEVI	3	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	3	QL(6 ML per 28 days); PA; NDS
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
APEXICON E	3	NDS
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	QL(100 GM per 30 days)
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CLOBEX LOTION, SHAMPOO	3	
CORDRAN TAPE	3	
<i>desonide cream</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<i>diflorasone diacetate ointment</i>	1	QL(60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 GM per 30 days)
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	1	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	1	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL(60 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate lotion</i>	1	
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
HYFTOR	3	PA; NDS
IMPOYZ	3	NDS
KENALOG AEROSOL SOLUTION 0.147MG/GM	3	
KORSUVA	3	PA; NDS
LEXETTE	3	NDS
LOCOID LIPOCREAM	3	QL(60 GM per 30 days)
LOCOID LOTION	3	
LUXIQ	3	QL(100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OPZELURA	3	QL(240 GM per 30 days); PA; NDS
PANDEL	3	NDS
<i>pimecrolimus</i>	1	
PRUDOXIN	3	QL(90 GM per 30 days); PA
<i>selenium sulfide</i>	1	
SERNIVO	3	
SPEVIGO INJECTION 450MG/7.5ML	3	QL(300 ML per 84 days); PA; NDS
SPEVIGO INJECTION 150MG/ML	3	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
TOPICORT CREAM	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
ULTRAVATE LOTION	3	
VANOS	3	QL(120 GM per 30 days); NDS
VERDESO	3	NDS
ZONALON	3	QL(90 GM per 30 days); PA
ZORYVE CREAM 0.15%	3	PA
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
<i>calcipotriene foam</i>	1	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
CALCITRENE	3	QL(120 GM per 30 days)
CARAC	3	NDS
<i>clotrimazole/betamethasone dipropionate lotion</i>	1	QL(60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	1	QL(300 GM per 30 days); ST
DUOBRII	3	PA; NDS
EFUDEX CREAM	3	QL(40 GM per 30 days)
ENSTILAR	3	QL(420 GM per 28 days); NDS
FILSUVEZ	3	PA; NDS
<i>fluorouracil cream 0.5%</i>	1	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>hydrocortisone acetate/pramoxine hydrochloride suppository</i>	1	NDS
<i>imiquimod pump</i>	1	QL(56 GM per 30 days)
<i>imiquimod cream 5%</i>	1	QL(48 EA per 30 days)
<i>imiquimod cream 3.75%</i>	1	QL(56 EA per 30 days)
KLISYRI	3	ST; NDS
<i>methoxsalen capsule</i>	1	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
<i>podofilox solution</i>	1	
RADIAURA	3	NDS
REGRANEX	3	PA; NDS
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SOFDRA	3	QL(40.2 ML per 30 days); PA
SORILUX	3	
SOTYKTU	3	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
TACLONEX	3	QL(400 GM per 30 days); NDS
<i>urea lotion 40%</i>	1	
UVADEX	3	NDS
VECTICAL	3	
VEREGEN	3	NDS
VTAMA	3	PA; NDS
WYNZORA	3	QL(420 GM per 28 days); NDS
XERESE	3	QL(10 GM per 30 days); NDS
ZORYVE CREAM 0.3%	3	PA
ZYCLARA	3	QL(56 EA per 30 days); NDS
ZYCLARA PUMP CREAM 2.5%	3	QL(15 GM per 30 days); NDS
ZYCLARA PUMP CREAM 3.75%	3	QL(56 GM per 30 days); NDS
<i>Pediculicides/Scabicides</i>		
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
SOOLANTRA	3	QL(45 GM per 30 days)
Topical Anti-infectives		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	QL(60 GM per 30 days)
ACZONE GEL 5%	3	
<i>benzoyl peroxide gel 6.5%</i>	1	NDS
CENTANY OINTMENT	3	QL(110 GM per 30 days)
<i>ciclodan solution</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
CLEOCIN-T LOTION	3	QL(75 ML per 30 days)
CLINDAGEL	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
DENAVIR	3	
EPSOLAY	3	PA
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin cream</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
<i>penciclovir cream</i>	1	
ZOVIRAX CREAM	3	QL(5 GM per 30 days)
ZOVIRAX OINTMENT	3	QL(60 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU	3	NDS
<i>carglumic acid</i>	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>effer-k tablet effervescent 25meq</i>	1	
KABIVEN	3	B/D; NDS
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate injection 50%</i>	1	
PERIKABIVEN	3	B/D; NDS
<i>plenamine</i>	1	B/D
POKONZA	3	NDS
<i>potassium chloride er</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME	3	PA; NDS
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	NDS
CUPRIMINE CAPSULE 250MG	3	PA; NDS
CUVRIOR	3	PA; NDS
<i>deferasirox tablet</i>	1	PA
<i>deferasirox packet</i>	1	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	1	PA; NDS
<i>deferiprone</i>	1	PA; NDS
DEPEN TITRATABS	3	NDS
EXJADE	3	PA; NDS
FERRIPROX	3	PA; NDS
FERRIPROX TWICE-A-DAY	3	PA; NDS
JADENU	3	PA; NDS
JADENU SPRINKLE	3	PA; NDS
JYNARQUE TABLET	3	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
<i>penicillamine tablet</i>	1	NDS
<i>penicillamine capsule</i>	1	PA; NDS
SAMSCA TABLET 15MG	3	QL(30 EA per 30 days); PA; NDS
SAMSCA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
SYPRINE	3	PA; NDS
<i>tolvaptan tablet 15mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>tolvaptan tablet 30mg</i>	1	QL(60 EA per 30 days); PA; NDS
<i>trientine hydrochloride</i>	1	PA; NDS
XPHOZAH	3	QL(60 EA per 30 days); PA; NDS
Phosphate Binders		
AURYXIA	3	PA; NDS
<i>calcium acetate capsule</i>	1	
<i>ferric citrate</i>	1	PA; NDS
FOSRENOL PACKET	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
<i>lanthanum carbonate</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
RENAGEL TABLET 800MG	3	
REVELA	3	NDS
<i>sevelamer carbonate</i>	1	
<i>sevelamer hydrochloride tablet 800mg</i>	1	
VELPHORO	3	NDS
Potassium Binders		
KIONEX SUSPENSION	3	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i>	1	
VELTASSA	3	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	2	QL(60 EA per 30 days)
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	3	QL(60 EA per 30 days); PA; NDS
<i>lactulose solution</i>	1	
LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	1	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
<i>prucalopride</i>	1	QL(30 EA per 30 days)
RELISTOR TABLET	3	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	3	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL(18 ML per 30 days); ST; NDS
SYMPROIC	3	QL(30 EA per 30 days); ST
TRULANCE	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	1	PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>diphenoxylate/atropine liquid</i>	1	
LOMOTIL TABLET	3	
<i>loperamide hydrochloride capsule</i>	1	
LOTRONEX	3	PA; NDS
MOTOFEN	3	
MYTESI	3	QL(60 EA per 30 days)

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VIBERZI	3	QL(60 EA per 30 days); PA; NDS
XERMELO	3	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
ANASPAZ	3	
<i>belladonna/opium suppository 16.2mg; 30mg</i>	1	NDS
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
GLYCATÉ	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>hyoscyamine sulfate er tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate odt</i>	1	
<i>hyoscyamine sulfate sr tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate elixir, solution, tablet</i>	1	
LEVBIÐ	3	
LEVSIN TABLET	3	
LIBRAX	3	
<i>methscopolamine bromide tablet</i>	1	
NULEV	3	
OSCIMIN TABLET	3	
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
<i>calcium disodium versenate</i>	1	NDS
<i>chenodal</i>	1	PA; NDS
CLENPIQ	2	
<i>edetate calcium disodium injection</i>	1	NDS
GATTEX	3	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	3	ST; NDS
HELIDAC THERAPY	3	
IQIRVO	3	QL(30 EA per 30 days); PA; NDS
LIVDELZI	3	QL(30 EA per 30 days); PA; NDS

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LIVMARLI SOLUTION 19MG/ML	3	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	3	QL(90 ML per 30 days); PA; NDS
<i>metoclopramide hcl solution</i>	1	
<i>metoclopramide hydrochloride injection, tablet</i>	1	
<i>metoclopramide odt tablet disintegrating 5mg</i>	1	
MYALEPT	3	PA; NDS
<i>nitroglycerin ointment 0.4%</i>	1	
OICALIVA	3	QL(30 EA per 30 days); PA; NDS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PYLERA	3	NDS
RELTONE	3	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
<i>ursodiol capsule 200mg, 400mg</i>	1	NDS
<i>ursodiol tablet</i>	1	
VOQUEZNA TABLET 10MG	3	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	3	QL(60 EA per 30 days); PA
VOWST	3	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	3	PA; NDS
ZINPLAVA	3	NDS
ZORBTIVE	3	PA; NDS
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	1	
PEPCID TABLET 40MG	3	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
Proton Pump Inhibitors		
ACIPHEX	3	QL(60 EA per 30 days)
DEXILANT	2	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	1	QL(60 EA per 30 days)
<i>esomeprazole magnesium packet 2.5mg, 5mg</i>	1	
<i>esomeprazole magnesium packet 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
KONVOMEF	3	QL(600 ML per 30 days)
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule</i>	1	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	1	QL(30 EA per 30 days); NDS
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL(60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium dr sprinkle</i>	1	QL(60 EA per 30 days)
ZEGERID	3	QL(30 EA per 30 days); NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ADZYNMA	3	PA; NDS
ALDURAZYME	3	PA; NDS
AMONDYS 45	3	PA; NDS
AMVUTTRA	3	QL(0.5 ML per 90 days); PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	3	PA; NDS
<i>betaine anhydrous</i>	1	NDS
BUPHENYL	3	NDS
CERDELGA	3	PA; NDS
CEREZYME	3	PA; NDS
CHOLBAM	3	PA; NDS
CRENESSITY SOLUTION	3	QL(240 ML per 30 days); PA; NDS
CRENESSITY CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
CRENESSITY CAPSULE 50MG	3	QL(90 EA per 30 days); PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	3	PA; NDS
CYSTADANE	3	NDS
CYSTAGON	3	
DAYBUE	3	QL(3600 ML per 30 days); PA; NDS
<i>dichlorphenamide</i>	1	QL(120 EA per 30 days); PA; NDS
DOJOLVI	3	PA; NDS
ELAPRASE	3	PA; NDS
ELELYSO	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ELFABRIO	3	PA; NDS
ENDARI	3	PA; NDS
EVRYSDI SOLUTION RECONSTITUTED	3	QL(240 ML per 30 days); PA; NDS
EVRYSDI TABLET	3	QL(30 EA per 30 days); PA; NDS
EXONDYS 51	3	PA; NDS
FABRAZYME	3	PA; NDS
GALAFOLD	3	QL(14 EA per 28 days); PA; NDS
GASTROCROM	3	NDS
GLASSIA	3	PA; NDS
JAVYGTOR	3	PA; NDS
JOENJA	3	QL(60 EA per 30 days); PA; NDS
KANUMA	3	PA; NDS
KEVEYIS	3	QL(120 EA per 30 days); PA; NDS
KUVAN	3	PA; NDS
<i>l-glutamine</i>	1	PA; NDS
LAMZEDE	3	PA; NDS
LUMIZYME	3	PA; NDS
MEPSEVII	3	PA; NDS
<i>miglustat</i>	1	PA; NDS
MIPLYFFA	3	QL(90 EA per 30 days); PA; NDS
NAGLAZYME	3	PA; NDS
NEXVIAZYME	3	PA; NDS
<i>nitisinone</i>	1	NDS
NITYR	3	NDS
NULIBRY	3	PA; NDS
OLPRUVA	3	PA; NDS
ONPATTRO	3	PA; NDS
OPFOLDA	3	QL(8 EA per 28 days); PA
ORFADIN	3	NDS
ORMALVI	3	QL(120 EA per 30 days); PA; NDS
OXBRYTA TABLET SOLUBLE	3	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	3	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	3	QL(240 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	3	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	QL(8 ML per 28 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST

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Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	3	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	3	ST; NDS
PHEBURANE	3	NDS
POMBILITI	3	PA; NDS
PROCYSBI	3	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	3	PA; NDS
PYRUKYND TAPER PACK	3	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
RAVICTI	3	PA; NDS
REVCovi	3	PA; NDS
<i>sapropterin dihydrochloride</i>	1	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	1	NDS
SPINRAZA	3	PA; NDS
STRENSIQ	3	PA; NDS
SUCRAID	3	PA; NDS
TEGSEDI	3	PA; NDS
VILTEPSO	3	PA; NDS
VIMIZIM	3	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST; NDS
VOXZOGO	3	QL(30 EA per 30 days); PA; NDS
VPRIV	3	PA; NDS
VYNDAQEL	3	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	3	PA; NDS
WAINUA	3	QL(0.8 ML per 28 days); PA; NDS
WELIREG	3	PA; NDS
XIAFLEX	3	PA; NDS
XURIDEN	3	QL(120 EA per 30 days); PA; NDS
<i>yargesa</i>	1	PA; NDS
ZAVESCA	3	PA; NDS
ZEMAIRA	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10MG, 5MG	3	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA	3	
HYOPHEN	3	
<i>me/naphos/mb/hyo 1</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution, tablet</i>	1	
OXYTROL	3	QL(8 EA per 28 days)
PHOSPHASAL	3	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>uretron d/s tablet 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
URIBEL	3	
URIMAR-T TABLET	3	
URIMAR-T CAPSULE	3	NDS
<i>urin d/s</i>	1	
URNEVA	3	NDS
URO-MP	3	
URO-SP	3	
UROGESIC-BLUE	3	
USTELL	3	
UTIRA-C	3	

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Drug Name	Drug Tier	Requirements/Limits
VESICARE	3	
VESICARE LS	3	
VILAMIT MB	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
CIALIS TABLET 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	3	NDS
LITHOSTAT	3	
THIOLA	3	NDS
THIOLA EC	3	NDS
<i>tiopronin</i>	1	NDS
<i>tiopronin dr</i>	1	NDS
VENXXIVA	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	3	PA
ACTHAR GEL	3	PA
AGAMREE	3	PA; NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
<i>cortisone acetate tablet 25mg</i>	1	NDS
CORTROPHIN INJECTION 80UNIT/ML	3	PA
<i>deflazacort</i>	1	PA; NDS
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	3	PA; NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
INTRAROSA	3	QL(28 EA per 28 days); PA
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	3	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	1	PA
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	1	NDS
<i>desmopressin acetate nasal solution 0.01%</i>	1	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	1	NDS
EGRIFTA SV	3	QL(30 EA per 30 days); PA; NDS
FENSOLVI	3	QL(1 EA per 168 days); PA; NDS
GENOTROPIN	3	PA; NDS
GENOTROPIN MINIQUEL INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUEL INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA; NDS
INCRELEX	3	PA; NDS
ISTURISA TABLET 10MG	3	QL(180 EA per 30 days); PA; NDS
ISTURISA TABLET 1MG	3	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	3	QL(360 EA per 30 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
NGENLA	3	PA; NDS
NORDITROPIN FLEXPON	3	PA; NDS
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10	3	PA; NDS
NUTROPIN AQ NUSPIN 20	3	PA; NDS
NUTROPIN AQ NUSPIN 5	3	PA; NDS
OMNITROPE	3	PA; NDS
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	3	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SEROSTIM	3	PA; NDS
SKYTROFA	3	PA; NDS
SOGROYA	3	PA; NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	1	NDS
HEMABATE	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 25MG/2.5GM	3	PA
AVEED	3	PA
AZMIRO	3	PA
<i>danazol capsule</i>	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA; NDS
KYZATREX	3	PA
METHITEST	3	PA; NDS
<i>methyltestosterone capsule</i>	1	PA; NDS
NATESTO	3	PA
TESTIM	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
<i>testosterone pump</i>	1	PA
<i>testosterone topical solution</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
TLANDO	3	PA
UNDECATREX	3	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
<i>Estrogens</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>joyeaux</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lo-zumandimine</i>	1	
LOSEASONIQUE	3	QL(91 EA per 91 days)
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>minzoya</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	

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Drug Name	Drug Tier	Requirements/Limits
QUARTETTE	3	QL(91 EA per 91 days)
<i>rivelsa</i>	1	QL(91 EA per 91 days)
SEASONIQUE	3	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tyblume</i>	1	
<i>valtya 1/50</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vioarele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xarah fe</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL(1 ML per 90 days)
DEPO-SUBQ PROVERA 104	2	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
ENDOMETRIN	3	PA
<i>errin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gallifrey</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	1	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	2	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)
<i>megestrol acetate suspension, tablet</i>	1	
NEXPLANON	2	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	1	PA
<i>clomiphene citrate tablet</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection</i>	1	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	1	NDS
<i>synthroid tablet</i>	1	
THYROGEN	3	PA; NDS
TRIOSTAT	3	NDS
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJECTION 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	3	QL(4 EA per 365 days); PA; NDS
KORLYM	3	QL(120 EA per 30 days); PA; NDS
<i>lanreotide acetate</i>	1	PA; NDS
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA
<i>leuprolide acetate injection 22.5mg</i>	1	QL(1 EA per 84 days); PA
LUPRON DEPOT (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	3	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	1	QL(120 EA per 30 days); PA; NDS
MYCAPSSA	3	PA; NDS
MYFEMBREE	3	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 10mg, 20mg, 30mg, 500mcg/ml</i>	1	PA; NDS
ORGOVYX	3	PA; NDS
ORIAHNN	3	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	3	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	3	QL(60 EA per 30 days); PA; NDS
RECORLEV	3	QL(240 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	3	PA; NDS
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	3	PA; NDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	3	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	3	PA; NDS
SOMAVERT	3	PA; NDS
SUPPRELIN LA	3	QL(1 EA per 365 days); PA; NDS
SYNAREL	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	3	QL(1 EA per 168 days); PA; NDS
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tablet 10mg, 5mg	1	
propylthiouracil tablet	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NDS
CINRYZE	3	PA; NDS
FIRAZYR	3	PA; NDS
HAEGARDA	3	PA; NDS
icatibant acetate	1	PA; NDS
KALBITOR	3	PA; NDS
ORLADEYO	3	QL(30 EA per 30 days); PA; NDS
RUCONEST	3	PA; NDS
SAJAZIR	3	PA; NDS
TAKHZYRO	3	PA; NDS
<i>Immunoglobulins</i>		
ALYGLO	3	PA; NDS
ASCENIV	3	PA; NDS
ATGAM	3	NDS
BEYFORTUS	3	
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; NDS
CUTAQUIG	3	PA; NDS
CUVITRU	3	PA; NDS
CYTOGAM INJECTION 50MG/ML	3	PA; NDS
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	3	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
GAMUNEX-C	3	PA; NDS
HEPAGAM B INJECTION 312UNIT/ML	3	B/D; NDS
HIZENTRA	3	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	3	B/D; NDS
HYQVIA	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
NABI-HB INJECTION 312UNIT/ML	3	B/D; NDS
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
PANZYGA	3	PA; NDS
PRIVIGEN	3	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	NDS
THYMOGLOBULIN	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA; NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY	3	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	3	PA
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA
ACTEMRA INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA
ARCALYST	3	PA; NDS
AURANOFIN	1	NDS
BENLYSTA INJECTION 200MG/ML	3	PA; NDS
BIMZELX INJECTION 160MG/ML	3	QL(2 ML per 28 days); PA; NDS
BIMZELX INJECTION 320MG/2ML	3	QL(6 ML per 28 days); PA; NDS
CIBINQO	3	QL(30 EA per 30 days); PA; NDS
COSENTYX SENSOREADY PEN	3	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	3	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	3	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	3	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	3	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS
EMPAVELI	3	PA; NDS
ENJAYMO	3	PA; NDS
ENTYVIO	3	PA; NDS
ENTYVIO PEN	3	QL(1.36 ML per 28 days); PA; NDS
GAMIFANT	3	PA; NDS
ILARIS INJECTION 150MG/ML	3	QL(2 ML per 28 days); PA; NDS
ILUMYA	3	QL(1 ML per 28 days); PA; NDS
KEVZARA	3	QL(2.28 ML per 28 days); PA
KINERET	3	PA
LEMTRADA	3	PA
LITFULO	3	QL(30 EA per 30 days); PA; NDS
NEMLUVIO	3	QL(2 EA per 28 days); PA; NDS

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ODACTRA	3	QL(30 EA per 30 days); PA
OMVOH INJECTION 100MG/ML	3	QL(2 ML per 28 days); PA; NDS
OMVOH INJECTION 0	3	QL(3 ML per 28 days); PA; NDS
OMVOH INJECTION 300MG/15ML	3	QL(3 ML per 365 days); PA; NDS
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	3	PA; NDS
PALFORZIA INITIAL DOSE ESCALATION 1-3 YEARS	3	PA
PALFORZIA INITIAL DOSE ESCALATION 4-17 YEARS	3	PA; NDS
PALFORZIA LEVEL 0	3	PA
PALFORZIA LEVEL 1	3	PA; NDS
PALFORZIA LEVEL 10	3	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	3	PA; NDS
PALFORZIA LEVEL 2	3	PA; NDS
PALFORZIA LEVEL 3	3	PA; NDS
PALFORZIA LEVEL 4	3	PA; NDS
PALFORZIA LEVEL 5	3	PA; NDS
PALFORZIA LEVEL 6	3	PA; NDS
PALFORZIA LEVEL 7	3	PA; NDS
PALFORZIA LEVEL 8	3	PA; NDS
PALFORZIA LEVEL 9	3	PA; NDS
PIASKY	3	PA; NDS
PROVENGE	3	PA; NDS
RIDAURA	3	NDS
RINVOQ	3	QL(30 EA per 30 days); PA
RINVOQ LQ	3	QL(360 ML per 30 days); PA
RYSTIGGO	3	PA; NDS
SAPHNELO	3	PA; NDS
SILIQ	3	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	3	NDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	3	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	3	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	3	QL(30 ML per 365 days); PA; NDS
SOLIRIS	3	PA; NDS
STELARA INJECTION 130MG/26ML	3	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SYLVANT	3	PA; NDS
TALTZ INJECTION 20MG/0.25ML	3	QL(0.5 ML per 28 days); PA; NDS
TALTZ INJECTION 40MG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
TALTZ INJECTION 80MG/ML	3	QL(4 ML per 28 days); PA; NDS
TAVNEOS	3	QL(180 EA per 30 days); PA; NDS
TEPEZZA	3	PA; NDS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE	3	QL(4 ML per 28 days); PA; NDS
TREMFYA INJECTION 200MG/20ML	3	PA; NDS
TREMFYA INJECTION 200MG/2ML	3	QL(2 ML per 28 days); PA; NDS
TREMFYA INJECTION 100MG/ML	3	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/2ML	3	QL(4 ML per 28 days); PA; NDS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA
TYENNE INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	3	PA; NDS
VELSIPITY	3	QL(30 EA per 30 days); PA; NDS
VEOPOZ	3	PA; NDS
VYVGART	3	PA; NDS
WEZLANA INJECTION 45MG/0.5ML	3	QL(1.5 ML per 84 days); PA; NDS
WEZLANA INJECTION 130MG/26ML	3	QL(104 ML per 365 days); PA; NDS
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; NDS
XELJANZ XR	3	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	3	QL(300 ML per 30 days); PA
XELJANZ TABLET	3	QL(60 EA per 30 days); PA
XOLAIR	3	PA; NDS
ZILBRYSQ	3	PA; NDS
Immunostimulants		
ACTIMMUNE	3	PA; NDS
ALFERON N INJECTION 5000000UNIT/ML	3	NDS
BESREMI	3	PA; NDS
PEGASYS INJECTION 180MCG/ML	3	PA; NDS
Immunosuppressants		
<i>adalimumab-aaty 1-pen kit injection 80mg/0.8ml</i>	3	QL(3 EA per 28 days); PA
<i>adalimumab-aaty 1-pen kit injection 40mg/0.4ml</i>	3	QL(6 EA per 28 days); PA
<i>adalimumab-aaty 2-pen kit</i>	3	QL(6 EA per 28 days); PA
<i>adalimumab-aaty 2-syringe kit injection 20mg/0.2ml</i>	3	QL(1 EA per 28 days); PA
<i>adalimumab-aaty 2-syringe kit injection 40mg/0.4ml</i>	3	QL(3 EA per 28 days); PA
<i>adalimumab-adbm crohns/uc/hs starter</i>	3	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

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<i>adalimumab-adbm psoriasis/uveitis starter</i>	3	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm starter package for crohns disease/uc/hs</i>	3	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm starter package for psoriasis/uveitis</i>	3	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 10mg/0.2ml, 20mg/0.4ml</i>	3	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 40mg/0.4ml, 40mg/0.8ml</i>	3	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ARAVA TABLET 10MG, 20MG	3	
ASTAGRAF XL	3	B/D
AVSOLA	3	PA
AZASAN	3	B/D
<i>azathioprine injection, tablet</i>	1	B/D
BENLYSTA INJECTION 120MG, 400MG	3	PA; NDS
CELLCEPT	3	B/D
CELLCEPT INTRAVENOUS	3	B/D
CIMZIA STARTER KIT	3	QL(6 EA per 365 days); PA
CIMZIA INJECTION 200MG	3	QL(1 EA per 28 days); PA
CIMZIA INJECTION 200MG/ML	3	QL(2 EA per 28 days); PA
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	1	NDS
ENBREL MINI	3	QL(8 ML per 28 days); PA
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	3	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA
ENVARUS XR	3	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
<i>gengraf solution</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	3	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	3	QL(6 EA per 365 days); PA

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HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	3	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	3	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; Abbvie labeled products only
IMURAN TABLET	3	B/D
INFLECTRA	3	PA
<i>infliximab</i>	1	PA
JYLAMVO	3	PA
<i>leflunomide</i>	1	
LUPKYNIS	3	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, injection, suspension reconstituted, tablet</i>	1	B/D
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC	3	B/D
MYHIBBIN	3	B/D
NEORAL	3	B/D
NIKTIMVO	3	PA; NDS
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PEGASYS INJECTION 180MCG/0.5ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPSULE, PACKET	3	B/D
RAPAMUNE	3	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA
REDITREX INJECTION 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJECTION 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJECTION 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJECTION 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	3	PA
RENFLEXIS	3	PA
REZUROCK	3	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	3	NDS
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SIMPONI ARIA	3	PA
SIMPONI INJECTION 50MG/0.5ML	3	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA
<i>sirolimus solution, tablet</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	PA
ZORTRESS	3	B/D
Vaccines		
<i>abrysvo</i>	1	QL(1 EA per 252 days)
<i>acthib injection 0</i>	1	
<i>adacel</i>	1	
<i>arexvy</i>	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
<i>bexsero</i>	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
<i>boostrix injection 2.5lf/0.5ml; 18.5mcg/0.5ml; 5lf/0.5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENG VAXIA	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
<i>engerix-b</i>	1	B/D
GARDASIL 9 INJECTION 0	1	
<i>gardasil 9 injection 0</i>	1	
<i>havrix injection 1440elu/ml, 720elu/0.5ml</i>	1	
<i>heplisav-b</i>	1	B/D
<i>hiberix</i>	1	
<i>imovax rabies (h.d.c.v.)</i>	1	B/D
INFANRIX	2	
<i>ipol inactivated ipv</i>	1	
IXCHIQ	1	
<i>ixiaro</i>	1	
<i>jynneos</i>	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
<i>m-m-r ii</i>	1	
<i>menactra</i>	1	
<i>menquadfi</i>	1	
<i>menveo</i>	1	
<i>mresvia</i>	1	QL(0.5 ML per 999 days)
<i>pediarix injection 25lfu/0.5ml; 10mcg/0.5ml; 58mcg/0.5ml; 0; 10lfu/0.5ml</i>	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	1	
PENTACEL	2	
<i>prehevrio</i>	1	B/D
<i>priorix</i>	1	
PROQUAD	2	
QUADRACEL	2	
<i>rabavert</i>	1	B/D
<i>recombivax hb</i>	1	B/D
ROTARIX	2	
<i>rotateq solution</i>	1	
<i>shingrix</i>	1	
<i>stamaril</i>	1	
<i>tdvax</i>	1	
<i>tenivac</i>	1	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
TICOVAC INJECTION 1.2MCG/0.25ML	2	
<i>trumenba</i>	1	
<i>twinrix</i>	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
<i>typhim vi injection 25mcg/0.5ml</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
VAXCHORA	1	
VAXELIS	2	
<i>vimkunya</i>	1	
<i>vivotif</i>	1	
<i>yf-vax</i>	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA SUPPOSITORY 1000MG	3	NDS
COLAZAL	3	NDS
DIPENTUM	3	NDS
LIALDA	3	
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
ROWASA KIT	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
ANUSOL-HC CREAM	3	
<i>budesonide er</i>	1	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
CORTIFOAM FOAM	3	
EOHILIA	3	QL(600 ML per 30 days); PA; NDS
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	3	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	3	QL(120 EA per 30 days); PA; NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABLET 150MG	3	QL(1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL(4 EA per 28 days)
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
ATELVIA	3	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon injection</i>	1	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol capsule</i>	1	
EVENITY	3	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 560MCG/2.24ML	3	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL(4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	3	NDS
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	3	NDS
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
<i>teriparatide</i>	1	PA; NDS
TYMLOS	3	PA; NDS
XGEVA	3	PA; NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	2	
AMMONUL	3	NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	3	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	1	B/D; NDS
DESFERAL INJECTION 500MG	3	B/D; NDS
DUVYZAT	3	QL(360 ML per 30 days); PA; NDS
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	2	
<i>fomepizole injection 1.5gm/1.5ml</i>	1	NDS
GIVLAARI	3	PA; NDS
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
METHERGINE TABLET	3	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	1	QL(56 EA per 365 days); NDS
METOPIRONE	3	NDS
NUTRILIPID	3	B/D
OMEGAVEN	3	B/D; NDS
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	2	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
<i>orlistat capsule</i>	1	PA
OXLUMO	3	PA; NDS
PEDMARK	3	NDS
RIVFLOZA INJECTION 128MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
SKYCLARYS	3	QL(90 EA per 30 days); PA; NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	1	NDS
TACHOSIL	3	NDS
TRYNGOLZA	3	QL(0.8 ML per 28 days); PA; NDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VISTOGARD	3	NDS
XENICAL	3	PA
ZOKINVY	3	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	3	PA; NDS
<i>brimonidine tartrate/timolol maleate</i>	1	
BYOOVIZ	3	PA; NDS
CEQUA	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	3	PA; NDS
COMBIGAN	2	
<i>cyclosporine emulsion 0.05%</i>	1	
CYSTADROPS	3	QL(20 ML per 28 days); NDS
CYSTARAN	3	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
ENSPRYNG	3	PA; NDS
EYLEA	3	PA; NDS
IZERVAY	3	PA; NDS
LUCENTIS SOLUTION PREFILLED SYRINGE	3	PA; NDS
LUCENTIS SOLUTION 0.3MG/0.05ML	3	PA; NDS
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
OXERVATE	3	QL(56 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	3	PA; NDS
SYFOVRE	3	PA; NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VABYSMO	3	PA; NDS
VERKAZIA	3	QL(120 EA per 30 days); PA; NDS
VEVYE	3	PA; NDS
VISUDYNE	3	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hydrochloride</i>	1	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
XDEMVEY	3	QL(10 ML per 42 days); NDS
ZIRGAN	3	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-inflammatories		
ACUVAIL	3	ST
<i>bromfenac sodium solution 0.07%</i>	1	QL(12 ML per 365 days)
<i>bromfenac sodium solution 0.075%</i>	1	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	3	NDS
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	3	NDS
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)
LOTEMAX GEL	3	QL(20 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)
RETISERT	3	NDS
XIPERE	3	PA; NDS
YUTIQ	3	NDS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	1	
QLOSI	3	QL(60 EA per 30 days); PA
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	3	NDS
IDOSE TR	3	ST; NDS
IYUZEH	3	ST
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
TRAVATAN Z	3	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
PULMICORT	3	QL(120 ML per 30 days); B/D
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDHALER	2	QL(21.2 GM per 30 days)

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<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL(23 GM per 30 days)
<i>carbinoxamine maleate solution, tablet</i>	1	
<i>clemastine fumarate syrup</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl elixir</i>	1	
<i>diphenhydramine hydrochloride injection</i>	1	
DYMISTA	3	QL(23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl</i>	1	QL(30.5 GM per 30 days)
PATANASE	3	QL(30.5 GM per 30 days)
RYCLORA	3	
VISTARIL CAPSULE 25MG, 50MG	3	
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST; NDS
ZYFLO	3	ST; NDS
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	3	QL(2 EA per 30 days); ST; NDS
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	3	QL(60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT	3	QL(60 ML per 30 days); NDS
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	1	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	3	QL(90 ML per 30 days); B/D; NDS

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Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	3	QL(120 ML per 30 days); PA; NDS
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
<i>formoterol fumarate nebulization solution</i>	1	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PERFOROMIST	3	QL(120 ML per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
PROVENTIL HFA	3	QL(13.4 GM per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection, tablet</i>	1	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX CONCENTRATE	3	QL(90 EA per 30 days); B/D
XOPENEX HFA	3	QL(30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL(270 ML per 30 days); B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL(540 ML per 30 days); B/D
Cystic Fibrosis Agents		
ALYFTREK TABLET 125MG; 50MG; 10MG	3	QL(56 EA per 28 days); PA; NDS
ALYFTREK TABLET 50MG; 20MG; 4MG	3	QL(84 EA per 28 days); PA; NDS
BETHKIS	3	B/D; NDS
CAYSTON	3	PA; NDS
KALYDECO PACKET	3	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET	3	QL(60 EA per 30 days); PA; NDS

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KITABIS PAK	3	B/D; NDS
ORKAMBI TABLET	3	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	3	QL(56 EA per 28 days); PA; NDS
PULMOZYME	3	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL(60 EA per 30 days); PA; NDS
TOBI	3	B/D; NDS
TOBI PODHALER	3	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	1	B/D; NDS
TRIKAFTA THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	3	QL(84 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA
OHTUVAYRE	3	QL(150 ML per 30 days); PA; NDS
<i>roflumilast</i>	1	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	3	QL(60 EA per 30 days); PA; NDS
ADEMPAS	3	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	1	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	1	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium</i>	1	PA; NDS
FLOLAN	3	PA; NDS
LETAIRIS	3	QL(30 EA per 30 days); PA; NDS
LIQREV	3	PA; NDS
OPSUMIT	3	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	3	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	3	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	3	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA; NDS
REMODULIN	3	PA; NDS
REVATIO INJECTION, SUSPENSION RECONSTITUTED	3	PA; NDS
REVATIO TABLET	3	QL(90 EA per 30 days); PA; NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA
<i>sildenafil citrate tablet</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil injection</i>	1	PA; NDS

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<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	3	QL(300 ML per 30 days); PA; NDS
TRACLEER TABLET SOLUBLE	3	QL(112 EA per 28 days); PA; NDS
TRACLEER TABLET	3	QL(60 EA per 30 days); PA; NDS
<i>treprostinil</i>	1	PA; NDS
TYVASO	3	QL(87 ML per 30 days); PA; NDS
TYVASO DPI INSTITUTIONAL KIT	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(392 EA per 365 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(504 EA per 365 days); PA; NDS
TYVASO REFILL KIT	3	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT	3	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	3	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	3	PA; NDS
UPTRAVI TABLET	3	QL(60 EA per 30 days); PA; NDS
VELETRI	3	PA; NDS
VENTAVIS	3	QL(270 ML per 30 days); PA; NDS
WINREVAIR	3	QL(1 EA per 21 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET	3	PA; NDS
OFEV	3	PA; NDS
<i>pirfenidone</i>	1	PA; NDS
<i>Respiratory Tract Agents, Other</i>		
ACETADOTE	3	NDS
<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	2	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
AIRSUPRA	2	QL(32.1 GM per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
<i>breyna</i>	1	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
BRONCHITOL	3	QL(560 EA per 28 days); PA; NDS

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CINQAIR	3	PA; NDS
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL(17.6 GM per 30 days); PA
FASENRA PEN	3	PA; NDS
FASENRA INJECTION 10MG/0.5ML	3	PA
FASENRA INJECTION 30MG/ML	3	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(1 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	3	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	3	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
<i>promethazine hydrochloride/phenylephrine hydrochloride</i>	1	
<i>promethazine vc</i>	1	
<i>ribavirin solution reconstituted 6gm</i>	1	NDS
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	3	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
VIRAZOLE	3	NDS
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	3	PA; NDS
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	1	NDS
<i>cyclobenzaprine hydrochloride er</i>	1	PA
<i>cyclobenzaprine hydrochloride tablet</i>	1	PA
FEXMID	3	PA
LORZONE	3	
METAXALONE TABLET 640MG	1	NDS
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	1	NDS
NORGESIC	3	
NORGESIC FORTE	3	NDS

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<i>orphenadrine citrate er</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
ORPHENGESIC FORTE	3	NDS
ROBAXIN INJECTION 1000MG/10ML	3	NDS
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	3	PA; NDS
VANADOM	3	PA; NDS
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN	3	QL(30 EA per 30 days)
AMBIEN CR	3	QL(30 EA per 30 days)
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
EDLUAR	3	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HALCION TABLET 0.25MG	3	QL(60 EA per 30 days)
HETLIOZ	3	QL(30 EA per 30 days); PA; NDS
HETLIOZ LQ	3	QL(158 ML per 30 days); PA; NDS
LUNESTA	3	QL(30 EA per 30 days)
QUVIVIQ	3	QL(30 EA per 30 days); PA
<i>ramelteon</i>	1	QL(30 EA per 30 days)
RESTORIL	3	QL(30 EA per 30 days)
ROZEREM	3	QL(30 EA per 30 days)
SILENOR	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>triazolam</i>	1	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	1	QL(60 EA per 30 days); PA
LUMRYZ	3	QL(30 EA per 30 days); PA; NDS
LUMRYZ STARTER PACK	3	QL(56 EA per 365 days); PA; NDS
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL(30 EA per 30 days); PA
NUVIGIL TABLET 50MG	3	QL(60 EA per 30 days); PA
PROVIGIL	3	QL(30 EA per 30 days); PA; NDS

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<i>sodium oxybate</i>	1	QL(540 ML per 30 days); PA; NDS
SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	3	QL(60 EA per 30 days); PA; NDS
XYREM	3	QL(540 ML per 30 days); PA; NDS
XYWAV	3	QL(540 ML per 30 days); PA; NDS

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AUSTEDO XR PATIENT TITRATION	66	<i>bcg vaccine</i>	99
KIT		BD INSULIN SYRINGE	102
AUVELITY	22	SAFETYGLIDE/1ML/29G X 1/2"	
AUVI-Q	109	B-D INSULIN SYRINGE ULTRAFINE	102
AVASTIN	38	II/0.3ML/31G X 5/16"	
AVEED	86	BD INSULIN SYRINGE ULTRA-	102
<i>aviane</i>	87	FINE/0.5ML/30G X 12.7MM	
AVITA	69	BD INSULIN SYRINGE ULTRA-	102
AVONEX	67	FINE/1ML/31G X 8MM	
AVONEX PEN	67	BD PEN NEEDLE/ORIGINAL/ULTRA-	103
AVSOLA	97	FINE/29G X 12.7MM	
AVYCAZ	15	BELBUCA	9
<i>ayuna</i>	87	BELEODAQ	35
AYVAKIT	35	<i>belladonna/opium</i>	78
<i>azacitidine</i>	32	BELRAPZO	30
AZASAN	97	BELSOMRA	113
<i>azathioprine</i>	97	<i>benazepril hydrochloride</i>	58
<i>azelaic acid</i>	69	<i>benazepril</i>	60
<i>azelastine hcl</i>	105	<i>hydrochloride/hydrochlorothiazide</i>	
<i>azelastine hcl</i>	108	<i>bendamustine hydrochloride</i>	30
<i>azelastine hydrochloride</i>	108	BENDEKA	30
<i>azelastine hydrochloride/fluticasone</i>	108	BENLYSTA	94
<i>propionate</i>		BENLYSTA	97
AZELEX	69	<i>benzhydrocodone/acetaminophen</i>	10
AZILECT	42	<i>benznidazole</i>	40
<i>azithromycin</i>	17	<i>benzoyl peroxide forte- hc</i>	69
AZMIRO	86	<i>benzoyl peroxide</i>	73
<i>aztreonam</i>	14	<i>benzoyl peroxide- hc</i>	69
<i>azurette</i>	87	<i>benztropine mesylate</i>	41
<i>bacitracin</i>	105	BEOVU	104
<i>bacitracin/polymyxin b</i>	104	<i>bepotastine besilate</i>	105
<i>baclofen</i>	44	BEPREVE	105
BAFIERTAM	67	BERINERT	93
<i>balsalazide disodium</i>	101	BESIVANCE	105

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BESPONSA	38	BREO ELLIPTA	111
BESREMI	96	<i>breyana</i>	111
<i>betaine anhydrous</i>	80	BREZTRI AEROSPHERE	111
<i>betamethasone dipropionate</i>	70	<i>brillyn</i>	87
<i>betamethasone dipropionate augmented</i>	70	BRILINTA	57
<i>betamethasone valerate</i>	70	<i>brimonidine tartrate</i>	69
BETAPACE	58	<i>brimonidine tartrate</i>	106
BETAPACE AF	58	<i>brimonidine tartrate/timolol maleate</i>	104
BETASERON	67	<i>brinzolamide</i>	106
<i>betaxolol hcl</i>	59	BRIUMVI	67
<i>betaxolol hcl</i>	106	BRIVIACT	18
<i>bethanechol chloride</i>	84	BRIXADI	13
BETHKIS	109	<i>bromfenac sodium</i>	106
BEVESPI AEROSPHERE	111	<i>bromocriptine mesylate</i>	41
<i>bexagliflozin</i>	51	BROMSITE	106
<i>bexarotene</i>	40	BRONCHITOL	111
<i>bexsero</i>	99	BROVANA	109
BEYFORTUS	93	BRUKINSA	35
<i>bicalutamide</i>	31	<i>budesonide</i>	101
BICILLIN L-A	16	<i>budesonide</i>	107
BICNU	30	<i>budesonide er</i>	101
BIKTARVY	46	<i>bumetanide</i>	62
<i>bimatoprost</i>	107	BUPAP	66
BIMZELX	94	BUPHENYL	80
BINOSTO	102	BUPRENEX	13
<i>bismuth subcitrate</i>	78	<i>buprenorphine</i>	9
<i>pot/metronidazole/tetracycline hydrochlo</i>		<i>buprenorphine hcl</i>	13
<i>bisoprolol fumarate</i>	59	<i>buprenorphine hcl/naloxone hcl</i>	13
<i>bisoprolol fumarate/hydrochlorothiazide</i>	61	<i>buprenorphine hydrochloride/naloxone</i>	13
BIVIGAM	93	<i>hydrochloride</i>	
BIZENGRI	38	<i>bupropion hydrochloride</i>	22
<i>bleomycin sulfate</i>	32	<i>bupropion hydrochloride er (sr)</i>	13
BLINCYTO	38	<i>bupropion hydrochloride er (sr)</i>	22
<i>blisovi 24 fe</i>	87	<i>bupropion hydrochloride er (xl)</i>	22
<i>blisovi fe 1.5/30</i>	87	<i>buspirone hcl</i>	50
<i>blisovi fe 1/20</i>	87	<i>buspirone hydrochloride</i>	50
BONJESTA	25	<i>busulfan</i>	30
BOOSTRIX	99	BUSULFEX	30
<i>bortezomib</i>	32	<i>butalbital/acetaminophen</i>	66
BORUZU	32	<i>butalbital/acetaminophen/caffeine/codeine</i>	10
<i>bosentan</i>	110	<i>butalbital/aspirin/caffeine</i>	66
BOSULIF	35	<i>butalbital/aspirin/caffeine/codeine</i>	10
BOTOX	45	<i>butorphanol tartrate</i>	10
BRAFTOVI	35	BUTRANS	9
BRENZAVVY	52	BYDUREON BCISE	52

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BYETTA	52	CARDIZEM CD	60
BYLVAY	78	<i>carglumic acid</i>	74
BYLVAY (PELLETS)	78	<i>carisoprodol</i>	112
BYOOVIZ	104	<i>carmustine</i>	30
CABENUVA	46	<i>carteolol hcl</i>	106
<i>cabergoline</i>	91	<i>cartia xt</i>	60
CABLIVI	57	<i>carvedilol</i>	59
CABOMETYX	35	<i>carvedilol phosphate er</i>	59
CAFERGOT	28	CASODEX	31
<i>caffeine citrate</i>	66	<i>caspofungin acetate</i>	26
<i>calcipotriene</i>	71	CAYSTON	109
<i>calcipotriene/betamethasone dipropionate</i>	71	<i>cefaclor</i>	15
<i>calcitonin salmon</i>	102	<i>cefadroxil</i>	15
<i>calcitonin-salmon</i>	102	<i>cefazolin</i>	15
CALCITRENE	71	<i>cefazolin sodium</i>	15
<i>calcitriol</i>	102	<i>cefazolin sodium/dextrose</i>	15
<i>calcium acetate</i>	76	<i>cefdinir</i>	15
<i>calcium disodium versenate</i>	78	<i>cefepime</i>	15
CALQUENCE	35	<i>cefepime hydrochloride</i>	15
CAMBIA	8	<i>cefepime/dextrose</i>	16
<i>camila</i>	90	<i>cefixime</i>	16
CAMPTOSAR	34	<i>cefotaxime sodium</i>	16
<i>camrese</i>	87	<i>cefotetan</i>	16
<i>camrese lo</i>	87	<i>cefoxitin sodium</i>	16
CAMZYOS	61	<i>cefpodoxime proxetil</i>	16
CANASA	101	<i>cefprozil</i>	16
CANCIDAS	26	<i>ceftazidime</i>	16
<i>candesartan cilexetil</i>	57	<i>ceftriaxone sodium</i>	16
<i>candesartan cilexetil/hydrochlorothiazide</i>	61	<i>cefuroxime axetil</i>	16
CAPLYTA	42	<i>cefuroxime sodium</i>	16
CAPRELSA	35	CELEBREX	8
<i>captopril</i>	58	<i>celecoxib</i>	8
<i>captopril/hydrochlorothiazide</i>	61	CELLCEPT	97
CARAC	71	CELLCEPT INTRAVENOUS	97
CARBAGLU	74	CELONTIN	19
<i>carbamazepine</i>	21	CENTANY	73
<i>carbamazepine er</i>	21	<i>cephalexin</i>	16
<i>carbidopa</i>	41	CEPROTIN	55
<i>carbidopa/levodopa</i>	41	CEQUA	104
<i>carbidopa/levodopa er</i>	41	CERDELGA	80
<i>carbidopa/levodopa odt</i>	41	CEREZYME	80
<i>carbidopa/levodopa/entacapone</i>	41	<i>chateal</i>	87
<i>carbinoxamine maleate</i>	108	<i>chateal eq</i>	87
<i>carboprost tromethamine</i>	86	CHEMET	76
CARDIZEM	60	<i>chenodal</i>	78

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<i>chlordiazepoxide hcl</i>	50	CLEVIPREX	59
<i>chlordiazepoxide hydrochloride</i>	50	CLIMARA PRO	87
<i>chlordiazepoxide hydrochloride/clidinium</i>	78	<i>clindacin etz pledgets</i>	14
<i>bromide</i>		CLINDAGEL	73
<i>chlordiazepoxide/amitriptyline</i>	22	<i>clindamycin hcl</i>	14
<i>chlorhexidine gluconate</i>	68	<i>clindamycin hydrochloride</i>	14
<i>chloroquine phosphate</i>	40	<i>clindamycin palmitate hydrochloride</i>	14
<i>chlorpromazine hcl</i>	42	<i>clindamycin phosphate</i>	14
<i>chlorpromazine hydrochloride</i>	42	<i>clindamycin phosphate</i>	73
<i>chlorthalidone</i>	62	<i>clindamycin phosphate/benzoyl peroxide</i>	69
<i>chlorzoxazone</i>	112	CLINIMIX 4.25%/DEXTROSE 10%	74
CHOLBAM	80	CLINIMIX 4.25%/DEXTROSE 5%	74
<i>cholestyramine light</i>	63	CLINIMIX 5%/DEXTROSE 15%	74
<i>chorionic gonadotropin</i>	85	CLINIMIX 5%/DEXTROSE 20%	74
CIALIS	84	CLINIMIX 6/5	74
CIBINQO	94	CLINIMIX 8/10	74
<i>ciclodan</i>	73	CLINIMIX 8/14	74
<i>ciclopirox</i>	73	CLINIMIX E 2.75%/DEXTROSE 5%	74
<i>ciclopirox nail lacquer</i>	73	CLINIMIX E 4.25%/DEXTROSE 10%	74
<i>ciclopirox olamine</i>	73	CLINIMIX E 4.25%/DEXTROSE 5%	74
<i>cidofovir</i>	45	CLINIMIX E 5%/DEXTROSE 15%	74
<i>cilostazol</i>	57	CLINIMIX E 5%/DEXTROSE 20%	74
CIMDUO	47	CLINIMIX E 8/10	74
CIMERLI	104	CLINIMIX E 8/14	74
CIMZIA	97	<i>clinisol sf 15%</i>	75
CIMZIA STARTER KIT	97	CLINOLIPID	103
<i>cinacalcet hydrochloride</i>	102	<i>clobazam</i>	19
CINQAIR	112	<i>clobetasol propionate</i>	70
CINRYZE	93	<i>clobetasol propionate e</i>	70
<i>ciprofloxacin</i>	17	CLOBEX	70
<i>ciprofloxacin</i>	107	<i>clofarabine</i>	31
<i>ciprofloxacin hcl</i>	17	CLOLAR	31
<i>ciprofloxacin hydrochloride</i>	17	<i>clomid</i>	91
<i>ciprofloxacin hydrochloride</i>	105	<i>clomiphene citrate</i>	91
<i>ciprofloxacin i.v.-in d5w</i>	17	<i>clomipramine hcl</i>	25
<i>ciprofloxacin/dexamethasone</i>	107	<i>clomipramine hydrochloride</i>	25
<i>cisplatin</i>	30	<i>clonazepam</i>	20
<i>citalopram hydrobromide</i>	23	<i>clonazepam odt</i>	19
<i>cladribine</i>	31	<i>clonidine</i>	57
<i>claravis</i>	69	<i>clonidine hydrochloride</i>	57
<i>clarithromycin</i>	17	<i>clonidine hydrochloride</i>	66
<i>clarithromycin er</i>	17	<i>clonidine hydrochloride er</i>	57
<i>clemastine fumarate</i>	108	<i>clopidogrel</i>	57
CLENPIQ	78	<i>clorazepate dipotassium</i>	50
CLEOCIN-T	73	<i>clotrimazole</i>	26

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<i>clotrimazole/betamethasone dipropionate</i>	71	<i>cromolyn sodium</i>	80
<i>clozapine</i>	44	<i>cromolyn sodium</i>	105
<i>clozapine odt</i>	44	<i>cromolyn sodium</i>	110
CLOZARIL	44	<i>cryselle-28</i>	87
COARTEM	40	CRYSVITA	80
COBENFY	66	CUBICIN RF	14
COBENFY STARTER PACK	66	CUPRIMINE	76
<i>codeine sulfate</i>	11	CURITY GAUZE PADS 2"X2" 12 PLY	103
COLAZAL	101	CUTAQUIG	93
<i>colchicine</i>	28	CUVITRU	93
<i>colesevelam hydrochloride</i>	63	CUVPOSA	78
<i>colestipol hcl</i>	63	CUVRIOR	76
<i>colistimethate sodium</i>	14	<i>cyclobenzaprine hydrochloride</i>	112
COLUMVI	32	<i>cyclobenzaprine hydrochloride er</i>	112
COLY-MYCIN M	14	<i>cyclophosphamide</i>	30
COMBIGAN	104	<i>cyclophosphamide monohydrate</i>	30
COMBIVENT RESPIMAT	112	<i>cycloserine</i>	30
COMBIVIR	47	CYCLOSET	52
COMETRIQ	35	<i>cyclosporine</i>	97
COMPLERA	47	<i>cyclosporine</i>	104
<i>compro</i>	25	<i>cyclosporine modified</i>	97
COMTAN	41	CYMBALTA	23
CONCERTA	65	<i>cyproheptadine hcl</i>	108
CONJUPRI	59	<i>cyproheptadine hydrochloride</i>	108
<i>constulose</i>	77	CYRAMZA	38
CONZIP	9	<i>cyred</i>	87
COPAXONE	67	CYSTADANE	80
COPIKTRA	35	CYSTADROPS	104
CORDRAN	70	CYSTAGON	80
CORLANOR	61	CYSTARAN	104
CORTIFOAM	101	<i>cytarabine</i>	31
<i>cortisone acetate</i>	84	<i>cytarabine aqueous</i>	31
CORTROPHIN	84	CYTOGAM	93
COSELA	103	<i>dabigatran etexilate</i>	55
COSENTYX	94	<i>dactinomycin</i>	32
COSENTYX SENSOREADY PEN	94	<i>dalfampridine er</i>	67
COSENTYX UNOREADY	94	DALIRESP	110
COSMEGEN	32	DALVANCE	14
COTELLIC	35	<i>danazol</i>	86
COTEMPLA XR-ODT	65	DANTRIUM IV	45
COXANTO	8	<i>dantrolene sodium</i>	45
CRENESSITY	80	DANYELZA	38
CREON	80	DANZITEN	35
CRESEMBA	26	<i>dapsone</i>	29
CRINONE	90	<i>dapsone</i>	73

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DAPTACEL	100	DETROL	83
<i>daptomycin</i>	14	DETROL LA	83
<i>daptomycin/sodium chloride</i>	14	<i>dexamethasone</i>	84
DARAPRIM	40	<i>dexamethasone sodium phosphate</i>	106
<i>darifenacin hydrobromide er</i>	83	DEXEDRINE	64
DARTISLA ODT	78	DEXILANT	79
<i>darunavir</i>	49	<i>dexlansoprazole</i>	79
DARZALEX	38	<i>dexmethylphenidate hcl</i>	65
DARZALEX FASPRO	38	<i>dexmethylphenidate hcl er</i>	65
<i>dasatinib</i>	35	<i>dexmethylphenidate hydrochloride</i>	65
<i>dasetta 1/35</i>	87	<i>dexmethylphenidate hydrochloride er</i>	65
<i>dasetta 7/7/7</i>	87	<i>dextrazoxane</i>	40
DATROWAY	38	<i>dextroamphetamine sulfate</i>	64
DAURISMO	35	<i>dextroamphetamine sulfate er</i>	64
DAYBUE	80	<i>dextrose 10%</i>	75
<i>daysee</i>	87	<i>dextrose 5%</i>	75
DAYVIGO	113	<i>dextrose 5%/sodium chloride 0.45%</i>	75
DDAVP	85	<i>dextrose 5%/sodium chloride 0.9%</i>	75
<i>deblitane</i>	90	DEXYCU	106
<i>decitabine</i>	33	DHIVY	41
<i>deferasirox</i>	76	DIACOMIT	20
<i>deferiprone</i>	76	<i>diazepam</i>	50
<i>deferoxamine mesylate</i>	103	<i>diazepam intensol</i>	50
DEFITELIO	61	<i>diazepam rectal gel</i>	20
<i>deflazacort</i>	84	<i>diazoxide</i>	53
DELSTRIGO	47	DIBENZYLINE	57
<i>delyla</i>	87	<i>dichlorphenamide</i>	80
<i>demeclocycline hcl</i>	17	DICLEGIS	25
DEMEROL	11	<i>diclofenac epolamine</i>	8
DEMSER	61	<i>diclofenac potassium</i>	8
DENAVIR	73	<i>diclofenac sodium</i>	8
DENG VAXIA	100	<i>diclofenac sodium</i>	72
DEPEN TITRATABS	76	<i>diclofenac sodium</i>	106
DEPO-PROVERA CONTRACEPTIVE	90	<i>diclofenac sodium dr</i>	8
DEPO-SUBQ PROVERA 104	90	<i>diclofenac sodium er</i>	8
DEPO-TESTOSTERONE	86	DICLONA	8
DESCOVY	47	<i>dicloxacillin sodium</i>	16
DESFERAL	103	<i>dicyclomine hcl</i>	78
<i>desipramine hydrochloride</i>	25	<i>dicyclomine hydrochloride</i>	78
<i>desmopressin acetate</i>	85	DIFICID	17
<i>desogestrel/ethinyl estradiol</i>	87	<i>diflorasone diacetate</i>	70
<i>desonide</i>	70	DIFLUCAN	27
<i>desoximetasone</i>	70	<i>diflunisal</i>	8
DESOXYN	64	<i>difluprednate</i>	106
<i>desvenlafaxine er</i>	23	<i>digitek</i>	58

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<i>digoxin</i>	58	DOVATO	46
<i>dihydroergotamine mesylate</i>	28	<i>doxazosin mesylate</i>	84
DILANTIN	21	<i>doxepin hcl</i>	25
DILAUDID	11	<i>doxepin hydrochloride</i>	25
<i>diltiazem hcl</i>	60	<i>doxepin hydrochloride</i>	70
<i>diltiazem hcl cd</i>	60	<i>doxepin hydrochloride</i>	113
<i>diltiazem hcl er</i>	60	<i>doxercalciferol</i>	102
<i>diltiazem hydrochloride</i>	60	DOXIL	33
<i>diltiazem hydrochloride er</i>	60	<i>doxorubicin hcl</i>	33
<i>dilt-xr</i>	60	<i>doxorubicin hydrochloride</i>	33
<i>dimethyl fumarate</i>	67	<i>doxorubicin hydrochloride liposomal</i>	33
<i>dimethyl fumarate starterpack</i>	67	<i>doxy 100</i>	17
DIPENTUM	101	<i>doxycycline</i>	18
<i>diphenhydramine hcl</i>	108	<i>doxycycline hyclate</i>	17
<i>diphenhydramine hydrochloride</i>	108	<i>doxycycline hyclate</i>	68
<i>diphenoxylate hydrochloride/atropine</i>	77	<i>doxycycline monohydrate</i>	18
<i>sulfate</i>		<i>doxylamine succinate/pyridoxine</i>	25
<i>diphenoxylate/atropine</i>	77	<i>hydrochloride</i>	
<i>diphtheria/tetanus toxoids adsorbed</i>	100	DRIZALMA SPRINKLE	23
<i>pediatric</i>		<i>dronabinol</i>	26
<i>disopyramide phosphate</i>	58	DROXIA	31
<i>disulfiram</i>	13	<i>droxidopa</i>	57
DITROPAN XL	83	DUAKLIR PRESSAIR	108
<i>divalproex sodium dr</i>	20	DUEXIS	8
<i>divalproex sodium er</i>	20	DULERA	112
DIVIGEL	87	<i>duloxetine hcl</i>	23
<i>dobutamine hcl</i>	61	<i>duloxetine hydrochloride</i>	24
<i>dobutamine hcl/d5w</i>	61	DUOBRII	72
<i>dobutamine hydrochloride/dextrose 5%</i>	61	DUOPA	41
<i>docetaxel</i>	33	DUPIXENT	94
<i>dofetilide</i>	58	DURACLON	66
DOJOLVI	80	<i>duramorph</i>	11
<i>dolishale</i>	87	DURYSTA	107
<i>donepezil hcl</i>	22	<i>dutasteride</i>	84
<i>donepezil hydrochloride</i>	22	<i>dutasteride/tamsulosin hydrochloride</i>	84
<i>donepezil hydrochloride odt</i>	22	DUVYZAT	103
<i>dopamine hydrochloride</i>	61	DYANAVEL XR	64
<i>dopamine hydrochloride/dextrose</i>	61	DYMISTA	108
<i>dopamine/d5w</i>	61	DYSPORT	45
DOPTLET	57	EASY COMFORT INSULIN	103
DORYX	17	SYRINGE/0.3ML/31G X 1/2"	
DORYX MPC	17	EASY TOUCH SAFETY PEN	103
<i>dorzolamide hcl/timolol maleate</i>	104	NEEDLES/30G X 1/4"	
<i>dorzolamide hydrochloride</i>	106	<i>ec-naproxen</i>	8
<i>dotti</i>	87	<i>econazole nitrate</i>	27

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<i>edaravone</i>	66	<i>emtricitabine/tenofovir disoproxil fumarate</i>	47
EDARBI	57	EMTRIVA	47
EDARBYCLOR	61	EMVERM	40
EDECRIN	62	<i>emzahh</i>	90
<i>edetate calcium disodium</i>	78	<i>enalapril maleate</i>	58
EDLUAR	113	<i>enalapril maleate/hydrochlorothiazide</i>	61
EDURANT	47	ENBREL	97
<i>efavirenz</i>	47	ENBREL MINI	97
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	47	ENBREL SURECLICK	97
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	47	ENDARI	81
<i>effer-k</i>	75	<i>endocet</i>	11
EFUDEX	72	ENDOMETRIN	90
EGRIFTA SV	85	<i>engerix-b</i>	100
ELAHERE	38	ENHERTU	38
ELAPRASE	80	ENJAYMO	94
ELELYSO	80	<i>enoxaparin sodium</i>	55
ELEPSIA XR	18	<i>enpresse-28</i>	87
<i>eletriptan hydrobromide</i>	29	ENSPRYNG	104
ELFABRIO	81	ENSTILAR	72
ELIGARD	92	<i>entacapone</i>	41
<i>elinest</i>	87	ENTADFI	84
ELIQUIS	55	<i>entecavir</i>	46
ELIQUIS STARTER PACK	55	ENTRESTO	61
ELITEK	40	ENTYVIO	94
ELLA	103	ENTYVIO PEN	94
ELLENCE	33	<i>enulose</i>	77
ELMIRON	84	ENVARUS XR	97
ELREXFIO	33	EOHILIA	101
ELYXYB	8	EPANED	58
ELZONRIS	33	EPCLUSA	46
EMCYT	31	EPIDIOLEX	18
EMEND	26	<i>epinastine hcl</i>	105
EMEND BIPACK	26	<i>epinephrine</i>	61
EMEND TRIPACK	26	<i>epinephrine</i>	109
EMFLAZA	84	<i>epitol</i>	21
EMGALITY	28	EPIVIR	47
EMPAVELI	94	EPIVIR HBV	46
EMPLICITI	38	EPKINLY	33
EMROSI	29	<i>eplerenone</i>	63
EMSAM	23	EPOGEN	56
<i>emtricitabine</i>	47	<i>epoprostenol sodium</i>	110
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	47	EPRONTIA	18
		EPSOLAY	73
		<i>eptifibatide</i>	57
		EPZICOM	48

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ERBITUX	38	EVOMELA	30
<i>ergoloid mesylates</i>	22	EVOTAZ	49
ERGOMAR	28	EVRYSDI	81
<i>ergotamine tartrate/caffeine</i>	28	<i>exemestane</i>	34
<i>eribulin mesylate</i>	33	EXJADE	76
ERIVEDGE	35	EXKIVITY	35
ERLEADA	31	EXONDYS 51	81
<i>erlotinib hydrochloride</i>	35	EXSERVAN	66
<i>errin</i>	90	EXTAVIA	67
ERTACZO	27	EXTINA	27
<i>ertapenem</i>	16	EYLEA	104
<i>ertapenem sodium</i>	16	EZALLOR SPRINKLE	62
<i>ery</i>	73	<i>ezetimibe</i>	63
ERYPED 400	17	<i>ezetimibe/simvastatin</i>	63
<i>erythromycin</i>	73	FABHALTA	56
<i>erythromycin</i>	105	FABIOR	69
<i>erythromycin dr</i>	17	FABRAZYME	81
<i>erythromycin ethylsuccinate</i>	17	<i>falmina</i>	88
<i>erythromycin/benzoyl peroxide</i>	69	<i>famciclovir</i>	50
ESBRIET	111	<i>famotidine</i>	79
<i>escitalopram oxalate</i>	24	FANAPT	43
<i>esomeprazole magnesium</i>	79	FANAPT TITRATION PACK	43
<i>estarylla</i>	88	FARESTON	31
<i>estazolam</i>	113	FARXIGA	63
<i>estradiol</i>	88	FASENRA	112
<i>estradiol/norethindrone acetate</i>	88	FASENRA PEN	112
ESTRING	88	FASLODEX	31
<i>eszopiclone</i>	113	<i>fayosim</i>	88
<i>ethacrynate sodium</i>	62	<i>febuxostat</i>	28
<i>ethacrynic acid</i>	62	<i>feirza 1.5/30</i>	88
<i>ethambutol hydrochloride</i>	30	<i>feirza 1/20</i>	88
<i>ethosuximide</i>	19	<i>felbamate</i>	18
<i>ethynodiol diacetate/ethinyl estradiol</i>	88	FELBATOL	18
ETHYOL	33	<i>felodipine er</i>	59
<i>etodolac</i>	8	FEMRING	88
<i>etonogestrel/ethinyl estradiol</i>	88	<i>femynor</i>	88
ETOPOPHOS	34	<i>fenofibrate</i>	62
<i>etravirine</i>	47	<i>fenofibrate micronized</i>	62
EUCRISA	70	<i>fenofibric acid dr</i>	62
EULEXIN	31	FENOGLIDE	62
<i>euthyrox</i>	91	FENSOLVI	85
EVENITY	102	<i>fentanyl</i>	9
<i>everolimus</i>	35	<i>fentanyl citrate</i>	11
<i>everolimus</i>	97	<i>fentanyl citrate oral transmucosal</i>	11

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<i>ferric citrate</i>	76	fluorometholone	106
FERRIPROX	76	fluorouracil	32
FERRIPROX TWICE-A-DAY	76	fluorouracil	72
<i>fesoterodine fumarate er</i>	83	fluoxetine dr	24
FETROJA	16	fluoxetine hydrochloride	24
FETZIMA	24	fluphenazine decanoate	42
FETZIMA TITRATION PACK	24	fluphenazine hcl	42
FEXMID	112	fluphenazine hydrochloride	42
FIASP	53	flurbiprofen	8
FIASP FLEXTOUCH	53	flurbiprofen sodium	106
FIASP PENFILL	53	flutamide	31
FILSPARI	61	fluticasone propionate	70
FILSUVEZ	72	fluticasone propionate	107
FINACEA	69	fluticasone propionate/salmeterol	112
<i>finasteride</i>	84	fluticasone propionate/salmeterol diskus	112
<i>fingolimod hydrochloride</i>	67	fluvastatin	62
FINTEPLA	18	fluvastatin sodium er	62
FIORICET/CODEINE	11	fluvoxamine maleate	24
FIRAZYR	93	fluvoxamine maleate er	24
FIRDAPSE	66	FML	106
FIRMAGON	92	FML FORTE	106
<i>flac</i>	107	FOCALIN	65
FLAREX	106	FOCALIN XR	65
<i>flavoxate hcl</i>	83	FOLOTYN	32
FLEBOGAMMA DIF	93	<i>fomepizole</i>	103
<i>flecainide acetate</i>	58	<i>fondaparinux sodium</i>	55
FLECTOR	8	<i>formoterol fumarate</i>	109
FLEQSUVY	45	FORTEO	102
FLOLAN	110	FORTESTA	86
FLOLIPID	62	FOSAMAX	102
<i>floxuridine</i>	32	FOSAMAX PLUS D	102
<i>fluconazole</i>	27	<i>fosamprenavir calcium</i>	49
<i>fluconazole in sodium chloride</i>	27	<i>foscarnet sodium</i>	45
<i>flucytosine</i>	27	FOSCAVIR	45
<i>fludarabine phosphate</i>	35	<i>fosinopril sodium</i>	58
<i>fludrocortisone acetate</i>	84	<i>fosinopril sodium/hydrochlorothiazide</i>	61
<i>flunisolide</i>	107	FOSRENOL	76
<i>fluocinolone acetonide</i>	70	FOTIVDA	35
<i>fluocinolone acetonide</i>	107	FRAGMIN	55
<i>fluocinolone acetonide body</i>	70	FRINDOVYX	30
<i>fluocinolone acetonide ear drops</i>	107	FROVA	29
<i>fluocinolone acetonide scalp</i>	70	<i>frovatriptan succinate</i>	29
<i>fluocinolone acetonide topical</i>	70	FRUZAQLA	35
<i>fluocinonide</i>	70	FULPHILA	56

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FULVICIN P/G 165	27	<i>gentamicin sulfate</i>	105
FUROSCIX	62	<i>gentamicin sulfate pediatric</i>	14
<i>furosemide</i>	62	GENVOYA	46
FUZEON	48	GEODON	43
FYARRO	35	GILENYA	67
<i>fyavolv</i>	88	GILOTRIF	35
FYCOMPA	18	GIMOTI	78
FYLNETRA	56	GIVLAARI	103
<i>gabapentin</i>	20	GLASSIA	81
GABARONE	20	<i>glatiramer acetate</i>	67
GABITRIL	20	<i>glatopa</i>	67
GABLOFEN	45	GLEEVEC	35
GALAFOLD	81	GLEOSTINE	30
<i>galantamine hydrobromide</i>	22	<i>glimepiride</i>	52
<i>galantamine hydrobromide er</i>	22	<i>glipizide</i>	52
<i>gallifrey</i>	91	<i>glipizide er</i>	52
GAMASTAN	93	<i>glipizide xl</i>	52
GAMIFANT	94	<i>glipizide/metformin hydrochloride</i>	52
GAMMAGARD LIQUID	93	GLOPERBA	28
GAMMAGARD S/D IGA LESS THAN	93	GLUCAGEN HYPOKIT	53
1MCG/ML		<i>glucagon emergency kit for low blood sugar</i>	53
GAMMAKED	93	GLUMETZA	52
GAMMAPLEX	93	<i>glyburide</i>	52
GAMUNEX-C	93	<i>glyburide/metformin hydrochloride</i>	52
<i>ganciclovir</i>	45	GLYCATE	78
GARDASIL 9	100	<i>glycopyrrolate</i>	78
GASTROCROM	81	<i>glydo</i>	12
<i>gatifloxacin</i>	105	GLYXAMBI	52
GATTEX	78	GOCOVRI	41
<i>gavilyte-c</i>	78	GOMEKLI	35
<i>gavilyte-g</i>	78	GRAFAPEX	30
<i>gavilyte-n/flavor pack</i>	78	<i>granisetron hydrochloride</i>	26
GAVRETO	35	GRANIX	56
GAZYVA	38	<i>griseofulvin microsize</i>	27
<i>gefitinib</i>	35	<i>griseofulvin ultramicrosize</i>	27
GELNIQUE	83	<i>guanfacine hydrochloride</i>	57
<i>gemcitabine hydrochloride</i>	32	<i>guanfacine hydrochloride er</i>	65
<i>gemfibrozil</i>	62	GVOKE HYPOPEN 1-PACK	53
GEMTESA	83	GVOKE HYPOPEN 2-PACK	53
<i>generlac</i>	77	GVOKE KIT	53
<i>engraf</i>	97	GVOKE PFS	53
GENOTROPIN	85	HAEGARDA	93
GENOTROPIN MINISQUICK	85	<i>hailey 1.5/30</i>	88
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<i>halobetasol propionate</i>	70	HUMULIN R U-500 KWIKPEN	54
<i>haloperidol</i>	42	HYCAMTIN	34
<i>haloperidol decanoate</i>	42	<i>hydralazine hcl</i>	64
<i>haloperidol lactate</i>	42	<i>hydralazine hydrochloride</i>	64
HARVONI	46	<i>hydrochlorothiazide</i>	62
<i>havrix</i>	100	<i>hydrocodone bitartrate er</i>	9
<i>heather</i>	91	<i>hydrocodone bitartrate/acetaminophen</i>	11
HELIDAC THERAPY	78	<i>hydrocodone/acetaminophen</i>	11
HEMABATE	86	<i>hydrocodone/ibuprofen</i>	11
HEMANGEOL	59	<i>hydrocortisone</i>	71
HEPAGAM B	93	<i>hydrocortisone</i>	84
<i>heparin sodium</i>	55	<i>hydrocortisone</i>	101
<i>heparin sodium/dextrose</i>	55	<i>hydrocortisone acetate/pramoxine</i>	72
<i>heplisav-b</i>	100	<i>hydrochloride</i>	
HERCEPTIN	38	<i>hydrocortisone butyrate</i>	71
HERCEPTIN HYLECTA	38	<i>hydrocortisone butyrate (lipid)</i>	70
HERCESSI	38	<i>hydrocortisone butyrate (lipophilic)</i>	70
HERZUMA	38	<i>hydrocortisone valerate</i>	71
HETLIOZ	113	<i>hydromorphone hcl</i>	11
HETLIOZ LQ	113	<i>hydromorphone hcl er</i>	9
<i>hiberix</i>	100	<i>hydromorphone hydrochloride</i>	11
HIZENTRA	93	<i>hydromorphone hydrochloride er</i>	9
HUMALOG	54	<i>hydroxychloroquine sulfate</i>	40
HUMALOG JUNIOR KWIKPEN	54	<i>hydroxyprogesterone caproate</i>	91
HUMALOG KWIKPEN	54	<i>hydroxyurea</i>	32
HUMALOG MIX 50/50	54	<i>hydroxyzine hcl</i>	108
HUMALOG MIX 50/50 KWIKPEN	54	<i>hydroxyzine hydrochloride</i>	108
HUMALOG MIX 75/25	54	<i>hydroxyzine pamoate</i>	108
HUMALOG MIX 75/25 KWIKPEN	54	HYFTOR	71
HUMATIN	14	HYOPHEN	83
HUMATROPE	85	<i>hyoscyamine sulfate</i>	78
HUMIRA	98	<i>hyoscyamine sulfate er</i>	78
HUMIRA PEDIATRIC CROHNS	97	<i>hyoscyamine sulfate odt</i>	78
DISEASE STARTER PACK		<i>hyoscyamine sulfate sr</i>	78
HUMIRA PEN	98	HYPERHEP B	93
HUMIRA PEN-CD/UC/HS STARTER	98	HYQVIA	93
HUMIRA PEN-PEDIATRIC UC	98	HYSINGLA ER	9
STARTER PACK		<i>ibandronate sodium</i>	102
HUMIRA PEN-PS/UV STARTER	98	IBRANCE	33
HUMULIN 70/30	54	IBRANCE	35
HUMULIN 70/30 KWIKPEN	54	IBSRELA	77
HUMULIN N	54	<i>ibu</i>	8
HUMULIN N KWIKPEN	54	<i>ibuprofen</i>	8

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<i>ibuprofen/famotidine</i>	8	<i>indomethacin er</i>	8
<i>icatibant acetate</i>	93	INFANRIX	100
<i>iclevia</i>	88	INFLECTRA	98
ICLUSIG	36	<i>infliximab</i>	98
<i>icosapent ethyl</i>	63	INFUGEM	32
IDAMYCIN PFS	33	INFUMORPH 200	9
<i>idarubicin hcl</i>	33	INFUMORPH 500	9
IDHIFA	36	INGREZZA	66
IDOSE TR	107	INLYTA	36
<i>ifosfamide</i>	30	INNOPRAN XL	59
IGALMI	51	INPEFA	63
ILARIS	94	INQOVI	36
ILEVRO	106	INREBIC	33
ILUMYA	94	<i>insulin lispro</i>	54
ILUVIEN	106	INTELENCE	47
<i>imatinib mesylate</i>	36	INTRALIPID	103
IMBRUVICA	36	INTRAROSA	85
IMDELLTRA	33	<i>introvale</i>	88
IMFINZI	38	INVEGA	43
<i>imipenem/cilastatin</i>	16	INVEGA HAFYERA	43
<i>imipramine hcl</i>	25	INVEGA SUSTENNA	43
<i>imipramine hydrochloride</i>	25	INVEGA TRINZA	43
<i>imipramine pamoate</i>	25	INVOKAMET	52
<i>imiquimod</i>	72	INVOKAMET XR	52
<i>imiquimod pump</i>	72	INVOKANA	63
IMITREX	29	INZIRQO	62
IMITREX STATDOSE REFILL	29	<i>ipol inactivated ipv</i>	100
IMITREX STATDOSE SYSTEM	29	<i>ipratropium bromide</i>	108
IMJUDO	38	<i>ipratropium bromide/albuterol sulfate</i>	112
IMKELDI	36	IQIRVO	78
<i>imovax rabies (h.d.c.v.)</i>	100	<i>irbesartan</i>	58
IMPAVIDO	14	<i>irbesartan/hydrochlorothiazide</i>	61
IMPOYZ	71	IRESSA	36
IMURAN	98	<i>irinotecan</i>	34
IMVEXXY MAINTENANCE PACK	88	<i>irinotecan hydrochloride</i>	34
IMVEXXY STARTER PACK	88	ISENTRESS	46
INBRIJA	41	ISENTRESS HD	46
<i>incassia</i>	91	<i>isoniazid</i>	30
INCRELEX	85	ISORDIL TITRADOSE	63
INCRUSE ELLIPTA	108	<i>isosorbide dinitrate</i>	63
<i>indapamide</i>	62	<i>isosorbide dinitrate/hydralazine</i>	61
INDERAL LA	59	<i>hydrochloride</i>	
INDERAL XL	59	<i>isosorbide mononitrate</i>	63
INDOCIN	8	<i>isosorbide mononitrate er</i>	63

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<i>isotretinoin</i>	69	JYLAMVO	98
<i>isradipine</i>	59	JYNARQUE	76
ISTODAX	33	<i>jynneos</i>	100
ISTURISA	85	KABIVEN	75
ITOVEBI	33	KADCYLA	38
<i>itraconazole</i>	27	KALBITOR	93
<i>ivabradine hydrochloride</i>	61	KALETRA	49
<i>ivermectin</i>	40	<i>kalliga</i>	88
<i>ivermectin</i>	72	KALYDECO	109
IVRA	30	KANJINTI	39
IWILFIN	33	KANUMA	81
IXCHIQ	100	<i>kariva</i>	88
IXEMPRA KIT	33	KAZANO	52
<i>ixiaro</i>	100	<i>kelnor 1/35</i>	88
IYUZEH	107	<i>kelnor 1/50</i>	88
IZERVAY	104	KENALOG	71
JADENU	76	KENGREAL	57
JADENU SPRINKLE	76	KEPIVANCE	68
JAKAFI	36	KEPPRA	18
<i>jantoven</i>	55	KEPPRA XR	18
JANUMET	52	KERENDIA	63
JANUMET XR	52	KERYDIN	27
JANUVIA	52	KESIMPTA	67
JARDIANCE	63	<i>ketoconazole</i>	27
JATENZO	86	<i>ketoprofen</i>	8
JAVYGTOR	81	<i>ketorolac tromethamine</i>	8
JAYPIRCA	36	<i>ketorolac tromethamine</i>	106
JEMPERLI	38	KEVEYIS	81
<i>jencycla</i>	91	KEVZARA	94
JENTADUETO	52	KEYTRUDA	39
JENTADUETO XR	52	KHAPZORY	40
JEVTANA	33	KIMMTRAK	33
<i>jinteli</i>	88	KIMYRSA	14
JOENJA	81	KINERET	94
<i>jolessa</i>	88	KINRIX	100
JOURNAVX	8	KIONEX	77
<i>joyeaux</i>	88	KISQALI	36
JUBLIA	27	KISQALI FEMARA 200 DOSE	33
JULUCA	46	KISQALI FEMARA 400 DOSE	33
<i>junel 1.5/30</i>	88	KISQALI FEMARA 600 DOSE	33
<i>junel 1/20</i>	88	KITABIS PAK	110
<i>junel fe 1.5/30</i>	88	<i>klayesta</i>	27
<i>junel fe 1/20</i>	88	KLISYRI	72
<i>junel fe 24</i>	88	KLONOPIN	20
JUXTAPID	63	<i>klor-con 10</i>	75

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<i>klor-con m10</i>	75	<i>larin 1/20</i>	88
<i>klor-con m15</i>	75	<i>larin 24 fe</i>	88
<i>klor-con m20</i>	75	<i>larin fe 1.5/30</i>	88
<i>klor-con/ef</i>	75	<i>larin fe 1/20</i>	88
KLOXXADO	13	<i>latanoprost</i>	107
KONVOMEF	79	LATUDA	43
KORLYM	92	LAZCLUZE	33
KORSUVA	71	<i>ledipasvir/sofosbuvir</i>	46
KOSELUGO	36	<i>leflunomide</i>	98
<i>kourzeq</i>	68	LEMTRADA	94
KRAZATI	36	<i>lenalidomide</i>	31
KRYSTEXXA	28	LENVIMA 10 MG DAILY DOSE	36
<i>kurvelo</i>	88	LENVIMA 12MG DAILY DOSE	36
KUVAN	81	LENVIMA 14 MG DAILY DOSE	36
KYPROLIS	34	LENVIMA 18 MG DAILY DOSE	36
KYZATREX	86	LENVIMA 20 MG DAILY DOSE	36
<i>labetalol hydrochloride</i>	59	LENVIMA 24 MG DAILY DOSE	36
<i>lacosamide</i>	21	LENVIMA 4 MG DAILY DOSE	36
<i>lactulose</i>	77	LENVIMA 8 MG DAILY DOSE	36
LAGEVRIO	50	LEQVIO	63
LAMICTAL	19	<i>lessina</i>	88
LAMICTAL CHEWABLE DISPERSIBLE	18	LETAIRIS	110
LAMICTAL ODT	18	<i>letrozole</i>	34
LAMICTAL STARTER/TAKING	18	<i>leucovorin calcium</i>	33
CARBAMAZEPINE/NOT TAKING		LEUKERAN	30
VALPROATE		LEUKINE	56
LAMICTAL XR	19	<i>leuprolide acetate</i>	92
<i>lamivudine</i>	46	<i>levalbuterol</i>	109
<i>lamivudine</i>	48	<i>levalbuterol hcl</i>	109
<i>lamivudine/zidovudine</i>	48	<i>levalbuterol hydrochloride</i>	109
<i>lamotrigine</i>	19	<i>levalbuterol tartrate hfa</i>	109
<i>lamotrigine er</i>	19	<i>levamlodipine</i>	59
<i>lamotrigine odt</i>	19	LEVBID	78
<i>lamotrigine starter kit/blue</i>	19	<i>levetiracetam</i>	19
<i>lamotrigine starter kit/green</i>	19	<i>levetiracetam er</i>	19
<i>lamotrigine starter kit/orange</i>	19	<i>levobunolol hcl</i>	106
<i>lamotrigine titration</i>	19	<i>levocetirizine dihydrochloride</i>	108
LAMZEDE	81	<i>levofloxacin</i>	17
<i>lanreotide acetate</i>	92	<i>levofloxacin</i>	105
<i>lansoprazole</i>	79	<i>levofloxacin in d5w</i>	17
<i>lanthanum carbonate</i>	76	<i>levoleucovorin</i>	33
LANTUS	54	<i>levonest</i>	88
LANTUS SOLOSTAR	54	<i>levonorgestrel and ethinyl estradiol</i>	89
<i>lapatinib ditosylate</i>	36	<i>levonorgestrel/ethinyl estradiol</i>	89

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<i>levorphanol tartrate</i>	10	LIVTENCITY	45
<i>levo-t</i>	91	LOCOID	71
<i>levothyroxine sodium</i>	91	LOCOID LIPOCREAM	71
<i>levoxyl</i>	91	LODINE	8
LEVSIN	78	LODOCO	61
LEXETTE	71	LODOSYN	41
LEXIVA	49	LOFENA	8
<i>l-glutamine</i>	81	<i>lofexidine hydrochloride</i>	13
LIALDA	101	LOKELMA	77
LIBERVANT	20	LOMOTIL	77
LIBRAX	78	LONHALA MAGNAIR REFILL KIT	108
LIBTAYO	39	LONHALA MAGNAIR STARTER KIT	108
LICART	8	LONSURF	33
<i>lidocaine</i>	12	<i>loperamide hydrochloride</i>	77
<i>lidocaine hcl</i>	12	<i>lopinavir/ritonavir</i>	49
<i>lidocaine hcl</i>	58	LOQTORZI	39
<i>lidocaine hcl</i>	68	<i>lorazepam</i>	51
<i>lidocaine hcl jelly</i>	12	<i>lorazepam intensol</i>	51
<i>lidocaine hydrochloride</i>	12	LORBRENA	36
<i>lidocaine hydrochloride jelly</i>	12	LOREEV XR	51
<i>lidocaine hydrochloride viscous</i>	68	LORTAB	11
<i>lidocaine viscous</i>	68	LORZONE	112
<i>lidocaine/prilocaine</i>	12	<i>losartan potassium</i>	58
LIDOCAN	12	<i>losartan potassium/hydrochlorothiazide</i>	61
LIDODERM	12	LOSEASONIQUE	89
LIDOTRAL	12	LOTEMAX	106
LIKMEZ	14	LOTEMAX SM	106
LILETTA	91	<i>loteprednol etabonate</i>	106
<i>lincomycin hydrochloride</i>	14	LOTRONEX	77
<i>linezolid</i>	14	<i>lovastatin</i>	62
LINZESS	77	LOVAZA	63
LIORESAL INTRATHECAL	45	LOVENOX	55
<i>liothyronine sodium</i>	91	<i>low-ogestrel</i>	89
LIQREV	110	<i>loxapine</i>	42
<i>lisinopril</i>	58	<i>loxapine succinate</i>	42
<i>lisinopril/hydrochlorothiazide</i>	61	<i>lo-zumandimine</i>	89
LITFULO	94	<i>lubiprostone</i>	77
<i>lithium</i>	51	LUCEMYRA	13
<i>lithium carbonate</i>	51	LUCENTIS	104
<i>lithium carbonate er</i>	51	LUMAKRAS	36
LITHOBID	51	LUMIGAN	107
LITHOSTAT	84	LUMIZYME	81
LIVALO	62	LUMOXITI	39
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LUNESTA	113	<i>medroxyprogesterone acetate</i>	91
LUNSUMIO	39	<i>mefloquine hydrochloride</i>	40
LUPKYNIS	98	<i>megestrol acetate</i>	91
LUPRON DEPOT (1-MONTH)	92	MEKINIST	36
LUPRON DEPOT (3-MONTH)	92	MEKTOVI	36
LUPRON DEPOT (4-MONTH)	92	<i>meloxicam</i>	8
LUPRON DEPOT (6-MONTH)	92	<i>memantine hcl titration pak</i>	22
LUPRON DEPOT-PED (1-MONTH)	92	<i>memantine hydrochloride</i>	22
LUPRON DEPOT-PED (3-MONTH)	92	<i>memantine hydrochloride er</i>	22
LUPRON DEPOT-PED (6-MONTH)	85	<i>memantine/donepezil hydrochloride er</i>	22
<i>lurasidone hydrochloride</i>	43	<i>menactra</i>	100
<i>luteal</i>	89	MENEST	89
LUXIQ	71	<i>menquadfi</i>	100
LYBALVI	43	<i>menveo</i>	100
LYDEXA	12	<i>meperidine hcl</i>	11
<i>lyleq</i>	91	<i>meperidine hydrochloride</i>	11
<i>lyllana</i>	89	MEPRON	40
LYMEPAK	18	MEPSEVII	81
LYNPARZA	36	<i>mercaptopurine</i>	32
LYRICA	20	<i>meropenem</i>	17
LYSODREN	33	<i>meropenem/sodium chloride</i>	17
LYTGOBI	36	<i>mesalamine</i>	101
LYUMJEV	54	<i>mesalamine dr</i>	101
LYUMJEV KWIKPEN	54	<i>mesalamine er</i>	101
LYVISPAH	45	<i>mesna</i>	40
<i>lyza</i>	91	MESNEX	40
<i>mafenide acetate</i>	73	MESTINON	29
<i>magnesium sulfate</i>	75	MESTINON TIMESPAN	29
<i>malathion</i>	73	METADATE CD	65
<i>maraviroc</i>	48	METAXALONE	112
MARGENZA	39	METFORMIN HYDROCHLORIDE	52
MARINOL	26	<i>metformin hydrochloride er</i>	52
<i>marlissa</i>	89	<i>methadone hcl</i>	10
MARPLAN	23	<i>methadone hydrochloride</i>	10
MATULANE	30	<i>methadone hydrochloride intensol</i>	10
<i>matzim la</i>	60	<i>methadose</i>	10
MAVENCLAD	67	<i>methadose sugar-free</i>	10
MAVYRET	46	<i>methamphetamine hydrochloride</i>	64
MAXALT	29	<i>methazolamide</i>	106
MAXALT-MLT	29	<i>methenamine hippurate</i>	15
MAYZENT	68	METHERGINE	103
MAYZENT STARTER PACK	68	<i>methimazole</i>	93
<i>me/naphos/mb/hyo 1</i>	83	METHITEST	86
<i>meclizine hcl</i>	25	<i>methocarbamol</i>	112

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<i>methotrexate sodium</i>	98	<i>milrinone lactate in dextrose</i>	61
<i>methoxsalen</i>	72	<i>mimvey</i>	89
<i>methscopolamine bromide</i>	78	MINOCIN	18
<i>methsuximide</i>	19	<i>minocycline hcl</i>	18
<i>methyldopa</i>	57	<i>minocycline hydrochloride</i>	18
<i>methylergonovine maleate</i>	103	<i>minoxidil</i>	64
<i>methylphenidate hydrochloride</i>	65	<i>minzoya</i>	89
<i>methylphenidate hydrochloride cd</i>	65	MIPLYFFA	81
<i>methylphenidate hydrochloride er</i>	65	<i>mirtazapine</i>	22
<i>methylphenidate hydrochloride er (la)</i>	65	<i>mirtazapine odt</i>	22
<i>methylprednisolone</i>	85	MIRVASO	69
<i>methylprednisolone dose pack</i>	85	<i>misoprostol</i>	79
<i>methylprednisolone sodium succinate</i>	85	<i>mitigo</i>	10
<i>methyltestosterone</i>	86	<i>mitomycin</i>	33
<i>metoclopramide hcl</i>	79	<i>mitoxantrone hcl</i>	68
<i>metoclopramide hydrochloride</i>	79	<i>m-m-r ii</i>	100
<i>metoclopramide odt</i>	79	<i>modafinil</i>	113
<i>metolazone</i>	62	<i>moexipril hydrochloride</i>	58
METOPIRONE	103	<i>molindone hydrochloride</i>	42
<i>metoprolol succinate er</i>	59	<i>mometasone furoate</i>	71
<i>metoprolol tartrate</i>	59	<i>mometasone furoate</i>	107
<i>metronidazole</i>	15	<i>mondoxyne nl</i>	18
<i>metronidazole</i>	69	MONJUVI	39
<i>metronidazole vaginal</i>	15	<i>mono-lynyah</i>	89
<i>metirosine</i>	61	<i>montelukast sodium</i>	108
<i>mexiletine hydrochloride</i>	58	<i>morphine sulfate</i>	11
MIACALCIN	102	<i>morphine sulfate er</i>	10
<i>mibelas 24 fe</i>	89	<i>morphine sulfate/sodium chloride</i>	11
<i>micafungin</i>	27	MOTEGRITY	77
<i>micafungin sodium/sodium chloride</i>	27	MOTOFEN	77
<i>micafungin/sodium chloride</i>	27	MOUNJARO	52
<i>microgestin 1.5/30</i>	89	<i>moxifloxacin hydrochloride/sodium</i>	17
<i>microgestin 1/20</i>	89	<i>hydrochloride</i>	
<i>microgestin 24 fe</i>	89	<i>moxifloxacin hydrochloride</i>	17
<i>microgestin fe 1.5/30</i>	89	<i>moxifloxacin hydrochloride</i>	105
<i>microgestin fe 1/20</i>	89	MOZOBIL	56
<i>midazolam hcl</i>	51	<i>mresvia</i>	100
<i>midodrine hydrochloride</i>	57	MS CONTIN	10
<i>mifepristone</i>	92	MULPLETA	56
MIGERGOT	28	MULTAQ	58
<i>miglitol</i>	52	<i>mupirocin</i>	73
<i>miglustat</i>	81	MUTAMYCIN	33
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<i>mili</i>	89	MYALEPT	79

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MYCOBUTIN	30	neomycin/bacitracin/polymyxin	104
mycophenolate mofetil	98	neomycin/polymyxin/bacitracin	104
mycophenolic acid dr	98	neomycin/polymyxin/bacitracin/hydrocortisone	104
MYFEMBREE	92	neomycin/polymyxin/dexamethasone	104
MYFORTIC	98	neomycin/polymyxin/gramicidin	104
MYHIBBIN	98	neomycin/polymyxin/hc	107
MYLOTARG	39	neomycin/polymyxin/hydrocortisone	107
MYOBLOC	45	neo-polycin	104
myorisan	69	neo-polycin hc	104
MYRBETRIQ	83	NEOPROFEN	9
MYSOLINE	20	NEORAL	98
MYTESI	77	NEO-SYNALAR	72
NABI-HB	94	NERLYNX	36
nabumetone	9	NESINA	52
nadolol	59	NEULASTA	56
nafcillin	16	NEULASTA ONPRO KIT	56
nafcillin sodium	16	NEUPOGEN	56
NAGLAZYME	81	NEUPRO	41
nalbuphine hydrochloride	11	NEURONTIN	20
NALOCET	11	NEVANAC	106
naloxone hcl	13	nevirapine	47
naloxone hydrochloride	13	nevirapine er	47
naltrexone hydrochloride	13	NEXAVAR	36
NAMENDA XR	22	NEXICLON XR	57
NAMZARIC	22	NEXIUM	79
NAPRELAN	9	NEXLETOL	63
NAPROSYN	9	NEXLIZET	63
naproxen	9	NEXPLANON	91
naproxen dr	9	NEXTERONE	58
naproxen sodium	9	NEXVIAZYME	81
naproxen sodium cr	9	NGENLA	85
naproxen sodium er	9	niacin er	63
naproxen/esomeprazole magnesium	9	nicardipine hcl	59
naratriptan hcl	29	nicardipine hydrochloride/sodium chloride	59
NATACYN	105	NICOTROL INHALER	13
nateglinide	52	NICOTROL NS	13
NATESTO	86	nifedipine er	60
NAYZILAM	19	NIKTIMVO	98
nebivolol hydrochloride	59	NILANDRON	31
NEBUPENT	40	nilutamide	31
necon 0.5/35-28	89	nimodipine	60
nefazodone hydrochloride	24	NINLARO	36
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<i>nitisinone</i>	81	NOVOLIN N RELION	54
NITRO-BID	63	NOVOLIN R	54
NITRO-DUR	64	NOVOLIN R FLEXPEN	54
<i>nitrofurantoin</i>	15	NOVOLIN R FLEXPEN RELION	54
<i>nitrofurantoin macrocrystals</i>	15	NOVOLIN R RELION	54
<i>nitrofurantoin monohydrate</i>	15	NOVOLOG	54
<i>nitrofurantoin monohydrate/macrocrystals</i>	15	NOVOLOG FLEXPEN	54
<i>nitroglycerin</i>	64	NOVOLOG FLEXPEN RELION	54
<i>nitroglycerin</i>	79	NOVOLOG MIX 70/30	54
<i>nitroglycerin transdermal</i>	64	NOVOLOG MIX 70/30 PREFILLED	54
NITYR	81	FLEXPEN	
NIVESTYM	56	NOVOLOG MIX 70/30 PREFILLED	54
<i>nizatidine</i>	79	FLEXPEN RELION	
<i>nora-be</i>	91	NOVOLOG MIX 70/30 RELION	54
NORDITROPIN FLEXPEN	85	NOVOLOG PENFILL	54
<i>norelgestromin/ethinyl estradiol</i>	89	NOVOLOG RELION	54
<i>norethindrone</i>	91	NOXAFIL	27
<i>norethindrone acetate</i>	91	NPLATE	56
<i>norethindrone acetate/ethinyl estradiol</i>	89	NUBEQA	31
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	89	NUCALA	112
NORGESIC	112	NUCYNTA	12
NORGESIC FORTE	112	NUCYNTA ER	10
<i>norgestimate/ethinyl estradiol</i>	89	NUDEXTA	67
NORITATE	69	NULEV	78
NORLIQVA	60	NULIBRY	81
<i>norlyroc</i>	91	NULOJIX	98
NORPACE CR	58	NUPLAZID	43
NORPRAMIN	25	NUTRILIPID	103
NORTHERA	57	NUTROPIN AQ NUSPIN 10	85
<i>nortrel 0.5/35 (28)</i>	89	NUTROPIN AQ NUSPIN 20	85
<i>nortrel 1/35</i>	89	NUTROPIN AQ NUSPIN 5	85
<i>nortrel 7/7/7</i>	89	NUVIGIL	113
<i>nortriptyline hcl</i>	25	NUZYRA	18
<i>nortriptyline hydrochloride</i>	25	<i>nyamyc</i>	27
NORVIR	49	<i>nylia 1/35</i>	89
NOURIANZ	41	<i>nylia 7/7/7</i>	89
NOVAREL	85	NYMALIZE	60
NOVOLIN 70/30	54	NYPOZI	56
NOVOLIN 70/30 FLEXPEN	54	<i>nystatin</i>	27
NOVOLIN 70/30 FLEXPEN RELION	54	<i>nystatin/triamcinolone</i>	72
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OCREVUS	68	OMNIPOD GO 20 UNITS/DAY	103
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OCTAGAM	94	OMNIPOD GO 30 UNITS/DAY	103
<i>octreotide acetate</i>	92	OMNIPOD GO 35 UNITS/DAY	103
ODACTRA	95	OMNIPOD GO 40 UNITS/DAY	103
ODEFSEY	48	OMNITROPE	85
ODOMZO	36	OMVOH	95
OFEV	111	ONCASPAR	33
<i>ofloxacin</i>	17	<i>ondansetron hcl</i>	26
<i>ofloxacin</i>	105	<i>ondansetron hydrochloride</i>	26
<i>ofloxacin</i>	107	<i>ondansetron odt</i>	26
OGIVRI	39	ONFI	20
OGSIVEO	33	ONGENTYS	41
OHTUVAYRE	110	ONIVYDE	34
OJEMDA	33	ONPATTRO	81
OJJAARA	36	ONTRUZANT	39
<i>olanzapine</i>	43	ONUREG	33
<i>olanzapine odt</i>	43	ONYDA XR	65
<i>olanzapine/fluoxetine</i>	23	ONZETRA XSAIL	29
<i>olmesartan medoxomil</i>	58	OPDIVO	39
<i>olmesartan medoxomil/hydrochlorothiazide</i>	61	OPDIVO QVANTIG	30
<i>olopatadine hcl</i>	108	OPDUALAG	34
<i>olopatadine hydrochloride</i>	105	OPFOLDA	81
OLPRUVA	81	OPIPZA	43
<i>omega-3-acid ethyl esters</i>	63	OPSUMIT	110
OMEGAVEN	103	OPVEE	13
<i>omeprazole</i>	80	OPZELURA	71
<i>omeprazole dr</i>	80	<i>oralone dental paste</i>	68
<i>omeprazole/sodium bicarbonate</i>	80	ORAVIG	27
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	103	ORBACTIV	15
(GEN 5)		ORENCIA	95
OMNIPOD 5 DEXCOM G7G6 PODS	103	ORENCIA	98
(GEN 5)		ORENCIA CLICKJECT	95
OMNIPOD 5 G7 INTRO KIT (GEN 5)	103	ORENITRAM	110
OMNIPOD 5 G7 PODS (GEN 5)	103	ORENITRAM TITRATION KIT MONTH	110
OMNIPOD 5 LIBRE2 PLUS G6	103	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	103	ORENITRAM TITRATION KIT MONTH	110
OMNIPOD CLASSIC PDM STARTER	103	2	
KIT (GEN 3)		ORENITRAM TITRATION KIT MONTH	110
OMNIPOD CLASSIC PODS (GEN 3)	103	3	
OMNIPOD DASH INTRO KIT (GEN 4)	103	ORFADIN	81
OMNIPOD DASH PDM KIT (GEN 4)	103	ORGOVYX	92
OMNIPOD DASH PODS (GEN 4)	103	ORIAHNN	92
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ORLADEYO	93	OZOBAX DS	45
<i>orlistat</i>	103	<i>pacerone</i>	58
ORMALVI	81	<i>paclitaxel protein-bound particles</i>	34
<i>orphenadrine citrate er</i>	113	PADCEV	39
<i>orphenadrine/aspirin/caffeine</i>	113	PALFORZIA INITIAL DOSE	95
ORPHENGESIC FORTE	113	ESCALATION	
ORSERDU	31	PALFORZIA INITIAL DOSE	95
ORTIKOS	101	ESCALATION 1-3 YEARS	
OSCIMIN	78	PALFORZIA INITIAL DOSE	95
<i>oseltamivir phosphate</i>	49	ESCALATION 4-17 YEARS	
OSENI	52	PALFORZIA LEVEL 0	95
OSMOLEX ER	41	PALFORZIA LEVEL 1	95
OSPHENA	91	PALFORZIA LEVEL 10	95
OTEZLA	72	PALFORZIA LEVEL 11	95
OTEZLA	95	(MAINTENANCE)	
OTREXUP	98	PALFORZIA LEVEL 11 (TITRATION)	95
<i>oxacillin sodium</i>	16	PALFORZIA LEVEL 2	95
<i>oxaliplatin</i>	30	PALFORZIA LEVEL 3	95
<i>oxaprozin</i>	9	PALFORZIA LEVEL 4	95
OXAYDO	12	PALFORZIA LEVEL 5	95
<i>oxazepam</i>	51	PALFORZIA LEVEL 6	95
OXBRYTA	81	PALFORZIA LEVEL 7	95
<i>oxcarbazepine</i>	21	PALFORZIA LEVEL 8	95
<i>oxcarbazepine er</i>	21	PALFORZIA LEVEL 9	95
OXERVATE	104	<i>paliperidone er</i>	43
<i>oxiconazole nitrate</i>	27	<i>palonosetron hydrochloride</i>	26
OXISTAT	27	PALYNZIQ	81
OXLUMO	103	PAMELOR	25
OXTELLAR XR	21	PANCREAZE	81
<i>oxybutynin chloride</i>	83	PANDEL	71
<i>oxybutynin chloride er</i>	83	PANRETIN	40
<i>oxycodone and acetaminophen</i>	12	<i>pantoprazole sodium</i>	80
<i>oxycodone hcl</i>	12	PANZYGA	94
<i>oxycodone hcl er</i>	10	<i>paricalcitol</i>	102
<i>oxycodone hydrochloride</i>	12	PARNATE	23
<i>oxycodone hydrochloride er</i>	10	<i>paroxetine</i>	24
<i>oxycodone hydrochloride/acetaminophen</i>	12	<i>paroxetine hcl</i>	24
<i>oxycodone/acetaminophen</i>	12	<i>paroxetine hcl er</i>	24
OXYCONTIN	10	<i>paroxetine hydrochloride</i>	24
<i>oxymorphone hydrochloride</i>	12	PATANASE	108
<i>oxymorphone hydrochloride er</i>	10	PAXIL	24
<i>oxymorphone hydrochloride er</i>	10	PAXIL CR	24
OXYTROL	83	PAXLOVID	50
OZEMPIC	52	<i>pazopanib hydrochloride</i>	36

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PEDMARK	103	PHESGO	34
PEDVAX HIB	100	<i>philith</i>	89
<i>peg-3350/electrolytes</i>	79	PHOSPHASAL	83
<i>peg-3350/nacl/na bicarbonate/kcl</i>	79	PHOTOFRIN	34
PEGASYS	96	PIASKY	95
PEGASYS	98	PIFELTRO	47
PEMAZYRE	36	<i>pilocarpine hcl</i>	106
<i>pemetrexed</i>	32	<i>pilocarpine hydrochloride</i>	69
<i>pemetrexed</i>	34	<i>pilocarpine hydrochloride</i>	107
<i>pemetrexed disodium</i>	32	<i>pimecrolimus</i>	71
PEMFEXY	32	<i>pimtrea</i>	89
PEMRYDI RTU	32	<i>pindolol</i>	59
PENBRAYA	100	<i>pioglitazone hcl</i>	52
<i>penciclovir</i>	73	<i>pioglitazone hcl/metformin hcl</i>	52
<i>penicillamine</i>	76	<i>pioglitazone hydrochloride</i>	53
<i>penicillin g sodium</i>	16	<i>piperacillin sodium/tazobactam sodium</i>	16
<i>penicillin v potassium</i>	16	PIQRAY 200MG DAILY DOSE	36
PENNSAID	9	PIQRAY 250MG DAILY DOSE	36
PENTACEL	100	PIQRAY 300MG DAILY DOSE	36
<i>pentamidine isethionate</i>	40	<i>pirfenidone</i>	111
<i>pentazocine/naloxone hcl</i>	12	<i>piroxicam</i>	9
<i>pentoxifylline er</i>	61	<i>pitavastatin calcium</i>	62
PEPCID	79	PLAQUENIL	40
PERCOCET	12	PLEGRIDY	68
PERFOROMIST	109	PLEGRIDY STARTER PACK	68
PERIKABIVEN	75	<i>plenamine</i>	75
<i>perindopril erbumine</i>	58	<i>plerixafor</i>	56
<i>periogard</i>	68	PLIAGLIS	12
PERJETA	39	<i>podofilox</i>	72
<i>permethrin</i>	73	POKONZA	75
<i>perphenazine</i>	42	POLIVY	39
<i>perphenazine/amitriptyline</i>	23	<i>polycin</i>	105
PERSERIS	43	<i>polymyxin b sulfate/trimethoprim sulfate</i>	105
PERTZYE	82	POMALYST	31
PEXEVA	24	POMBILITI	82
PHEBURANE	82	PONVORY	68
<i>phenelzine sulfate</i>	23	PONVORY 14-DAY STARTER PACK	68
PHENERGAN FORTIS	25	<i>portia-28</i>	89
<i>phenobarbital</i>	20	PORTRAZZA	39
<i>phenobarbital sodium</i>	20	<i>posaconazole</i>	27
<i>phenoxybenzamine hydrochloride</i>	57	<i>posaconazole dr</i>	27
<i>phenytek</i>	21	<i>potassium chloride er</i>	75
<i>phenytoin</i>	21	<i>potassium citrate er</i>	75
<i>phenytoin infatabs</i>	21	POTELIGEO	39

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PRALUENT	63	PROCYSBI	82
<i>pramipexole dihydrochloride</i>	41	<i>progesterone</i>	91
<i>pramipexole dihydrochloride er</i>	41	PROGRAF	99
<i>prasugrel hydrochloride</i>	57	PROLASTIN-C	82
<i>pravastatin sodium</i>	62	PROLATE	12
<i>praziquantel</i>	40	PROLENSA	106
<i>prazosin hydrochloride</i>	57	PROLEUKIN	34
PRED MILD	106	PROLIA	102
<i>prednisolone</i>	85	PROMACTA	56
<i>prednisolone acetate</i>	106	<i>promethazine hcl</i>	25
<i>prednisolone sodium phosphate</i>	85	<i>promethazine hydrochloride</i>	25
<i>prednisone</i>	85	<i>promethazine hydrochloride/phenylephrine</i>	112
<i>pregabalin</i>	20	<i>hydrochloride</i>	
PREGNYL	85	<i>promethazine vc</i>	112
PREGNYL W/DILUENT BENZYL	85	<i>promethegan</i>	25
ALCOHOL/NACL		<i>propafenone hcl</i>	58
<i>prehevbrio</i>	100	<i>propafenone hydrochloride</i>	58
PREMARIN	89	<i>propafenone hydrochloride er</i>	58
PREMASOL	75	<i>propranolol hcl</i>	59
<i>premium lidocaine</i>	12	<i>propranolol hydrochloride</i>	59
PREMPHASE	89	<i>propranolol hydrochloride er</i>	59
PREMPRO	89	<i>propylthiouracil</i>	93
<i>prenatal</i>	77	PROQUAD	100
PREVACID	80	PROSOL	75
<i>prevalite</i>	63	PROTONIX	80
PREVYMIS	45	<i>protriptyline hcl</i>	25
PREZCOBIX	49	PROVENGE	95
PREZISTA	49	PROVENTIL HFA	109
PRIALT	67	PROVIGIL	113
PRIFTIN	30	PROZAC	24
<i>primaquine phosphate</i>	40	<i>prucalopride</i>	77
<i>primidone</i>	20	PRUDOXIN	71
<i>priorix</i>	100	PULMICORT	107
PRISTIQ	24	PULMICORT FLEXHALER	107
PRIVIGEN	94	PULMOZYME	110
PROAIR DIGIHALER	109	PURIXAN	32
<i>probenecid</i>	28	PYLERA	79
<i>probenecid/colchicine</i>	28	<i>pyrazinamide</i>	30
<i>prochlorperazine</i>	25	<i>pyridostigmine bromide</i>	29
<i>prochlorperazine edisylate</i>	25	<i>pyrimethamine</i>	40
<i>prochlorperazine maleate</i>	25	PYRUKYND	82
PROCRIT	56	PYRUKYND TAPER PACK	82
<i>procto-med hc</i>	101	QALSODY	67
<i>proctosol hc</i>	101	QBRELIS	58

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QINLOCK	36	REDITREX	99
QLOSI	107	REGRANEX	72
QTERN	53	RELAFEN DS	9
QUADRACEL	100	RELENZA DISKHALER	49
QUALAQUIN	40	RELEUKO	56
QUARTETTE	90	RELEXXII	66
QUDEXY XR	19	RELISTOR	77
<i>quetiapine fumarate</i>	23	RELPAK	29
<i>quetiapine fumarate</i>	43	RELTONE	79
<i>quetiapine fumarate er</i>	43	RELYVRIO	67
<i>quinapril hydrochloride</i>	58	REMICADE	99
<i>quinapril/hydrochlorothiazide</i>	61	REMODULIN	110
<i>quinidine sulfate</i>	58	RENAGEL	77
<i>quinine sulfate</i>	40	RENFLEXIS	99
QULIPTA	28	RENVELA	77
QUTENZA	12	<i>repaglinide</i>	53
QUVIVIQ	113	REPATHA	63
QVAR REDIHALER	107	REPATHA PUSHTRONEX SYSTEM	63
<i>rabavert</i>	100	REPATHA SURECLICK	63
<i>rabeprazole sodium</i>	80	RESTASIS	105
<i>rabeprazole sodium dr sprinkle</i>	80	RESTASIS MULTIDOSE	105
RADIAURA	72	RESTORIL	113
RADICAVA	67	RETACRIT	56
RADICAVA ORS	67	RETEVMO	37
RADICAVA ORS STARTER KIT	67	RETIN-A	69
RALDESY	24	RETIN-A MICRO	69
<i>raloxifene hydrochloride</i>	91	RETIN-A MICRO PUMP	69
<i>ramelteon</i>	113	RETISERT	106
<i>ramipril</i>	58	RETROVIR	48
<i>ranolazine er</i>	61	RETROVIR IV INFUSION	48
RAPAMUNE	99	REVATIO	110
RAPIVAB	49	REVCovi	82
<i>rasagiline mesylate</i>	42	REVLIMID	31
RASUVO	99	<i>revonto</i>	45
RAVICTI	82	REVUFORJ	34
RAYALDEE	102	REXULTI	43
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REBIF	68	REYVOW	29
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<i>recombivax hb</i>	100	<i>ribavirin</i>	46

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RIDAURA	95	ROWASA	101
<i>rifabutin</i>	30	<i>roweepra</i>	19
RIFADIN	30	ROXICODONE	12
<i>rifampin</i>	30	ROZEREM	113
RILUTEK	67	ROZLYTREK	37
<i>riluzole</i>	67	RUBRACA	37
<i>rimantadine hydrochloride</i>	49	RUCONEST	93
RINVOQ	95	<i>rufinamide</i>	21
RINVOQ LQ	95	RUKOBIA	48
<i>risedronate sodium</i>	102	RUXIENCE	39
<i>risedronate sodium dr</i>	102	RYBELSUS	53
RISPERDAL	43	RYBREVANT	39
RISPERDAL CONSTA	43	RYCLORA	108
<i>risperidone</i>	44	RYDAPT	37
<i>risperidone er</i>	43	RYLAZE	34
<i>risperidone odt</i>	44	RYSTIGGO	95
RITALIN	66	RYTARY	42
RITALIN LA	66	RYTELO	34
<i>ritonavir</i>	49	RYTHMOL SR	58
RITUXAN	39	SABRIL	20
RITUXAN HYCELA	39	SAIZEN	85
<i>rivaroxaban</i>	55	SAIZENPREP RECONSTITUTIONKIT	85
<i>rivastigmine tartrate</i>	22	SAJAZIR	93
<i>rivastigmine transdermal system</i>	22	SAMSCA	76
<i>rivelsa</i>	90	SANCUSO	26
RIVFLOZA	103	SANDIMMUNE	99
<i>rizatriptan benzoate</i>	29	SANDOSTATIN	92
<i>rizatriptan benzoate odt</i>	29	SANDOSTATIN LAR DEPOT	92
ROBAXIN	113	SANTYL	72
ROBINUL	78	SAPHNELO	95
ROBINUL FORTE	78	SAPHRIS	44
ROCKLATAN	105	<i>sapropterin dihydrochloride</i>	82
<i>roflumilast</i>	110	SARCLISA	39
ROLVEDON	56	SAVELLA	67
<i>romidepsin</i>	34	SAVELLA TITRATION PACK	67
ROMVIMZA	37	<i>saxagliptin hydrochloride</i>	53
<i>ropinirole er</i>	41	<i>saxagliptin hydrochloride/metformin</i>	53
<i>ropinirole hcl</i>	41	<i>hydrochloride er</i>	
<i>ropinirole hydrochloride</i>	41	SCSEMBLIX	37
<i>rosadan</i>	69	<i>scopolamine</i>	25
<i>rosuvastatin calcium</i>	62	SEASONIQUE	90
<i>rosuvastatin/ezetimibe</i>	63	SECUADO	44
ROSZET	63	SEGLENTIS	12
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<i>selenium sulfide</i>	71	<i>sodium bicarbonate</i>	75
SELZENTRY	48	<i>sodium bicarbonate/dextrose</i>	75
SENSIPAR	102	<i>sodium chloride</i>	75
SEREVENT DISKUS	109	<i>sodium chloride 0.45%</i>	75
SERNIVO	71	<i>sodium chloride 0.9%</i>	104
SEROQUEL	44	SODIUM EDECRIN	62
SEROQUEL XR	44	<i>sodium oxybate</i>	114
SEROSTIM	86	<i>sodium phenylacetate/sodium benzoate</i>	104
<i>sertraline hcl</i>	24	<i>sodium phenylbutyrate</i>	82
<i>sertraline hydrochloride</i>	24	<i>sodium polystyrene sulfonate</i>	77
<i>setlakin</i>	90	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	79
<i>sevelamer carbonate</i>	77	SOFDRA	72
<i>sevelamer hydrochloride</i>	77	<i>sofosbuvir/velpatasvir</i>	46
SEYSARA	18	SOGROYA	86
SFROWASA	101	SOHONOS	45
<i>sharobel</i>	91	<i>solifenacin succinate</i>	83
<i>shingrix</i>	100	SOLQUA 100/33	53
SIGNIFOR	92	SOLIRIS	95
SIGNIFOR LAR	92	SOLTAMOX	31
SIKLOS	32	SOMA	113
<i>sildenafil</i>	110	SOMATULINE DEPOT	92
<i>sildenafil citrate</i>	110	SOMAVERT	92
SILENOR	113	SOOLANTRA	73
SILIQ	95	<i>sorafenib</i>	37
<i>silodosin</i>	84	<i>sorafenib tosylate</i>	37
<i>silver sulfadiazine</i>	72	SORILUX	72
SIMBRINZA	105	<i>sorine</i>	59
<i>simliya</i>	90	<i>sotalol hcl</i>	59
<i>simpanse</i>	90	<i>sotalol hcl (af)</i>	59
SIMPONI	99	<i>sotalol hydrochloride</i>	59
SIMPONI ARIA	99	<i>sotalol hydrochloride (af)</i>	59
SIMULECT	95	<i>sotalol hydrochloride af</i>	59
<i>simvastatin</i>	63	SOTYKTU	72
<i>sirolimus</i>	99	SOVALDI	46
SIRTURO	30	SOVUNA	41
<i>sitagliptin</i>	53	SPEVIGO	71
SITAVIG	50	SPINRAZA	82
SIVEXTRO	15	SPIRIVA HANDIHALER	108
SKYCLARYS	104	SPIRIVA RESPIMAT	108
SKYLA	91	<i>spironolactone</i>	63
SKYRIZI	95	<i>spironolactone/hydrochlorothiazide</i>	61
SKYRIZI PEN	95	SPORANOX	27
SKYTROFA	86	SPRAVATO 56MG DOSE	23
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SPRAVATO 84MG DOSE	23	<i>sumatriptan succinate</i>	29
<i>sprintec 28</i>	90	<i>sumatriptan succinate refill</i>	29
SPRITAM	19	<i>sumatriptan/naproxen sodium</i>	29
SPRIX	9	<i>sunitinib malate</i>	37
SPRYCEL	37	SUNLENCA	48
<i>sps</i>	77	SUNOSI	114
<i>sronyx</i>	90	SUPPRELIN LA	92
<i>ssd</i>	72	SUPREP BOWEL PREP KIT	79
STALEVO 100	41	SUSTIVA	47
STALEVO 125	41	SUSTOL	26
STALEVO 150	41	SUSVIMO	105
STALEVO 200	41	SUTAB	79
<i>stamaril</i>	100	SUTENT	37
<i>stavudine</i>	48	SYFOVRE	105
STEGLATRO	63	SYLVANT	96
STEGLUJAN	53	SYMBYAX	23
STELARA	95	SYMDEKO	110
STIMUFEND	56	SYMFI	47
STIOLTO RESPIMAT	112	SYMFI LO	47
STIVARGA	37	SYMLINPEN 120	53
STRATTERA	66	SYMLINPEN 60	53
STRENSIQ	82	SYMPAZAN	21
<i>streptomycin sulfate</i>	14	SYMPROIC	77
STRIBILD	47	SYMTUZA	49
STRIVERDI RESPIMAT	109	SYNAGIS	94
STROMECTOL	40	SYNAREL	92
SUBLOCADE	13	SYNDROS	26
SUBOXONE	13	SYNERA	12
<i>subvenite</i>	19	SYNJARDY	53
<i>subvenite starter kit/blue</i>	19	SYNJARDY XR	53
<i>subvenite starter kit/green</i>	19	SYNRIBO	34
<i>subvenite starter kit/orange</i>	19	<i>synthroid</i>	91
SUCRAID	82	SYPRINE	76
<i>sucrafate</i>	79	TABLOID	32
<i>sulconazole nitrate</i>	27	TABRECTA	37
<i>sulfacetamide sodium</i>	105	TACHOSIL	104
<i>sulfacetamide sodium/prednisolone sodium</i>	105	TACLONEX	72
<i>phosphate</i>		<i>tacrolimus</i>	71
<i>sulfadiazine</i>	17	<i>tacrolimus</i>	99
<i>sulfamethoxazole/trimethoprim</i>	17	<i>tadalafil</i>	84
<i>sulfamethoxazole/trimethoprim ds</i>	17	<i>tadalafil</i>	111
<i>sulfasalazine</i>	101	TADLIQ	111
<i>sulfatrim pediatric</i>	17	TAFINLAR	37
<i>sulindac</i>	9	TAGRISSO	37
<i>sumatriptan</i>	29	TAKHZYRO	93

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TALVEY	34	terazosin hcl	84
TALZENNA	37	terazosin hydrochloride	84
TAMIFLU	49	terbinafine hcl	27
tamoxifen citrate	31	terbutaline sulfate	109
tamsulosin hydrochloride	84	terconazole	28
TARCEVA	37	teriflunomide	68
TARGRETIN	40	teriparatide	102
tarina 24 fe	90	TESTIM	86
tarina fe 1/20	90	testosterone	86
tarina fe 1/20 eq	90	testosterone cypionate	86
TARPEYO	101	testosterone enanthate	86
TASCENSO ODT	68	testosterone pump	86
TASIGNA	37	testosterone topical solution	86
tasimelteon	113	tetanus/diphtheria toxoids-adsorbed adult	100
TASMAR	41	tetrabenazine	67
tavaborole	27	tetracycline hydrochloride	18
TAVALISSE	57	TEVIMBRA	39
TAVNEOS	96	TEZSPIRE	112
taysofy	90	THALOMID	31
tazarotene	69	theophylline er	110
tazicef	16	THIOLA	84
TAZORAC	69	THIOLA EC	84
taztia xt	60	thioridazine hydrochloride	42
TAZVERIK	37	thiotepa	30
tdvax	100	thiothixene	42
TECENTRIQ	39	THYMOGLOBULIN	94
TECENTRIQ HYBREZA	39	THYROGEN	91
TECFIDERA	68	tiadylt er	60
TECFIDERA STARTER PACK	68	tiagabine hydrochloride	21
TECVAYLI	34	TIBSOVO	37
TEFLARO	16	TICE BCG	34
TEGLUTIK	67	TICOVAC	100
TEGSEDI	82	tigecycline	15
telmisartan	58	TIGLUTIK	67
telmisartan/amlodipine	61	timolol maleate	28
telmisartan/hydrochlorothiazide	61	timolol maleate	106
temazepam	113	tinidazole	15
TEMODAR	30	tiopronin	84
temsirolimus	37	tiopronin dr	84
tencon	67	tiotropium bromide	108
tenivac	100	TISSEEL	55
tenofovir disoproxil fumarate	48	TIVDAK	39
TEPADINA	30	TIVICAY	47
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<i>tizanidine hydrochloride</i>	45	TRAVATAN Z	107
TLANDO	86	<i>travoprost</i>	107
TOBI	110	TRAZIMERA	39
TOBI PODHALER	110	<i>trazodone hydrochloride</i>	24
TOBRADEX	105	TREANDA	30
TOBRADEX ST	105	TRECTOR	30
<i>tobramycin</i>	105	TRELEGY ELLIPTA	112
<i>tobramycin</i>	110	TRELSTAR MIXJECT	92
<i>tobramycin sulfate</i>	14	TREMFYA	96
<i>tobramycin/dexamethasone</i>	105	TREMFYA INDUCTION PACK FOR	96
<i>tolcapone</i>	41	CROHNS DISEASE	
TOLECTIN 600	9	<i>treprostinil</i>	111
<i>tolmetin sodium</i>	9	TRESIBA	55
TOLSURA	28	TRESIBA FLEXTOUCH	55
<i>tolterodine tartrate</i>	83	<i>tretinoin</i>	40
<i>tolterodine tartrate er</i>	83	<i>tretinoin</i>	70
<i>tolvaptan</i>	76	<i>tretinoin microsphere</i>	69
TOPAMAX	19	<i>tretinoin microsphere pump</i>	70
TOPAMAX SPRINKLE	19	TREXIMET	29
TOPICORT	71	TREZIX	12
<i>topiramate</i>	19	<i>triamcinolone acetanide</i>	71
<i>topiramate er</i>	19	<i>triamcinolone acetanide dental paste</i>	69
<i>topotecan hcl</i>	34	<i>triamterene</i>	62
<i>topotecan hydrochloride</i>	35	<i>triamterene/hydrochlorothiazide</i>	61
<i>toremifene citrate</i>	31	<i>triazolam</i>	113
TORISEL	37	TRIDACAIN	12
<i>torpenz</i>	37	TRIDACAIN II	12
<i>torseamide</i>	62	TRIDACAIN III	13
TOSYMRA	29	<i>trientine hydrochloride</i>	76
TOUJEO MAX SOLOSTAR	54	<i>tri-estarylla</i>	90
TOUJEO SOLOSTAR	54	<i>trifluoperazine hcl</i>	42
TOVIAZ	83	<i>trifluoperazine hydrochloride</i>	42
TRACLEER	111	<i>trifluridine</i>	105
TRADJENTA	53	<i>trihexyphenidyl hcl</i>	41
<i>tramadol hcl er</i>	10	<i>trihexyphenidyl hydrochloride</i>	41
<i>tramadol hydrochloride</i>	12	TRIJDY XR	53
<i>tramadol hydrochloride er</i>	10	TRIKAF	110
<i>tramadol hydrochloride/acetaminophen</i>	12	TRILEPTAL	21
<i>trandolapril</i>	58	<i>tri-lynyah</i>	90
<i>trandolapril/verapamil hcl er</i>	61	<i>tri-lo-mili</i>	90
<i>tranexamic acid</i>	57	<i>trimethobenzamide hydrochloride</i>	26
TRANSDERM-SCOP	26	<i>trimethoprim</i>	15
TRANXENE T	51	<i>tri-mili</i>	90
<i>tranlycypromine sulfate</i>	23	<i>trimipramine maleate</i>	25

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TRIOSTAT	91	UCERIS	101
TRIPTODUR	92	UDENYCA	56
TRISENOX	34	UDENYCA ONBODY	57
<i>tri-sprintec</i>	90	ULTOMIRIS	96
TRIUMEQ	48	ULTRAVATE	71
TRIUMEQ PD	48	UNDECATREX	86
<i>trivora-28</i>	90	<i>unithroid</i>	91
<i>tri-vylibra</i>	90	UNITUXIN	39
TRIZIVIR	48	UPTRAVI	111
TRODELVY	39	UPTRAVI TITRATION PACK	111
TROGARZO	48	<i>urea</i>	72
TROKENDI XR	19	<i>uretron d/s</i>	83
TROPHAMINE	76	URIBEL	83
<i>trospium chloride</i>	83	URIMAR-T	83
<i>trospium chloride er</i>	83	<i>urin d/s</i>	83
TRUDHESA	28	URNEVA	83
TRULANCE	77	UROGESIC-BLUE	83
TRULICITY	53	URO-MP	83
<i>trumenba</i>	101	URO-SP	83
TRUQAP	37	<i>ursodiol</i>	79
TRUSELTIQ	34	USTELL	83
TRUVADA	48	UTIRA-C	83
TRUXIMA	39	UVADEX	72
TRYNGOLZA	104	UZEDY	44
TUDORZA PRESSAIR	108	VABOMERE	17
TUKYSA	37	VABYSMO	105
TURALIO	37	VAFSEO	57
<i>turqoz</i>	90	<i>valacyclovir hydrochloride</i>	50
<i>twinrix</i>	101	VALCHLOR	30
<i>tyblume</i>	90	VALCYTE	46
TYBOST	48	<i>valganciclovir tablet 450mg</i>	46
TYENNE	96	<i>valganciclovir hydrochloride solution</i>	46
TYGACIL	15	<i>50mg/ml</i>	
TYKERB	37	VALIUM	51
TYMLOS	102	<i>valproic acid</i>	19
TYPHIM VI	101	<i>valrubicin</i>	34
TYRVAYA	14	<i>valsartan</i>	58
TYSABRI	68	<i>valsartan/hydrochlorothiazide</i>	62
TYVASO	111	VALSTAR	34
TYVASO DPI INSTITUTIONAL KIT	111	VALTOCO 10 MG DOSE	21
TYVASO DPI MAINTENANCE KIT	111	VALTOCO 15 MG DOSE	21
TYVASO DPI TITRATION KIT	111	VALTOCO 20 MG DOSE	21
TYVASO REFILL KIT	111	VALTOCO 5 MG DOSE	21
TYVASO STARTER KIT	111	VALTREX	50

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-505-8106. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-505-8106. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-505-8106。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-505-8106。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-505-8106. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-505-8106. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-505-8106 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-505-8106. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-505-8106 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-505-8106. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-855-505-8106 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-505-8106 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-505-8106. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-505-8106. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-505-8106. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-505-8106. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-505-8106 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on April 1, 2025, and is a complete list of drugs covered by our plan.

For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-855-505-8106
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com/calpers



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